SBIRT for Youth

King County, Washington And
Reclaiming Futures
School-based SBIRT for Youth Project
Learning Objectives

Through review and discussion of one County’s experiences with SBIRT for Youth, participants will:

– Develop an understanding of the use of SBIRT with youth
– Develop an understanding of the issues and challenges with implementation of SBIRT for youth
– Develop an understanding of evaluation and sustainability challenges
Overview
Evan Elkin is a nationally respected innovator and leader in the field of juvenile justice, child welfare reform, mental health and substance abuse treatment, and youth development.
Substance Disorder Screener groups for Adolescents age 12-17:

- 86% Low
- 9% Moderate
- 6% High

Substance Disorder Screener groups for Young Adults age 18-25:

- 48% Low
- 34% Moderate
- 18% High
Brief Intervention Impact on Truant Youth Attitudes to School and School Behavior Problems: A Longitudinal Study
Richard Dembo1, Rhissa Briones-Robinson1, Jennifer Wareham3, Ken C. Winters2, Rocío Ungaro1, and James Schmeidler

Truancy continues to be a major problem, affecting most school districts in the U.S. Truancy is related to school dropout, with associated adverse consequences, including unemployment and delinquency. It is important to obtain a more complete picture of truants' educational experience. First, the present study sought to examine the longitudinal growth (increasing/decreasing trend) in truant youths' attitudes toward school and misbehavior in school (disobedience, inappropriate behavior, skipping school). Second, this study focused on examining the impact of a Brief Intervention (BI) targeting the youths’ substance use, as well as socio-demographic and background covariates, on their attitudes toward school and school behavior problems over time.

Truancy and Escalation of Substance Use During Adolescence
Kimberly L. Henry, Ph.D., and Terence P. Thornberry, Ph.D.

The aim of this study was to examine the relationship between truancy and escalation of substance use during adolescence and to explore potential mechanisms of this relationship. Findings indicate that truant youth engaged in more substance use, both when comparing one adolescent with another (i.e., a truant adolescent used more substances than an adolescent who was not truant) and when comparing periods of change within an adolescent (i.e., during periods when an adolescent’s truancy escalated, his or her involvement in substance use escalated). Conclusions: Truancy appears to be a robust predictor of substance use. The effect is likely to be, in part, a result of the deleterious effects of reduced school bonding and, in part, a result of the unsupervised, risky time afforded by truancy. Gaining a better understanding of how truancy may affect substance use is important for the development of prevention and intervention initiatives.
King County Truancy 2012-2013

- Enrollment: 244,518
- Students with Unexcused Absences: 76,668
- Students with 10 or more Unexcused Absences: 12,307
- Truance Petitions Filed: 1,260
Truancy (Becca Bill) and Compulsory Attendance

Truancy Cases Filed in King County by Year

- 2010: 1,614
- 2011: 1,350
- 2012: 1,271
- 2013: 1,239
- 2014: 902
Identification and referral is based on behavior and becomes the Prescreen (e.g., Truancy, alcohol or drugs, fighting, other).

Full Screen & Extended Brief Intervention Session 1

Positive Message

Referral to Assessment

Extended Brief Intervention Sessions 2, 3, and 4

Session 2 (with youth)
Session 3 (with care giver)
Session 4 (with youth and care giver)
Prescreening
## Treatment Agencies and Schools

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<td>Broadview Thomson Middle School</td>
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<td>Therapeutic Health Services</td>
<td>Madrona K-8 School</td>
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Screening

1. What are things you like to do for fun?
2. What are you good at?/What makes you proud about yourself?/What do others see as your strongest quality?
3. Tell me about the people in your group of friends or people you hang with – the people who have your back, share your interests, support you and/or who you can be yourself with.
4. When things are tough or stressful, what kinds of things get you through the tough times?
5. How are things going for you at school/community?
6. Tell me about your goals and plans: What do you want to be doing in 1 year? In 3 years?
GAIN Short Screener (GAIN-SS)
Version [GVER]: GAIN-SS ver. 3.0

What is your name?  
a. __________________________  b. ________________________  c. __________________________
(First name)  (M.I.)  (Last name)

What is today’s date? (MM/DD/YYYY)  ___/___/___  20___

The following questions are about common psychological, behavioral, and personal problems. These problems are considered significant when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can’t go on.

After each of the following questions, please tell us the last time, if ever, you had the problem by answering whether it was in the past month, 2 to 3 months ago, 4 to 12 months ago, 1 or more years ago, or never.

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IDScr 1. When was the last time that you had significant problems with…

a. feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future? .....4  3  2  1  0

b. sleep trouble, such as bad dreams, sleeping restlessly, or falling asleep during the day? .................................4  3  2  1  0

c. feeling very anxious, nervous, tense, scared, panicked, or like something...
Extended Brief Intervention

A semi-structured conversation with the youth that is:

– An extended BI/Brief Treatment consists of ongoing individual counseling sessions with Youth scoring in Moderate/High Risk.
– Generally, extended BI/BT consist of up to 4 sessions, up to 1 hour in duration.
– We use some additional tools and exercises to enhance and support readiness to change.
Brief Intervention Sequence

Youth Session 1

Youth Session 2

Caregiver Session

Youth with Caregiver
BI Session 2: Making an Action Plan

- Re-Engagement
- Goal is setting goals and making plans
- Preparing Sessions 3 & 4
Planning for Change Worksheet

**Planning for Change Exercise**

- What is your goal or change target?
- What are the top three reasons you want to achieve this goal?
- I plan to do these specific actions to accomplish my goal by these dates.
- These people can help me achieve my goal.
- These are some possible obstacles and how I will handle them.
- These results I will see if my plan for change works.

Reclaiming Futures SBIRT-JJ Program March 2015
Importance Ruler

• On a scale of 1-10 how important is it for you to change your drinking, drug use, substance use?
• Why not a lower number?
• What would it take to move to a higher number?
Readiness Ruler

• On a scale of 1-10 how **ready** are you to make a change in your drinking, drug use, substance use?
• Why not a **lower** number?
• What would it take to move it to a **higher** number?
Confidence Ruler

- On a scale of 1-10 how confident are you that you could change your drinking, drug use, substance use?
- Why not a lower number?
- What would it take to move it to a higher number?
BI-3 Parent Session

1. Review the reason for the meeting
2. Generate Empathy
3. Provide feedback on Youth’s sessions
4. Discuss attitudes and rules
5. Discuss Parent’s commitment to support
“What was I like as an adolescent?” Exercise

“Now we’re going to have a conversation about adolescents, their strengths and the challenges they face in making changes and some of the challenges in parenting them…particularly supporting them in making changes in their problematic or risky behavior. To start with we’re going to do an exercise…it involves asking you to reflect back on what you were like as an adolescent”
BI Session 4 – Joint Session

- **Goal:** *Open lines of communication*
  - **Key Elements:**
    - A Change/Persuasion Exercise based in the principles of Motivational Interviewing
    - A review of the PFR, goals and plans from BI sessions lead by the youth
    - A shared goal and planning exercise (using the Planning for Change worksheet)
    - An Optional discussion of effective arguing principles
Change Persuasion Exercise

1. Ask parent to come up with a real goal for personal change or improvement that they have wanted to achieve. Something authentic but not embarrassing – like for example losing weight, exercising more etc.

2. The youth is then instructed to very assertively persuade the parent to achieve the goal making the strongest possible case they can, highlighting all the negative consequences associated with not achieving the goal, particularly how it will affect the teen if their parent does not achieve the goal.

3. Debrief with the parent about how they experienced the interaction.

4. Youth leads parent in a structured goals setting process around the same goal using the Planning for Change worksheet.

5. Debrief.
Referral

KEY

- Only require screening
- Require brief intervention
- Require referral to treatment

Source: SAMHSA funded MASBIRT program, N=173,714
Implementation Stage

Exploration Stage

Installation Stage

Initial Implementation Stage (now through 12/2015)

Full Implementation (January 2016)
Implementation Drivers

Performance Assessment

Integration & Compensatory

Leadership Drivers

Competency Drivers

Organization Drivers

Training

Selection

Coaching

Systems Intervention

Facilitative Administration

Decision Support Data System

- Support after Training
  - Comfort with topic
  - Rapport with client

- Intervention Training
  - Knowledge
  - Belief in usefulness

- Staff Attitudes
  - Receptivity to Training
  - Not part of role

Technical

- Time
- Funding

Adaptive

- Motivation
- Clinical Inertia

Managerial Support

Immediate Appointment
- Nurse/time
- Caseload
Competency Drivers

• Selection
  – Clinical Staff Attitudes are great!
  – School Staff attitudes are being explored

• Training
  – Staff Training includes Motivational Interviewing and SBIRT RF model

• Coaching
  – Coaching meetings have been scheduled through 2016
Organization Drivers

• Systems Intervention
  – County, Agency, School
• Facilitative Administration
  – County, Agency, School
• Decision Support Data System
  – GAIN Short Screener RF version is under construction with Chestnut Health Systems
Leadership Drivers

• Technical
  – Funding -- $1,200,000+ for 2016

• Adaptive
  – Motivation @ County, Agency, School

• Clinical Inertia does not exist
Sustainment

Accepted and Adopted

Positive Outcomes

Cost Effective

Ongoing Evaluation
Current SBIRT Project Funding

$1,320,724
focused on youth in middle schools

$1,852,000
focused on adults in emergency departments, primary care clinics, community mental health centers

$3,172,724
Total Funding

- $59,333
  - Sales Tax Revenues (MIDD 1C Adult Focus)

- $652,000
  - SAMHSA Grant (Adult Focus)

- $1,200,000
  - Sales Tax Revenues (MIDD 4C Youth Focus)

- $1,261,391
  - Reclaiming Futures (Youth Focus)
Evaluation

• Reclaiming Futures and Conrad N. Hilton

• King County MIDD 4C Evaluation

Both will include outcomes and process
Lessons and Barriers

• Anticipate change
  – Change in staff
  – Change in environment
  – Schedules needing adjustment

• Have a back up plan or two
Bibliography


