



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]

- 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

MHHC SBHC Network: Our Journey

- 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?”

MHHC SBHC Network: Our journey

- 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⁾

Adolescent Alcohol and Substance Use

- 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.

[MHHC SBHC Network]

- 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

[MHHC SBHC ASAP]

- 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

[MHHC SBHC ASAP]

- 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

[MHHC SBHC ASAP]

- 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)

[MHHHC 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.

[MHHC SBHC ASAP]

■ Screening

- Prescreening questions are included with the CRAFFT with specific instructions for self report.
- Offered to students at all visit types and integrated into work flow 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.

[MHHC SBHC ASAP]

- 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

[MHHC ASAP]

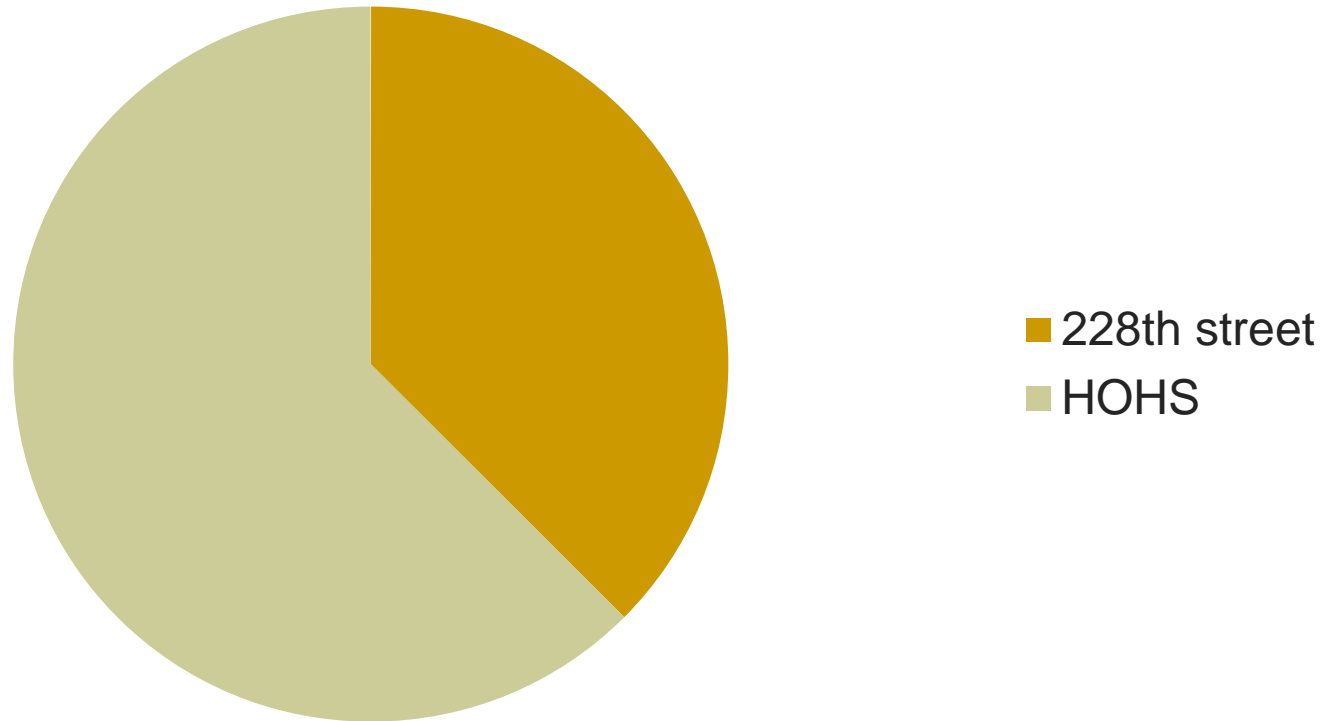
- Use of Brief Intervention:
 - Stand alone approach with low and medium risk teens
 - As a prelude to participate in more extensive treatment
- Other uses
 - To bridge time for high risk youths on a waiting list
 - To facilitate change during intensive treatment
 - To facilitate referrals for additional 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



[MHHC SBHC ASAP: Results]

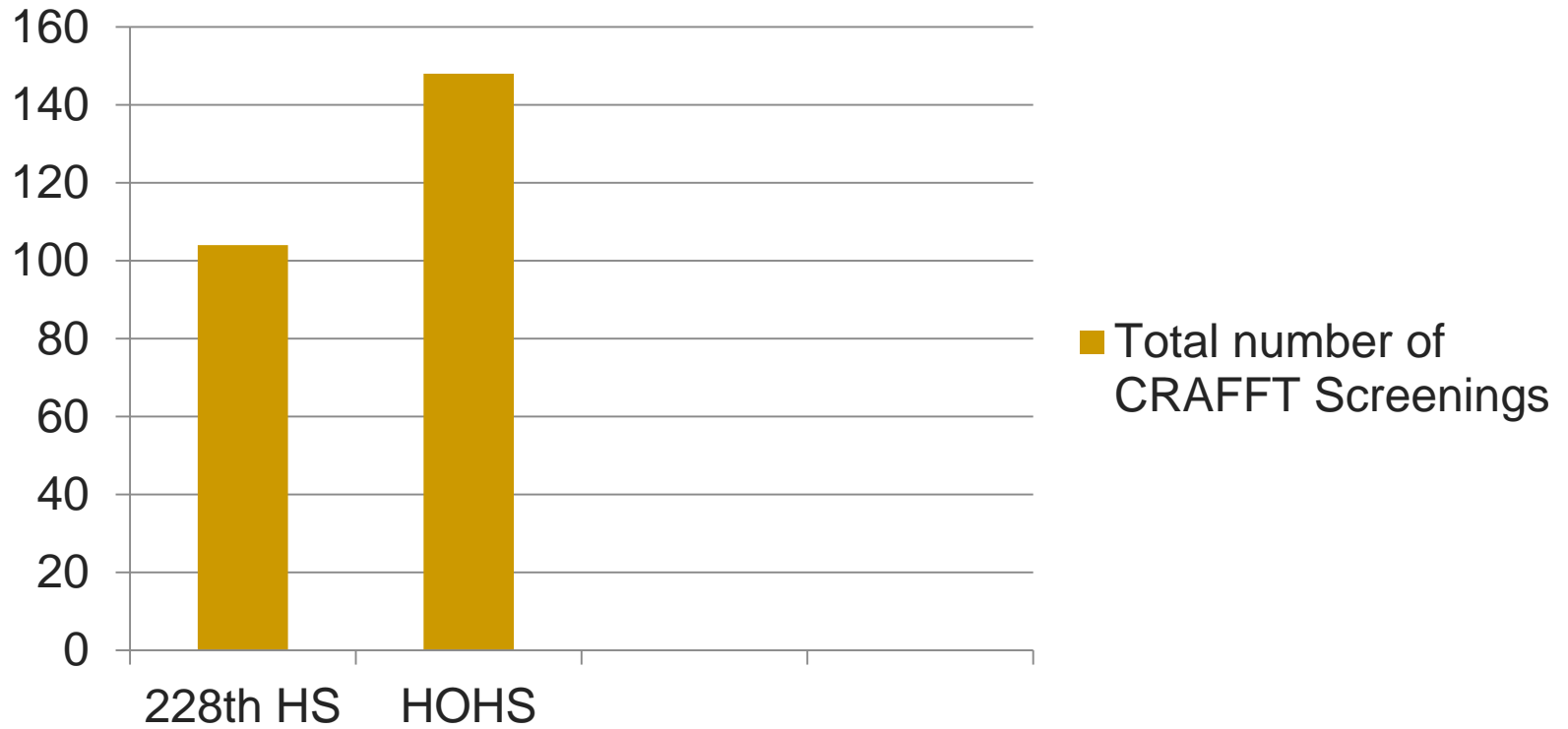
- 252 students completed the CRAFFT screening tool as part of their clinic visits in the two selected high schools
 - In the highest risk school (School A) 24% screened positive (higher than national average)
 - The School B had a 13.5% positivity rate

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: Results

Total number of CRAFFT Screenings



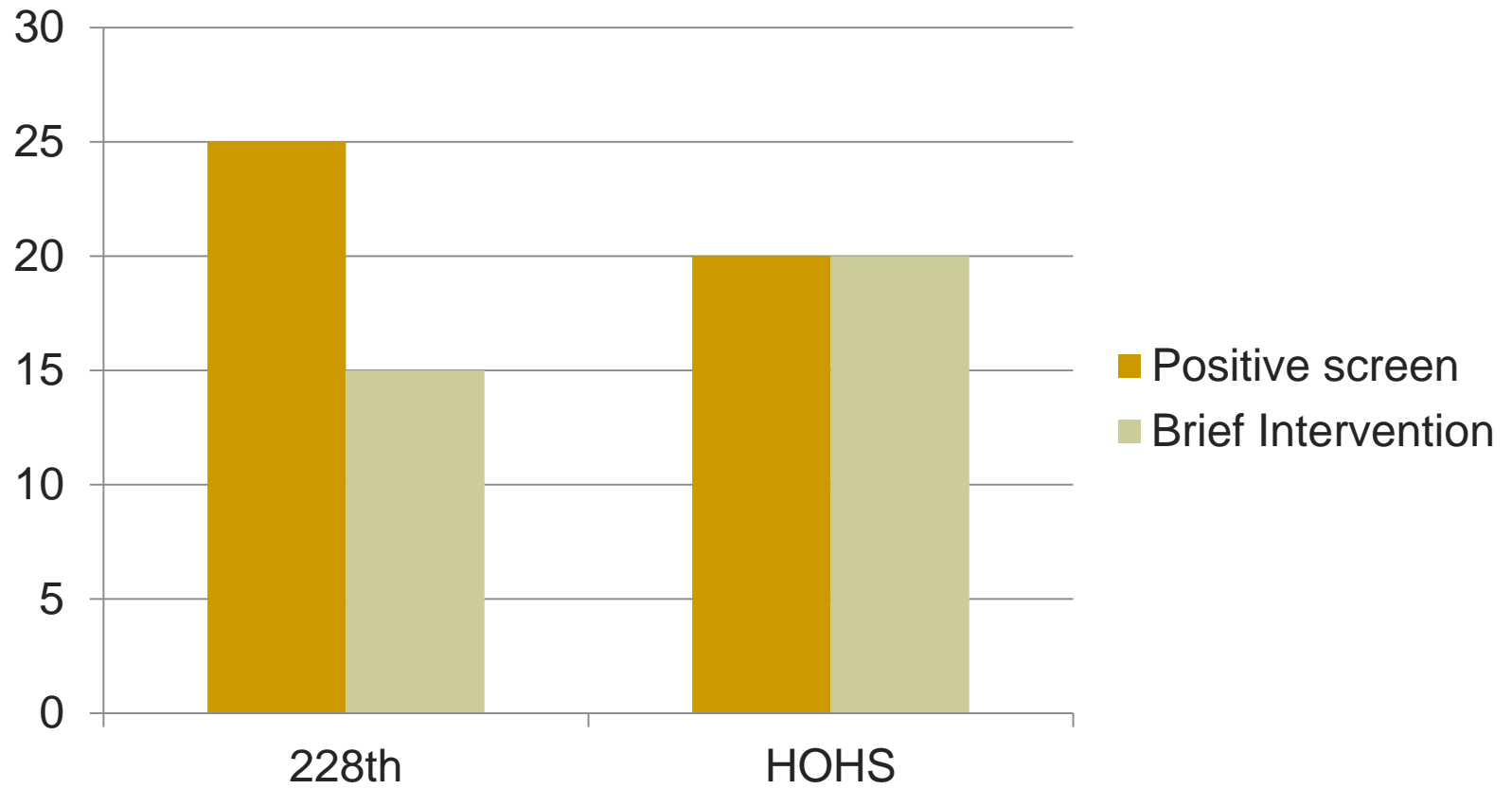
MHHC SBHC ASAP: Brief Intervention results

- 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.

MHHC SBHC ASAP: Brief Intervention

- 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

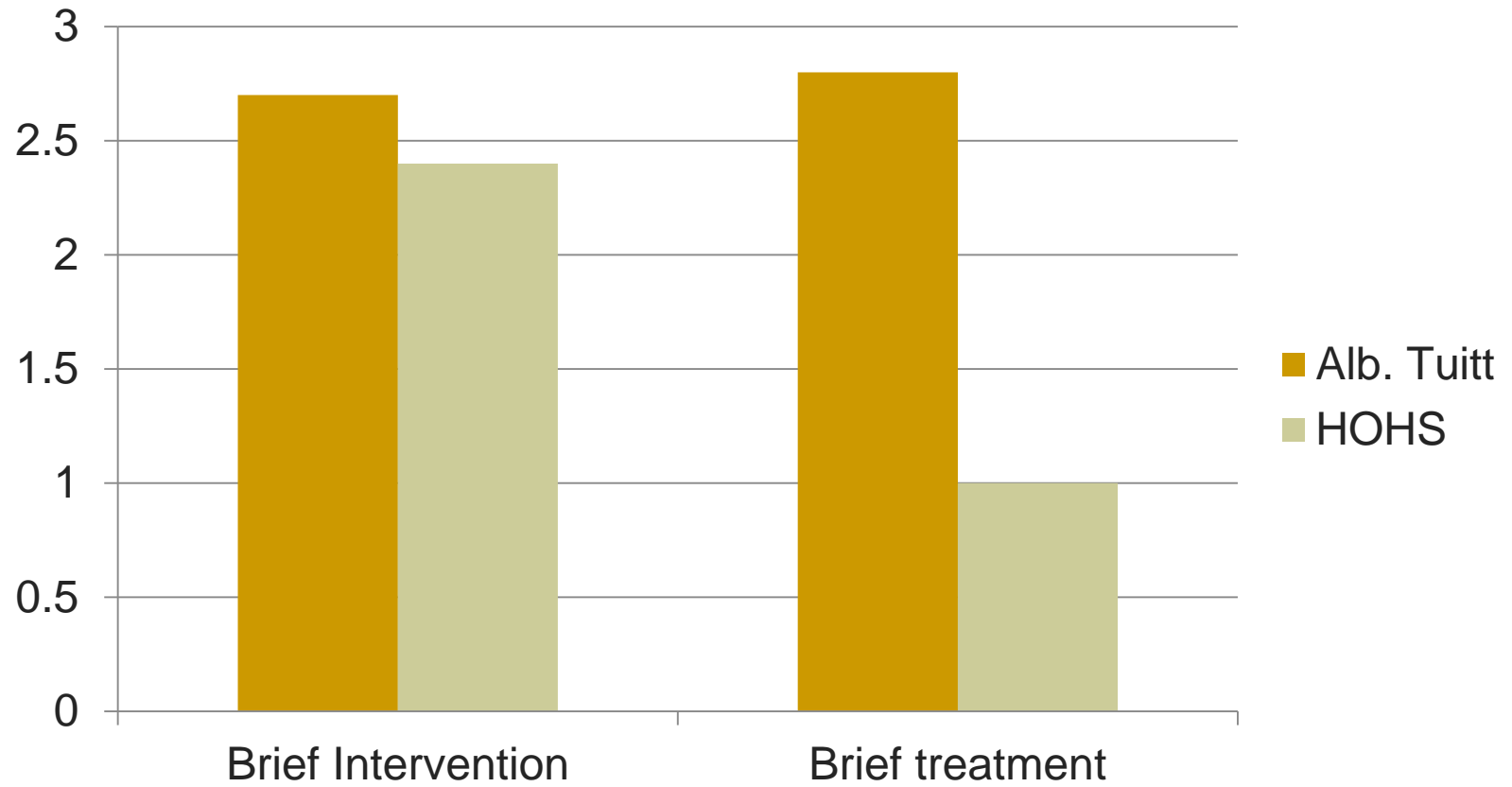


MHHC SBHC ASAP: Brief Treatment Results

- 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



[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

References

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- 2. *Muramoto et al (1993): Adolescent substance abuse: recognition and early intervention. Prim Care, 20, 141-154*
- 3. SBIRT for pediatricians (2011): *Committee on substance Abuse. Pediatrics 2011;128;e1330*
- 4. *Brown et al, 2008: A developmental perspective on alcohol and youths 16 to 20 years of age. Pediatrics, 121 (Supplement 4), S290-310*
- 5. *Millstein & Marcell, 2003. Screening and counseling for adolescent alcohol use among primary care physicians in the United States*
- 6. *Ford et al, 1997. Influence of physician confidentiality assurances on adolescent willingness to disclose information and seek future care. A randomized controlled trial. Journal of the American Medical Association, 278 (12), 1029-34*
- 7. *Biglan et al, 2004. Helping adolescents at risk: Prevention of multiple problem behaviors. New York: Guilford Press*

[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

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- QUESTIONS???