SBIRT for Adolescents in School-Based Health Centers

Brett Harris, DrPH
Shirley DeStafeno, MS
Gerry King, MPA, LMSW

NY ASAP Annual Conference
October 20, 2014
Adolescent Substance Use in NYS

NYS Adolescent Alcohol and Marijuana Use

- Current alcohol use: 32.5%
- Binge drinking: 19.4%
- Had more than 10 drinks in a row: *3.8%
- Drove when drinking alcohol in past 30 days: 10.2%
- Current marijuana use: 21.4%
- Tried marijuana for the first time before age 13: 7.3%

*6.1% for males

Source: 2013 Centers for Disease Control Youth Risk Behavior Survey (YRBS) (1)
Perception of Risk

Past month binge drinking and marijuana use among adolescents aged 12 to 17, by perceptions of risk: 2011

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2011 (2)
**Figure 1: Top 10 U.S. Children’s Health Concerns Rated as a “Big Problem” by Adults in 2014**

<table>
<thead>
<tr>
<th>Local Community</th>
<th>Across the Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Childhood Obesity • 29%</td>
<td>Childhood Obesity • 55%</td>
</tr>
<tr>
<td>Smoking &amp; Tobacco Use • 26%</td>
<td>Bullying • 52%</td>
</tr>
<tr>
<td>Drug Abuse • 26%</td>
<td>Drug Abuse • 49%</td>
</tr>
<tr>
<td>Bullying • 23%</td>
<td>Smoking &amp; Tobacco Use • 47%</td>
</tr>
<tr>
<td>Stress • 22%</td>
<td>School Violence • 44%</td>
</tr>
<tr>
<td>Alcohol Abuse • 19%</td>
<td>Child Abuse &amp; Neglect • 42%</td>
</tr>
<tr>
<td>Internet Safety • 18%</td>
<td>Alcohol Abuse • 41%</td>
</tr>
<tr>
<td>Child Abuse &amp; Neglect • 18%</td>
<td>Internet Safety • 40%</td>
</tr>
<tr>
<td>Teen Pregnancy • 16%</td>
<td>Gun Related Injuries • 39%</td>
</tr>
<tr>
<td>Not Enough Opportunities for Physical Activity • 15%</td>
<td>Teen Pregnancy • 37%</td>
</tr>
</tbody>
</table>

*Local community is defined as the community in which the respondent lives*

Source: C.S. Mott Children’s Hospital National Poll on Children’s Health, 2014
Substance Use Increases Risky Behavior

• 54,702 NYS teens engaged in risky sex and 1,199 became pregnant as a result of drinking in 2009 (5)

• Adolescent substance users more likely to...
  – Be sexually active
  – Engage in risky sexual behavior
  – Become pregnant
  – Contract STDs (6-8)
Substance Use and Risky Sexual Behavior

Risky Sexual Behaviors among NYS Adolescents

- Drank alcohol or used drugs: 27.7%
- Did not use a condom: 36.7%
- Did not use birth control pills: 79.9%
- Did not use any method of contraception: 12.6%

Source: 2013 Centers for Disease Control and Prevention Youth Risk Behavior Survey (YRBS) (1)
Unintentional Injuries and Fatalities

- Substance use is a major contributor to the three leading causes of death among adolescents: motor vehicle accidents, homicides and suicides (6)

- Substance use, even first time use, increases the risk of unintentional injury or death (9)
  - 68% of ED visits by 12-17 year olds involved the use of alcohol, drugs, or the misuse of prescription drugs in 2008 (10)
  - 31% of 15-20 year olds involved in fatal crashes in 2008 had been drinking (11)
Criminal and Delinquent Behavior

• In NYS in 2009, underage drinking was associated with...
  (5)
  – 94 homicides
  – 1,914 nonfatal violent crimes
    • Assault, robbery, rape
  – 77,400 property crimes
    • Car theft, burglary, larceny

OASAS
Office of Alcoholism & Substance Abuse Services
Addiction Services for Prevention, Treatment, Recovery
Improving Lives.
School

- Adolescent substance users are... (12)
  – 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... \( (7) \)
  – Liver disease, stroke, and cancer
  – Headaches, eczema, irritable bowel syndrome
  – Peptic ulcers, asthma, sinusitis, sleep disorders
  – HIV, STDs
  – Depression
  – Alcohol poisoning or overdose
Health Concerns for Binge Drinking

• Binge drinking results in increased prevalence of other health risk behaviors \(^{(13)}\)
  – Poor school performance
  – Riding with a driver who had been drinking
  – Being currently sexually active
  – Smoking cigarettes or cigars
  – Being a victim of dating violence
  – Attempting suicide
  – Using illicit drugs
What is Binge Drinking? (6)

- Youth 9-13 years olds - 3 or more drinks*
- Girls 14-17 – 3 or more drinks*
- Boys 14-15 – 4 or more drinks*
- Boys 16-17 – 5 or more drinks* (same as adult males)

*In one sitting or during a two hour time period
Long-Term Effects

• Early initiation of alcohol increases the likelihood of future dependence \(^{(13)}\)
  – 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 \(^{(9)}\)
Costs of Underage Drinking in NYS

- Underage drinking costs NYS $3.3 billion annually – $1,731 per youth or $2.58 per drink consumed

<table>
<thead>
<tr>
<th>Youth Cost Category</th>
<th>Cost (in millions)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Violence</td>
<td>$2,002.2</td>
</tr>
<tr>
<td>High-Risk Sex, Ages 14-20</td>
<td>$302.6</td>
</tr>
<tr>
<td>Traffic Crashes</td>
<td>$290.5</td>
</tr>
<tr>
<td>Alcohol Treatment</td>
<td>$243.4</td>
</tr>
<tr>
<td>Property Crimes</td>
<td>$210.3</td>
</tr>
<tr>
<td>Injury</td>
<td>$111.5</td>
</tr>
<tr>
<td>Fetal Alcohol Syndrome Among Mothers Ages 15-20</td>
<td>$71.8</td>
</tr>
<tr>
<td>Poisonings and Psychoses</td>
<td>$53.7</td>
</tr>
<tr>
<td>TOTAL</td>
<td>$3,286.1</td>
</tr>
</tbody>
</table>

What is SBIRT

• Screening
• Brief Intervention
• Referral to Treatment

• Goal: Identification of at-risk substance users in non-substance abuse treatment settings and provision of appropriate services
How SBIRT Addresses Student Need

- Increases identification of students with risky substance use
- 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*
Increases Identification

- Less than half of pediatricians screen adolescents for substance use (14)
- Relying on clinical impressions will cause adolescents with possible substance abuse to go undetected

Identification of problem use by clinical impressions vs. diagnostic interview (15)

<table>
<thead>
<tr>
<th></th>
<th>Adolescent Diagnostic Interview</th>
<th>Clinical Impressions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Problem use</td>
<td>100+</td>
<td>18</td>
</tr>
<tr>
<td>Substance abuse</td>
<td>50</td>
<td>10</td>
</tr>
<tr>
<td>Substance dependence</td>
<td>36</td>
<td>0</td>
</tr>
</tbody>
</table>


- Use of standardized screening tools as a part of SBIRT removes the guessing game and provides an algorithm for providing services tailored to level of need
Changes Adolescent Attitudes Associated with Use (16, 17)

- Increases readiness to change
- Increases self-efficacy for making changes
- Decreases intentions to use
- Decreases the perceived prevalence of peer substance use

New York State Office of Alcoholism & Substance Abuse Services
Addiction Services for Prevention, Treatment, Recovery

OASAS
Improving Lives.
Prevents Initiation and Reduces Use

- Exhibited lower past 90-day alcohol and other drug use (15.5% vs. 22.9% for usual care, $p<.05$) (18)
- Decreased marijuana use after 3 months (17)
- Reduced adolescent drinking onset – 44% fewer started drinking over a 12 month period compared to those receiving usual care (19)
- Reduced risk of drinking and driving (20)
Organizational Cost Savings

• SBIRT is ranked among the top 5 most beneficial and cost-effective preventive health services for adults by the US Preventive Services Task Force (21)
  – 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 SBHCs provides the convenience of the school with the confidentiality of clinics
  - Students willing to discuss substance use with a knowledgeable healthcare provider (17, 18)
  - Bring discussion of substance use into healthcare
  - Reported not feeling judged (17, 18)
Good Fit for Adolescents

- Adolescents are ambivalent regarding changing their substance use, desire autonomy, and often resist authority (22, 23)
  - 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

• 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 (24)

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.
Implementing SBIRT in School-Based Health Centers

OASAS EXPERIENCE
Implementation Projects

- **Downstate Pilot – 2012**
  - Morris Heights Health Center (Bronx)
  - Winthrop University (Long Island)
    - 5 SBHCs serving 9 high schools and 2 middle schools

- **Upstate SBIRT Demonstration – 2013-14**
  - Rochester General Hospital
  - University of Rochester Medical Center
  - Bassett Health System (Cooperstown and Oneonta)
    - 6 SBHCs
SBIRT Protocol

• Universal screening using the CRAFFT
• Brief Intervention modeled from the Brief Negotiated Interview
• Motivational Interviewing
• Referral to Treatment
• Medicaid billing
CRAFFT Screening Tool

- The CRAFFT is a validated screening tool for use with adolescent patients
- Because it screens for both alcohol and other drug problems simultaneously, it is especially handy for providers
- CRAFFT consists of
  - Part A: 3 prescreening questions and
  - Part B: 6 items
  - Scoring Algorithm
- A positive CRAFFT means the student should be assessed for alcohol/drug abuse or dependence.
The CRAFFT Screening Questions
Please answer all questions honestly; your answers will be kept confidential.

Part A
During the PAST 12 MONTHS, did you:

1. Drink any alcohol (more than a few sips)?
   - No
   - Yes

2. Smoke any marijuana or hashish?
   - No
   - Yes

3. Use anything else to get high?
   - No
   - Yes
   “anything else” includes illegal drugs, over the counter and prescription drugs, and things that you sniff or “huff”

Part B

1. Have you ever ridden in a CAR driven by someone (including yourself) who was “high” or had been using alcohol or drugs?
   - No
   - Yes

2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?
   - No
   - Yes

3. Do you ever use alcohol or drugs while you are by yourself, or ALONE?
   - No
   - Yes

4. Do you ever FORGET things you did while using alcohol or drugs?
   - No
   - Yes

5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?
   - No
   - Yes

6. Have you ever gotten into TROUBLE while you were using alcohol or drugs?
   - No
   - Yes

CONFIDENTIALITY NOTICE:
The information on this page may be protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent. A general authorization for release of medical information is NOT sufficient.

© Children's Hospital Boston, 2009.
Reproduced with permission from the Center for Adolescent Substance Abuse Research, CoASAR, Children's Hospital Boston.
CRAFFT Reproduction produced with support from the Massachusetts Behavioral Health Partnership.
CRAFFT Scoring

- No = 0, Yes = 1
- Score of 0 – “Low Risk”
  - Provide positive feedback and encouragement
- Score of 1 – “Moderate Risk”
  - Provide brief advice
- Score ≥ 2 with no signs of acute danger – “High Risk”
  - Provide brief intervention
- Score ≥ 5 - “High Risk”
  - Provide brief intervention with goal of acceptance of referral to treatment
Brief Negotiated Interview (BNI) (26)

- Specialized “Brief Intervention” for the Medical Setting foundations in Motivational Interviewing (MI) techniques
- Demonstrated to be effective at facilitating a variety of positive health behavior changes
- Helps health care providers explore health behavior change with patients in a respectful, non-judgmental way within a finite time period
- Designed to elicit reasons for change and action steps from the patient
- The BNI is in the form of a “script” that guides providers through the health intervention with carefully phrased key questions and responses
Before we go further, I’d like to learn a little more about you.
What is a typical day like for you?
Would you mind taking a few minutes to talk about your [X] use? Where does your [X] use fit in?
What’s the most important thing in your life right now?

1. Engagement

I’d like to understand more about your use of “X”.
What do you enjoy about “X”?
What is not as “good” about your use of “X”?
What else?
So on the one hand you said <PROS>, and on the other hand <CONS>.
What are your thoughts?
Ask permission

We know that drinking
- 3 or more drinks in 2 hrs ...(binge drinking)

Provide information

...drinking ‘X’ alcoholic drinks and/or use of illicit drugs can put you at risk for illness and injury. It can also cause health problems like [insert medical information].

Elicit response

What are your thoughts on that?
4. Readiness to Change

This Readiness Ruler is like the Pain Scale we use in the hospital.

On a scale from 1-10, with one being not ready at all and 10 being completely ready,

How ready are you to change your [X] use?

You marked ___. That’s great. That means you’re ___% ready to make a change.

Why did you choose that number and not a lower one like a ‘1 or 2’?
5. Negotiate an Action Plan

➢ Write down action plan

➢ Envisioning a future

➢ Exploring Challenges

➢ Drawing on past successes

➢ Benefits of Change

BNI

What are some options/steps that will work for you?

Those are great ideas! Is it okay for me to write down your plan, your own prescription for change, to keep with you as a reminder?

Will you summarize the steps you will take to change your [X] use?

I’ve written down your plan, a prescription for change, to keep with you as a reminder.
6. Summarize

- Reinforce resilience & resources
- Provide handouts
- Give action plan

Thank the student

Set up Follow-up if needed
Give Referrals if Appropriate:
- Outpatient Counseling
- NA/AA
- Primary Care
- Mental Health
- Handouts/Information

BNI

“Let me summarize what we’ve been discussing and you let me know if there’s anything else you want to add or change.....”

Review the action plan.
Use of Motivational Interviewing

1. Gauge your student’s Stage of Change; respond accordingly
2. Let student direct the session and come up with plausible action plan
3. Refrain from confrontation
4. Make plans for follow-up
Providing Multiple Sessions of BI

- Studies have shown that multiple sessions (in contrast to a single contact) with a provider can increase the impact of SBIRT in reducing risky alcohol consumption \(^{(27)}\).

- Adolescents who agree to make a behavioral change should be given a follow-up appointment to discuss the results of their efforts, and praised for any progress they made, no matter how small.
Stages of Change:
Primary Tasks *(28)*

1. **Precontemplation**
   - **Definition:** Not yet considering change or is unwilling or unable to change.
   - **Primary Task:** Raising Awareness

2. **Contemplation**
   - **Definition:** Sees the possibility of change but is ambivalent and uncertain.
   - **Primary Task:** Resolving ambivalence/Helping to choose change

3. **Determination**
   - **Definition:** Committed to changing. Still considering what to do.
   - **Primary Task:** Help identify appropriate change strategies

4. **Action**
   - **Definition:** Taking steps toward change but hasn’t stabilized in the process.
   - **Primary Task:** Help implement change strategies and learn to eliminate potential relapses

5. **Maintenance**
   - **Definition:** Has achieved the goals and is working to maintain change.
   - **Primary Task:** Develop new skills for maintaining recovery

6. **Recurrence**
   - **Definition:** Experienced a recurrence of the symptoms.
   - **Primary Task:** Cope with consequences and determine what to do next

*http://www.uclaisap.org/dmhcod/html/resources-links.html*
Referral to Treatment

- Must have at least one current referral agreement with an accessible OASAS-certified treatment provider
- Very few youth will need referral to substance abuse treatment but it’s important to be prepared
- Most likely will need to get parent involved if want referral to be effective
- Local Treatment Provider
  – Understand programs and services
  – Understand referral procedure
Medicaid Billing

• Medicaid fee for service (FFS) will reimburse for two screenings and six brief intervention sessions per year.

• Medicaid Managed Care and FHPlus plans must also allow two screenings per calendar year in the allowable reimbursable settings without prior authorization.

• Plans are responsible for up to six brief intervention sessions per calendar year, irrespective of provider, without prior approval.
SBIRT Billing

SBIRT may be billed to Medicaid using the following Healthcare Common Procedure Codes System (HCPCS) procedure and diagnosis codes:

• Procedure code H0049 (alcohol and/or drug screening) is used for the substance use screening. Diagnosis code V82.9 (Unspecified condition) is required on claims for procedure code H0049

• Procedure code H0050 (alcohol and/or drug service, brief intervention) is used for substance use brief intervention services. Diagnosis code V65.42 (Counseling on substance use and abuse) is required on claims for procedure code H0050
Documentation Requirements

Patient records must include:

• Information on service provided, i.e. screening, brief intervention;
• The score on screening tool and a copy of the tool;
• Problems related to substance use;
• Dependence symptoms (if any); and
• Injection drug use (if reported)
Implementing SBIRT in School-Based Health Centers

PROJECT OUTCOMES
## Downstate Pilot

### Substance Use

<table>
<thead>
<tr>
<th></th>
<th>Morris Heights</th>
<th>Winthrop</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Screens</td>
<td>213</td>
<td>188</td>
<td>401</td>
</tr>
<tr>
<td>Positive (≥2)</td>
<td>46 (22%)</td>
<td>11 (6%)</td>
<td>57 (14%)</td>
</tr>
<tr>
<td>Use in Past 12 Months</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any Use</td>
<td>88 (42%)</td>
<td>52 (28%)</td>
<td>140 (35%)</td>
</tr>
<tr>
<td>Alcohol</td>
<td>74 (35%)</td>
<td>39 (21%)</td>
<td>113 (28%)</td>
</tr>
<tr>
<td>Marijuana</td>
<td>43 (20%)</td>
<td>21 (11%)</td>
<td>64 (16%)</td>
</tr>
</tbody>
</table>
Downstate Pilot
Student Perceptions

How risky is it to...

- Drink alcohol every day?
  - 48.6% (CRAFFT Positive n = 35)
  - 34.3% (CRAFFT Negative n = 153)

- Try marijuana?
  - 67.3% (CRAFFT Positive n = 35)
  - 42.1% (CRAFFT Negative n = 153)

- Smoke marijuana daily?
  - 51.4% (CRAFFT Positive n = 35)
  - 68.2% (CRAFFT Negative n = 153)

OASAS
Improving Lives.
New York State
Office of Alcoholism & Substance Abuse Services
Addiction Services for Prevention, Treatment, Recovery
Downstate Pilot
Student Perceptions

How wrong is it to...

- Drink beer at your age?
  - CRAFFT Positive (n = 35): 62.9%
  - CRAFFT Negative (n = 153): 79.6%

- Smoke marijuana at your age?
  - CRAFFT Positive (n = 35): 60.0%
  - CRAFFT Negative (n = 153): 84.9%

OASAS
New York State
Office of Alcoholism & Substance Abuse Services
Addiction Services for Prevention, Treatment, Recovery

Improving Lives.
Upstate Pilot

- 3 SBHC organizations selected based on identified regional need and previously demonstrated interest
- Site visits conducted at all sites
- Mtgs. between SBHC, AOD tx. providers, Field Office and OASAS central office staffs to facilitate referrals
- 1 day trainings provided
- Link to free on-line MI courses
- Monthly follow up/TA calls conducted
- Focus group to explore lessons learned and initial outcomes
Upstate Pilot

Results - 457 Students Screened over 5 Months

• 67 (15%) Reported using Substances in last 12 months
• 49 (11%) Scored 2 or more on CRAFFT (positive screen)
• 254 (56%) scored zeros on Pre-Screen and received positive reinforcement
• 31 (7%) Received Brief Interventions
• 11 (2%) Received Referral to in-house MH worker
• 7 (2%) Received Referral to Outside Resources
Upstate Pilot

Successes:

• Staff and students accepting of SBIRT
• Increased referrals to co-located MH services
• Opportunity to bill and be paid
• Greater identification of risky use by students
• Not time consuming – has integrated into well child checks and annual screens

Challenges:

• Payment
• Adding billing codes to EMR
• Positive screens lower than expected??
• Meeting OASAS data collection expectations
Upcoming NYC Pilot

- Partnering with NYC DOHMH
- Informational presentation given to NYC SBHCs in March
- Follow up session with interested SBHCs held in May to lay out expectations
- Identification of interested SBHCs
  - Urban Health Plan, (Fall 2014)
  - Staten Island University Hospital, (Fall 2014)
  - Children’s Aid Society, (Fall 2014)
  - SUNY Downstate Medical Center, (Spring 2015)
  - Montefiore (Spring 2015)
Upcoming NYC Pilot

- Training delivered August 21st
- Site visits taken place and being scheduled
- Using DOHMH staff’s expertise to assist with EMR modification
- Ongoing communication with NYS DOH over billing issues
- Looking to also do pilot with NYC School Based Mental Health Clinics
Lessons Learned

• Ask SBHCs up front “What Will Success Look Like”

• Hand Outs
  • CASA’s “An SBIRT Implementation and Process Change Manual for Practitioners Guide” [link]
  • “Implementation: The missing Link Between Research and Practice” [link]

• Agree on process measures to collect
• Staggered implementation – September is tough month to implement SBIRT i.e. anything new
• Added alcohol and marijuana questions if screened positive
• Added health information to be shared if alcohol and marijuana reported
Lessons Learned

Successful Implementation Assisted by:

- Identification of champion and implementation team
- Supportive data systems
- Use of purveyor groups
  - Groups with special expertise in EBP/SBIRT to provide training, ongoing consultation etc.
- Training – Necessary but not sufficient
- Coaching and consultation
  - Only 10% of what is taught in training is actually transferred to the job
- Evaluation of staff performance and feedback
- Plan-Do-Check-Act
Implementing SBIRT in School-Based Health Centers

Q & A
References


Contacts

- Brett Harris, DrPH
  - Brett.Harris@oasas.ny.gov; 518-485-1393
- Shirley DeStafeno, MA
  - Shirley.Destafeno@oasas.ny.gov; 518-485-2116
- Gerry King, MPA, LMSW
  - Gerry.King@oasas.ny.gov; 518-485-2108