IMPROVING ADOLESCENT HEALTH: FACILITATING CHANGE FOR EXCELLENCE IN SBIRT
INFORMATIONAL WEBINAR

OCTOBER 30TH 2:30PM ET
CALL LOGISTICS

• We recommend calling in **on your telephone**, but your computer is also an option
• **Remember to enter your Audio PIN** so others can hear you
• **Please mute your line** when you are not speaking since we will have lines open throughout the call

*This button should be clicked if you’re calling in by telephone.*

*Here’s your audio PIN*
How to Ask a Question

Prefer to write?
Type into the question box and click “send.”

On the phone?
“Raise your hand” and we will open up your lines for you to ask your question to the group.
TODAY’S PRESENTERS

Sharon Levy, MD, MPH
Director, Adolescent Substance Use and Addiction Program at Boston Children’s Hospital, Associate Professor in Pediatrics, Harvard Medical School

Pam Pietruszewski, MA
Integrated Health Consultant, National Council for Behavioral Health

Molly Molloy, MSW
Director of Behavioral Health, Southwest Montana Community Health Center
AGENDA

• Why SBIRT?
• Change Package Concepts & Lessons Learned from the Field
• Questions & Answers
HEALTH CARE IS AN OPPORTUNITY TO TALK ABOUT
SUBSTANCE USE HEALTH RISKS

4 in 10 high school aged reported past-year alcohol use

1 in 10 reported a binge in the last 3 months
HEALTH CARE IS AN OPPORTUNITY TO TALK ABOUT
SUBSTANCE USE HEALTH RISKS

3 in 10 report past-year marijuana use

About 1.5 in 10 report using marijuana monthly or more

Presenting for general primary care; unpublished data from the AYAM clinic
ALCOHOL

- Black outs
- Unintentional injuries
- Memory loss
MARIJUANA

- Hallucinations (27%)
- Paranoia/Anxiety (33.6%)
- Any psychotic symptom (42.9%)

### Comparison of Provider Impressions with Diagnostic Interview

<table>
<thead>
<tr>
<th></th>
<th>Medical Provider Impressions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Sensitivity</td>
</tr>
<tr>
<td>Any use</td>
<td>.63 (.58, .69 CI)</td>
</tr>
<tr>
<td>Any problem</td>
<td>.14 (.10, .20 CI)</td>
</tr>
<tr>
<td>Any disorder</td>
<td>.10 (.04, .17 CI)</td>
</tr>
<tr>
<td>Dependence</td>
<td>0.0</td>
</tr>
</tbody>
</table>

There are no visible signs of substance use or even early problems

Practicing physician

“If [patients] are drinking, it’s like stupid high school kids who go out and have a couple beers on a weekend here and there...it’s not like chronic alcohol problems.”
Did I mention that I was suspended because I showed up drunk to a team dinner?
Adults Don’t Use the Same Code…

Occasionally = once or twice a year
Occasionally =

Only Fridays and Saturdays
HOW YOU ASK MATTERS

Official GOP Presidential Job Performance Poll

How would you rate President Trump’s job performance so far?

- Great
- Good
- Okay
- Other
S2BI: Screening to Brief Intervention

In the past year, how many times have you used:

<table>
<thead>
<tr>
<th>Tobacco/Nicotine? (such as cigarettes, e-cigarettes, “vapes”)</th>
<th>Never</th>
<th>Once or Twice</th>
<th>Monthly</th>
<th>Weekly or more</th>
</tr>
</thead>
</table>


### S2BI: Screening to Brief Intervention

**In the past year, how many times have you used:**

<table>
<thead>
<tr>
<th>Alcohol?</th>
<th>Never</th>
<th>Once or Twice</th>
<th>Monthly</th>
<th>Weekly or more</th>
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</thead>
<tbody>
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<td>Monthly</td>
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</tr>
</tbody>
</table>
S2BI: Screening to Brief Intervention

In the past year, how many times have you used:

<table>
<thead>
<tr>
<th>Marijuana? (smoked, vaped, edibles)</th>
<th>Never</th>
<th>Once or Twice</th>
<th>Monthly</th>
<th>Weekly or more</th>
</tr>
</thead>
</table>
S2BI
In the past year, how many times have you used:

- Never
- Once or twice
- Monthly
- Weekly

No substance use
No substance use disorder (SUD)
Mild/Moderate SUD
Severe SUD
Sensitivity/Specificity of S2BI

CIDI-SAM interview vs screen frequency item for detecting a substance use disorder

<table>
<thead>
<tr>
<th>Criterion Standard Dx</th>
<th>Screen Frequency</th>
<th>Prevalence N (%)</th>
<th>Sensitivity (95% CI)</th>
<th>Specificity (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any Use</td>
<td>Once or twice</td>
<td>90 (42.3)</td>
<td>1 [Reference]</td>
<td>84 (76-89)</td>
</tr>
<tr>
<td>Mild/Moderate SUD</td>
<td>&gt; Monthly use</td>
<td>41 (19.2)</td>
<td>90 (77, 96)</td>
<td>94 (89, 96)</td>
</tr>
<tr>
<td>Severe SUD</td>
<td>&gt; Weekly use</td>
<td>19 (8.9)</td>
<td>100 (na)</td>
<td>94 (90, 96)</td>
</tr>
</tbody>
</table>

### S2BI Sensitivity/Specificity

DSM-5 Moderate or Severe Substance Use Disorder diagnosis

<table>
<thead>
<tr>
<th>Criterion Standard Dx</th>
<th>Sensitivity (95% CI)</th>
<th>Specificity (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol Use Disorder</td>
<td>100%</td>
<td>93.6%</td>
</tr>
<tr>
<td>Cannabis Use Disorder</td>
<td>95.3%</td>
<td>91.6%</td>
</tr>
</tbody>
</table>
Rates of substance use disclosure and positive CRAFFT screening results

<table>
<thead>
<tr>
<th></th>
<th>Routine clinical screening (N=5,971)</th>
<th>Anonymous research interviewing (N=525)</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n (%)</td>
<td>n (%)</td>
<td></td>
</tr>
<tr>
<td>Reported past year alcohol, marijuana, or other drug use on the CRAFFT prescreen</td>
<td>598 (10.0%)</td>
<td>158 (30.1%)</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Screened positive for a substance use problem (CRAFFT score ≥ 2)</td>
<td>246 (4.1%)</td>
<td>92 (17.5%)</td>
<td>&lt;.001</td>
</tr>
</tbody>
</table>

Primary Care Pediatrics

Substance Use Screens documented for patients >12
2018: 21 (1.8%)
July-August 2019: 212

Monitoring the Future Study & Village Pediatrics: Trends in Prevalence of Various Drugs in 2018

<table>
<thead>
<tr>
<th>Substance</th>
<th>8th Graders</th>
<th>10th Graders</th>
<th>12th Graders</th>
<th>Village Pediatrics (avg. age: 16 years)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcohol-Past Year</td>
<td>19%</td>
<td>38%</td>
<td>53%</td>
<td>27%</td>
</tr>
<tr>
<td>Marijuana-Past Year</td>
<td>11%</td>
<td>28%</td>
<td>36%</td>
<td>17%</td>
</tr>
<tr>
<td>Any Vaping-Past Year</td>
<td>18%</td>
<td>32%</td>
<td>37%</td>
<td>15%</td>
</tr>
<tr>
<td>Cigarettes-Lifetime</td>
<td>9%</td>
<td>16%</td>
<td>24%</td>
<td>Monitor the Future 16 year olds</td>
</tr>
</tbody>
</table>
Screening may encourage counseling

Table 1 – Rates of alcohol counseling by screening status

<table>
<thead>
<tr>
<th>-value</th>
<th>TOTAL</th>
<th>Counseled for Alcohol Use</th>
</tr>
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<tbody>
<tr>
<td>Asked about alcohol</td>
<td>273 (70.0%)</td>
<td>238 (87.2%)</td>
</tr>
<tr>
<td>Not asked about alcohol</td>
<td>117 (30.0%)</td>
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Screening may encourage counseling

**Table 1** – Rates of alcohol counseling by screening status

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AAP SBIRT GUIDELINES

Use validated screening tool to identify risk level and appropriate intervention

Abstinence
Positive reinforcement

Substance use without a disorder
Brief Health Advice

Mild/moderate substance use disorder
Brief Intervention

Severe substance use disorder
Referral to Treatment

# Mental Health Care Use Over 3 Years After Adolescent SBIRT

<table>
<thead>
<tr>
<th></th>
<th>1 y Postindex</th>
<th></th>
<th></th>
<th>3 y Postindex</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>SBIRT (N=1255)</td>
<td>Usual Care (N=616)</td>
<td>$P$</td>
<td>SBIRT (N=1255)</td>
<td>Usual Care (N=616)</td>
<td>$P$</td>
</tr>
<tr>
<td>n %</td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
<td>n %</td>
</tr>
<tr>
<td><strong>Use</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary care visit</td>
<td>315 25.1</td>
<td>163 26.5</td>
<td>–</td>
<td>1036 82.5</td>
<td>520 84.4</td>
<td>–</td>
</tr>
<tr>
<td>Substance use visit</td>
<td>5 0.4</td>
<td>1 0.2</td>
<td>–</td>
<td>26 2.1</td>
<td>23 3.7</td>
<td>–</td>
</tr>
<tr>
<td>Psychiatry visit</td>
<td>66 5.3</td>
<td>39 6.3</td>
<td>–</td>
<td>235 18.7</td>
<td>128 20.8</td>
<td>–</td>
</tr>
<tr>
<td><strong>Comorbidity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental health diagnosis</td>
<td>85 6.8</td>
<td>57 9.3</td>
<td>–</td>
<td>341 27.2</td>
<td>189 30.7</td>
<td>–</td>
</tr>
<tr>
<td>Substance use diagnosis</td>
<td>11 0.9</td>
<td>6 1.0</td>
<td>–</td>
<td>83 6.6</td>
<td>66 10.7</td>
<td>***</td>
</tr>
<tr>
<td>Chronic conditions</td>
<td>68 5.4</td>
<td>48 7.8</td>
<td>***</td>
<td>396 31.6</td>
<td>201 32.6</td>
<td>–</td>
</tr>
</tbody>
</table>

INTRODUCING!

The change package is available to the public for free at: ySBIRT.org
THE DISTANCE BETWEEN THEORY AND PRACTICE ...
...IS FURTHER IN PRACTICE THAN IN THEORY
Guidelines help to change behavior
First survey administered


Second survey administered

Third survey administered

First survey administered

ANNUAL SCREENING RATES

VALID SCREENING TOOL USE

Levy et al, JAM. Screening Adolescents for Alcohol or Other Substance use in Massachusetts, in press.
RESPONSE TO POSITIVE SCREEN

Levy et al, JAM. Screening Adolescents for Alcohol or Other Substance use in Massachusetts, in press.
Barriers to Follow-up

Levy et al, JAM. Screening Adolescents for Alcohol or Other Substance use in Massachusetts, in press.
Barriers to Screening

SUMMARY

• SBIRT improves clinical outcomes
• Implementation practices matter!
• Guides and toolkits improve practice
DEVELOPMENT:
PRACTICE
TRANSFORMATION
TEAM

• Henry Chung, MD—Montefiore Care Management, Team Chair
• Sharon Levy, MD, MPH—Harvard Med School, Boston Children’s Hosp, Team Chair
• Maria Dolores Cimini, PhD—State University of New York at Albany
• Holly Hagle, PhD—Addiction Technology Transfer Center
• Thomas E. Freese, PhD—UCLA Integ Substance Abuse Programs
• Howard Padwa, PhD—UCLA History & Social Studies of Medicine Program
• Marla Oros, RN, MS—Mosaic Group
• Stacy Sterling, DrPH, MSW, MPH—Kaiser Permanente
• Carolyn J. Swenson, MSPH, MSN, RN—SBIRT Colorado

FIELD TESTING: PILOT SITES

• Community Health of South Florida, Inc.
• Corporación SANOS, Inc
• Delhi Community Health Center
• Family First Health
• Health Services Inc
• Jordan Valley Community Health Center
• MHC Healthcare
• Pillars Community Health
• Project Vida
• Southwest Montana Community Health Center
• Venice Family Clinic
• Vista Community Clinic
MISSION: To inspire hope and empower wellness by providing access to comprehensive healthcare

- 12,804 patients served
- 55,000 patient visits
- 77% of patients are low income

SITES in 4 counties
  - 9 sites including special partnerships
    - Butte Head Start
    - Butte Local Jail
    - Butte Homeless Shelter
    - Butte Pre-release program
    - Child Evaluation Center
    - SMART

RURAL & FRONTIER – Access: 12,241 square miles covered
1. Use the **S2BI** to screen for substance use risks in adolescents

2. Ensure **capacity** for evidence-based response based on screen results
LESSONS LEARNED FOR SCREENING

• Developing comfort in asking the questions about drug and alcohol use

• Develop workflow

• Considerations for training

• Follow through on positive screens
1. **Communicate age-appropriate risks** to health and well-being if any past year use

2. Leverage primary care team-patient **relationship**

3. Ensure primary care team members receive BI **training** tailored to defining risk and developmental level
LESSONS LEARNED FOR BRIEF INTERVENTIONS

• Training all staff in MI

• Combating belief that a brief intervention will lengthen appointments
  • It’s brief – 1 minute, 5 minutes – BRIEF
  • Risk Reduction

• Warm hand-offs to behavioral health when needed

• Workflow for documentation of anticipatory guidance, abbreviated BI and BI
CHANGÉ CONCEPTS: REFERRAL TO TREATMENT

1. Establish criteria for referral

2. Develop protocol and procedures to link patients to care, leveraging provider/organizational partnerships

3. Ensure capacity, protocols, and documentation standards for ongoing care management (interim management, supporting readiness, facilitating treatment entry and follow-up)
LESSONS LEARNED FOR REFERRAL TO TREATMENT

• Provide proper training for BH providers that are not dually licensed but can still do Level 1 treatment for SUD

• If there are no LAC’s on staff, is there a community partnership that can be formally partnered with through contracting services
  • Can contracted services be added at your actual site so patient does not have to receive care elsewhere

• Most importantly, make sure that the PCP teams know how and who to refer to when patients meet criteria for referral
CHANGE CONCEPTS: OPERATIONAL SUSTAINABILITY

1. Organizational **needs self-assessment**

2. Identify and develop **sustainable financing strategy** including policy, reimbursement, existing service incentive programs

3. Maximize data collection and utilization strategy, including use of electronic medical records, to **translate data into action** and foster **continuous quality improvement**
LESSONS LEARNED FOR OPERATIONAL SUSTAINABILITY

• Change – Change fatigue

• Integrating into the entire clinic

• Normalizing the conversation for all patients about how substance use impacts daily living and health conditions

• Having a true champion who can drive the project forward
Questions?
RESOURCES, TRAINING & CONSULTATION

Please contact Stephanie Swanson: StephanieS@Thenationalcouncil.org

Available at:
- ySBIRT.org
- thenationalcouncil.org