

Rashida Asante-Eccleston

From: National Council for Behavioral Health <communications@thenationalcouncil.org>
Sent: Tuesday, February 26, 2019 10:27 AM
To: Rashida Asante-Eccleston
Subject: [TEST]: SBIRT Scoop March Newsletter

If you have difficulty viewing this message please [VIEW IN BROWSER](#).



www.TheNationalCouncil.org

SBIRT Scoop

FACILITATING
CHANGE FOR
EXCELLENCE
IN SBIRT



Up to Date

Tuesday, March 20, 2018: 3 – 4 p.m. ET

- [Learning Collaborative Discussion: *Developing and Sustaining Community Partnerships*](#)
- Required Staff: Project team lead, additional site staff as identified
- Please listen to the [podcast recording](#) and come prepared to discuss content and questions.
- [Register here](#) for March 20 discussion

Tuesday, April 3, 2018: 2 – 3 p.m. ET

- [Webinar: *SBIRT and Behavioral Health Integration*](#)

FACES OF FaCES



Family First Health

Navigating conversations between adolescents and parents can be one of the trickiest parts of SBIRT for providers. Family First Health in South Central Pennsylvania is continuously working through this challenge and has seen recent success with one of their patients, an experience that has informed their processes to maximize conversation opportunities with adolescents.

During the first week of screening at one of their new sites, a 16-year-old patient came in with her parent for an acute visit. She completed the S2BI on paper while her parent sat next to her. The S2BI was then reviewed by the clinician. When her parent left the room, she disclosed regular substance use and risky sexual behavior, which she did not initially indicate during screening. Through a brief intervention

conversation, the patient expressed appreciation for the chance to discuss these issues, which would not have happened with her parent in the room.

This patient's experience is not unique. Since then, multiple patients have disclosed substance use when a parent left the room, allowing providers to briefly intervene and educate the patient. Congratulations to Family First Health for taking on this challenge and opening the conversation with your patients!

- Required Staff: Core Implementation Team, additional site staff as identified
- [Register here](#)

Thursday, April 12, 2018

- **Due:** [Quarterly Narrative Data Report AND Quantitative Data Submission through March](#) (pending secure site update)

Monday, April 23 – Wednesday, April 25, 2018

- [NatCon18](#) in Washington, DC
- [Register here](#) and use code 18PPIC for \$200 off your registration and NCSTAFF50 for an additional \$50 off!
- The FaCES Learning Collaborative will be featured during a Lunch & Learn Session featuring Teresa Halliday, senior director of practice improvement, and Ariel Peterson, director of program management and program manager, behavioral health and women's health at Venice Family Clinic.

Monday, April 30, 2018: 3-4 p.m. ET

- [Cohort Call with Coaches](#)
- Now that we are about halfway through the FaCES learning collaborative, we want you to have a chance to check in with other teams in your cohort and your coach about your progress on implementation, use of the change package and help needed throughout the rest of the collaborative.

"If children feel safe, they can take risks, ask questions, make mistakes, learn to trust, share their feelings and grow."
- Alfie Kohn

PRACTICE MAKES PERFECT



Resources on providing services related to marijuana use

The Addiction Technology Transfer Center Network (ATTC) compiled a [variety of useful resources](#) to aid providers treating patients who are using marijuana. Access a vast array of resources on marijuana's effect on health, as well as adolescent-specific topics such as the [impact of marijuana policies on youth](#), the [relationship between marijuana use and educational outcomes](#) and [tips for talking about marijuana with teens](#). For a quick overview on how marijuana affects the development of the approximately 13 percent of adolescents nationwide who use it, check out Dr. Kari Franson's [video](#).

Boost motivational interviewing fidelity in direct service providers

[Register](#) for this webinar on Wednesday, May 23, at 3 p.m. ET, to supplement your organization's training on motivational interviewing and ensure your practice's dependability. Hear from Prism Health North Texas about their monitoring programs and receive tools and strategies to implement in your program. (Plus, NAADAC members get CEUs!)

Examples of good brief intervention conversations

To supplement the [Kognito simulations](#) that help guide clinicians toward delivering high-quality screening and brief interventions, videos of role playing can provide examples of how to implement these conversations. The following videos show a variety of successful approaches to brief interventions:

- [Adolescent with prescription opioid use disorder](#)
- [Adolescent with high risk drinking and marijuana use](#)
- Alcohol use
 - [CRAFFT screening discussion](#)
 - [Brief intervention using CRAFFT results](#)

Additionally, Nick Szubiak, FaCES practice coach, produced three examples of conversations that can happen through the SBIRT model:

- [How to tailor brief interventions](#)
- [New acknowledgement of substance use](#)
- [Follow-up screening](#)

NOTEWORTHY NEWS



NIDA scientists review impact of smoking among adolescents with ADHD

Recent research from the University of Minnesota and Auburn University explored the correlation between ADHD symptoms in youth and cigarette smoking in adolescence. Severe ADHD symptoms were associated with a higher likelihood of smoking and an earlier onset of smoking. Further, the connection between ADHD symptoms and daily smoking were more significant in females than males and greater attention problems were associated with more nicotine use. A study by Brigham Young University took this research a step further and found that youth who smoked and had ADHD were more likely to use illegal drugs in the future.

More kids landing in the hospital after opioid overdoses

The number of youth in the U.S. admitted into intensive care for opioid overdose almost doubled between 2004 and 2015. This is not only due to misuse by teens but also because of accidental use by children, both of which are arguably preventable. This article uses national trends to explore the impact of landing in intensive care for these children and adolescents, and the implications for the hospital systems.

Binge drinking drops among teenagers

Frequent binge drinking - defined as two or more instances of drinking more than five drinks within the past two weeks - is down among adolescents, according to a study from the University of Michigan. However, levels of frequent binge drinking are not going down as quickly for females, African Americans and lower socioeconomic sub-populations. Males and higher socioeconomic categories are decreasing more rapidly. The researchers explore explanations for this discrepancy, citing policy interventions, such as stronger ID check laws and keg registration, as well as prevention efforts, such as school-based education programs, as possibilities.

SPOTTED & REPORTED



Food for thought: A youth perspective on recovery-oriented practice

In this [animated video](#), youth compare mental health and addiction services to dining at a restaurant to highlight concrete elements that would help them navigate care and improve recovery-oriented services. For example, a menu of available treatment options can help young people make an informed decision about care. After watching this video, engage in a conversation about your organization and your partners' capacity to provide these types of recovery-oriented services using this [discussion guide](#).

Only one in four students gets enough sleep

This [tweet](#) from the Gateway Foundation raises the important connection between poor sleep and substance use, among other negative outcomes like obesity and poor school performance.

This newsletter and the FaCES Project are made possible by the generous funding from the Conrad N. Hilton Foundation.

Conrad N. Hilton

F O U N D A T I O N

CONTACT

For more information, email Communications@TheNationalCouncil.org or call 202.684.7457.

This message was intended for: danal@thenationalcouncil.org

[Update your preferences](#) or [Unsubscribe](#)

If you wish to unsubscribe, please click on the link below.
Please note this is an automated operation.

<http://messaging.thenationalcouncil.org/u/11XTVip7Gh7Q26tkNjJm5>

powered by  adestra