

SBIRT INITIATIVE

New Hampshire Youth Screening, Brief Intervention and Referral to Treatment Initiative

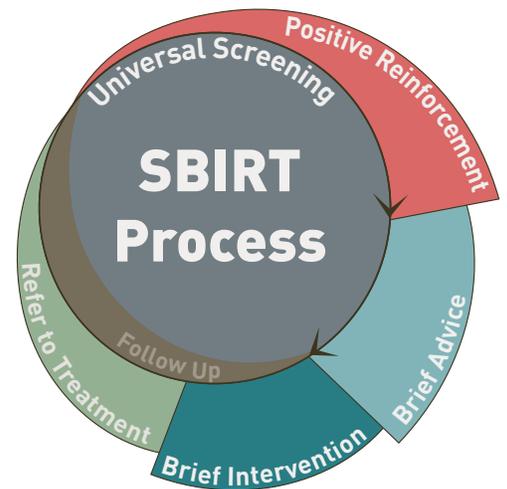
SBIRT Overview

The New Hampshire Youth Screening, Brief Intervention and Referral to Treatment (SBIRT) Initiative of the New Hampshire Charitable Foundation is supported in partnership with the Conrad N. Hilton Foundation. This Initiative addresses a primary goal of the statewide strategic plan developed by the Governor's Commission on Alcohol and Drug Abuse Prevention, Intervention and Treatment: Collective Action – Collective Impact. This strategic plan calls for the implementation of SBIRT in primary care throughout New Hampshire as an effective prevention, intervention and public health strategy. This vanguard Initiative is a timely response to the changing healthcare environment offering a mechanism for aligning healthcare and public health systems throughout the state.

The Foundations are committed to moving forward on youth prevention and intervention as a means to address root causes, avert the harmful lifetime consequences of substance misuse and addiction, and positively impact public health. More information on the Conrad N. Hilton Foundation's national SBIRT strategy can be found on their website.

THE GOAL

The global aim of the New Hampshire Youth SBIRT Initiative is universal screening of adolescents and young adults across NH pediatric primary care practices as a proven strategy for reinforcing healthy behaviors; identifying problematic drug and alcohol use early; reducing substance misuse; and referring to treatment those who need it. This three-year initiative's goal is the adoption of SBIRT as a sustainable practice in NH by expanding youth SBIRT in primary medical care settings – including hospitals and community health centers – addressing policy and financing barriers, and screening no less than 10,000 youth and young adults (ages 12-22) by 2017.



THE INITIATIVE

The New Hampshire Charitable Foundation intends to fund 2 cohorts of grantees for up to 2 years each. The first cohort, serving collectively over 7,000 youth, which began its work in April 2014, includes:

- Goodwin Community Health Center
- Children's Hospital at Dartmouth-Hitchcock
- Mid-State Community Health Center
- Valley Regional Medical Center
- Wentworth-Douglass Health System

In support of the Initiative, the NH Center for Excellence at the Community Health Institute provides technical assistance to grantees. New Futures provides policy and advocacy support to address identified legislative or regulatory barriers.

THE ADVISORY PANEL

The role of the Advisory Panel for the NH Youth SBIRT Initiative is to provide guidance to ensure the successful implementation of this practice within the context of NH's unique health environment. The Panel is comprised of medical professionals, academia, state representatives and other community leaders.



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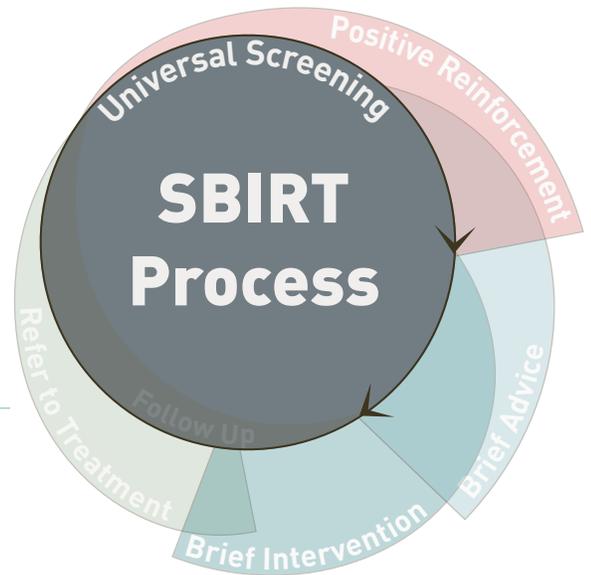
For more information go to: www.SBIRTNH.org

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. SBIRT adds an effective screen for problematic alcohol and drug use. For youth, effective screenings are S2BI and CRAFFT.

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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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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BRIEF INTERVENTION: Youth Brief Intervention

The term brief intervention, in the context of SBIRT, encompasses a number of other approaches ranging from positive reinforcement to brief treatment.

Positive Reinforcement

When a youth screen is negative for use, positive reinforcement is a crucial opportunity. It can be as simple for younger adolescents as “I see that you report not using any alcohol or other drugs. Most people your age do not and I’m really glad to see you are making this choice for your health and safety.” This is a unique prevention opportunity and is a key benefit of the SBIRT approach.

Brief Advice

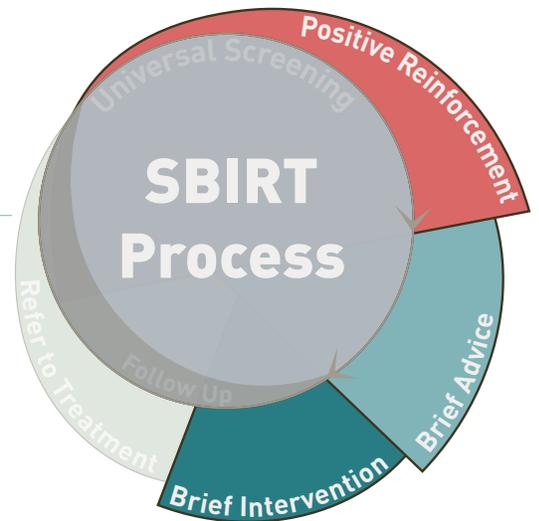
When a person screens positive, a conversation with their healthcare provider is the next step. When the screen is positive but the use is infrequent and there is no substance use disorder diagnosis, brief advice is warranted. This very quick follow up acknowledges the positive screen, and for youth advises against further use and provides information.

Brief Intervention

When the screening and further assessment indicate a substance use disorder, a brief intervention is indicated. Practitioners are trained to have a different kind of conversation using simple motivational interviewing techniques. When the diagnosis is a mild/moderate substance use disorder the goal of the conversation is to increase the young person’s awareness of problematic substance use and encourage changes in behavior. Severe substance use disorders, characterized by adolescents who are using weekly or more, necessitate a referral to treatment. The brief intervention conversation is required to engage the patient in the decision to participate in specialty care and to actively facilitate a successful referral to treatment.

Brief Treatment

Brief treatment is often referred to in the context of SBIRT brief intervention and brief intervention and brief treatment are often used interchangeably, this is to some extent a matter of perspective and context. Typically, this term refers to several scheduled follow up visits with a behavioral health practitioner. The goal is either intervention in problematic use or mild/moderate substance use disorders; or increasing motivation to access specialty care for those with severe substance use disorders. The interchangeable language comes from the fact that the goal is not to “treat” substance use disorders but to intervene early or facilitate specialty treatment. On the other hand, it is also the true that licensed clinicians provide these sessions to patients diagnosed with substance use disorders and it is valid to characterize this as brief treatment of those patients.



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YOUTH BRIEF INTERVENTION: Example

Build Rapport

I have reviewed your answers to the questions regarding alcohol and other drug use. Would you mind taking a few minutes to talk with me about your use of ___? Before we start, can you tell me a little bit about a day in your life? Where does your ___ use fit in?

Pros/Cons of Use

I don't think you would have continued using ___ if there weren't some good things about it. Help me understand the good things about using ___ What are some of the not so good things? So I understand that your use of ___ has some positives for you – *summarize pros* – and on the other hand it is also has some cons – *summarize cons*.

Feedback

I have some information about ___ and the health and safety impacts of using before age ___ that I'd like to share with you, is that okay? (share) What do you think?

Readiness to Change

On a scale from 1 to 10, with 1 being not at all ready and 10 being completely ready, how ready are you to make changes in your ___ use? Thank you. This is great; you are ___% ready to make a change. Can you tell me why you choose ___ and not a 1 or a 2? These are important reasons for making a change.

What are some steps you could take to move toward that change? What do you think you can do to stay healthy and safe? Do you have family or other adults that have helped you with challenges in the past? Friends? Could ___ support you in making these changes?

Prescription for Change

So let's talk about the steps you are willing to take to change ___? So you agree to ___? Great, I'm going to write you a prescription for that change. It sounds like – *family and friend* – have been supportive of you making a change as well; other patients have found that sharing their prescription has been very helpful in making positive changes. You said your – *mom* – is one of your supports and she is here with you today. Can we talk with her about your prescription? I'd also like to talk to you again in – *timeframe* – to check in on how it's going.

This example is based on the Brief Negotiated Interview and Active Referral to Treatment Provider Training Algorithm from the BNI-ART, Boston University School of Public Health. It is meant to be an example only and not a script to follow for brief interventions. Provider training in brief interventions and motivational interviewing are key components to success.



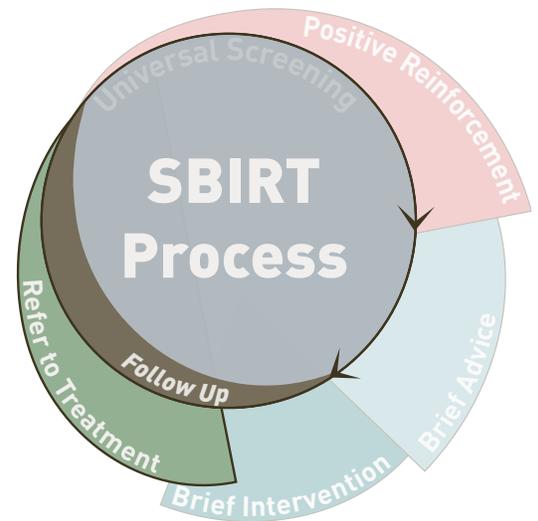
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REFERRAL TO TREATMENT

In the context of SBIRT, 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 to the provider and increases 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:

In order for the referral to external specialty care to be efficient and successful, 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 and receive pertinent patient information with the referral provider prior to the need to refer a patient.

Parent and Family Involvement:

It is important to note that many youth with a severe substance use disorder 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. Parent involvement is crucial as patients with family involvement have better treatment outcomes.



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REFERRAL TO TREATMENT

Levels of Care

Substance use disorders treatment includes services at different levels of care appropriate to the particular patient's diagnosis and circumstances.

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

- 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 disorder diagnoses may be assessed as requiring the highest levels of care.

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

Access to Treatment

In New Hampshire it must be recognized that timely access to the higher levels of care for severe substance use disorders can be difficult, particularly for adolescents. The need to expanding treatment capacity for substance use disorders has been widely recognized and there are many efforts 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 has been developed as 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.



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