Screening, Brief Intervention and Referral to Treatment (SBIRT): Implementation experiences in School Based Health centers

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Disclosures

- The presenters have nothing to disclose
Objectives of Presentation

- To share experiences in the implementation of SBIRT in school based health centers in the Bronx, NY
Morris Heights Health Center (MHHC) is a not-for-profit, federally qualified health center. MHHC SBHC Network currently serves over 17,000 students in 17 sites in the Bronx, NYC.

- Provide comprehensive primary care services
- Staffed by medical providers, social workers and health educators
- Services at no cost to students
- Improves access to care for students
In 2008, at a newly opened SBHC, we noted a spike in response to four questions on the GAPS that assessed alcohol and drug use of the patient and their friends.

Chart review documented over 60% of adolescents screened had a positive response to either of these questions.

- “In the past month, did you or your close friends get drunk or very high on beer, wine or other alcohol?
- “Do you or your close friends ever use marijuana or other drugs or sniff inhalants?”
Clinicians acknowledged there was a problem with substance use that they need to address.

Clinician acknowledged the lack of knowledge and skills to address the issue in the practice.

Clinicians were concerned about the impact of substance use on students behaviors.
MHHC SBHC Network: Our journey

- Presented the issues to clinical directors
- We decided to do a “project” to see how we could address this issue.
- The team researched about substance use in youths and learned about the SBIRT
- Team shared information with the SBHC clinician group
- Decision was made to learn and implement the SBIRT
Adolescent Alcohol and Substance Use

- Alcohol is the most commonly used drug among adolescents.
  - Alcohol use usually starts in early adolescence
  - One in three 8th graders admitting to alcohol use
  - 80% of 12th graders report using alcohol. (1)

- Alcohol use is responsible for more mortality and morbidity in this age group than all other drugs combined. (2)
Adolescent Alcohol and Substance Use

- All substance use involves health risks that occur long before addiction and teenagers seem to be particularly susceptible to risk taking behaviors. (3)

- Adolescent drinking results in:
  - unintentional injuries and death
  - suicide
  - infections and pregnancies from unplanned unprotected sex
  - academic and social problems. (4)
Alcohol misuse or abuse often goes undetected with a majority of clinicians citing lack of confidence in alcohol management skills as a barrier.\(^5\)

Many adolescents are willing to discuss alcohol or substance use when assured of confidentiality.\(^6\)
Why Screen Adolescents?

- It is a marker for unhealthy behaviors: when adolescents screen positive for one risky behavior it is generally a good marker for others. (7)

- Alcohol is the first substance to be abused by adolescents so screening becomes important and providers are uniquely positioned to do this.
Why Brief Intervention for Adolescents?

- Their problems are not as complex.
- Person centered approach is appealing for young people.
- Commitment to a lengthy and intensive intervention can be difficult at this age.
- Many youth are seen in different settings.
MHHC SBHC Network

- Assures confidentiality for all adolescents in accordance with the NYS law.
  - Staff are trained on adolescent confidentiality and adolescents are made aware of these rights.

- Screening for risky behaviors is routine and offered at all visit types.
  - Screening is by self report and the Guidelines for Adolescent Preventive Services Questionnaire (GAPS) is used.
Detailed interviews with clients
- To explore the extent and consequences of the problem, key players, school community awareness and possible ideas to address the issue.

Findings revealed
- Pervasive issue within the school community.
- 6th graders admitted to binge drinking, getting drunk, having alcohol parties and missing school.
- Associated with risky sexual behavior, aggression and fights with law enforcement involvement.
MHHC SBHC network

- Set up team (administrative and clinical members)
  - Lack of knowledge, skills and financial resources
  - Need for intervention that could be integrated into the clinic workflow
  - Engage the school community and maintain confidentiality
  - Issues of time and reimbursement
MHHC SBHC network

Financial
- Obtained funding from the NYC council to start pilot project ($40,000).

Training
- Obtained 2 day training for staff on SBIRT and the readiness to change model from NYS OASAS
- Obtained 2 day training on “Teen Intervene” from NYC DOHMH, Bureau of Alcohol and Drug Use Prevention, Care and Treatment
MHHC SBHC Network

- Alcohol & Substance Abuse Program (ASAP)
  - 2 Pilot sites selected
  - Developed Implementation Team.
    - Included Health Educator (lead), PI support, Clinical Champion, Social worker and Administrative person

- Meeting with NYC council to define deliverables and timeline:
  - 30 Classroom presentations
  - 200 Screenings of students
  - 40 Brief Interventions & 40 Brief Treatments
  - 2 Substance use health fairs
Considerations for implementation team

- Meeting dates and timeline
- Parental Involvement
- Use of Incentives for clients to complete intervention
- Choice of Screening tools: CRAFFT vs. ASSIST vs. AUDIT vs. DAST)
- Self report vs. Clinician interview
- Integration with other tools vs. use alone
- Expand screening opportunities: all clinic visits vs certain types of visits
Preparing SBHC for implementation:

- Engaging School Community
- Review of Confidentiality law
- Curriculum on alcohol and substance use
- Clinic work flow and data collection
- Obtain educational materials
- Identify community resources
- Develop linkages for referral and follow up
- Explore billing and reimbursement opportunities
The Plan Do Study Act (PDSA) cycle methodology:
- Used to implement, track and assess ongoing progress.

Successful outreach to school/community with data shared with key authorities
- Access to all classes for presentation over a 3 month period
- School substance use counselors engaged
- Alcohol and Substance use School fair planned
- Community agencies engaged (DAYTOP)
MHHC SBHC ASAP

- Increasing interest by the NYS OASAS office
  - Ongoing conference call support to understand implementation opportunity at SBHC and to address issues of billing and sustainability.
  - Administrative site and clinic visit with discussions about tool selection, data collection, evaluation and opportunity to participate in a statewide pilot.
  - Facilitated outreach to city agencies involved in substance use for ongoing support.
Screening

- Prescreening questions are included with the CRAFFT with specific instructions for self-report.
- Offered to students at all visit types and integrated into workflow with other screening tools.
- Positive screens are referred to either the social worker or health educator for further assessment and brief intervention.
- ASSIST is used for further assessment to capture level of risk of alcohol and substance use.
Assessment to ascertain level of risk

Low/Moderate Risk
- Eligible for 4 Brief intervention sessions
- 2 Brief Intervention sessions with documentation of behavior change accepted as completion.

Moderate/High Risk
- Eligible for 4 Brief Treatment sessions
- 2 Brief treatment sessions with documentation of behavior change accepted as completion

High Risk
- Indicates dependence and addiction
- Proactive approach that facilitates referral to treatment
Use of Brief Intervention:
- Stand alone approach with low and medium risk teens
- As a prelude to participate in more extensive treatment

Other uses
- To bridge time for high risk youths on a waiting list
- To facilitate change during intensive treatment
- To facilitate referrals for additional specialized treatments.
MHHC SBHC ASAP Results

- Deliverables attained:
  - 56 classroom presentations were conducted by the health educators reaching over 1010 students (Exceeded)

- Topics focused on alcohol and substance abuse and its related consequences
MHHC SBHC ASAP: Results

Classroom Presentations

- 228th street
- HOHS
MHHC SBHC ASAP: Results

- 252 students completed the CRAFFT screening tool as part of their clinic visits in the two selected high schools
  - In the highest risk school (School A), 24% screened positive (higher than national average)
  - The School B had a 13.5% positivity rate
MHHC SBHC ASAP: Risk Assessment

- Students were classified in the low/moderate or moderate/high risk categories
- All students were identified as needing either Brief Intervention and/or Brief Treatment sessions
- Two students identified as needing more intensive treatment were referred.
  - The students also received brief treatment in the SBHC pending referral appointment
MHHC SBHC ASAP: Brief Intervention results

- Of the 25 students who screened positive in school A, 15 participated in at least one session of brief intervention (60%).

- A total of 41 sessions were conducted with an average of 2.7 sessions per participant was documented.
Of the 20 students who screened positive in school B, all 20 participated in at least one session of brief intervention (100%).

A total of 48 sessions with an average of 2.4 sessions per participant was documented.
MHHC SBHC ASAP: Brief Intervention

![Bar chart showing positive screen and brief intervention counts for 228th and HOHS locations.](chart.png)
MHHC SBHC ASAP: Brief Treatment Results

- Of the 25 positive screens in school A, 6 students participated in a total of 17 sessions making an average of 2.8 session per student.

- Of 20 positive screens in school B, 16 students participated in a total of 16 sessions making an average of 1.0 session per student.
MHHC SBHC ASAP: Results Summary

[Bar chart showing comparison between Brief Intervention and Brief Treatment for Alb. Tuit and HOHS]
MHHC SBHC ASAP: Results

- Health fairs focusing on alcohol and substance use were conducted in collaboration with the school and other community agencies like Daytop.
- Over 900 students participated with students very engaged with guest speakers and participants including those with histories of substance use.
MHHC SBHC ASAP: Billing and Sustainability

- Explored state reimbursement requirements
- Codes include 96110, 99406-8
- Ancillary provider certifications:
  - CHES, training requirements
- Hospitals with different rate codes compared to FQHC’s
- Billing methodology- APG vs. FFS
MHHC SBHC ASAP: Lessons Learned

- Implementation team—Need to use PDSA to track more consistently
- Integrate screening consistently at all visit types
- Balancing BI/BT sessions with students motivation and school time
- Ways to complete required BI/BT sessions. Use of Incentives?
MHHC SBHC ASAP: Year 2

- Accepted into NYS OASAS pilot- 4mths
- Conference call with state team on
  - Screening tools /Evaluation tools
  - Attitudinal/Patient surveys
  - Data Collection/Deliverables
  - Spanish Translation of CRAFFT
- Implementation team- expansion
  - Additional schools included
  - Work flow revisions/school engagement/PDSA
MHHC SBHC ASAP: Getting Started

- Identify need in your setting. Use focus groups
- Set up a team
- Engage all stakeholders
- Get appropriate training
- Choose appropriate tools
- Develop implementation plan
- Review work flow
- Use PDSA methodology
- Evaluate
Acknowledgments

- NYS OASAS SBIRT Project
- NYC DOHMH-Bureau of Alcohol & Drug Use Prevention, Care and Treatment.
- NYC Council


Resources

- NYS Office of Alcohol and Substance Abuse Services
- NYC Dept. Of Health and Mental Hygiene: Bureau of Alcohol and Drug Use, Prevention, Care and Treatment
- Phoenix House NYC: www.phoenixhouse.org
- Covenant House NYC: www.covenanthouseny.org
- Daytop NYC: www.daytop.org
QUESTIONS???