Implementing Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Adolescents

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SBIRT for Adolescents: Why Do It?

- SBIRT is a population approach to prevention/early intervention

- Screening a population to identify individuals who are using substances in a risky or unhealthy way
  - Recommended screeners for adolescents: CRAFFT, S2BI

- Brief Intervention to change behaviors and attitudes of individuals who are putting their health at risk with substance use.
  - Sometimes this is one intervention, sometimes a few sessions
  - Relies on motivational interviewing strategies

- Referral to Treatment for individuals who require specialty care (behavioral, pharmacological treatments)

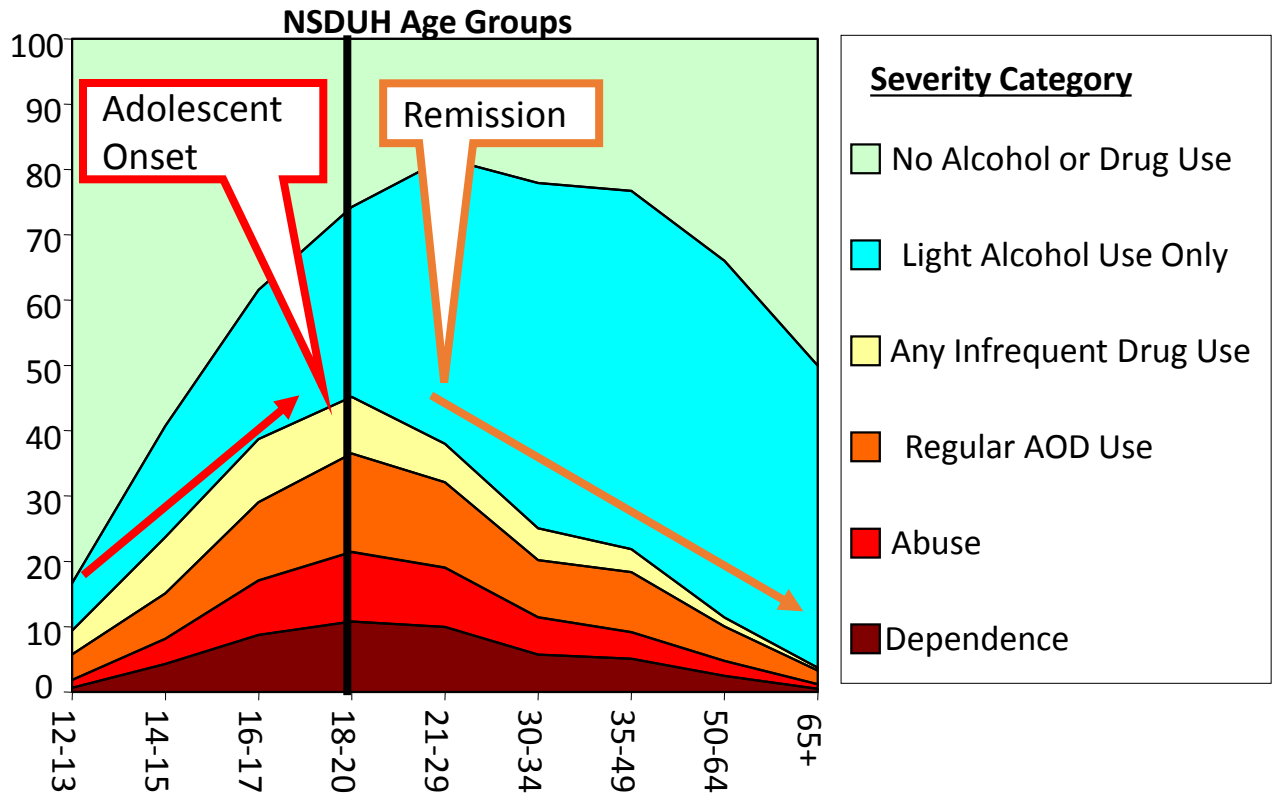
SBIRT for Adolescents: Why Do It?

- To minimize harms associated with substance use
  - Driving/accidents
  - Injury risk
  - Sexual risk taking (STIs, pregnancy)
  - Violence and crime (perpetrator, victim)
  - Overdose (alcohol, opioids)
- To prevent development of substance use disorders (SUD)
  - Associated with many mental health and physical health problems
  - Associated with significantly lower life expectancy—mostly due to medical conditions

SBIRT for Adolescents: Why Do It?

- About 22 million Americans have SUD, but only 11% receive treatment
  - We can't treat our way out of this crisis
  - Prevention is central to the public health strategy to address substance use
- Prevention among adolescents is central to an effective public health strategy
  - Time of first exposure, often heavy use
  - Adolescent brains particularly vulnerable to impacts of alcohol/drugs

SBIRT for Adolescents: Why Do It?



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SBIRT for Adolescents: Why Do It?

- Early onset substance use predicts development of SUD
- The later adolescents start using, the less likely they are to develop SUD
  - Alcohol: During adolescence, odds of dependence decrease 14% for every year of delayed first use (Grant & Dawson 1997)
  - Drugs: Odds of dependence decrease 4-5% for every year of delayed first use (Grant & Dawson1998)

SBIRT for Adolescents: Why Do It?

- Screening
  - Many validated screening tools—CRAFFT and S2BI recommended
  - Practical in many settings, good sensitivity and specificity
  - Potential benefits of computerized/self-administered instead of face to face

- Brief Interventions
  - Trials in primary care, emergency settings, schools
  - Several studies show reductions in alcohol, cannabis, tobacco use
  - Some studies showed gains didn't last, some showed no benefit
  - Some trials show greater effect if parents are involved

- Referral to Treatment
  - Hasn't been well researched

SBIRT for Adolescents? Why Do It?

- Recent reviews and meta-analyses

Paper	# of studies	Findings
Carney & Myers 2012	7	Small but statistically significant impact on substance use and associated behavioral outcomes
Mitchell et al. 2013	13	Evidence is limited; some trials showed effects on alcohol, cannabis
Tanner-Smith & Lipsey 2015a	185	Small but significant impact on alcohol and alcohol-related problems
Tanner-Smith & Lipsey 2015b	30	BI that targeted both alcohol and drugs reduced use of both
Stockings et al 2016	Review of systematic reviews	Alcohol–small meaningful benefit in general settings; mixed findings in ED/hospital; insufficient evidence in primary care. Drugs–no effect or insufficient evidence in all settings

SBIRT for Adolescents: Why Do It?

- Recommended by American Academy of Pediatrics, NIAAA, SAMHSA

- Insufficient evidence for recommendation by US Preventive Services Task Force (does recommend it for adults)
  - Evidence is promising, but need more, larger trials

Lessons Learned from Hilton Grantees

- Survey/evaluation of Hilton grantees implementing SBIRT by Abt Associates
  - Sites in schools, school-based health centers, primary care, community-based settings
  - Implementation trends
  - Considerations for sites getting started

Lessons Learned from Hilton Grantees

- Screening
  - CRAFFT is most commonly used screening tool
  - Most sites do SU screening alongside mental health screening
  - Many sites not doing screening routinely
  - Need for use of validated screening instruments

- Brief Interventions
  - Most doing BIs that last 5-15 minutes
  - Tend to be longer in school-based programs
  - Significant portion (about 1/3) of primary care BIs under 5 minutes
  - Primary care less likely to do multiple session BIs
  - Almost universal follow-up to BI in schools and SBHC, under half in primary care

Lessons Learned from Hilton Grantees

- Referral to Treatment
  - SBHCs and primary care had higher rates of referral to behavioral health clinicians within their programs
  - Higher rates of referral to local SUD providers (70% or more) in schools and community-based programs
  - Low rates of referral (under 25%) to medication assisted treatment
  - Primary care and SBHCs had lower rates of follow-up communication with specialty care providers
- Training
  - Conference calls, booster trainings being used to support implementation following initial training
- Administrative, time constraints make billing/financial sustainability difficult
- Need for more use of evidence-based practices

Evaluating Your SBIRT Program

- Outcomes/metrics focus on processes
  - Establishing and implementing procedures
  - Training staff
  - Screenings conducted and documented
  - Positive screens referred for brief intervention
  - Positive screens receiving brief intervention
  - Brief interventions with follow-up delivered as appropriate
  - Documentation of brief interventions and plans for follow-up
  - Linkages/warm hand-offs for referrals to treatment
  - Referrals to treatment that initiate specialty care

- Use data to drive quality improvement efforts (PDSA)

SBIRT Implementation Manuals

- SAMHSA-HRSA TAP 33: Systems-Level Implementation of Screening, Brief Intervention, and Referral to Treatment http://store.samhsa.gov/product/TAP-33-Systems-Level-Implementation-of-Screening-Brief-Intervention-and-Referral-to-Treatment-SBIRT-/SMA13-4741

- National Center on Addiction and Substance Abuse at Columbia University: An SBIRT Implementation and Process Change Manual for Practitioners https://www.centeronaddiction.org/sites/default/files/files/An-SBIRT-implementation-and-process-change-manual-for-practitioners.pdf

- Wisconsin Safe and Healthy Schools Center: School SBIRT Implementation Project http://www.wishschools.org/resources/schoolsbirt.cfm

- National Council for Behavioral Health: SBIRT Implementation Checklist http://www.nationalcouncildocs.net/wp-content/uploads/2014/10/SBIRT-Implementation-Checklist.pdf

- Massachusetts Child Psychiatry Access Project: Adolescent SBIRT Toolkit for Providers. (Clinical) https://www.mcpap.com/pdf/S2BI%20Toolkit.pdf

Services UCLA-ISAP Can Offer

- UCLA-ISAP is a research, training, technical assistance and evaluation center that focuses on issues related to substance use.

- Our role on the Hilton grant is to provide training and technical assistance for other grantees

Services UCLA-ISAP Can Offer

- Developing Training/TA Menu
  - What we anticipate grantees will need
  - Developing a living/growing list
  - If you could use help with something not on the menu, just ask!
  - Make requests through CHCS team

Services UCLA-ISAP Can Offer

Tools	Forms, processes, and procedures that can be used to implement and sustain SBIRT. These are being developed now, and will be posted online. We can also send these directly to grantees.
Training	We can directly provide training or provide training materials for Hilton grantees. Also can provide feedback on curricula or training materials you have developed.
Technical Assistance	Services to support use of tools and training materials. We can also assist in implementation planning, troubleshooting, and continuous quality improvement as requested.

Services UCLA-ISAP Can Offer

DOMAIN	DESCRIPTION	EXAMPLES
Clinical	To assist in the development of clinical skills needed to delivery effective, empirically-supported SBIRT services for adolescents	Assessments of staff substance use knowledge and attitudes; training services; training follow-up tools and supports
Organization	To develop organizational capacities, administrative procedures, and data tools needed to deliver and sustain SBIRT for adolescents	Assessments of organizational attributes and capacities; ways to enhance buy-in; implementation tools and strategies
System-Level	To develop networks, policies, and relationships outside of the service delivery organization to establish and sustain successful SBIRT services	Assessments of system-level attributes and capacities; building community collaborations; establishing relationships with specialty SUD treatment providers

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