

Screening and Brief interventions for Adolescents in Mental Health Settings: Lessons Learned and Challenges from the field



Goals

- What is Reducing Adolescent Substance Abuse Initiative (RASAI)?
Why is this project necessary?
- What kind of support is the National Council providing?
- What should we be thinking about when integrating these services into mental health care settings?



Adolescent SU & MI

- In 2013, 1.4 percent of adolescents aged 12 to 17 (359,000 adolescents) in the United States had both SUD and MDE in the past year.
- Mental health problems in adolescents often increase their use of substances such as alcohol, marijuana, and other drugs.
- Youths aged 12 to 17 with MDE in the past year were more likely than those without MDE to have a co-occurring substance use disorder in the past year (18.9 vs. 6.0 percent)*.
- #1 predictor of adult substance abuse or dependence.....

Youth substance use problems!

*Substance Abuse and Mental Health Services Administration. (2010). Results from the 2009 National Survey on Drug Use and Health: Mental Health Findings (Office of Applied Studies, NSDUH Series H-39, HHS Publication No. SMA 10-4609). Rockville, MD.



Addiction and Adolescents

2013 Study in the journal of the American Academy of Child & Adolescent Psychiatry looked at Adolescents with Bipolar Disorder.

Results indicated:

- One in three teens with bipolar disorder developed substance abuse, for the first time, during 4 years of follow-up.

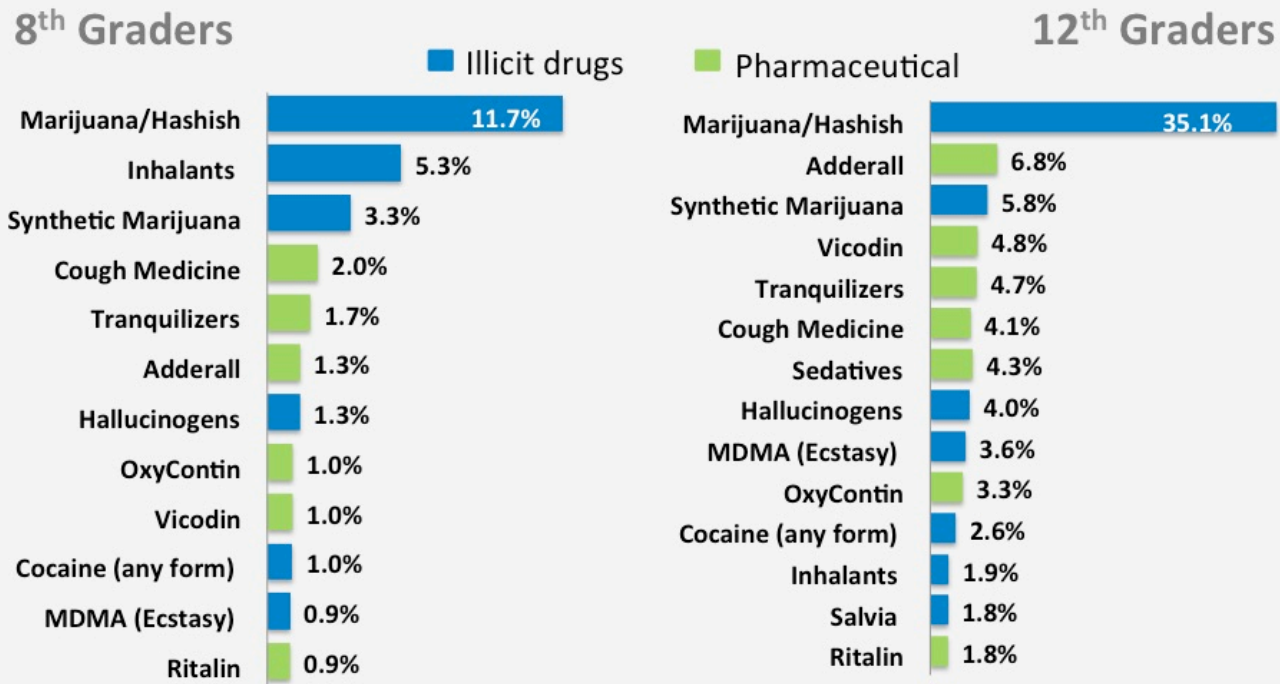
Five factors that predicted later substance abuse

- Oppositional defiant disorder
- Panic disorder
- Family history of substance abuse
- Low family cohesiveness
- Absence of antidepressant treatment

Benjamin I. Goldstein, Michael Strober, David Axelson, Tina R. Goldstein, Mary Kay Gill, Heather Hower, Daniel Dickstein, Jeffrey Hunt, Shirley Yen, Eunice Kim, Wonho Ha, Fangzi Liao, Jieyu Fan, Satish Iyengar, Neal D. Ryan, Martin B. Keller, Boris Birmaher. **Predictors of First-Onset Substance Use Disorders During the Prospective Course of Bipolar Spectrum Disorders in Adolescents.** *Journal of the American Academy of Child & Adolescent Psychiatry*, 2013; 52 (10):

Drug Use Trends

Top Drugs among 8th and 12th Graders, Past Year Use



* Only 12th graders surveyed about sedatives use

Source: University of Michigan, 2014 Monitoring the Future Study



Reducing Adolescent Substance Abuse Initiative (RASAI)

- Funded by the Conrad N. Hilton Foundation
- Focused on the use of a substance abuse prevention and early intervention protocol called SBIRT, or Screening, Brief Intervention, and Referral to Treatment
- Two year learning community focused on structured learning and individualized support to 29 organizations, spanning six states, to facilitate SBIRT implementation, financing, and sustainability.
- Work with state associations on policy changes



RASAI Learning Community Members



California Council of Community Mental Health Agencies (State Lead)

Bill Wilson Center
 Hathaway-Sycamores Child and Family Services
 HillSides
 Pacific Clinics
 Turning Point of Central California, Inc.

Colorado Behavioral Healthcare Council (State Lead)

Community Reach Center
 Jefferson Center for Mental Health
 Mental Health Center of Denver
 San Luis Valley Behavioral Health Group

New York State Council for Community Behavioral Healthcare (State Lead)

Astor Services for Children and Families
 Child & Adolescent Treatment Services
 Hillside Children’s Center
 ICL
 Northeast Parent & Child Society
 Peninsula Counseling Center

Rhode Island Council of Community Mental Health Organizations, Inc. (State Lead)

Gateway Healthcare, Inc.
 Newport Community Mental Health Center
 The Providence Center

Tennessee Association of Mental Health Organizations (State Lead)

Alliance Healthcare Services
 Carey Counseling Center, Inc.
 Frontier Health
 Helen Ross McNabb Center

Association of Community Mental Health Centers of Kansas, Inc. (State Lead)

Central Kansas Mental Health Center
 Compass Behavioral Health
 Elizabeth Layton Center, Inc.
 Four County Mental Health Center
 Labette Center for Mental Health Services, Inc.
 South Central Mental Health Counseling Center
 The Center for Counseling & Consultation



Project Activities

- In-Person Meetings
- Project Lead Webinar
- Clinician Webinars, Trainings, or Calls
- Data Jams
- Bi-monthly TA Calls
- Mid-year CEO/COO Check-In
- State Calls
- All-Site Calls
- Other Relevant Learning Activities



Project Evaluation





Could be worse

- State associations are using data to promote SBIRT legislation
- Support post-RASAI quality improvement
- Identify areas of need for orgs implementing adolescent SBIRT

Could be better

- Cost analysis
- A more strict model
- Consistent outcome measurement
- More detail of referrals and BIs

Screening Date: _____



PATIENT INFORMATION

Patient Name:

Patient Record Number:

Date of Birth:

Gender Identity: Transgender Woman Man

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: American Indian or Alaska Native Asian Black or African-American Multiracial

Native Hawaiian or Pacific Islander White Other

Smoking: Never smoked Current every day smoker Current some day smoker Former Smoker

Diagnosis Code or Behavioral Health Diagnosis (Check all that apply) Anxiety Depression Bipolar

Schizophrenia Conduct Disorder/ODD Learning/ADHD Eating Disorder

Something Else _____ Diagnosis Code _____



CRAFT SCREENING

ALCOHOL USE SCORE:

DRUG USE SCORE:

CRAFT SCORE:



ACTIONS TAKEN		
Score warrants Brief Intervention (BI) or Referral to Treatment (RT)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Score warrants BI or RT, but BI or RT were not pursued.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Date of Brief Intervention #1:		
Date of Brief Intervention #2:		
Date of Brief Intervention #3:		
Date of Brief Intervention #4:		
Patient was referred to treatment:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
Patient attended treatment:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused	Date:
Anticipated date of Follow Up Screening:	Actual Date of Follow Up Screening:	



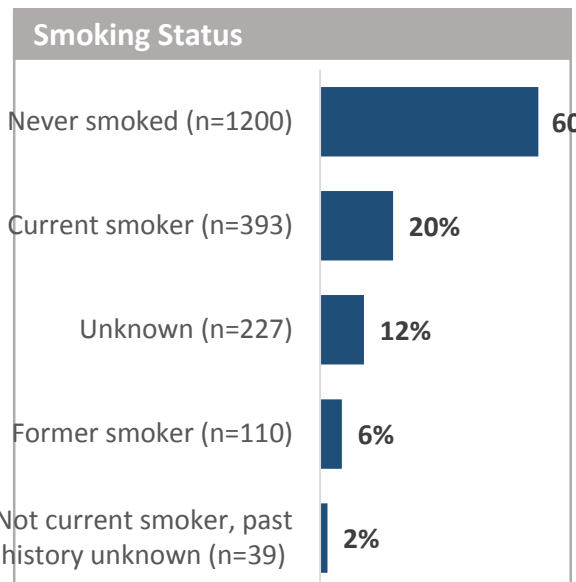
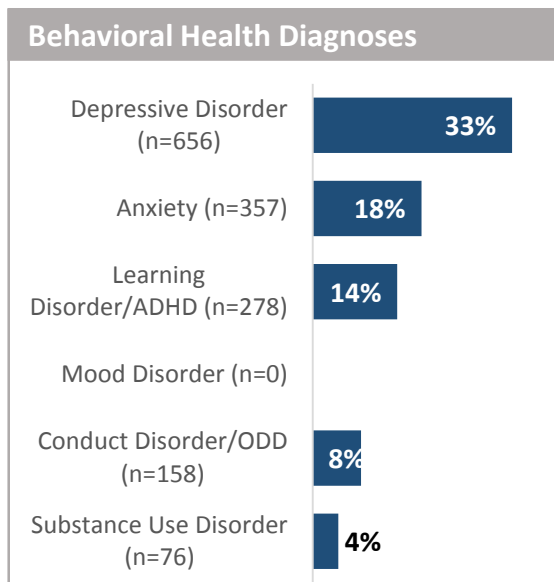
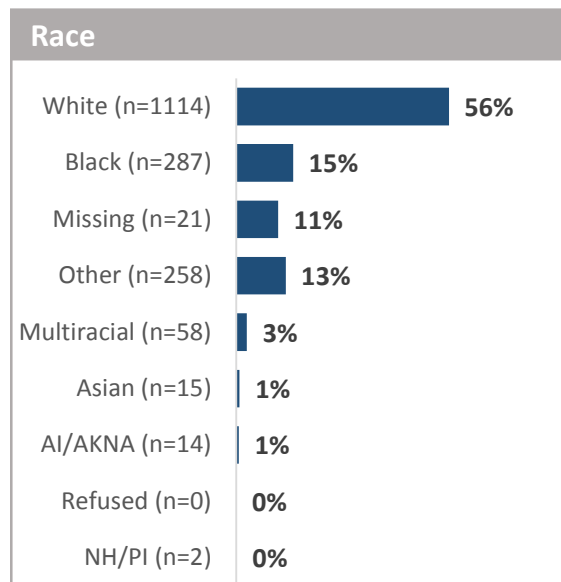
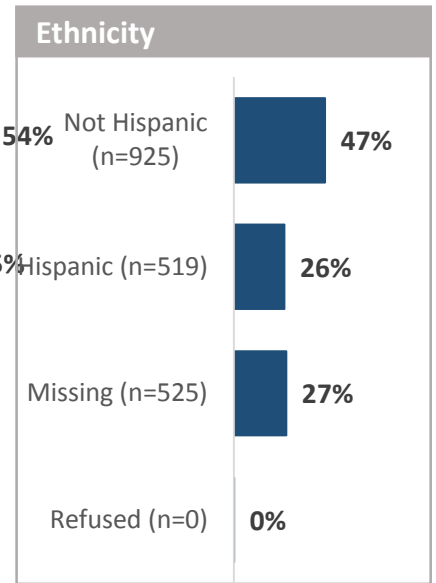
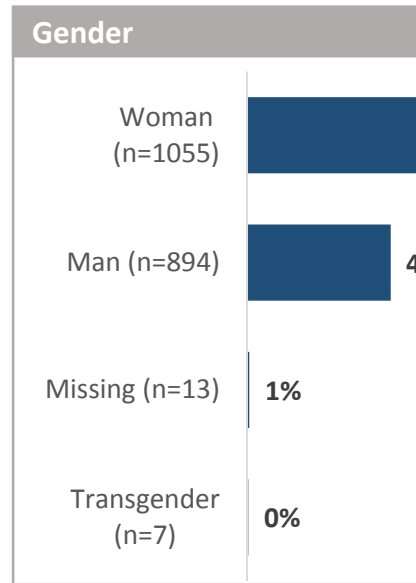
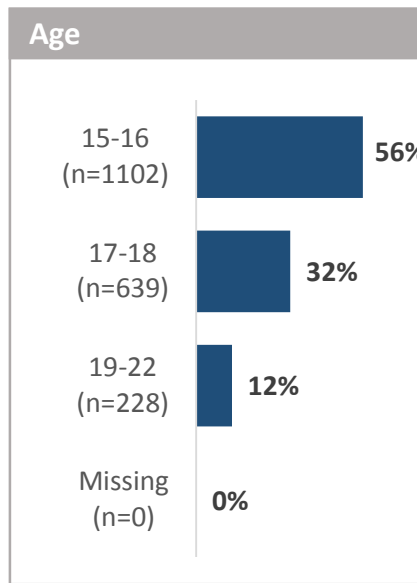
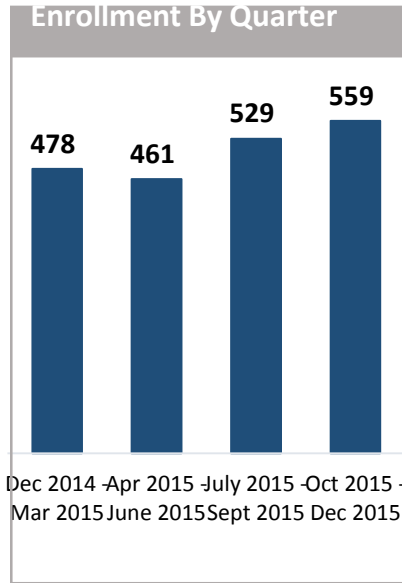
FOLLOW UP SCREENING		
ALCOHOL USE SCORE:	DRUG USE SCORE:	UNCOPE SCORE:

Aggregate Data: Key Data Points at a Glance

Data included represents results from ages 15-22 as of December 30, 2015

Individuals Served: **1969** participants enrolled.

DEMOGRAPHICS AND BEHAVIORAL HEALTH

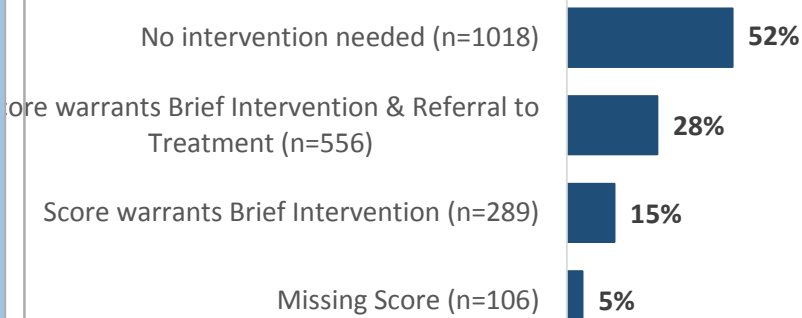


Aggregate Dashboard: Key Data Points at a Glance

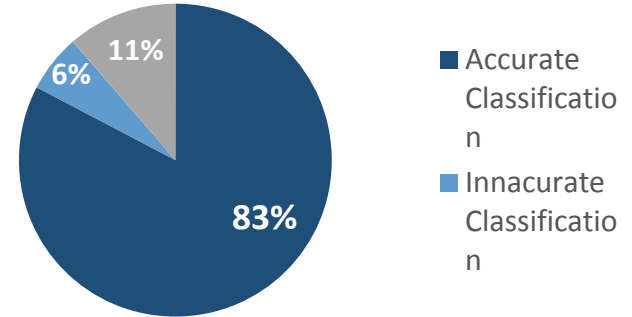
Data included represents results from ages 15-22 as of December 30, 2015

RISK CLASSIFICATION AND FOLLOW-UPS RECEIVED

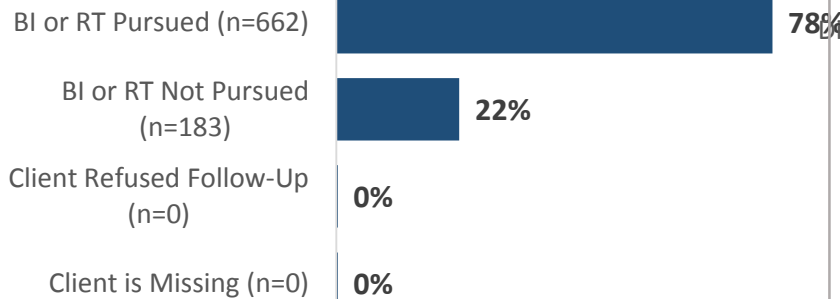
CRAFFT/UNCOPE Score Indicates



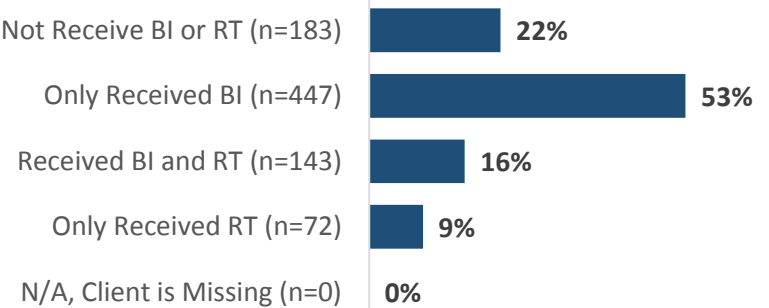
Clinician Accuracy of Risk Classification



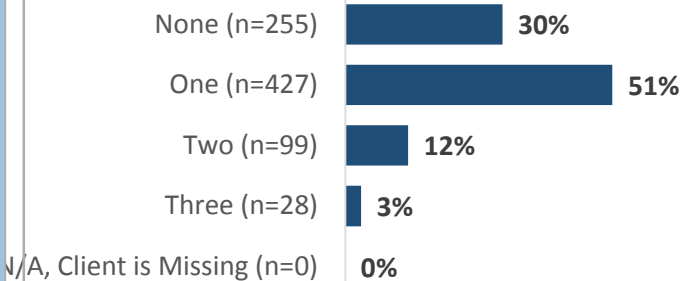
Clinician's Recommended Next Steps



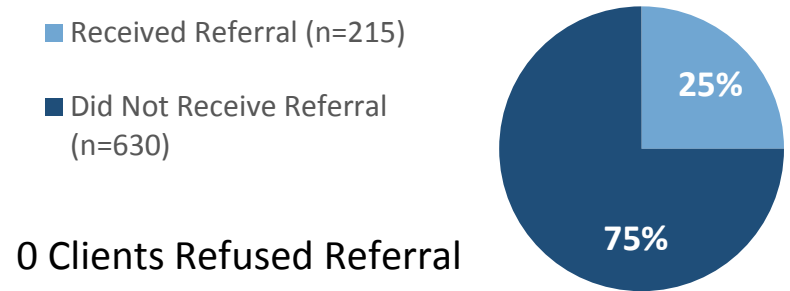
Interventions Received



Number of BIs Received



Treatment Referral Received

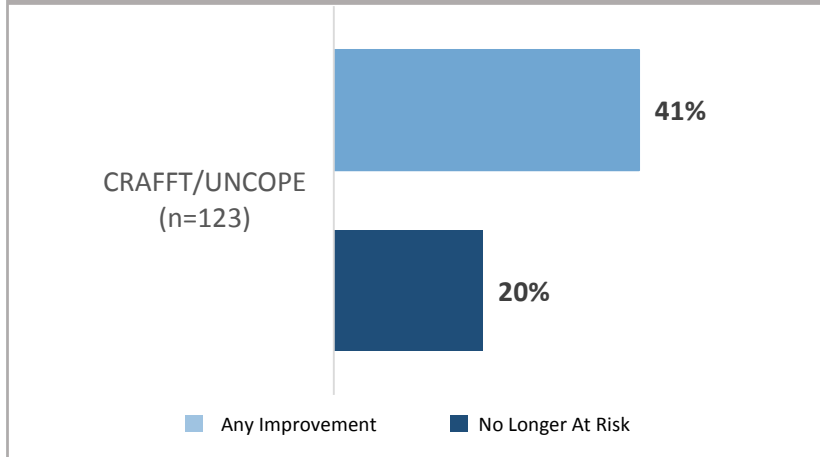


Aggregate Dashboard: Key Data Points at a Glance

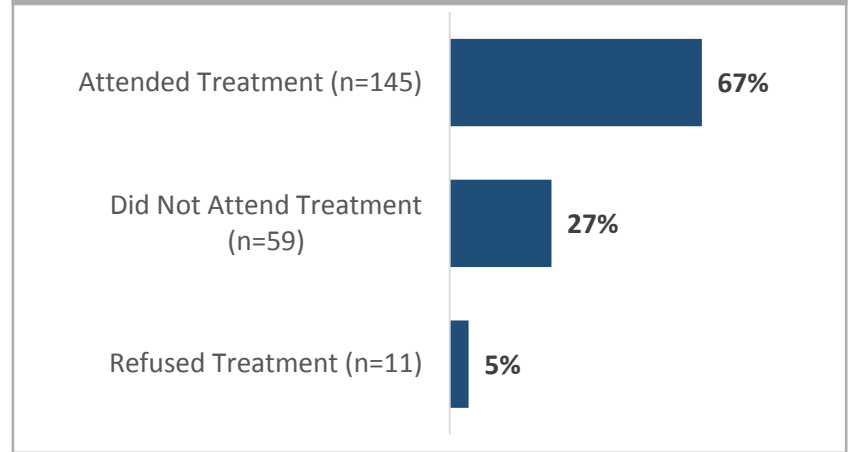
Data included represents results from ages 15-22 as of December 30, 2016

TREATMENT ATTENDANCE AND PARTICIPANT OUTCOMES

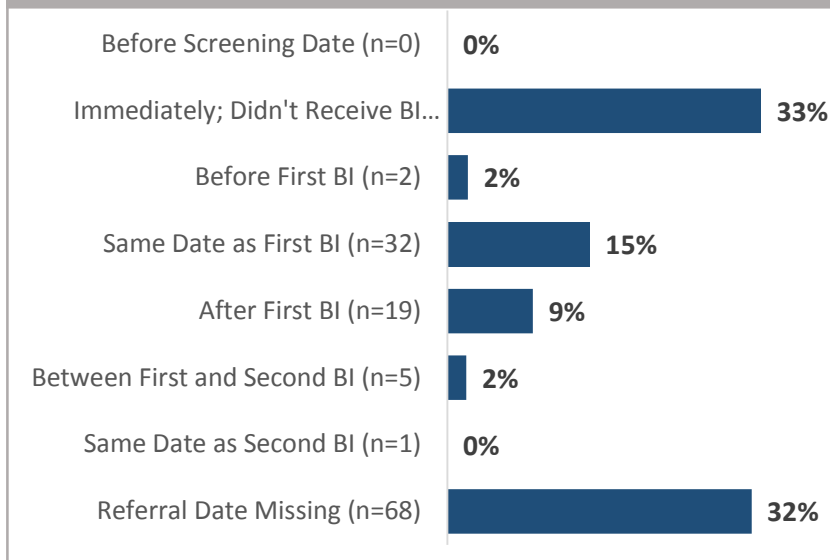
Outcomes



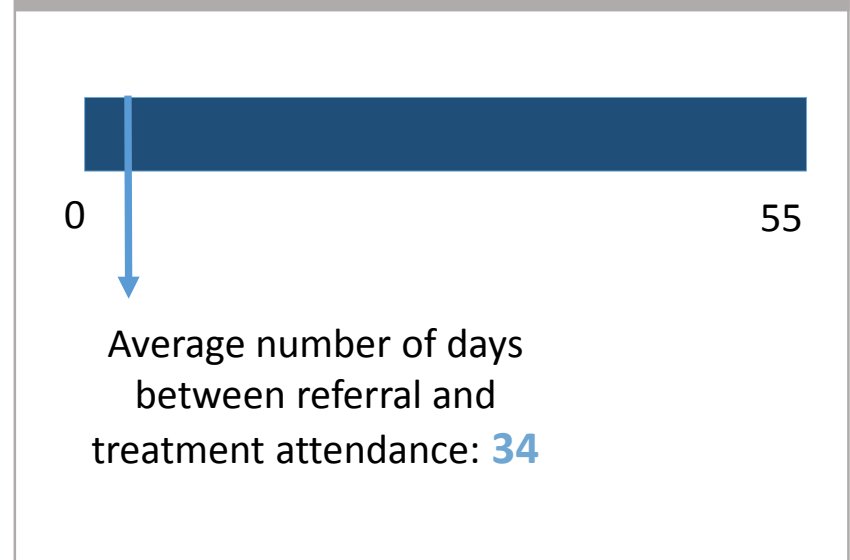
Treatment Attendance Among Referred Participants



Timing of Referral Receipt



Number of Days Elapsed Between Referral and Treatment



Measures Included in the Analysis

Measure	Description of Measure	Variable Values
Outcome Variable		
Improvement in CRAFT/UNCOPE Score	This binary measure captures whether or not an individual had a lower CRAFT or UNCOPE score at follow-up compared to their baseline CRAFT or UNCOPE score.	Yes, No
Predictors		
Received Brief Intervention	This binary measure captures whether or not an individual received one or more brief interventions.	Yes, No
Received Treatment Referral	This binary measure captures whether or not an individual received one or more treatment referrals.	Yes, No
Site	This categorical measure captures the participant's site. Only sites which have participants who were referred to treatment are represented in this measure.	Each level of the variable corresponds to a different site.
Gender	This binary measure captures the participant's indicated gender.	Woman, Man
Race	This categorical measure captures the participant's indicated race.	White, Black, Asian, Alaska Native/American Indian, Other Race, Multiracial
Hispanic	This binary measure captures whether the participant identifies as Hispanic ethnicity.	Yes, No
Age	This numerical measure captures the participant's reported age at baseline.	15, 16, 17, 18, 19, 20, 21, 22
Any Behavioral Health Diagnosis	This binary measure captures whether or not an individual had one or more of the following behavioral health diagnoses at baseline – depression; anxiety; learning disorder or ADHD; conduct disorder or ODD; substance abuse disorder; bipolar; eating disorder; PTSD; or psychotic disorder (including schizophrenia).	Yes, No

Classification Tree Results

3 factors significantly impacted improvement in substance abuse risk among RASAI participants at follow-up. In order from **greatest** to **smallest** impact, these factors are:

Site

Race

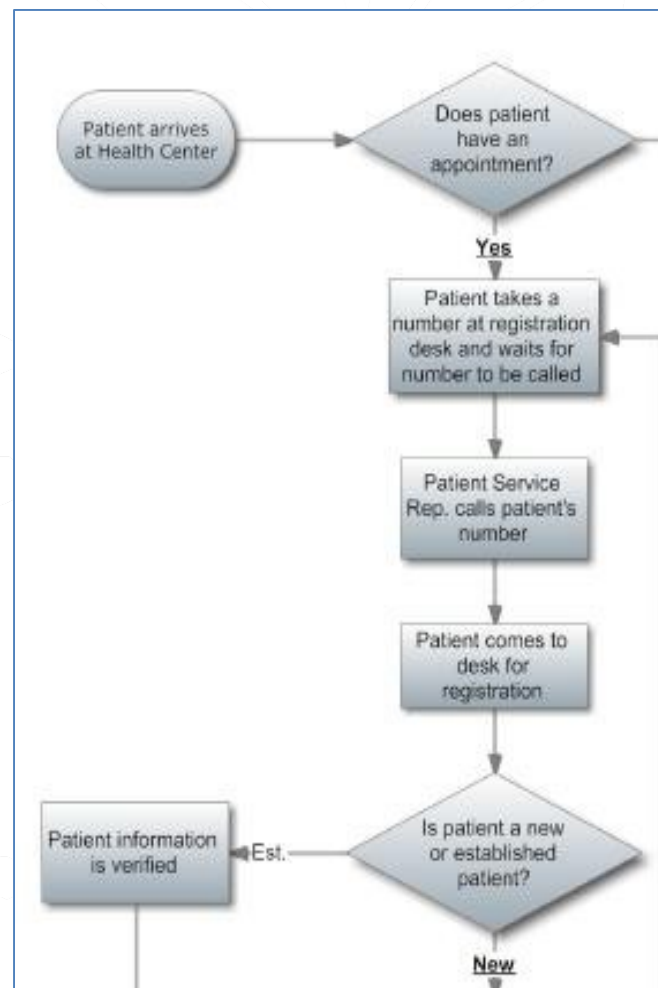
Any behavioral health diagnosis

Considerations



Conduct Workflow Analysis

- Identify how best to integrate SBIRT in existing operation of the mental health site
- Conduct walk-through or discuss how youth are intakes and flow through the daily operations
- Develop flow charts documenting existing flow:
 - Who meets with youth initially for intake and assessment – how does screening fit in?
 - How do team members become aware of youth with positive screens and need for brief intervention support?
 - Who conducts the brief intervention?
 - When are brief interventions conducted?
 - How do team members document the screen results and what was completed during a brief intervention?



Screening considerations

- Goal is for universal screening of youth
- Need to determine among options how often patients will be screened:
 - Intake
 - Clinician assessment/first interview
 - Frequency of screenings after first screen – integration with counseling sessions



Brief Intervention Considerations

- Who conducts, how often, role of team members, documentation, communication to team of youth's progress:
 - Availability of time
 - Availability of additional staff
 - Ability of BI to integrate with other aspects of the counseling session
 - Opportunity to schedule follow-up opportunities for future intervention
 - Skill and comfort level of team members



Referral to Treatment Considerations

- Availability of resources for treatment
- Knowledge by staff on available resources
- Relationships with treatment providers
- Personalizing the process:
 - Facilitate call to the treatment provider with patient
 - Assure the appointment is made
 - Assist with barriers to accessing treatment
 - Avoid just handing patient “a piece of paper”
 - Document referral source and date of appointment
 - Follow-up and provide reminders –release of information to follow-up
- On-site availability or in system support optimal – develop systems for personalized referral



Staffing Considerations

- Understanding of roles and responsibilities within the care team is critical to success. Considerations include:
- What are my needs related to SUD?
- What types of services will this person provide?
- What type of provider needs to provide the service (behavioral health specialist, Social workers, peer specialist, etc.)?
- Are they licensed or credentialed?
 - Can they bill for services?
- What is the skill and comfort level of team members providing each services?



Data considerations

- Start with data that are readily available
- Keep it simple *to start*
- All information should be actionable by those viewing
- Approach with curiosity
- Reward success



Other Thoughts

- Executive level buy-in will be needed to implement and sustain these services
- In order to ensure the long-term sustainability of these services, written policies and procedures need to be developed
- Staff will need ongoing training and support
- The more routine the service, the more sustainable the practice



Other Resources

NIDA For Teens

<http://teens.drugabuse.gov/>

Centers for Disease Control and Prevention

<http://www.cdc.gov/healthyouth/adolescenthealth/index.htm>

Center for Integrated Health Solutions (CIHS) SBIRT Clearinghouse

<http://www.integration.samhsa.gov/clinical-practice/sbirt>

The National Registry of Evidence-based Programs and Practices (NREPP)

<http://nrepp.samhsa.gov/>

About the Addiction Technology Transfer Center (ATTC) Network

<http://www.nattc.org/home/>

Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide

http://www.drugabuse.gov/sites/default/files/podata_1_17_14.pdf

Identifying Early Warning Signs: Addressing youth substance use

[https://hilton-production.s3.amazonaws.com/documents/92/attachments/SubstanceUse_Infographic_Full_2015june30_\(1\).pdf?1440468124](https://hilton-production.s3.amazonaws.com/documents/92/attachments/SubstanceUse_Infographic_Full_2015june30_(1).pdf?1440468124)



