



# SBIIRT scoop

## RASAI REEL Experimenting on Addiction



A fascinating simulation by the National Institute on Drug Abuse (NIDA) explains how a prospective new medication can be tested to determine if it could prevent relapse to drug addiction. This video explains how researchers expose a rat to three phases - self-administration of cocaine by pressing a lever, extinction of the



### FOR YOUR CALENDARS

#### Save the Date!

We are planning a webinar on Tuesday, August 16th to provide a policy-level perspective of the implications of marijuana legalization and a practical implementation guide for clinicians when talking with

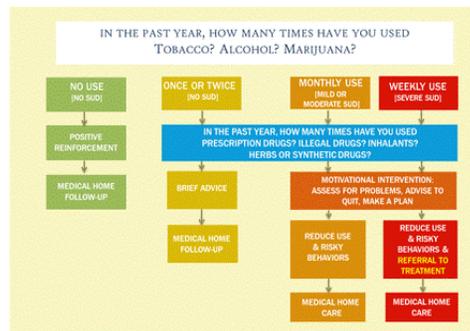
drug, and reintroducing drug cues after extinction. A prospective medication that shows promise in these trials may be worth testing on people to discover new treatments for addiction. Check it out [here](#).

## SBIRT ESSENTIALS

### New Online Course about Evidence-Based Addiction Technology

The use of carefully-designed technological tools can improve abstinence rates, treatment retention, and user satisfaction among people with addiction. Created by NIDA and IRETA, "Electronic Tools for Use in the Continuum of Care for Patients with Addiction" is a self-paced online course that consists of five educational modules. The course is free and CEUs are available. Learn more [here](#).

### AAP Endorses SBIRT for Adolescents



In a recently released [policy statement](#) and [clinical report](#), the American Academy of Pediatrics has reaffirmed its recommendation to incorporate universal SBIRT practices for adolescent substance use into routine health care. Author Sharon J. Levy, M.D., M.P.H., FAAP, says, "substance use is one of the most important modifiable behaviors adolescents engage in, and as guardians of children's health, it is critically important for us

to keep talking about this topic with them." Read more [here](#).

### Breaking Down Parity

clients about marijuana use. Mark your calendars and keep your eyes open for registration information!

### Don't Forget!

Join us for the first in a series of 3 brief intervention (BI) video viewings and discussions! We've put together some short demos that we will watch together and then exchange observations, ideas and next steps for implementation. Video 1 will premiere on **Thursday, July 14th @ 3pm ET** with "Stacey", a 17-year old who drinks alcohol but has yet to divulge her use to her clinician Nick. Register [here](#).



SAVVY

### Call for Comments from HHS

On June 10th, the U.S. Department of Health and Human Services' Mental Health and Substance Use Disorder Parity Task Force [held a listening session](#) to engage stakeholders in a discussion about mental health and substance use disorder parity implementation. Following this meeting, the Task Force is accepting comments from patients, families, consumer advocates, health care providers, insurers, and other stakeholders on their experiences with parity requirements. The Task Force will present its findings and recommendations in a report to the President by October 31, 2016.



Federal law forbids health insurers from discriminating against people with substance use or mental disorders. The Legal Action Center's [Health Insurance for Addiction & Mental Health Care: A Guide to the Federal Parity Law](#) explains clients' and providers' rights to insurance coverage and care under this law. The guide also includes a tool to help you determine what type of health plan you have and sample appeals, letters, and complaints.

### **Conrad N. Hilton Foundation Awards National Council \$2M for SBIRT Learning Initiative**

The National Council for Behavioral Health has received a \$2 million grant from the Conrad N. Hilton Foundation to convene national SBIRT experts to develop a standardized implementation model – or a change package serving primary care practices with a particular focus on Federally Qualified Health Centers. After developing the change package, the National Council will launch an SBIRT learning collaborative to test the effectiveness of the change package in primary care practices. This project builds upon the National Council's strong portfolio of SBIRT practice improvement initiatives, consulting services, and resource provision for behavioral and primary health care providers, including a prior grant from the Hilton Foundation aimed at developing durable adolescent SBIRT implementation in 27 community-based behavioral health organizations. Read [more](#).

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## **INSIGHTS FROM THE FIELD**

### **An Emergent Need for SBIRT**

SBIRT has been proven as effective in both primary care and emergency settings. And every day, there are more than 1,000 opioid-related visits to ERs across America. How do we reconcile these two facts? A recent webinar by

Submit your comments on the task force [website](#) or by emailing [parity@hhs.gov](mailto:parity@hhs.gov).



### **SBIRT Superstar: Astor Services**

Accolades are in order to RASAI site [Astor Services](#) (NY)! Since their involvement in the RASAI project, Astor Services has screened more than 700 adolescents in SBIRT. Astor Services has implemented SBIRT in three of their programs so far: Adolescent Day Treatment, Bronx Counseling Center, and Hudson Valley, with over 600 eligible adolescents enrolled in Hudson Valley. Astor Services also continues to train all of its clinical staff in SBIRT and ensure that refresher courses are available on an ongoing basis. Learn more about Astor Services and the behavioral health services they provide [here](#).

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*“Don’t judge each day by the harvest you reap but by the seeds that you plant.”*

*—Robert Louis Stevenson*

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IRETA - available [here](#) - discusses SBIRT as it connects to medication-assisted treatment for opioid use disorders, and how we can successfully implement SBIRT in the emergency room.

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## RASAI REFLECTION



### **The Importance of Confidentiality for Effective SBIRT Interventions for Teens**

As featured on Youth Today

By Jessica Williams and Danielle Noriega

Young people aged 12 to 20 account for 11 percent of all alcohol consumed in the United States, and more than 90 percent of this consumption is binge drinking. The 12-17 age group accounts for nearly 30 percent of illicit drug use. Because 90 percent of those who develop a substance use disorder started using before the age of 18, Screening, Brief Intervention and Referral to Treatment (SBIRT) may be used strategically to identify risky use and provide early intervention services to prevent more severe consequences. For this model to work, an open and honest conversation must occur between the young person and the SBIRT practitioner....Read [more](#).

*Danielle Noriega is a research analyst at NORC at the University of Chicago supporting the Adolescent SBIRT Project and a variety of other public health work. NORC is an independent research institution that delivers reliable data and rigorous analysis to guide critical programmatic, business and policy decisions.*

*Jessica Williams is the director of communication and health promotion at the Institute for Research, Education and Training in Addictions (IRETA) in Pittsburgh, Pennsylvania. IRETA is a federally designated training and technical assistance center to advance the use of SBIRT.*

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**CONTACT**

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