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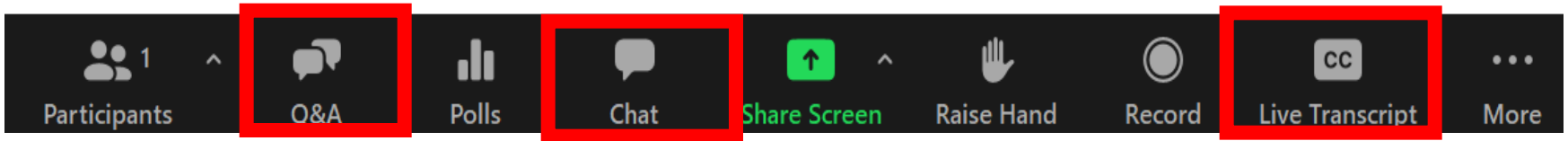
Screening, Brief Intervention & Referral to Treatment for Youth: Implications for Integrated Care Settings

September 21st, 2021

2pm-3pm ET

Questions, Comments & Closed Captioning

Type in a **comment** in the **chat box**



Type in a **question in the Q&A box**

Click **Live Transcript** and then select **"Show Subtitle"**

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SAMHSA
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Poll #1: What best describes your role?

- Clinician
- Administrator
- Policy Maker
- Payer
- Other (specify in chat box)

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Poll #2: What best describes your organization? (check all that apply)

- Primary Care Provider
- Mental Health Provider
- Substance Use Treatment Provider
- Other (specify in chat box)

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Poll #3: Where is your organization in the process of integration?

- Learning/Exploring
- Beginning Implementation
- Advanced/Full Implementation
- Ongoing Quality Improvement
- Other (specify in chat box)

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Introductions

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Objectives

After this webinar, participants will be able to:

- **Identify** the components of SBIRT and how it is utilized in integrated care settings.
- **Understand** SBIRT application for *adolescents* and *youth* (ages 11-17) in assessing risk for substance use challenges.
- **Recognize** risks associated with alcohol and substance use consumption among youth and adolescents.
- **Acknowledge** the considerations for implementation of the SBIRT model in integrated care settings.

What is SBIRT?

Screening, Brief Intervention, Referral to Treatment

- **Screening** to assess degree of risk
- Conducting a **Brief Intervention** designed to help motivate them to change their behavior, typically organized around Motivational Interviewing (MI)
- Making a **Referral to Treatment** or other services if necessary

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Why Use SBIRT for Youth?

SBIRT is simple, brief and effective	**Prevention and early identification approach** to reduce underage drinking and cannabis use in youth	Adaptable to all health settings	All healthcare professionals can provide the screening interview if trained on MI (not just clinicians)
Developmental Perspective – screens appropriate and available for all age groups	Many adolescents do not require long-term treatment	Explore alcohol USE – NOT addiction	Screens for alcohol, tobacco and other drugs that effect overall health

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SBIRT Considerations for Youth

- Substance use and resulting problems for youth exist on various levels, not just addiction, **and often are undetected.**
- SBIRT model seeks to expand services for youth who have not yet advanced to addiction but are still engaging in risky behavior or early stage of substance involvement.
- More than half of the U.S. population over age 12 consumes alcohol. For some, alcohol use leads to a range of personal and social problems during the teenage years.

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Alcohol & Substance Use Statistics

The National Survey on Drug Use and Health (NSDUH) estimates that 1.7 million youth aged 12-17 are not receiving the treatment they need for a substance use disorder.

Among youth who have been identified with a substance use disorder, the overall rate of unmet need for intervention was 92.3%, but significantly worse for adolescents under 15 years of age (96.3%)

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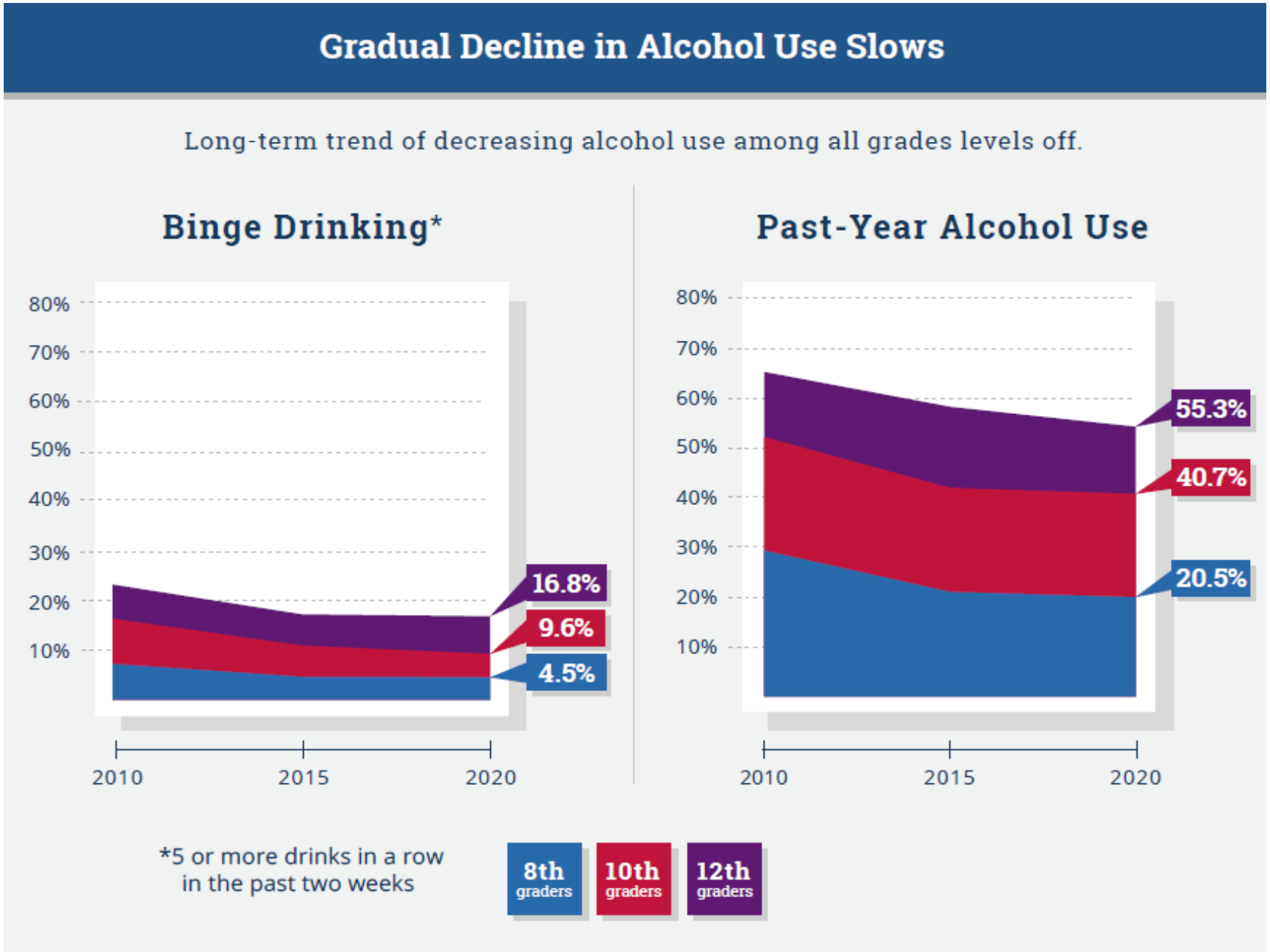
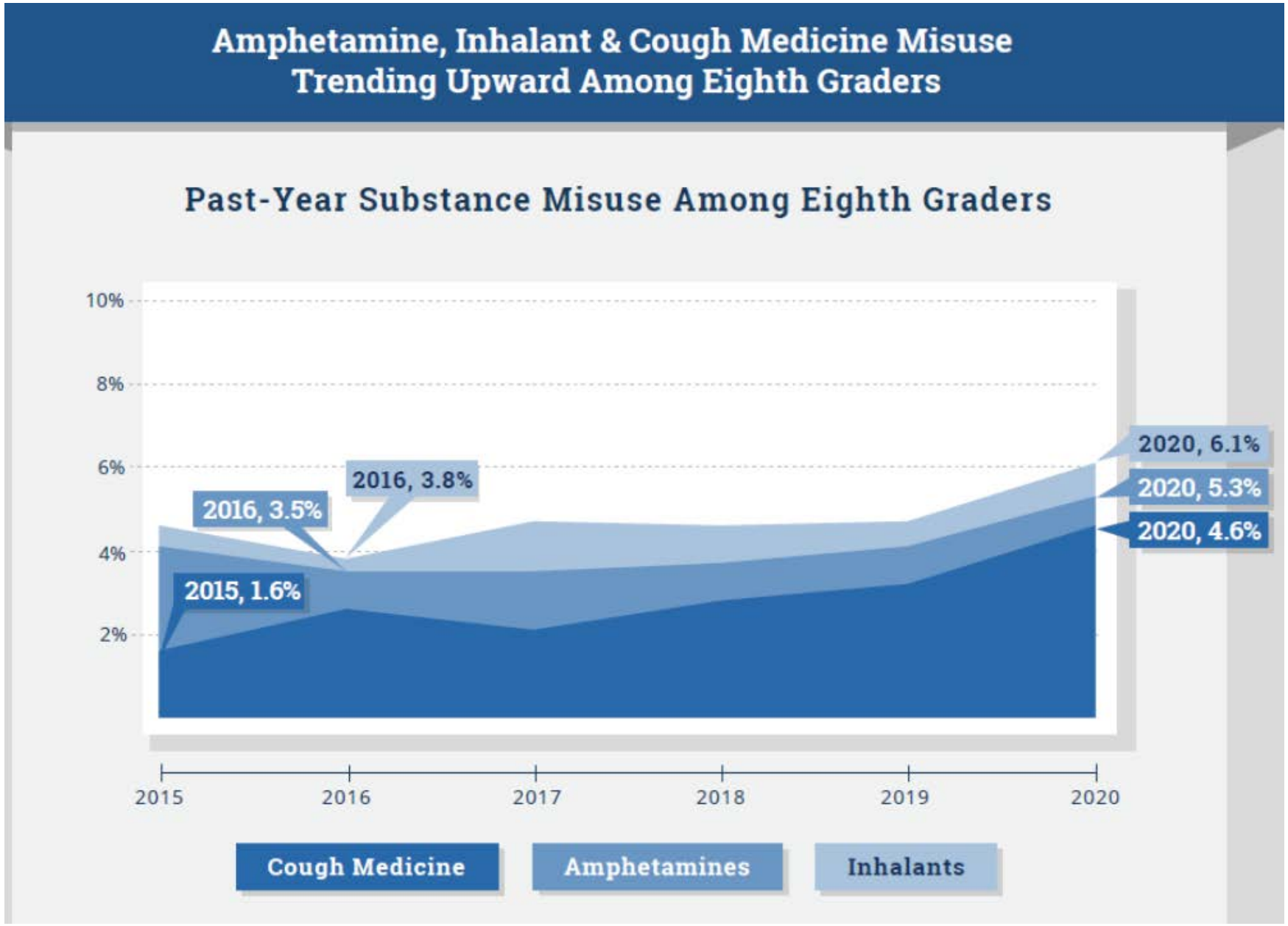
Additional Statistics: Gradual Decline in Alcohol Use Slows



Source: [Monitoring the Future, 2020]



Source: [Monitoring the Future, 2020]

Impact of Early Engagement in Drinking

- School problems (e.g. higher absence, poor academic performance, reduced athletic performance)
- Social problems (e.g. lack of participation in youth activities, fighting)
- Relationship problems with family and friends
- Legal problems (DUI)
- Unplanned and unprotected sexual activity
- Brain development- can cause memory problems and the change in brain development can have a life-long impact
- Abuse of other drugs
- Death from alcohol poisoning
- Adverse effects on maturation of reproductive systems

Source: Learner's Guide to Adolescent SBIRT, 2016

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SBIRT- SCREENING

Screening - the process of assessing risk (ages 11-21)

Adolescents often do not share their behaviors unless directly and specifically asked (developmental considerations).

Opportunities:

- Universally administer the screens as part of the intake process
- Build SBIRT screenings into existing workflows and care pathways
- Screening tools explore risk based on age/frequency of use/#of days using – the younger the age + more drinking days = higher the risk

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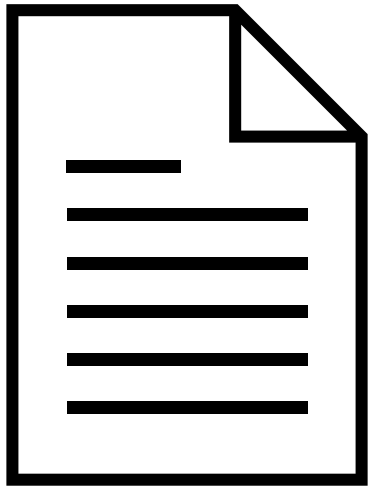
Screening Tools

When screening those under the age of 22, there are multiple recommended screening tools:

- S2BI
- GAIN-SS
- CRAFFT
- NIAAA YOUTH GUIDE SCREEN
- NIDA ASSIST
- AUDIT-C/ AUDIT



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S2BI Screen Overview

Screening To Brief Intervention (S2BI) - highly utilized and recommended for ages 12-17

- It is quick and practical for short visits.
- Effectively screens for alcohol, vapes, tobacco and marijuana (research indicates that if adolescents are not using one of the three, it is highly unlikely that they are using other substances [Woodcock et. Al, 2015]).
- Correlates with diagnostic and statistical manual of mental disorders, fifth edition (DSM-5) diagnoses.
- Although non-diagnostic, provides an accurate way to identify those who may have severe substance use disorders.
- Provides results that can guide provider responses.

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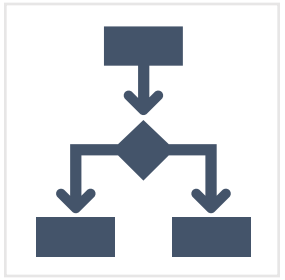
SBIRT- Brief Intervention

Purpose of Brief Intervention is to raise patient awareness of risks, elicit internal motivation for change, and help set behavior-change goals.



Brief Solution Focused Interventions – non-judgmental and non-confrontational

Behavioral change strategy utilizing motivation interviewing techniques

Structured Brief Sessions

Goal is to link usage to health outcomes which is accomplished by:

- Sharing health information
- Providing cessation guidance and advice
- Having discussions about reduction of risky behaviors
- Linking to treatment (when appropriate)

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B.I. Risk Levels

- **No Use-Low Risk: 5 sessions lasting 5 minutes to one hour**
  - No use –provide positive reinforcement, prevention, and education on healthy life choices
  - Low risk – once or twice (tried it); simple advice and psycho-ed (drink is a drink); prevention opportunity on healthy life choices; cessation advice
- **Moderate-High Risk: 5-12 sessions lasting 1 hour**
  - Moderate risk-monthly use – cessation advice/reduce use and risky behavior; provide brief motivational intervention (for problems, advise to quit, make a plan) to reduce use and risky behaviors
  - High risk weekly– all of the above + linkages to BH or specialty treatment

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Motivational Interviewing

Non confrontational, collaborative and evidenced-based approach; effective for youth

- Staff Training on MI change strategies/techniques for youth engagement
- Youth to feel at ease (reflect and affirm)
  - Engage youth by universalizing questions:
    - "I ask everyone these questions to determine health"
  - Emphasize confidentiality to teens/no disclosure, etc.
  - Collaborative model – "help to work together to prevent any health harm"

O.A.R.S. for M.I.

OARS- Responses From Therapist To Initiate Change

Open-ended questions **Affirmations** **Reflections** **Summaries**

Assess readiness for change-stages of change	Use open ended questions	Affirm responses	Reflective Listening Skills	Summarization of thoughts/feelings

Elicit change talk	Ask youth permission to advise	Generate Options	Manage Pushback – AMBIVALENCE!!!!

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Specialty Treatment Options

Behavioral Therapy	Cognitive Behavioral Therapy, Motivational Enhancement Therapy
Medication-Assisted Treatment	Nicotine, Alcohol, Opioids
Intensive Outpatient Treatment	Typically, 6 hours/week or less
Intensive Outpatient Treatment & Partial Hospitalization	Typically, 4-6 hours/day up to 20 hours/week
Residential/Inpatient Treatment	Typically, 1 month to 1 year
Medically Managed Intensive Inpatient Treatment	Highest level of treatment with 24-hour care
Peer Support Groups	AA, NA, Alateen, SMART Recovery, etc.

Social and Cultural Considerations

- **Systems-level and geographic area-level variables** are among the most important contributors to racial/ethnic differences in treatment access and outcomes (Cook, 2012).
- Asking about and addressing the unique **social, cultural and linguistic needs** of minority subpopulations around SBIRT is critical to engaging patients in services.
- **Culturally sensitive treatment** offer promise for effectively addressing substance use among racial/ethnic minority youth (Steinka-Fry, 2016).

Source: Learner's Guide to Adolescent SBIRT, 2016

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Considerations

- What level of care will meet the patients needs?
- What level of care is the patient willing to go to?
- What quality programs are available in the community?
- Where are the openings?
- What will insurance cover?

Confidentiality with Referrals

- Teens are less likely to follow through on referrals without the **support of adults**, especially if referred for treatment they may not agree with.

- In many cases, by the time a likely SUD has developed, parents are **already aware** of use, but may underestimate the problem.

- Leverage the patient/provider relationship to **plan together** how to include parents by focusing on mutual points of agreement.

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Referral to Treatment: Lessons Learned

- Do a warm hand off to leverage the team and established patient relationship
- Community partners sharing/exchanging information
- Defining “treatment”
- 90% of sites reported involving families in discussion of treatment plans

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Referral to Treatment: Lessons Learned (Continued)

- Start the conversation using MI techniques
- Motivation to seek treatment – Using MI techniques for feedback to youth
- Ask the right questions – explore their ambivalence
- Educate about treatment approaches, setting and choices – provider knowledge about treatment options
- Family involvement
- Resources necessary for referral and linkage – Tracking referrals/Continuity of Care

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Implementation Considerations

- Staff buy-in: champion & interprofessional team
- Workflows:
  - What will SBIRT look like?
  - Process mapping/streamlining operations
- Who, what, where, when: how long/how often
- PDSA cycle: action steps, gaps, root cause
- EHR: adaptability, data collection – what risk factors will be measured, & capability for transitions of care and follow-up

Operational Considerations

- Staff training on MI and interpreting screens cost/time – personnel to perform trainings?
- Cost – sustainability/coding/billing; Medicaid differs from state to state; state block grants?
- Identifying the target population – ages, etc.
- Referral partner networking/resources/tracking

Looking for More SBIRT?

Consulting

Tailored to your organization's specific implementation needs

Contact us at: Consulting@thenationalcouncil.org

Youth SBIRT Training

Virtual Introductory/Refresher - September 30, 2021

Register at: https://bit.ly/2W3JcPD

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Questions, Comments?

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Tools & Resources

- Learner's Guide to Adolescent SBIRT (chcs.org)
- National Council for Mental Wellbeing, YSBIRT Resource Hub
- Youth Screening, Brief Intervention, & Referral to Treatment (YSBIRT)
- Improving Adolescent Health: Facilitating Change for Excellence in SBIRT
- YSBIRT Clinical Site-Organizational Self-Assessment
- SBIRT: A Step-by-Step Guide for Screening & Intervening for Unhealthy Alcohol and Other Drug Use
- SBIRT Protocol Development Guide
- Adolescent Substance Use 101: Current Trends & the Impact of COVID-19
- Monitoring the Future: A Continuing Study of American Youth
- SBIRT-A: Adapting SBIRT to Maximize Developmental Fit for Adolescents in Primary Care
- Pocket Guide for Alcohol Screening and Brief Intervention for Youth

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Upcoming CoE Events:

CoE Office Hour: Workforce Shortages & Impact on BIPOC Providers, Staff and Caregivers

Register here for the office hour on Wednesday, September 22, from 2-3pm ET

CoE Office Hour: SBIRT with Youth

Register here for the follow-up office hour on Thursday, September 23, from 3-4pm ET

Interested in an individual consultation with the CoE experts on integrated care?

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