



National Screening, Brief Intervention & Referral to Treatment

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

SBIRT in NM School-Based Health Centers

Brett Harris, DrPH
Mary M. Ramos, MD, MPH
Timothy P. Condon, PhD
March 10, 2015



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The Initiative for Child Healthcare Quality



Center on Alcoholism, Substance Abuse, and Addictions

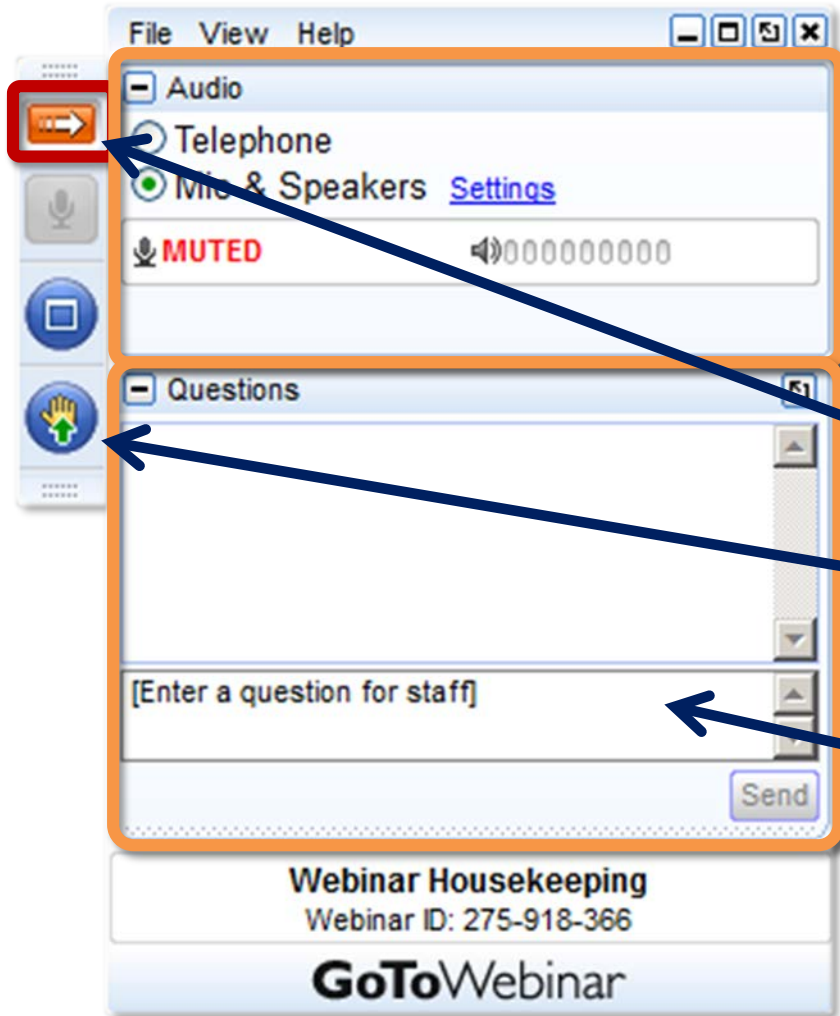
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QUESTIONS



Presenters

Tim Condon, Ph.D. is a Research Professor at the Center on Alcoholism, Substance Abuse, and Addictions (CASAA). Trained as a neuroscientist, he has over thirty years of experience in the substance abuse and addiction research field. He currently is involved in a number of projects related to intersection of public health and public safety, healthcare policy reform and implementation science, school-based health, and the integration of behavioral and physical health systems. Prior to joining CASAA, Dr. Condon was Deputy Director of the National Institute on Drug Abuse (NIDA) of the National Institutes of Health. While serving as the NIDA Deputy Director, Dr. Condon provided leadership in developing, implementing, and managing NIDA's research programs and strategic priorities. His focus, research and policy interests were in implementing evidence-based practices in real life setting such as community treatment centers and primary care practices. He continues to work closely with all segment of the community to bring much needed research on substance abuse and addictions to NM.

Brett Harris, DrPH, is Project Evaluator of the federally funded New York State SBIRT (NYSBIRT) cooperative agreement which delivers SBIRT in Sexually Transmitted Disease clinics and Tuberculosis Chest Centers in New York City and emergency departments and a federally qualified health center in Jefferson County near Fort Drum. She has worked at the New York State Office of Alcoholism and Substance Abuse Services (OASAS) Research and Development Unit for over four years and, besides her work on NYSBIRT, she is an integral team member for SBIRT in school-based health centers (SBHCs).



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New Mexico

School-Based Health Center Partners

- NM Department of Health (NMDOH) SBHC Program
- The University of New Mexico (UNM) Center on Alcoholism, Substance Abuse and Addiction (CASAA)
- Envision New Mexico, UNM Pediatrics
- Conrad N. Hilton Foundation

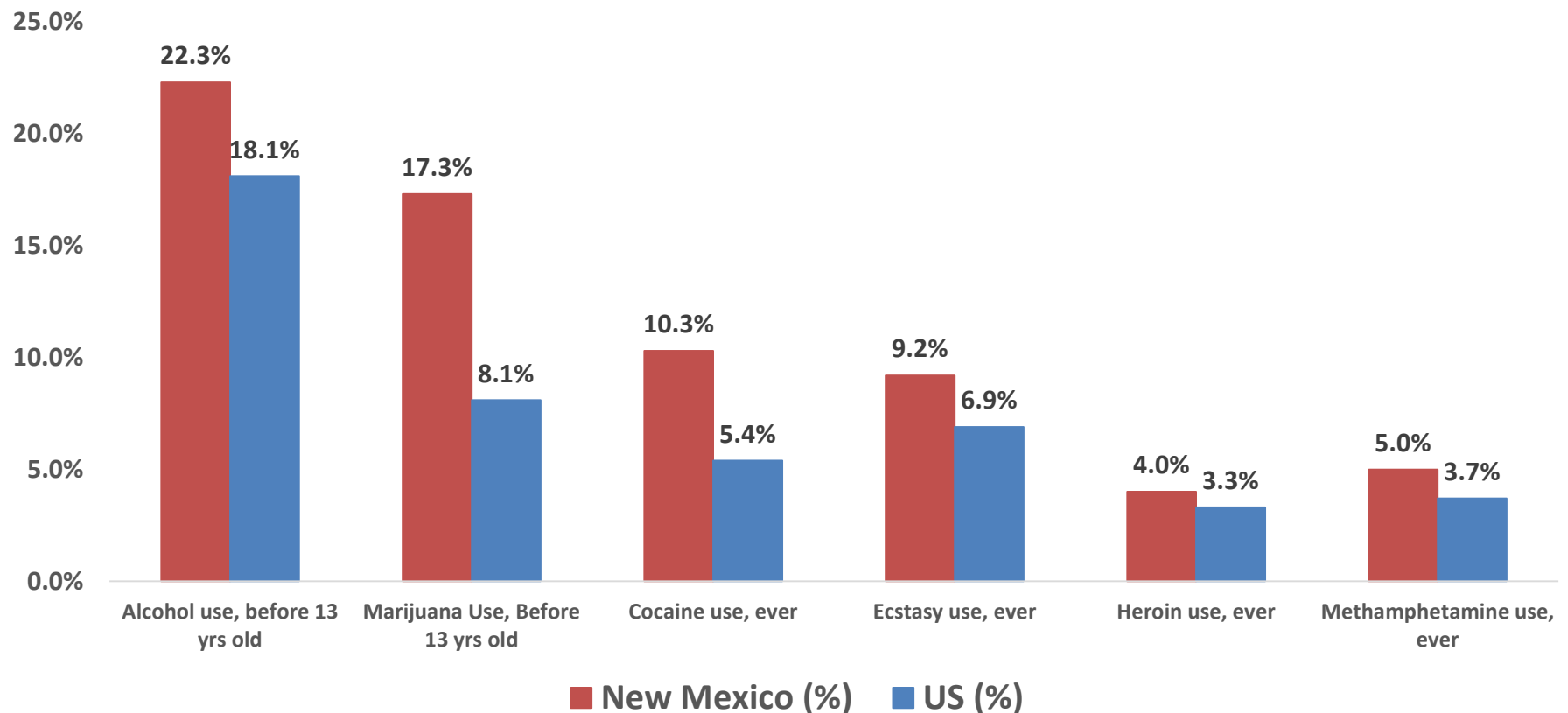


Introduction

- Adolescent substance abuse is recognized as a public health priority in NM
- NMDOH will adopt the full SBIRT model as a Standard and Benchmark beginning in 2015
- This collaborative effort between agencies proposes to improve the adolescent substance abuse care provided through the NMDOH SBHC Program



Substance Use Rates among NM and US High School Students - 2013



Source: Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance, United States-2-13. MMWR Surveill Summ 2014 Jun 13;63 Suppl 4:1-168

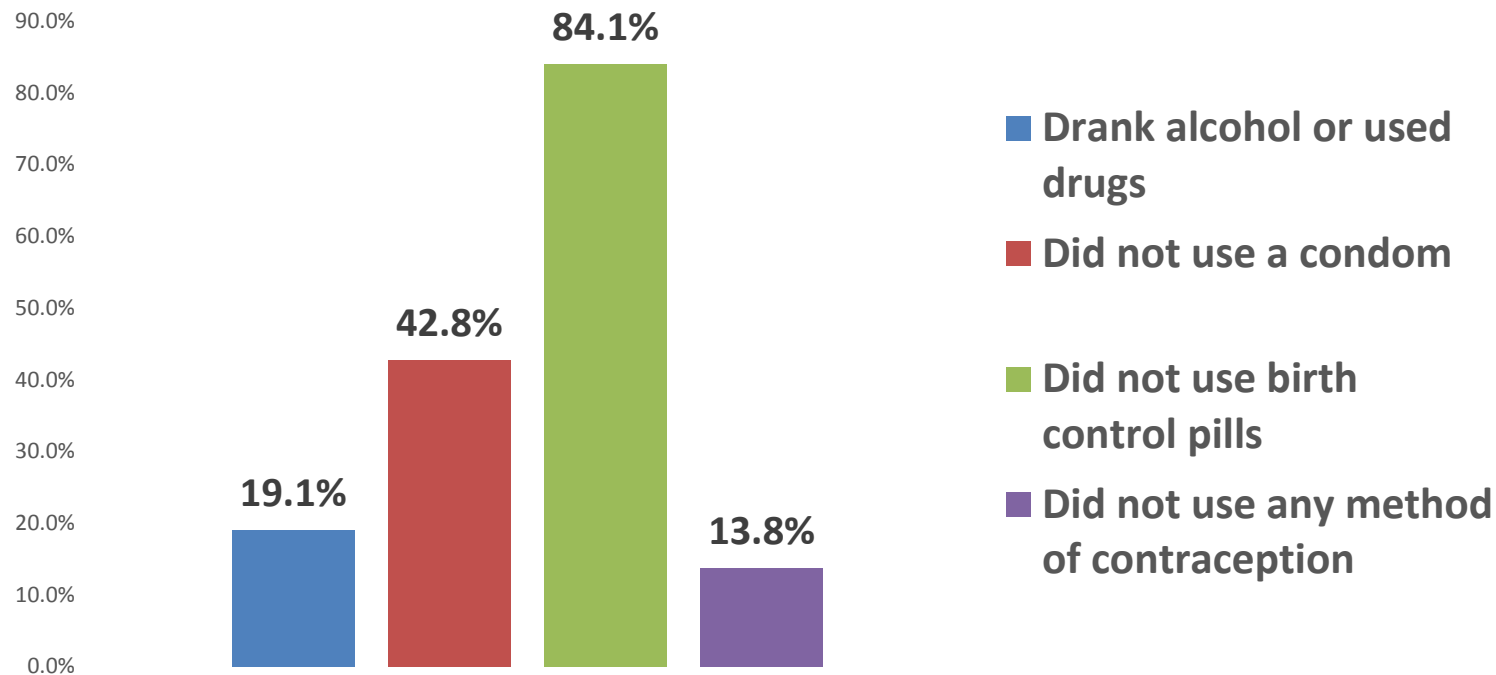


Substance Use Increases Risky Behavior

- Adolescent substance users more likely to...
 - Be sexually active
 - Engage in risky sexual behavior
 - Become pregnant
 - Contract STDs (2-4)



Risky Sexual Behaviors during Last Sexual Intercourse among New Mexico Adolescents



Source: Centers for Disease Control and Prevention. Youth Risk Behavior Surveillance, United States-2-13. MMWR Surveill Summ 2014 Jun 13;63 Suppl 4:1-168



Substance Use Increases Unintentional Injuries and Fatalities

- Major contributor to the leading causes of death among adolescents: motor vehicle accidents, homicides and suicides ⁽²⁾
- Even first time use increases the risk of unintentional injury or death ⁽⁵⁾
 - 68% of ED visits by 12-17 year olds involved the use of alcohol or drugs in 2008 ⁽⁶⁾
 - 31% of 15-20 year olds involved in fatal crashes in 2008 had been drinking ⁽⁷⁾



Substance use and School

- Adolescent substance users are... (8)
 - 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... (3)
 - Liver disease, stroke, and cancer
 - Headaches, eczema, irritable bowel syndrome, peptic ulcers, asthma, sinusitis, sleep disorders
 - HIV, STDs
 - Alcohol poisoning or overdose



What is Binge Drinking?⁽²⁾

Men	5 or more drinks
Women and Men 65 or older	4 or more drinks

Youth Ages 9-13	3 or more drinks
Girls Ages 14-17	3 or more drinks
Boys Ages 14-15	4 or more drinks
Boys Ages 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.



Adolescents and 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 ⁽⁹⁾
 - 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 ⁽⁵⁾



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What is SBIRT?

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



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 (Pediatrics 2011;128;e1330)



Changes in Adolescent Attitudes Associated with SBIRT

(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

- Lowered past 90-day use of alcohol and other drugs (15.5% vs. 22.9% for usual care, $p < .05$) ^(13, 14)
- Decreased marijuana use after 3 months ⁽¹¹⁾
- 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 ^(11, 12)
 - Bring discussion of substance use into healthcare
 - Reported not feeling judged ^(11, 12)



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 ⁽¹⁸⁾

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 NMDOH SBHCs

- Screening using CRAFFT; with CHISPA to guide brief assessment
- Brief Intervention to include Motivational Interviewing
- Referral to Treatment



SBIRT Protocol in NMDOH SBHCs

- All SBHC providers (Behavioral Health and Primary Care) to receive
 - SBIRT trainings and MI trainings
 - Trainings on local and state referral sources
 - Electronic tools to support SBIRT practice
 - SBIRT 101 for SBHC providers will provide more details



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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 and assessment
 - Patient guided brief intervention using motivational interviewing
 - Referral to treatment when indicated



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The Case for SBIRT in NM SBHCs



Current SBIRT in SBHCs

- The NMDOH SBHC program uses the CRAFFT as part of its standardized Student Health Questionnaire used by all NMDOH SBHCs
- Data from 2012-2013 indicate 38% of SBHC users have + CRAFFT screens



Current SBIRT in SBHCs

- However:
 - Most SBHC providers do not score the CRAFFT screens correctly
 - Most do not know how to assess
 - Most do not do a brief intervention for substance abuse concerns after a positive screen.

Source: NMDOH SBHC provider survey, 2013



SBIRT Model Piloted in NM SBHCs

- Piloted all aspects of SBIRT in 2 SBHCs 2013-2014
- Providers trained in Screening, Brief Intervention (MI) and RT
- Brief Assessment Tool (CHISPA) created to standardize assessments following +CRAFFT screens
- Strongly positive provider feedback ..*“it takes more time, but now I know what to do..”*



Benefits of Standardized Tools ⁽¹⁹⁾

- 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 NM CHISPA Brief Assessment Tool will provide additional information for provider



What does this all 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

- Main barriers to discussing, treating, and referring for treatment substance use reported by NM SBHC providers
 - Do not know where to refer students for treatment (73%)
 - Confidentiality concerns regarding parents (59%)
 - Time constraints (45%)
 - Lack of clinical algorithm (41%)
 - Lack of assessment tool (40%)
 - Lack of experience (26%)

Source: NMDOH SBHC provider survey, 2013



Other Challenges

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



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Implementation Supports



Administration

- Will ensure that our practitioners gain the skills required to conduct SBIRT
- Have developed data systems to support implementation and evaluation (CHISPA brief assessment tool)
- For NMDOH, SBIRT and electronic tools (eSHQ2.0 with CRAFFT and CHISPA) will be priority



Implementation Teams and Champions

- **NMDOH working with ENVISION and CASAA at UNM**
 - Have helped to define implementation strategy
 - Have designed SBIRT so that it is integrated into your existing system
 - Have selected the screening instrument and electronic tools to support SBIRT
 - It is important for each organization to identify a champion to support SBIRT



Training and Coaching

- This presentation provides an introduction to SBIRT and the NM SBHC project
- On Thursday we will provide a brief SBIRT 101 training focusing on clinical skills
- Telehealth or face-to-face MI training will also be provided
- It is important that these skills be practiced and mastered on the job with the help of a coach
 - Identify an individual at the SBHC to serve as a coach
 - This person should develop expertise in SBIRT and MI



Link SBHCs to Substance Abuse Treatment Providers

- Meet with substance abuse treatment agencies in your area
- Describe referral requirements
- Identify contacts at substance abuse treatment programs for questions and consultation



Evaluation

- Conduct regular process evaluation using available data
- It is certain that changes will have to be made
- It is important that you and front line staff are involved in discussions about implementation and mid-course changes



Support of National SBIRT ATTC

- IRETA is supporting this initiative
 - Providing training and ongoing consultation
 - Have expertise in implementing the innovation successfully



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Questions



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