



National Screening, Brief Intervention & Referral to Treatment

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

SBIRT in School-Based Health Centers

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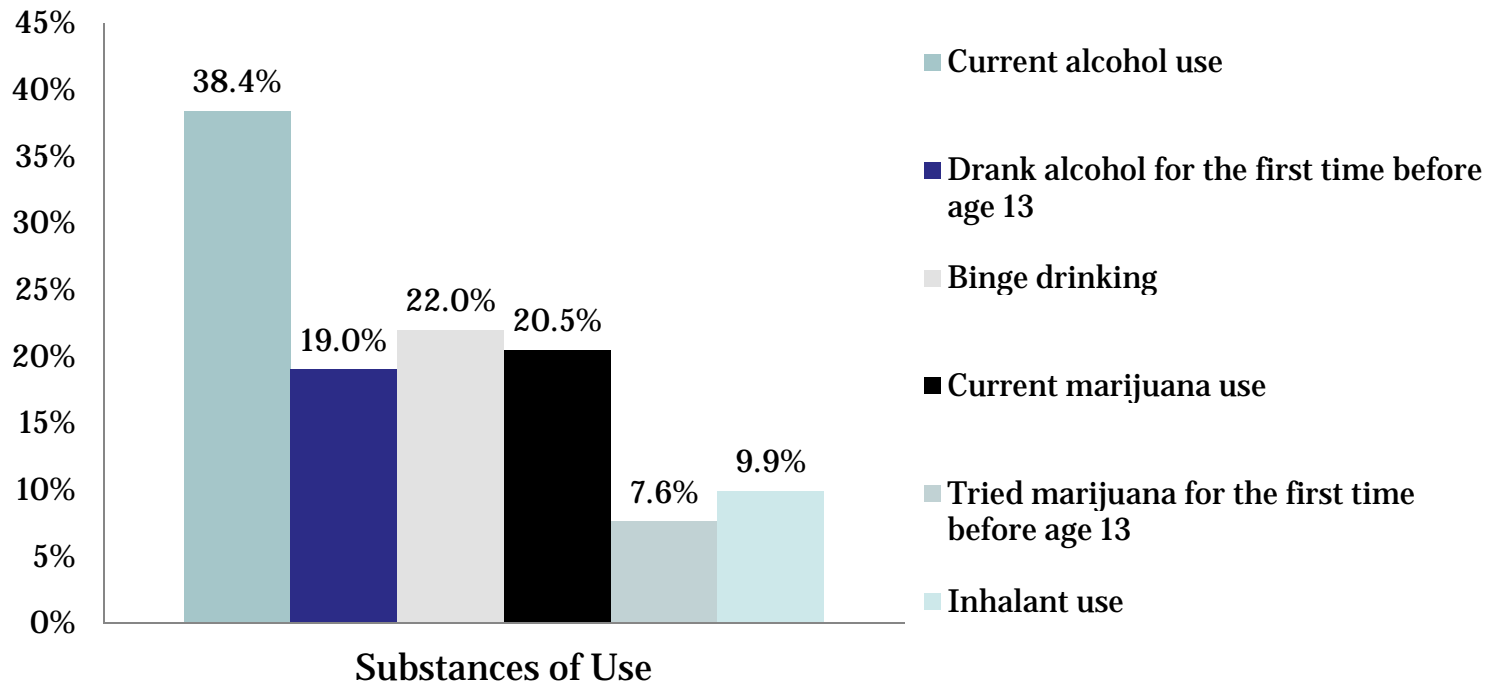
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Adolescent Substance Use in NYS

Substances of Use among NYS Adolescents



Source: 2011 Centers for Disease Control Youth Risk Behavior Survey (YRBS) (1)



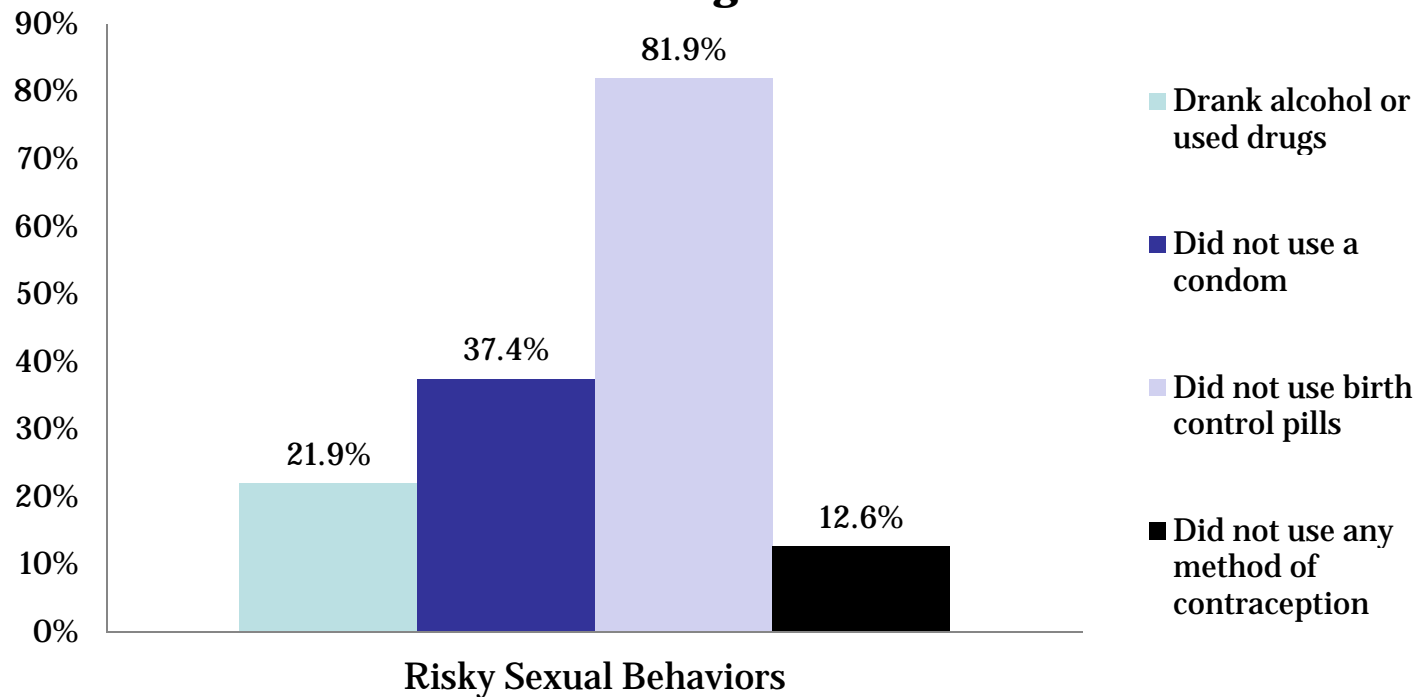
Substance Use Increases Risky Behavior

- 54,702 NYS teens engaged in risky sex and 1,199 became pregnant as a result of drinking in 2009 ⁽²⁾
- Adolescent substance users more likely to...
 - Be sexually active
 - Engage in risky sexual behavior
 - Become pregnant
 - Contract STDs ⁽³⁻⁵⁾



Substance Use and Risky Sexual Behavior

Risky Sexual Behaviors during Last Sexual Intercourse among NYS Adolescents



Source: 2011 Centers for Disease Control and Prevention Youth Risk Behavior Survey (YRBS) (1)



Unintentional Injuries and Fatalities

- Substance use is a major contributor to the three leading causes of death among adolescents: motor vehicle accidents, homicides and suicides ⁽³⁾
- Substance use, even first time use, increases the risk of unintentional injury or death ⁽⁶⁾
 - 68% of ED visits by 12-17 year olds involved the use of alcohol, drugs, or the misuse of prescription drugs in 2008 ⁽⁷⁾
 - 31% of 15-20 year olds involved in fatal crashes in 2008 had been drinking ⁽⁸⁾



Criminal and Delinquent Behavior

- In NYS in 2009, underage drinking was associated with... (2)
 - 94 homicides
 - 1,914 nonfatal violent crimes
 - Assault, robbery, rape
 - 77,400 property crimes
 - Car theft, burglary, larceny



Substance Use and Fights

- 28.6% of NYS high school students got into physical fight in past 12 months compared to:
 - 43.6% of current drinkers
 - 53.5% of binge drinkers
 - 53.6% of current marijuana users ⁽¹⁾



School

- Adolescent substance users are... (9)
 - Twice as likely to have poor grades and drop out of high school
 - More likely to get into fights at school
- Substance use is also associated with other school misconduct and lack of effort and interest



Health Concerns

- Substance use by adolescents increases the risk of... (4)
 - Liver disease, stroke, and cancer
 - Headaches, eczema, irritable bowel syndrome
 - Peptic ulcers, asthma, sinusitis, sleep disorders
 - HIV, STDs
 - Alcohol poisoning or overdose



Health Concerns for Binge Drinking

- Binge drinking results in increased prevalence of other health risk behaviors ⁽¹⁰⁾
 - Poor school performance
 - Riding with a driver who had been drinking
 - Being currently sexually active
 - Smoking cigarettes or cigars
 - Being a victim of dating violence
 - Attempting suicide
 - Using illicit drugs.



What is Binge Drinking? ⁽³⁾

- Men – 5 or more drinks
- Women and Men 65 or older – 4 or more drinks
- Youth 9-13 years olds - 3 or more drinks
- Girls 14-17 – 3 or more drinks
- Boys 14-15 – 4 or more drinks
- Boys 16-17 – 5 or more drinks (same as adult males)

For the typical adult, this pattern corresponds to consuming 5 or more drinks (male), or 4 or more drinks (female), in about 2 hours.



Depression

- 26.9% reported symptoms of depression in last 12 months compared to:
 - 40.1% of current drinkers
 - 43.4 of binge drinkers
 - 37.7 % of current marijuana users
- 18.6% of binge drinkers attempted suicide during the past 12 months ⁽¹⁾

Felt sad: Did students, in the past 12 months, feel so sad or hopeless almost every day for 2 weeks or more in a row that they stopped doing some usual activities?



Long-Term Effects

- Early initiation of alcohol increases the likelihood of future dependence ⁽¹⁰⁾
 - 47% who started drinking before age 14 developed an alcohol use disorder in their lifetime compared to 9% of those who started drinking after turning 21
- Cognitive functioning of the brain can be permanently impaired even if the adolescent stops using ⁽⁶⁾



Costs of Underage Drinking in NYS

- Underage drinking costs NYS \$3.3 billion annually
– \$1,731 per youth or \$2.58 per drink consumed ⁽²⁾

Cost of Underage Drinking in New York State, 2010

| Youth Cost Category | Cost (in millions) |
|---|--------------------|
| Violence | \$2,002.2 |
| High-Risk Sex, Ages 14-20 | \$302.6 |
| Traffic Crashes | \$290.5 |
| Alcohol Treatment | \$243.4 |
| Property Crimes | \$210.3 |
| Injury | \$111.5 |
| Fetal Alcohol Syndrome Among Mothers Ages 15-20 | \$71.8 |
| Poisonings and Psychoses | \$53.7 |
| TOTAL | \$3,286.1 |

Source: Pacific Institute for Research and Evaluation (PIRE)



What is SBIRT

- **Screening**
- **Brief Intervention**
- **Referral to Treatment**
- **Goal:** Identification of at-risk substance users in non-substance abuse treatment settings and provision of appropriate services



How SBIRT Addresses Student Need

- Reduces alcohol and marijuana use
- Prevents initiation of substance use
- Prevention saves your organization money
- Offers convenience and confidentiality
- It's a good fit for adolescents
- Adolescent satisfaction with SBIRT

Recommended by the American Academy of Pediatrics



Changes Adolescents Attitudes Associated with Use (11, 12)

- Increases readiness to change
- Increases self-efficacy for making changes
- Decreases intentions to use
- Decreases the perceived prevalence of peer substance use



Prevents Initiation and Reduces Use

- Exhibited lower past 90-day alcohol and other drug use (15.5% vs. 22.9% for usual care, $p < .05$) ⁽¹³⁾
- Decreased marijuana use after 3 months ⁽¹²⁾
- Reduced adolescent drinking onset – 44% fewer started drinking over a 12 month period compared to those receiving usual care ⁽¹⁴⁾
- Reduced risk of drinking and driving ⁽¹⁵⁾



Organizational Cost Savings

- SBIRT is ranked among the top 5 most beneficial and cost-effective preventive health services by the US Preventive Services Task Force ⁽¹⁶⁾
 - Higher than screening for high blood pressure, high cholesterol, breast, colon, or cervical cancer, and osteoporosis
 - \$4.3 saved for every \$1 spent on substance use early intervention



Convenience and Confidentiality

- Providing SBIRT in your SBHCs provides the convenience of the school with the confidentiality of your clinics
 - Students willing to discuss substance use with a knowledgeable healthcare provider (12, 13)
 - Bring discussion of substance use into healthcare
 - Reported not feeling judged (12, 13)



Good Fit for Adolescents

- Adolescents are ambivalent regarding changing their substance use, desire autonomy, and often resist authority ^(17, 18)
 - Self-guided structure of SBIRT does not force them to admit having a problem
 - Instead it allows them to develop action-oriented goals while avoiding confrontation



Adolescent Satisfaction with SBIRT⁽¹⁴⁾

- Rated provider advice as “excellent” or “very good”
- Were “very satisfied” with the services they received
- Were “very likely” to follow through with provider advice



Recommended Practice ⁽¹⁹⁾

The American Academy of Pediatrics and the American Medical Association recommend that pediatricians and other health care providers who work with children and adolescents conduct routine substance use screening and brief interventions using motivational interviewing techniques and that they be familiar with a network of treatment providers should an outside referral be necessary.



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SBIRT Protocol in SBHCs



CRAFFT Screening Tool (20)

- The CRAFFT is a validated screening tool for use with adolescent patients
- Because it screens for both alcohol and other drug problems simultaneously, it is especially handy for providers
- CRAFFT consists of
 - ✓ Part A: 3 prescreening questions and
 - ✓ Part B: 6 items
 - ✓ Scoring Algorithm
- A positive CRAFFT means the student should be assessed for alcohol/drug abuse or dependence.

The CRAFFT Screening Questions

Please answer all questions honestly; your answers will be kept confidential.

Part A

During the PAST 12 MONTHS, did you:

| | No | | Yes | |
|---|--------------------------|---|--------------------------|---|
| 1. Drink any <u>alcohol</u> (more than a few sips)? | <input type="checkbox"/> | } If you answered NO to ALL (A1, A2, A3) answer only B1 below, then STOP. | <input type="checkbox"/> | } If you answered YES to ANY (A1 to A3), answer B1 to B6 below. |
| 2. Smoke any <u>marijuana or hashish</u> ? | <input type="checkbox"/> | | <input type="checkbox"/> | |
| 3. Use <u>anything else</u> to get high? | <input type="checkbox"/> | | <input type="checkbox"/> | |

"anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff"

Part B

| | No | Yes |
|--|--------------------------|--------------------------|
| 1. Have you ever ridden in a CAR driven by someone (including yourself) who was "high" or had been using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you ever use alcohol or drugs while you are by yourself, or ALONE? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you ever FORGET things you did while using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever gotten into TROUBLE while you were using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |

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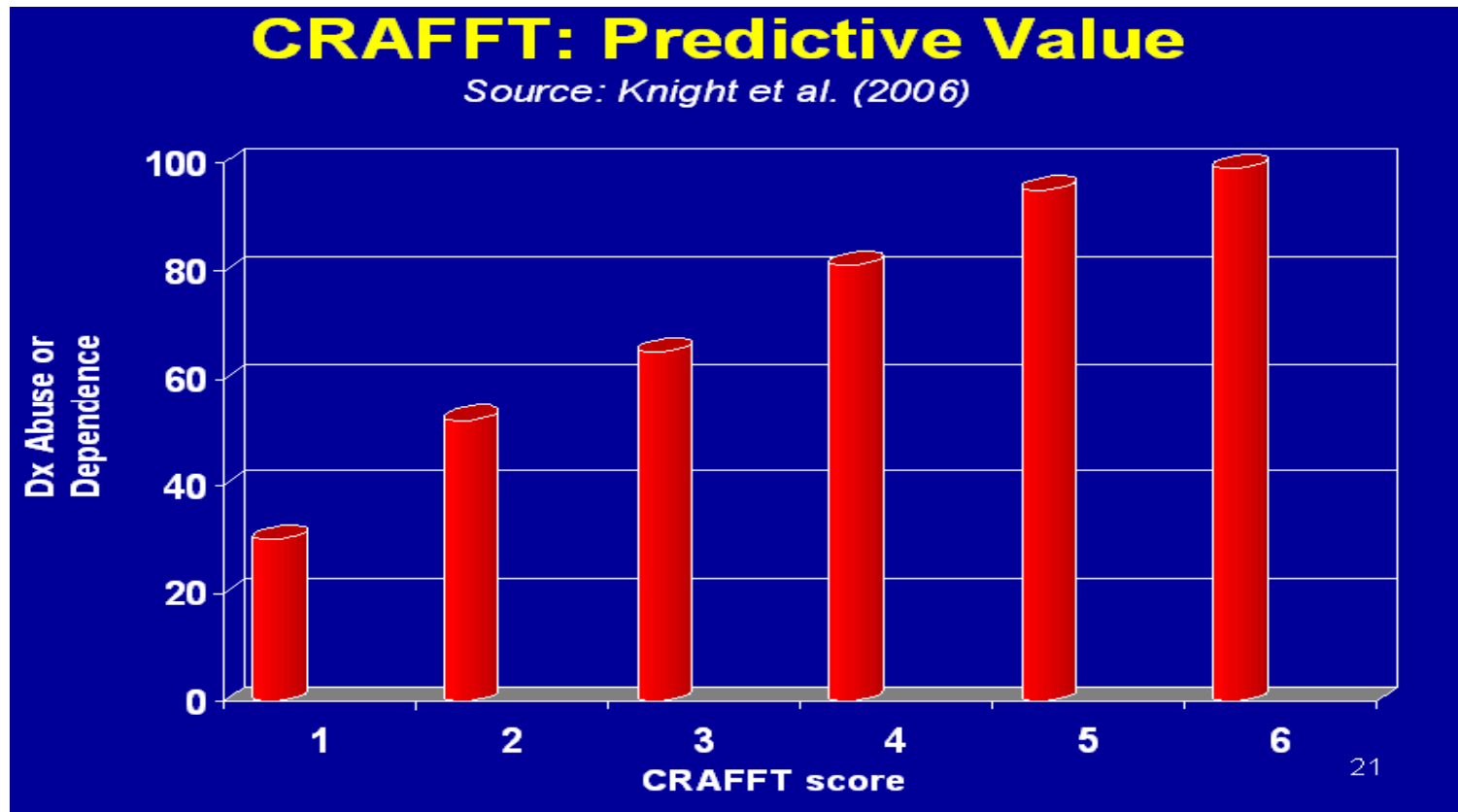


CRAFFT Scoring

- No = 0, Yes = 1
- Score of 0 – “Low Risk”
 - Provide positive feedback and encouragement
- Score of 1 – “Moderate Risk”
 - Provide brief advice
- Score 2+ with no signs of acute danger – “High Risk”
 - Provide brief intervention
- Score 5+ - “High Risk”
 - Provide brief intervention with goal of acceptance of referral to treatment



CRAFFT Predictive Value (21)





Brief Negotiated Interview (BNI)⁽²²⁾

- Specialized “Brief Intervention” for the Medical Setting foundations in Motivational Interviewing (MI) techniques
- Demonstrated to be effective at facilitating a variety of positive health behavior changes
- Helps health care providers explore health behavior change with patients in a respectful, non-judgmental way within a finite time period
- Designed to elicit reasons for change and action steps from the patient
- The BNI is in the form of a “script” that guides providers through the health intervention with carefully phrased key questions and responses



Brief Negotiated Interview (BNI) – Youth & Adolescents

1. Engagement

Before we go further, I'd like to learn a little more about you.

What is a typical day like for you?

Would you mind taking a few minutes to talk about your [X] use? Where does your [X] use fit in?

What's the most important thing in your life right now?

2. Pros & Cons

- Explore Pros and Cons
- Use reflective listening
- Reinforce positives

I'd like to understand more about your use of "X".

What do you enjoy about "X"?

What is not as "good" about your use of "X"?

What else?

So on the one hand you said <PROS>, and on the other hand <CONS>.

What are your thoughts?



BNI

3. Feedback

➤ Ask permission

I have some information on low-risk guidelines for drinking, would you mind if I shared them with you?

➤ Provide information

We know that drinking

- *3 or more drinks in 2hrs ...(binge drinking)*

- *...drinking 'X' alcoholic drinks and/or use of illicit drugs can put you at risk for illness and injury. It can also cause health problems like [insert medical information].*

➤ Elicit response

What are your thoughts on that?



BNI

4. Readiness to Change

➤ Readiness ruler

This Readiness Ruler is like the Pain Scale we use in the hospital.

On a scale from 1-10, with one being not ready at all and 10 being completely ready,

How ready are you to change your [X] use?

➤ Reinforce positives

You marked _____. That's great. That means you're _____% ready to make a change.

➤ Envisioning Change

Why did you choose that number and not a lower one like a '1 or 2?'

1

2

3

4

5

6

7

8

9

10



BNI

5. Negotiate an Action Plan

What are some options/steps that will work for you?

➤ Write down action plan

Those are great ideas! Is it okay for me to write down your plan, your own prescription for change, to keep with you as a reminder?

➤ Envisioning a future

➤ Exploring Challenges

Will you summarize the steps you will take to change your [X] use?

➤ Drawing on past successes

➤ Benefits of Change

I've written down your plan, a prescription for change, to keep with you as a reminder.



BNI

➤ **Create action plan**

What do you think you can do to stay healthy and safe?

What will help you to reduce the things you don't like about using [X, Y,Z]?

➤ **Identify strengths & supports**

Tell me about a time when you overcame challenges in the past.

What kinds of resources did you call upon then?

Which of those are available to you now?



6. Summarize

- Reinforce resilience & resources
- Provide handouts
- Give action plan

Thank the student

Set up Follow-up if needed

Give Referrals if Appropriate:

- Outpatient Counseling
- NA/AA
- Primary Care
- Mental Health
- Handouts/Information

BNI

“Let me summarize what we’ve been discussing and you let me know if there’s anything else you want to add or change.....”

Review the action plan.



Counselor's Role in Enhancing Motivation

Counselor's Role

1. Gauge your student's Stage of Change; Respond Accordingly
2. Non-confrontational Interviewing
3. Use Motivational Interviewing



1. Precontemplation

Definition:

Not yet considering change or is unwilling or unable to change.

Primary Task:

Raising Awareness

2. Contemplation

Definition:

Sees the possibility of change but is ambivalent and uncertain.

Primary Task:

Resolving ambivalence/
Helping to choose change

Stages of Change: Primary Tasks⁽²³⁾*

<http://www.uclaisap.org/dmhcod/html/resources-links.html>

3. Determination

Definition:

Committed to changing.
Still considering what to do.

Primary Task:

Help identify appropriate
change strategies

4. Action

Definition:

Taking steps toward change but hasn't stabilized in the process.

Primary Task:

Help implement change strategies
and learn to eliminate
potential relapses

6. Recurrence

Definition:

Experienced a recurrence
of the symptoms.

Primary Task:

Cope with consequences and
determine what to do next

5. Maintenance

Definition:

Has achieved the goals and is
working to maintain change.

Primary Task:

Develop new skills for
maintaining recovery



Multiple Sessions of BI Increase Effectiveness

- Studies have shown that multiple sessions (in contrast to a single contact) with a provider can increase the impact of SBIRT in reducing risky alcohol consumption ⁽²⁴⁾
- Adolescents who agree to make a behavioral change should be given a follow-up appointment to discuss the results of their efforts, and praised for any progress they made, no matter how small.



Referral to Treatment

- Must have at least one current referral agreement with an accessible OASAS-certified treatment provider
- Small % of youth will need referral to AOD treatment but be prepared
- Most likely will need to get parent involved if want referral to be effective
- Local Treatment Provider
 - Understand programs and services
 - Understand referral procedure



Medicaid Billing

- Medicaid fee for service (FFS) will reimburse for two screenings and six brief intervention sessions per year
- Medicaid Managed Care and FHPlus plans must also allow two screenings per calendar year in the allowable reimbursable settings without prior authorization.
- Plans are responsible for up to six brief intervention sessions per calendar year, irrespective of provider, without prior approval.



SBIRT Billing

SBIRT may be billed to Medicaid using the following Healthcare Common Procedure Codes System (HCPCS) procedure and diagnosis codes:

- Procedure code H0049 (alcohol and/or drug screening) is used for the substance use screening.
Diagnosis code V82.9 (Unspecified condition) is required on claims for procedure code H0049
- Procedure code H0050 (alcohol and/or drug service, brief intervention) is used for substance use brief intervention services.
Diagnosis code V65.42 (Counseling on substance use and abuse) is required on claims for procedure code H0050



Documentation Requirements

Patient records must include:

- Information on service provided, i.e. screening, brief intervention
- The score on screening tool and a copy of the tool
- Problems related to substance use;
- Dependence symptoms (if any); and
- Injection drug use (if reported)



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Research and Evaluation



SBIRT vs. Current Practice

- Providers often deliver some of the components of the model, but SBIRT is evidence-based for delivering ***all*** components of the model in ***combination***
 - Screening using a standardized tool
 - Delivery of services based on screening score
 - Patient guided brief intervention using motivational interviewing
 - Referral to treatment when indicated



Is this the Case in NYS SBHCs?

Research was conducted to answer this question...

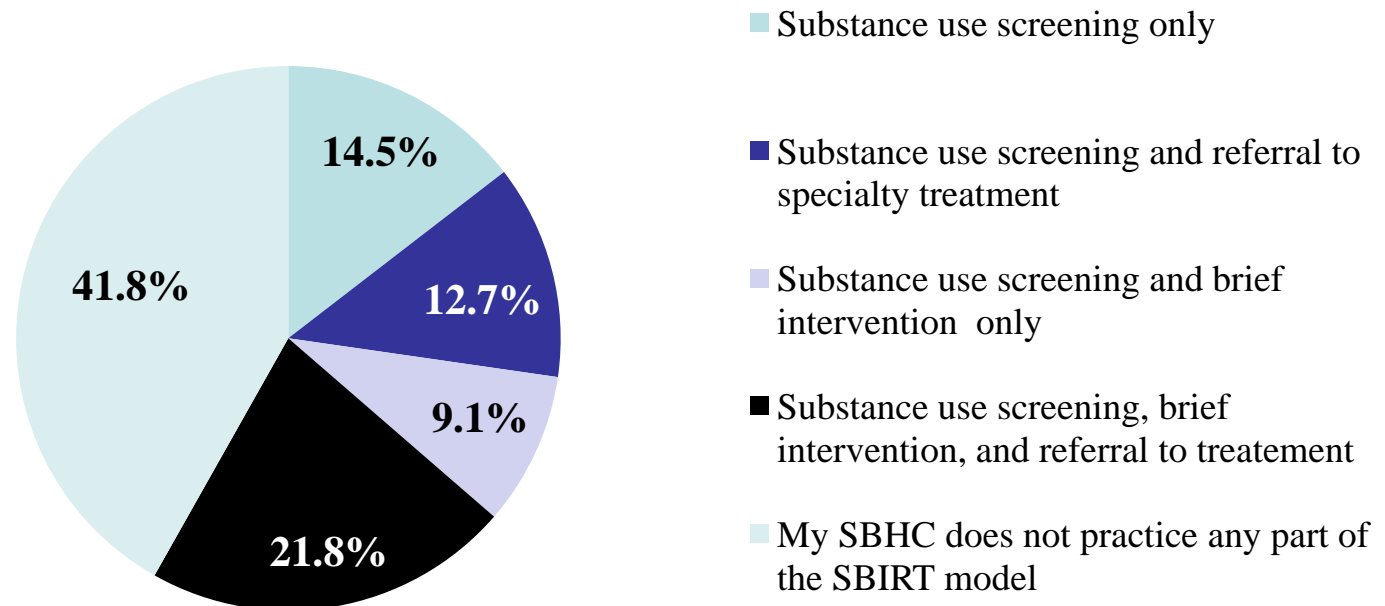
Methods:

- Electronic survey of NYS SBHC program directors and clinicians serving students of middle/high school age
- 64 total responses (40% response rate)



Practice of the SBIRT Model in NYS SBHCs (25)

Practice of the SBIRT Model





Current Attitudes toward Screening⁽²⁵⁾

- NYS SBHC program director and clinician attitudes toward substance use screening:
 - 63% do not think that screening will result in early intervention
 - Almost half (58%) do not think that screening will lead to improved student outcomes
 - 63% of clinicians do not think it is their role to screen students using a standardized tool



Clinical Impressions ⁽²⁶⁾

Identification of problem use by clinical impressions versus diagnostic interview

| | Adolescent Diagnostic Interview | Clinical Impressions |
|----------------------|---------------------------------|----------------------|
| Problem use | 100+ | 18 |
| Substance abuse | 50 | 10 |
| Substance dependence | 36 | 0 |

- Of the 86 adolescents exhibiting abuse or dependence, providers classified...
 - 24.4% with no use, 50% with minimal use, 15.1% with problem use, 10.5% with abuse, and 0% with dependence



Benefits of Standardized Tools ⁽²⁵⁾

- Provides an evidence-based algorithm for provision of appropriate services (CRAFFT)
- Takes the guessing game out of identifying problem substance use
 - Use of standardized screening tools results in higher detection of problem substance use and is a best practice
 - Use of “informal screening” or larger health assessments such as the GAPS **does not** provide these features



Perceptions of Intervention Effectiveness⁽²⁵⁾

- Among NYS SBHC clinicians...
 - 70-78% do not feel effective at helping students reduce their substance use
 - Only 25% do not feel effective at helping students prevent unwanted pregnancies and contraction of STDs



Current Practice of the SBIRT Model ⁽²⁵⁾

| Frequency of SBIRT practice (n=52) | | | | | | |
|--|---------------------------|--------------|----------------------|--------------|---------------------------|--------------|
| | < Half the Time | | Half the Time | | > Half the Time | |
| | n | % | n | % | n | % |
| How often do you or others in your SBHC(s)... | | | | | | |
| Ask students about their substance use? | 0 | 0.0% | 9 | 17.0% | 44 | 83.0% |
| Ask students about quantity and frequency of their substance use? | 0 | 0.0% | 11 | 20.8% | 42 | 79.2% |
| Formally screen students for risky substance use using a standardized tool? | 15 | 28.9% | 9 | 17.3% | 28 | 53.8% |
| Provide positive feedback and encouragement to students who are not using substances? | 6 | 11.5% | 9 | 17.3% | 37 | 71.1% |
| Explain the effects of substance use to students? | 2 | 3.8% | 13 | 24.5% | 38 | 71.1% |
| Assess students' readiness to change their risky substance use? | 5 | 9.5% | 16 | 30.2% | 32 | 60.3% |
| Advise students to change their risky substance use? | 2 | 2.8% | 11 | 20.8% | 40 | 75.4% |
| Refer students with substance use problems to specialty treatment? | 12 | 23.1% | 14 | 26.9% | 26 | 50.0% |



What does this mean?

- Substance use services are being provided but not in combination following the evidence-based SBIRT model
- Providing the standardized SBIRT protocol may make clinicians more effective at helping students reduce their substance use



Barriers ⁽²⁵⁾

- Main barriers to discussing substance use reported by NYS SBHC program directors and clinicians
 - Time constraints (42.6%)
 - Students are not truthful about use (42.6%)
 - Lack of training (27.8%)
 - Do not know where to refer students for treatment (22.2%)
 - Uncertainty regarding effectiveness of service (20.4%)



Barriers to Follow-Up ⁽²⁵⁾

- Students do not think their use is problematic (83.3%)
- Students who use are often absent from school (66.7%)
- Students don't want to come back to the SBHC to talk about substance use (61.1%)
- Teachers get annoyed when students are pulled out of class (35.2%)



Barriers to Referral to Treatment⁽²⁵⁾

- Students are not interested in treatment (46.4%)
- Lack of adolescent-specific treatment programs in the area (33.9%)
- Unfamiliar with treatment programs in the area (28.6%)
- There are social workers on staff (26.8%)



Other Challenges

- Lack of training in substance use topics (not just SBIRT)
- Differences based on geography (NYC vs. rest of state)
 - Knowledge, attitudes, perceptions, barriers
 - Targeting SBHCs in different parts of the state requires tailored efforts



Example: Training ⁽²⁵⁾

| Training received by geography and professional role | | | | | | | | | | | | |
|--|--------------------------------|----------|-------------------------|----------|-------------------------------|----------|-------------------------|----------|--------------------------------|----------|-------------------------|----------|
| | NYC | | | | Rest of State | | | | Total | | | |
| | Program Director (n=10) | | Clinician (n=17) | | Program Director (n=7) | | Clinician (n=16) | | Program Director (n=17) | | Clinician (n=33) | |
| Training Topics | n | % | n | % | n | % | n | % | n | % | n | % |
| Substance use screening | 8 | 80.0% | 7 | 41.2% | 5 | 71.4% | 11 | 68.8% | 13 | 76.5% | 18 | 54.5% |
| Explaining the effects of substance use on students | 7 | 70.0% | 5 | 29.4% | 6 | 85.7% | 10 | 62.5% | 13 | 76.5% | 15 | 45.5% |
| Advising students to change their risky substance use | 7 | 70.0% | 7 | 41.2% | 7 | 100.0% | 7 | 43.8% | 13 | 76.5% | 16 | 48.5% |



OASAS Experience

- OASAS has experience piloting SBIRT in both upstate and downstate SBHCs
 - Morris Heights Health Center (Bronx) and Winthrop University (Long Island) SBHCs in 2012
 - 5 total SBHCs
 - Rochester General Hospital, University of Rochester Medical Center, Bassett Health System (Cooperstown and Oneonta) in 2013-14
 - 6 total SBHCs



Downstate Pilot

- 400 students screened over 3 months (35% used substances)
- Students and staff satisfied with service
- Staff felt that SBIRT standardized the delivery of substance use services in their SBHCs



Upstate Pilot

- 263 students screened over 5 months (14% reported using substances, (26) 10% scored greater than 2 on CRAFFT, 23 BIs delivered)
- Staff and students are accepting of SBIRT
- Reported successes:
 - Increased referrals to co-located MH services
 - Opportunity to bill and be paid
 - Greater identification of risky use by students
 - Not time consuming - has integrated into well child checks and annual screens
- Challenges: payment and adding billing codes to EMR



Supports for Successful Implementation of SBIRT⁽²⁷⁾

- Facilitative/Supportive Administration
- Identification of Champion and Implementation Team
- Use of Purveyor Groups
- Training
- Coaching and Consultation



Supports for Successful Implementation of SBIRT

- Evaluation of Staff Performance and Feedback
- Supportive Data Systems
- Plan-Do-Check-Act
- Link SBHC to AOD Treatment Providers



Supports for Successful Implementation of SBIRT

It's More Complicated than you Think!

- **Facilitative/Supportive Administration**
 - Administration make sure that practitioners have the time required and skills needed
 - Develop data system to support evaluation and performance improvement needs



Supports for Successful Implementation of SBIRT

- **Identification of Champion and Implementation Team**
 - Help define implementation strategy
 - Decide on screening instrument
 - Define roles of staff
 - Decide/design how to integrate SBIRT into existing system



Supports for Successful Implementation of SBIRT

Identification of Champion ²⁸

- 2 Types of Change Champions:
 - Project Champions
 - Organization Change Champions
- Without Champion(s) far less chance of successful implementation



2 Types of Champions (28)

| Project Champions | Organizational Change Champions |
|---|--|
| Has or is given authority to drive forward a project-based innovation | Has authority to cultivate an environment for ongoing practice improvement/organization learning |
| Effectively communicates the purpose and scope of work for the project-based innovation | Has a clear vision for the larger organization and effectively communicates how the project-based innovation fits into that vision |
| Time-delimited role as established by the project | Ongoing role |
| Actively and enthusiastically promotes a project-based innovation | Actively and enthusiastically promotes both the specific project as well as ongoing practice improvement |
| Mobilizes resources (internal/external) for a project-based innovation | Mobilizes resources (internal/external) for ongoing practice improvement |
| Navigates the sociopolitical environment for a project-based innovation | Navigates the sociopolitical environment for ongoing practice improvement |
| Provides leadership for a project-based innovation | Provides leadership for ongoing practice improvement |



Supports for Successful Implementation of SBIRT

- Use of Purveyor Groups with Special Expertise
 - Groups with special expertise in EBP/SBIRT provide training, ongoing consultation etc.
 - Also have expertise in implementing the innovation successfully
 - Most evidence-based innovations have no established purveyor group



Supports for Successful Implementation of SBIRT

- Training
 - Direct service practitioners need to learn to use new approaches and new skills.
 - Training Provides
 - Background information;
 - Theory, philosophy, and values;
 - Introduction of components and rationale for key practices; and
 - Opportunities to practice new skills and receive feedback.



Supports for Successful Implementation of SBIRT

- Training
 - However, classroom training **by itself is not sufficient** to assure that staff will develop the capacity to effectively implement an innovation
 - Most skills needed by effective practitioners can be introduced in training but must be practiced and mastered on the job with the help of a coach.



Supports for Successful Implementation of SBIRT

- Coaching and Consultation ⁽²⁹⁾
 - Only 10% of what is taught in training is actually transferred to the job
 - When on-the-job coaching was added to training, large gains were seen in both knowledge and skills
 - Most important, about 95% of the teachers used the new skills in the classroom with students.
 - Need to develop the internal expertise that can act in coaching role
 - Use data to help guide you



Supports for Successful Implementation of SBIRT

Evaluation of Staff Performance and Feedback

- Supervision
- Online MI training
- Review of sessions, audiotapes
- Provide fidelity checklists (30, 31)
- Need to build in feedback in some way



Supports for Successful Implementation of SBIRT

Supportive Data Systems

- Ask the SBHC what data they need/want
- Try to integrate data collection into EMR
- Outcome data more difficult to collect, i.e., change in behavior, AOD use, decrease in consequences, etc.
- Process data easier to collect i.e. % screened, % screened positive, % received BI, % returned for 2nd visit, % referred to treatment, % that got to referral source, %, accepted into treatment, participant satisfaction etc.



Supports for Successful Implementation of SBIRT

Plan-Do-Check-Act (PDCA)

- Things will have to be tweaked
- Make sure you are making decision based on data
- Include front line staff in discussions and implementation



Supports for Successful Implementation of SBIRT

Link SBHC to AOD Tx. Provider

- Schedule Meeting with SBHCs and AOD treatment agencies.
- Describe referral requirements. – Expedite if possible
- Identify contact person at AOD program for questions and consultation



National Screening, Brief Intervention & Referral to Treatment

ATTC

Addiction Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Q & As



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