

STOPPING YOUTH SUBSTANCE MISUSE BEFORE IT STARTS

The New Hampshire Youth S•BI•RT Initiative of the New Hampshire Charitable Foundation is supported in partnership with the Conrad N. Hilton Foundation. Since 2014, this Initiative has addressed a primary goal of the statewide strategic plan which was developed by the Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment and is known as Collection Action – Collective Impact. This plan calls for the implementation of S•BI•RT in primary care throughout New Hampshire as an effective strategy for prevention and intervention in the clinical setting that translates into public health outcomes. As our health systems move toward integration of primary care and behavioral health, medical professionals equipped with screening and intervention best practice tools are well positioned to successfully participate in integration, improve patient outcomes, and reduce health care costs.

The Goal

The global aim of the Initiative has been the adoption of Screening, Brief Intervention and Referral to Treatment (S•BI•RT) as a sustainable and universal practice in NH, with a specific aim of screening no less than 10,000 youth and young adults (ages 12 -22) by mid-2017. Universal screening of adolescents and young adults in pediatric and family primary care settings across NH, including community health centers, hospital systems, and private practices, can identify problematic drug and alcohol use early, reduce substance misuse through early intervention, and prompt referral to treatment for those who need it. This three-year Initiative has also addressed the policy barriers faced by health care organizations in implementing S•BI•RT as a best practice for the care of youth.

The Initiative

With support from the New Hampshire Charitable Foundation and the Conrad N. Hilton Foundation, the Initiative has, since April 2014, supported 23 clinical sites across ten organizations in implementation of S•BI•RT. The first group began its work in April 2014; a second cohort began actively screening in October 2015, and a third group of sites began screening in April 2016. Collectively, these sites have trained over 300 providers and staff, implemented S•BI•RT policies, and modified five different electronic health records to support S•BI•RT implementation. Our practice partner sites serve over 26,407 youth.

As of June 30, 2016, our practice sites have screened over 7,000 young patients ages 12 - 22. Additionally, the Initiative is helping to identify and address substance misuse among pregnant women by supporting Dartmouth Hitchcock's prenatal practice in Lebanon to embed screening tools into the electronic health record. We also provided technical assistance to the 13 Federally Qualified Health Centers funded by the Bureau of Drug and Alcohol Services to implement S•BI•RT into their primary care practices for adults ages 18 and over. As a result of this collaboration, seven of these centers have expanded their target population to include adolescent patients ages 12 and older. Thus the initiative has taken advantage of synergies to optimize both youth and adult S•BI•RT implementation into patient care across the state.

Grantee partners and Implementation Sites include:

- Goodwin Community Health Center (Somersworth)
- Mid-State Community Health Center (Plymouth, Bristol)
- Valley Regional Medical Center (Claremont)
- Wentworth-Douglass Health System (Lee)
- Dartmouth-Hitchcock Medical Center (Lebanon- Pediatrics and OB/GYN, Bedford, Manchester, Plymouth, Bedford)
- Manchester Community Health Center (Hollis Street, Elm Street, Tarrytown Road, and McGregor Street)
- White Mountain Community Health Center (Conway)
- Weeks Medical Center (Lancaster, Groveton, Whitefield, North Stratford)
- Family Health Centers (Concord, Hillsboro-Deering)
- Health First (Franklin, Laconia)

We anticipate existing grantees to continue to expand S•BI•RT practice to other of their sites in the months to come.

The NH Youth S•BI•RT Initiative also supports practice and policy change through the NH Center for Excellence at the Community Health Institute, and New Futures. The NH Center for Excellence in Substance Misuse Prevention and Treatment provides technical assistance to grantees, which consists of on-site visits and phone calls, monthly calls/webinars with grantees, access to expertise, online tools, and site-specific training, and face-to-face Learning Collaborative meetings. New Futures provides advocacy expertise to work to change identified policy and regulatory barriers to implementation and sustainability.

The experience of NH and national peers in implementing screening, intervention, and referral to treatment (S•BI•RT) provides a valuable opportunity to offer expert insights and practical solutions to practitioners navigating clinical, operational, and other issues as we work together to advance integrated care as the standard of patient care in New Hampshire. Our experiences across community health centers, hospitals, and health systems have shown us that this work is critical, and that adolescents, as well as pregnant women and all other adults, benefit from guidance regarding substance use as part of routine clinical care. Such practice helps patients address or moderate their substance use, and provides practitioners with essential information required for comprehensive care of patients with chronic conditions.

Progress and Activities:

Through the implementation of S•BI•RT in over twenty primary care practices across New Hampshire, we have gleaned insights into what works well, as well as how to overcome apparent barriers. The Initiative has disseminated lessons learned about S•BI•RT implementation and practice locally, regionally and nationally at a number of venues:

S•BI•RT INITIATIVE



- The 2nd Annual NH Youth S•BI•RT Summit, held in October 2015, drew over 200 participants from across NH, heightening interest in the process of S•BI•RT
- American Public Health Association Annual Meeting, Implementing adolescent S•BI•RT in primary care: Stopping the problem where it starts, Chicago, November 2015
- 17th Annual Alcohol Policy Conference, poster: New Opportunities for Prevention: S•BI•RT across Diverse Settings, co-presented with S•BI•RT technical assistance providers in South Carolina, Arlington, Virginia, April 2016
- NH Governor's Summit on Substance Misuse, May 2016
- Community Catalyst Convening – Consumer and Advocate Engagement in Policy, Atlanta, June 2016
- Citizen's Health Initiative's Behavioral Health Learning Collaborative, with a particular focus on payment and reimbursement issues at UNH with over 50 participants, June & September 2016
- 2016 Integrating Primary and Behavioral Health Care through the Lens of Prevention Conference, High Stakes: Reframing the Conversation about Youth Substance Use, panel discussion with the Conrad N. Hilton Foundation, New Orleans, July 2016
- NH Interdisciplinary Professional Education, training of master's level nursing students at the University of NH, August 2016.

New Futures has advocated for legislation including Medicaid Expansion reauthorization, requiring private insurers' use of criteria for level of care determination by the American Society of Addiction Medicine (ASAM), prior authorization limitations, and extending Medicaid substance abuse disorder coverage to include youth. In partnerships with the University of New Hampshire Institute for Health Policy and Practice, New Futures developed the Resource Guide for Addiction and Mental Health Care Consumers, providing information about navigating insurance coverage and appeals.

The Initiative continues to provide trainings with new and ongoing grantees. An open source webinar series is available on the website www.sbirtnh.org highlighting information to support S•BI•RT implementation, for both grantees and other interested medical practitioners, and including links to virtual trainings. We are about to release a free, updated NH Youth S•BI•RT Initiative Playbook to address broader populations and improvements based on lessons learned.

We have also expanded capacity for technical assistance and practice transformation going forward. Amy Pepin, LICSW, CPS, Director of the NH Center for Excellence, is recognized as a national expert through the Addiction Technology and Transfer Center, and is an invited member of the National Council Facilitating Change for Excellence in S•BI•RT (FaCES) Practice Transformation Team.

Looking Ahead:

A major focus of the Initiative's work this year is disseminating progress and lessons learned about the value of S•BI•RT implementation as a mechanism for integrating behavioral health and primary care.

The Initiative continues to seek new opportunities to provide support in expanding the implementation and practice of S•BI•RT in NH. Current ongoing collaborations include:

- NH S•BI•RT Inter-Professional Education (IPE) Training Collaborative, supporting the development of S•BI•RT capacity in the emerging health care workforce
- New Hampshire Juvenile Court Diversion Network, supporting standardization of practice approaches to restorative justice among youth in NH

The Initiative will, e.g., present at the following forums in the coming few weeks:

- Conrad N. Hilton Foundation Convening, Unleashing the Power of Prevention to Improve the Lives of Young People, panel discussion with Dr. Steven Chapman, DHMC, October 2016
- The 3rd Annual Payer's Behavioral Health Management Summit in Falls Church, Virginia, October 2016.
- American Public Health Association Annual Meeting & Expo, Applications of screening, brief intervention, and referral to treatment (S•BI•RT), Denver, November 2016.

As We Transition

As the Screen and Intervene Initiative completes its third year in the summer of 2017, we are shifting our focus to highlight S•BI•RT implementation as a mechanism for integrating behavioral health and primary care. In a broader context, our experience will help to provide support for the transformation of NH's behavioral health delivery system through Integrated Delivery Networks that is currently underway.

Key Resources:

Screen and Intervene: NH Youth S•BI•RT Initiative - www.sbirtnh.org

Treatment Locator - <http://nhtreatment.org/>

New Hampshire Charitable Foundation - www.nhcf.org

Conrad N. Hilton Foundation - www.hiltonfoundation.org/substance-abuse

Collective Action Collective Impact Report - <http://www.dhhs.nh.gov/dcbcs/bdas/documents/collectiveaction.PDF>

NH Center for Excellence - www.nhcenterforexcellence.org

New Futures - <http://new-futures.org>

Academy for Integrating Behavioral Health and Primary Care - Agency for Healthcare Research and Quality <https://integrationacademy.ahrq.gov/>

Addiction Technology Transfer Center Network - <http://www.nattc.org/home/>

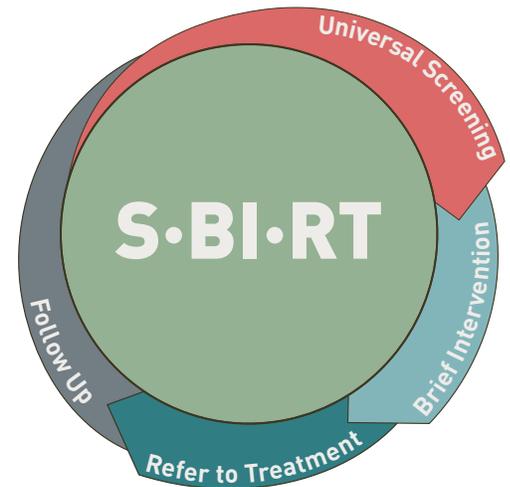
NH Youth S•BI•RT Initiative Playbook <http://sbirtnh.org/playbook/>

SCREENING: Youth Alcohol and other Drug Screening Tools

When you have a doctor's visit there are certain questions they ask you every time, and others that they ask you annually. S•BI•RT adds an effective screen for problematic alcohol and drug use.

Screening to Brief Intervention (S2BI)

Dr. Sharon Levy, MD, MPH, of the Division of Developmental Medicine, Adolescent Substance Abuse Program at Boston Children's Hospital and her colleagues, with National Institute on Drug Abuse (NIDA) funding, have developed the S2BI, a new validated electronic screening tool for youth. S2BI begins with a single question assessing the frequency of past-year use in eight categories of substances, including alcohol, marijuana, cocaine and prescription drugs. *NIDA is supporting the broad implementation of S2BI.*



S2BI questions*

The following questions are not the full S2BI tool but simply the questions to allow for an understanding of the simplicity of this screen. Free on-line training modules and S2BI information are available through www.teensubstancescreening.org. S2BI utilizes an electronic device (eg. tablet) on which youth answer with "Never," "Once or twice," "Monthly," or "Weekly or more;" for the following questions:

In the past year, how many times have you used Tobacco? Alcohol? Marijuana?
STOP if all are "never." Otherwise, continue with questions.

In the past year, how many times have you used

- Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?
- Illegal drugs (such as cocaine or Ecstasy)
- Inhalants (such as nitrous oxide)?
- Herbs or synthetic drugs (such as salvia, "K2", or bath salts)?

**These questions are included for informational purposes only. They are not the full screening tools.*



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For more information go to: www.SBIRTNH.org

SCREENING: Youth Alcohol and other Drug Screening Tools

CRAFFT (*Car, Relax, Alone, Forget, Family/Friends, Trouble*)

The CRAFFT is a behavioral health screening tool for use with children under the age of 21 and is recommended by the American Academy of Pediatrics' Committee on Substance Abuse for use with adolescents. It consists of a series of 6 questions developed to screen adolescents for high risk alcohol and other drug use disorders simultaneously. It is a short, effective screening tool meant to assess whether a longer conversation about the context of use, frequency, and other risks and consequences of alcohol and other drug use is warranted.

CRAFFT is a mnemonic acronym of the first letters of the key words in the six screening questions. Developed by the Center for Adolescent Substance Abuse Research (CeASAR), the self-administered version of the CRAFFT has been validated repeatedly.

CRAFFT Questions*

The following questions are included to provide exposure to this tool, they are not the full screening tool. More information, training, and the complete screen are available at www.ceasar-boston.org/CRAFFT. The CRAFFT has also been translated into a number of other languages including Spanish, French, Russian and Turkish which are all available on this site at no charge.

- C** - Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?
- R** - Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?
- A** - Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?
- F** - Do you ever **FORGET** things you did while using alcohol or drugs?
- F** - Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?
- T** - Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?

**These questions are included for informational purposes only. They are not the full screening tools.*



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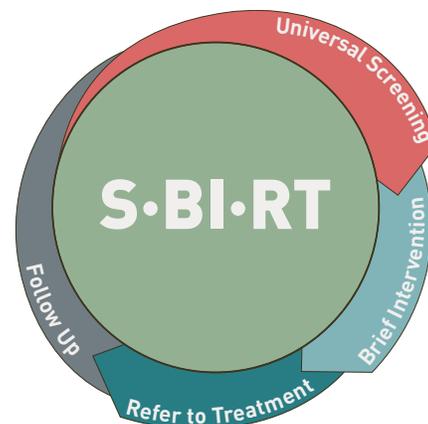
**SCREEN &
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For more information go to: www.SBIRTNH.org

REFERRAL TO TREATMENT

In the context of S•BI•RT, referral to treatment is short-hand for a well-planned process through which a healthcare professional provides an active referral to specialty treatment for patients who screen positive AND indicate a willingness/desire for such services during the brief intervention conversation. Whether the process includes internal behavioral health providers and/or external referral sources; an established relationship, referral protocol, and family involvement are key components.



Active Referrals

Managing the referral process and ensuring that the patient receives the necessary chronic disease management and follow-up support is critical to the recovery process.

Internal Behavioral Health Providers

Warm Handoff:

Practices in which behavioral health practitioners are available on-site through co-located or integrated service provision can create a flow that incorporates a warm handoff. This approach includes a physical introduction by the primary care provider to the behavioral health provider increasing the likelihood of participation in further assessment, motivational counseling, or brief treatment. In some cases, a treatment option that is not available on-site will be necessary and the patient is then referred to a higher level of care. Depending on flow decisions, integrated behavioral health staff may also be responsible for such external referrals to specialty care.

External Substance Use Disorder Specialists

Established Relationships and Protocols:

To ensure efficient and effective referrals to external specialty care, primary care practices must initially establish and cultivate relationships with specialty providers for all levels of care. Release of information mechanisms should be established to confidentially share pertinent patient information. Ideally, these processes should be in place prior to the need to refer a patient.

Parent and Family Involvement:

It is important to note that many youth with severe substance use problems know that there is a problem and accept a referral to treatment. Parents are often already concerned about the problematic drug or alcohol use and therefore youth are often open to involving their parents in the conversation without further motivational conversation on the part of the provider. Family involvement is crucial as patients with family involvement have better treatment outcomes.¹

¹ Broome, K. M., Joe, G. W., & Simpson, D. D. (2001). Engagement models for adolescents in DATOS-A. *Journal of Adolescent Research*, 16(6), 608-623.

REFERRAL TO TREATMENT

Levels of Care

Treatment for substance use problems includes services at different levels of care appropriate to the particular patient's diagnosis and circumstances.

The majority of patients requiring specialty care for substance use problems can be effectively provided treatment through services they participate in while remaining at home, in their own community. These include:

- Outpatient Services: *Individual; Group*
- Intensive Outpatient Services (IOP)
- Partial Hospitalization
- Opioid Treatment Programs (Methadone prescribing/dispensing)
- Office Based Medication Assisted Treatment (Buprenorphine/Suboxone prescribing/dispensing)

Patients with the severe substance use problems may require higher levels of care, such as:

- Residential Services
- Medically Managed Inpatient Hospital-Based Services
- Transitional Living

Access to Treatment

In New Hampshire, timely access to the higher levels of care for severe substance use problems can be difficult, particularly for adolescents. The need to expand treatment capacity for substance use disorders has been widely recognized and many efforts are underway to expand access to specialty substance use disorder care. This has been facilitated by the inclusion of specific provisions in the Affordable Care Act such as the essential health benefits inclusion of mental health and substance use disorders care. These and other changes in the healthcare landscape in New Hampshire are creating an environment in which treatment access is expanding.

NH Treatment Locator

The NH Alcohol and Drug Treatment Locator is an online directory of existing substance use disorder services across NH. This easy to use tool, nhtreatment.org, can be searched by location and service type. Importantly, it can also be updated by providers to ensure that the information it contains continues to be accurate and helpful over time.

S•BI•RT Works: Putting Patients at the Center - Integrating Behavioral Health and Primary Care

NH MEDICAID: Health Behavior Assessment and Intervention (HBAI) Codes

Billing for services performed by licensed non-physician qualified Behavioral/Mental Health Provider must include a medical ICD-9-CM Code (e.g. Diabetes; Asthma). HBAI Codes reflect brief, time limited behavioral health consultation with patients in medical settings to help patients and their providers better manage primary medical conditions such as diabetes, obesity, heart disease, and cancer.

Description	Code
Assessment for biopsychosocial factors affecting a patient's primary medical condition	96150 - 96151
Services provided to patient, a group of patients, or patient's family to improve patient's health or well-being using cognitive, behavioral, social and/or psychological interventions.	96152 - 96155

NH Traditional Medicaid

Description	Code	Charge
Screening		
Screening by Behavioral Health practitioners ²	H0049	\$65.01
S•BI•RT 15-30 minutes	99408	\$37.33
S•BI•RT >30 minutes	99409	\$71.64
Individual Counseling	H0004	
30 minutes	U1	\$65.01
45 minutes	U2	\$86.18
60 minutes	U3	\$128.96
Family Counseling		
Without patient present	H0047-HS	\$104.58
With patient present	H0047-HR	\$107.79
Group Counseling		
	H0005	\$26.59 ³

¹More information available at www.dhhs.nh.gov/ombp/sud/documents/sud-billable-services.pdf

²Using an evidence-based screening tool (e.g., DAST, AUDIT,

³Per person per session

Related services included in the array covered by Traditional Medicaid:

- Assessment
- Crisis intervention
- Acute hospital care – medically-managed withdrawal
- Pre-natal care at-risk enhanced service coordination
- Opioid treatment program
- Office-based, medication-assisted treatment with primary care provider
- Intensive Outpatient Services
- Partial Hospitalization Services
- Rehabilitative Services (residential, low/medium intensity) – adolescent and adult
- Rehabilitative Services (residential, high intensity – adult and pregnant & parenting)
- Medically-monitored withdrawal management (Outpatient detoxification and non-hospital residential); Peer and non-peer recovery support services, individual and group; and Continuous Recovery Monitoring (CRM) case management.

Reference Sheet: Private Insurance Billing and Code Sheet (NH HPP beneficiaries are now served by private insurers)**

Type of Visit	CPT Codes	Patient Status	Additional Notes
Preventive	99401 – 99404 & 99420		These codes cannot be used for patients with established alcohol abuse or dependence, or those with alcohol-related medical problems. Use with ICD code 9 65.42*
Evaluation & Management (E & M)	99201 – 99205	New Patients	<u>CPT Up Coding:</u> Providers who devote more than half of a visit counseling a patient about their alcohol or drug use may use the E & M codes for office and other outpatient services (99210-99215), with appropriate documentation of services provided in the clinical record. ⁴
	99211 – 99215	Established Patients	

Codes recommended by the National Association of Community Health Centers (NACHC)⁵

Health Behavior Assessment and Intervention (HBAI) codes are used for services identifying psychological, behavioral and social (rather than mental health or substance use) factors important to prevention, treatment or management of physical health problems.

*Many payers do not reimburse for most preventive care.

**Effective 1/1/16 unless beneficiary declared medically frail (contact New Futures for more information)

⁴ http://www.integration.samhsa.gov/clinical-practice/sbirt/Detailed_information_about_coding_for_SBI_reimbursement.pdf

⁵Billed at 15 minute units

Service	Criteria	Code	Duration of Visit	Charge ⁶
Alcohol and/or substance abuse (other than tobacco) structured screening and brief intervention services	<ul style="list-style-type: none"> •Use of validated screening tool (e.g., AUDIT, DAST, CRAFFT, S2BI) •Requires documentation of rationale, assessment outcome, goals, and duration. 	99408	15 - 30 minutes	\$37.33
		99409	> 30 minutes	\$71.64

The following codes may be used in conjunction with E & M codes with -25 modifier:

Service	Description	Code(s)	Charges	
Screening - No Intervention Required	Health & behavior assessment	96150	Varies by Provider	
	Screening and Brief Intervention	96150-96155	Varies by Provider	
	Administer and Interpret Health Risk Assessment	99420	Varies by Provider	
	Annual alcohol misuse screening (includes pregnant women)	G0442	15 minutes	\$17.43 ⁷
	Brief face-to-face behavioral counseling for alcohol misuse (includes pregnant women) ^{8 9}	G0443	15 minutes	\$25.14
Screening plus Intervention¹⁰	Alcohol and/or substance abuse structured screening and brief intervention services	G0396	15 - 30 minutes	\$29.42
		G0397	>30 minutes	\$57.69

⁶ <http://www.samhsa.gov/sbirt/coding-reimbursement>

⁷ Average national fee schedules

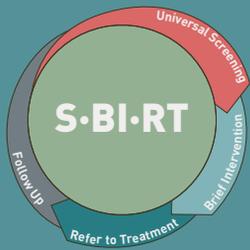
⁸ Will be denied unless G0442 is used in the past 12 months

⁹ Limit of 4 times in 12 months

¹⁰ <http://www.samhsa.gov/sbirt/coding-reimbursement>

Additional Notes:

- Code G0442 is an annual benefit so at least 11 months must pass between services.
- Both screening and counseling services have time elements of 15 minutes, so documentation should include duration of visit as well as screening or counseling notes.
- Counseling for alcohol misuse must be based on the Five As (Assess, Advise, Agree, Assist, and Arrange), so be sure your documentation reflects this.
- The alcohol screening and counseling services are payable with another visit on the same day (e.g., office visit for other problems), except for the Initial Preventive Physical Exam (“Welcome to Medicare” physical).
- Medicare allows payment for both G0442 and G0443 on the same date (except in rural health clinics and FQHCs), but will not pay for more than one G0443 service on the same date.
- These services are not subject to deductible or co-insurance.



What Can Parents Do?

YOUTH ALCOHOL AND OTHER DRUG USE

Parents and other key adults in young people lives have more influence over their alcohol and drug choices than they think they do. There are three crucial things to do:

1. Set Expectations

Have a clear no use of any amount of alcohol or drugs rule for people under the age of 21 in your home, neighborhood, and community.

- Make sure your children and their friends know that this is your expectation.
- Your children spend time in other people's homes, is this their expectation as well? Ask them.
- Setting a no use **expectation** for youth has been shown to decrease the likelihood that they will use alcohol or drugs or increase the age at which they first try one or the other.^{1,2}

2. Talk with them

Conversations at every developmental stage about the health risks and consequences of using alcohol and other drugs reinforce expectations.

- No quantity of alcohol is safe for the young brain and body.
- Alcohol, marijuana and other drugs are addictive substances and the younger you are when you start using the more likely you are to develop a problem – if they are interested tell them to WAIT.
- Marijuana is NOT safe to use because it is used as medicine by some people. In fact, make sure your children know that prescription drugs that were not prescribed by their doctor should never be taken.
- Addiction is hereditary – if there are alcohol or drug problems in your family tree (as there are for many families) make sure that your children understand that they are more vulnerable to developing problems.

3. Seek information and support for yourself and your child

Do not wait to seek more information or reach out for help or support. If you have questions – seek answers. If you are worried – you are probably right to be.

- If you are concerned about that your child may be using alcohol or other drugs reach out for help:
 - ◆ Speak to his or her primary care provider,
 - ◆ Speak to the alcohol and other drug intervention counselor at his or her school (Student Assistance Professional),
 - ◆ If your child is using alcohol or other drugs seek support for yourself at www.drugfree.org to access more information and the Parent Support Network,
 - ◆ Check www.nhtreatment.org to find qualified counselors in your area,
 - ◆ If you want more information there are many good web-sites with information about alcohol and other drugs including www.drugfreenh.org, teens.drugabuse.gov/parents and www.checkthestatsnh.org.

¹ Ennett ST., Bauman KE., Pemberton M., Foshee VA., Chuang YC., King TS., and Koch GG. 2001. *Mediation in a Family-Directed Program for Prevention of Adolescent Tobacco and Alcohol Use*. *Preventative Medicine*. October; 33(4): 333-46.

² Schor EI. 1996. *Adolescent alcohol use: social determinants and the case for early family-centered prevention*. *Family-focused prevention of adolescent drinking*. *Bull N Y Acad Med*. Winter;73(2): 335-56.



For more information go to: www.SBIRTNH.org