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The SBIRT Evolution for Adolescents: A Recipe to Drive Behavioral Health Integration in Primary Care

Pam Pietruszewski, MA

Integrated Health Consultant
National Council for Behavioral Health

Lindi LoVerde, MPH, PMP

Director, Healthcare Transformation
National Council for Behavioral Health



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Change Package Development & Pilot Program



Why an Adolescent SBIRT Change Package?

- People are most likely to **begin misusing substances** during adolescence & young adulthood¹
- The #1 **predictor of adult substance use disorder** = youth substance use problems²
- Widespread SBIRT adoption often hindered by a **lack of** uniform and clear implementation guidance
- Successful models are built on agreed upon, codified & replicable:
✓ **Screening tools** ✓ **Processes** ✓ **Interventions**

¹ U.S. Department of Health & Human Services, Office of Adolescent Health. (2018). Substance Use and Adolescent Development

² SAMHSA. (2010). Results from the 2009 National Survey on Drug Use and Health



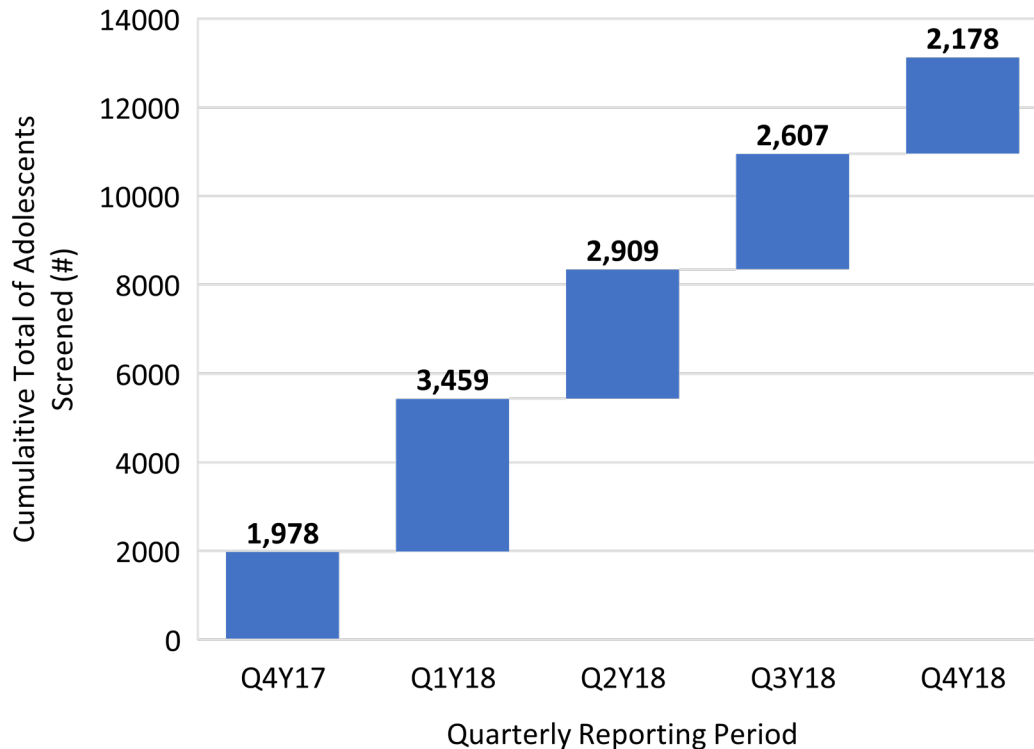
Practice Transformation Learning Community



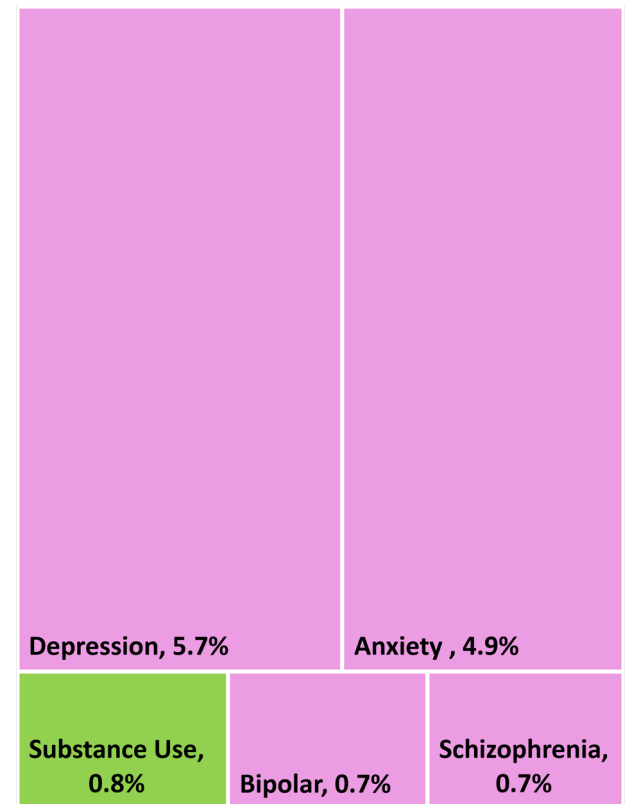


Clinical Data from 9 Behavioral Health Organizations

Cumulative Total of Adolescents Screened
October 1st, 2017 to December 31st, 2018
N=13,131



Comorbidity of Mental Health and Substance Use Diagnoses





Change Concepts & Lessons Learned



Change Concepts: Screening

1. Use the S2BI (self-administered version) to **screen for substance use risks** in adolescents
2. Ensure capacity for **evidence-based response** based on screen results

S2BI: Screening to Brief Intervention

In the past year, how many times have you used

- Tobacco?
- Alcohol?
- Marijuana?

STOP if all "Never." Otherwise, CONTINUE.

- 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)?

- Never
- Once or twice
- Monthly
- Weekly



Screening: Practical Application

Create a conducive environment

- Culturally relevant posters that promote and normalize screening as a part of standard health care. Localized data helps too.
- Add screening to others already done with child alone.
- Staff practice, create workflow

Starting at age (x) all patients are seen for at least a portion of their visit without parents so they can start having opportunities to take ownership of their health.

It's understandable to be conflicted as a parent. Our goal is to have a trusted relationship with you and your child so we have accurate information for providing the best care possible. When confidentiality is not assured, young people are less likely to disclose sensitive information and more likely to forego care.

Change Concepts: Brief Intervention

1. Clearly communicate age-appropriate risks of alcohol, tobacco, and substance use **to health and well-being**, with patients reporting any past year use
2. Leverage PCP/primary **care team-patient relationship** to discuss behavior change, negotiating and documenting a reasonable change plan
3. Ensure PCP and primary care team members receive BI training **tailored to defining risk and developmental level**, to ensure effective BI that is responsive to screening results





Brief Intervention: Practical Application

2. CONFIRM SCREENING RESULTS & EXPLORE/ASK FOR MORE DETAILS ABOUT USE

- **Explore** perceived benefits versus downsides:
"How does _____ fit into your life?"
"What, if any concerns do you have about...?"
- **Express** empathy:
"I am so sorry that you went through that."
"I can't imagine what that was like."
- **Validate** the experience/event:
"Going through something like that must be so difficult."
- **Educate** about the connections between substance use, trauma, physical health, and behavioral health.

- **Listen** intently to understand results and their context.
- **Commit** to setting aside your own judgements and thoughts about screening results to strengthen your ability to be patient and persistent.
- **Maintain** awareness of the language, tone and volume used when responding. Use person-first language and avoid a judgmental tone and generalizations.

For Example:

Say This	Not That
<i>Alcohol or drug poisoning</i>	<i>Overdose</i>
<i>Person with substance use disorder</i>	<i>Addict</i>
<i>Unhealthy substance use</i>	<i>Substance misuse</i>

- **Focus** on competence and internal capacity for change versus knowledge or skills deficits. Strengths-based approaches increase the effectiveness of interventions.



Change Concepts: Referral to Treatment

1. Establish criteria for referral linked to patient substance use, **and physical and mental health**
2. Develop **protocol and procedures** to link patients to internal and/or external care, leveraging provider/organizational **partnerships**
3. Ensure capacity, protocols, and documentation standards for **ongoing care management** (including interim management, supporting client readiness, facilitating treatment entry and follow-up)





Change Concepts: Operational

1. Conduct an **Organizational Self-Assessment** (needs assessment)
2. Identify and develop **sustainable financing strategy** to support SBIRT, including identification of relevant policy, reimbursement processes, and opportunities within 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**





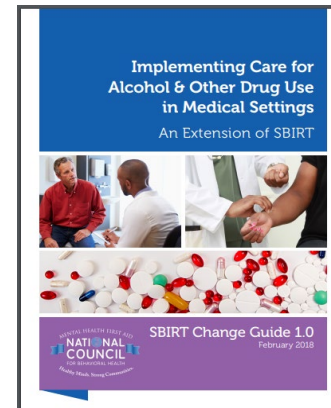
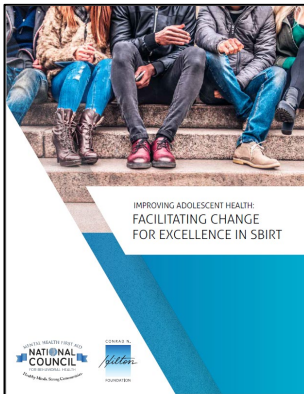
Success Stories





Adult SBIRT Change Guide

Adolescent SBIRT Change Guide



- Extending traditional SBIRT in response to need and resources
- Primary care settings
- **Available now!**

- Learning Community data informing final revisions
- Available this fall

<https://www.thenationalcouncil.org/sbirt>





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