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SBIRT Scoop

FACILITATING CHANGE FOR EXCELLENCE IN SBIRT	

FACES OF FaCES



Last month more than 5,000 professionals came together for NatCon18, health care’s single biggest event for behavioral health. Three of those in attendance were fellow learning collaborative participants, Ariel Peterson of Venice Family Clinic, Melissa Green of Delhi Community Health Center and Rachel Quintanilla of Project Vida. We are excited to share some of their reactions and what they learned with you!

“I now have clear plans of how to implement some of the things I learned and feel motivated to continue the fight for the next few years,” said Ariel, who attributed these benefits to the wide variety of topics covered and the timeliness of the content. Specifically, she will work to incorporate “loneliness into our social determinants of health work, create a ‘story shed’ of

Up to Date

May 15, 2018

- Release of Organizational Self-Assessment (OSA) #2
 - [Complete OSA Here](#)

May 31, 2018, 3:30 p.m. ET/12:30 p.m. PT

- *Substance Use 101 Webinar:* Presented by UCLA Integrated Substance Abuse Programs
- [Register Here](#)

June 11, 2018

personal stories for use during presentations and remember the importance of looking up and connecting with others.”

In addition to attending sessions on an array of subjects, including *The SBIRT Evolution: Using the FaCES Change Package to Drive Practice Transformation and Integration*, co-presented by Ariel Peterson and Teresa Halliday of the National Council, the FaCES learning collaborative participants were privileged to meet Alexa Eggleston of the Conrad N. Hilton Foundation, funder of FaCES. Rachel noted that the meeting with Alexa “gave all of us an opportunity to not only inform her and each other about our particular program similarities and differences, but to learn from her about the importance of the learning collaborative to successfully assess the usefulness of the change package ... and to make us mindful of why we’re doing this.”

“If the main goal [of NatCon] was to enlighten and motivate, the presenters and keynote speakers accomplished that and more,” beamed Rachel. We hope to see you all next year for NatCon19 in Nashville, March 25 - 27. It’s an opportunity to connect, further explore innovations within the field, and enhance your capacity to provide better services and care to your communities.

- **Due:** Quantitative Data Submission through May

June 15, 2018

- **Due:** OSA #2

July 10, 2018

- **Due:** Quantitative Data Submission through June

July 16, 2018

- OSA #2 Results and Midyear Meeting Prompts Shared with Teams

July 30 and August 1, 2018

- **Due:** RSVP to [Stephanie](#) by 5/31, travel arrangements by 6/29
- Midyear Meeting in Austin, TX
- **Requested Staff:** Project Lead and one additional Site Staff Member as identified
- Details about the meeting agenda, travel and lodging arrangements will be provided in separate communications

“...in serving the best interests of children, we serve the best interests of all humanity.”
– **Carol Bellamy**

PRACTICE MAKES PERFECT



Reminder: **Kognito Simulation Training is Available!**

This training is helpful for providers when learning how to do brief interventions and can be done in short, broken up segments, making it easy to complete the training over time. As a bonus, upon completion users can receive CEUs. You can access the training through ysbirt.org and if you have questions, reach out to Stephanie Swanson at StephanieS@TheNationalCouncil.org!



Motivational Interviewing Resources from CIHS

Your most recent qualitative reports revealed that many sites are still hungry for information on motivational interviewing (MI). We encourage you to visit the SAMHSA-HRSA Center for Integrated Health Solutions (CIHS) [website](#), which houses a plethora of resources on MI, including information on special populations, like Native Americans and MI in primary care.

Pediatric Integrated Care: An Overview

To continue the conversation about integration in your FQHC, check out this [webinar recording](#) and [slide deck](#) on integrated care in a pediatric setting. Through this webinar you can review the different models of integrated care, explore how each model maps to specific child and adolescent services and explore how pediatric care settings can use a care pathway for ADHD. This resource pairs well with our [April webinar](#) on using SBIRT as a catalyst for behavioral health and primary care integration in your health center.

Alcohol Use and Trauma Patients: Opportunities to Change Lives

As we prepare to dive deeper into the connection between substance use and trauma in adolescents during our upcoming midyear meeting, this webinar on alcohol and trauma from the Institute for Research, Education and Training in Addictions (IRETA) serves as an introduction to the intersection of the two. Dr. Julie Kmeic covers how to utilize SBIRT in the context of trauma, explores the limits of substance use and trauma information gathered from SBIRT, and reviews brief intervention goals when considering substance use and trauma.



Juul E-cigarettes and Teens: 'Health Problem of the Decade'?

Vaping is consistently making national headlines, based on surging rates of use and the new challenges it brings to schools, health clinics and beyond, and is being identified as one of the top issues in health care. More specifically, the latest introduction to the vaping world is the Juul, a small device that looks like a flash drive and contains nicotine. While there have been other new tobacco products in the past, the Juul is unique in that it has very quickly spread to a large number of adolescents and can be easily concealed, especially in school settings. Teens are not fully aware of the effects of using the Juul, which means it is increasingly important to educate your providers on how to have conversations with patients about the [impacts of e-cigarette use on adolescent health](#).

For Racial Minority Adolescents, Cigarette and Alcohol Use Linked to Suicidality

In examining more than 20 years of data on adolescent alcohol, cigarette and marijuana use, recent findings show there is a great disparity of use between racial groups. American Indian adolescents' use of substances was the highest of all racial groups, and also had the highest rates of depression, suicidal thoughts and suicide attempts. Adolescents identifying as multiracial or Pacific Islander had high rates of drug use for heroin and marijuana. Further, researchers found that alcohol, cigarette and marijuana use was associated with increased odds of attempted suicide in all racial groups except Pacific Islander.

The Forgotten Fifth: Rural Youth and Substance Abuse

With roughly 20 percent of Americans living in rural areas, a significant portion of the adolescent population resides in these areas, which has cultural implications in the context of substance use. Paired with a misconception that adolescent substance use primarily occurs in urban areas, the higher rates of

alcohol and tobacco use, among other drugs, in rural teens often goes unnoticed. The Stanford Law and Policy Review details elements of rural life that may encourage adolescent substance use, like lenient law enforcement, while also outlining rural-sensitive policy changes that could address this issue.

SPOTTED & REPORTED



SAMHSA's Tips for Teens One-Pagers

These new fact sheets from SAMHSA provide information about different types of drugs, including [inhalants](#), [methamphetamine](#), [heroin](#) and [cocaine](#). Each sheet covers the drug's effects on the brain, body and emotions, things to know before engaging in risky drug use behavior, signs to help identify if a friend is using the drug, answers to common questions and resources to learn more about the drug and how to get treatment.

Barriers to Substance Use Disorder Treatment for Asian Americans and Pacific Islanders

IRETA's recent [tweet](#) continues the dialogue on culturally competent addiction treatment, specifically for Asian Americans and Pacific Islanders. Through a blog post focusing on statistics about these populations, cultural factors that impact addiction treatment seeking and readiness and ways to adapt treatment, the author encourages providers delivering addiction treatment and/or SBIRT to take every opportunity to make services more culturally appropriate and provides additional resources to help you act.

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Conrad N. Hilton
F O U N D A T I O N

CONTACT

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