

# Implementing S•BI•RT for Youth and Young Adults in Primary Care:

## The New Hampshire Youth S•BI•RT Initiative

September 2017

**SCREEN &  
INTERVENE**  
*NH Youth SBIRT Initiative*

An initiative of the  
New Hampshire  
Charitable Foundation

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We do not intend to discuss an unapproved/investigative use of a commercial product/device in my presentation.

# *New Hampshire*





# GOAL

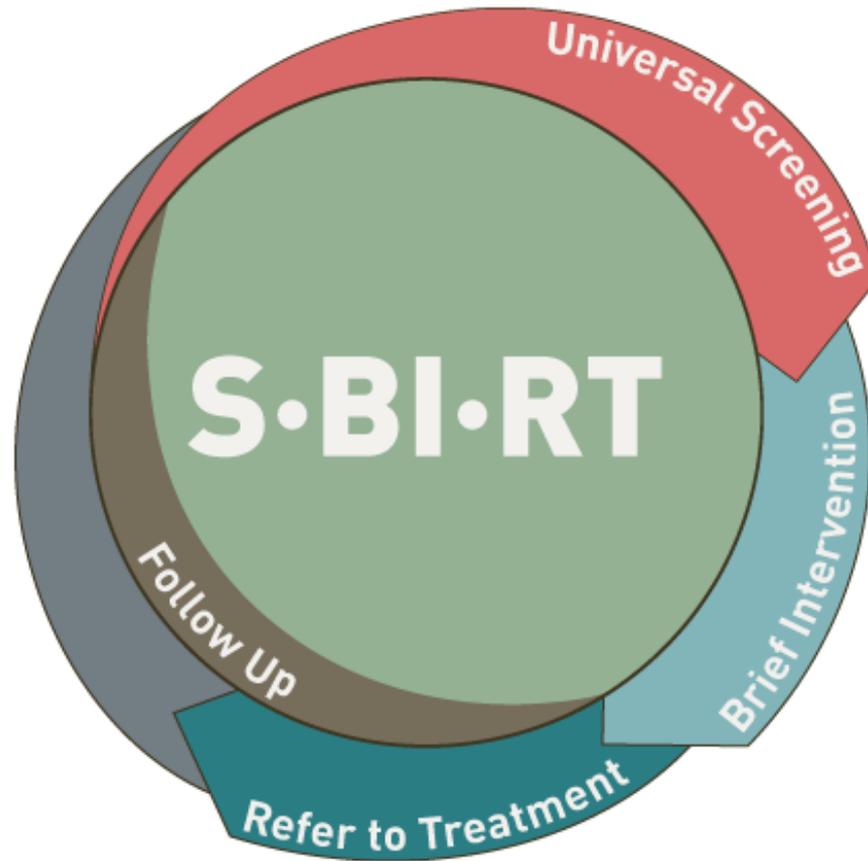
Adoption of SBIRT as a sustainable and universal practice for NH youth through:

- The expansion of youth SBIRT in primary care settings,
- Addressing policy and financial barriers as identified, and
- Screening no less than **10,000 patients ages 12-22** by 2017

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# *A set of discrete, but connected on-going processes*



A wide-angle landscape photograph of a mountain range. In the foreground, a stack of grey rocks (a cairn) sits on a rocky outcrop. The middle ground shows rolling green mountains with some rocky peaks. The background features distant, hazy mountain ranges under a blue sky with scattered white clouds.

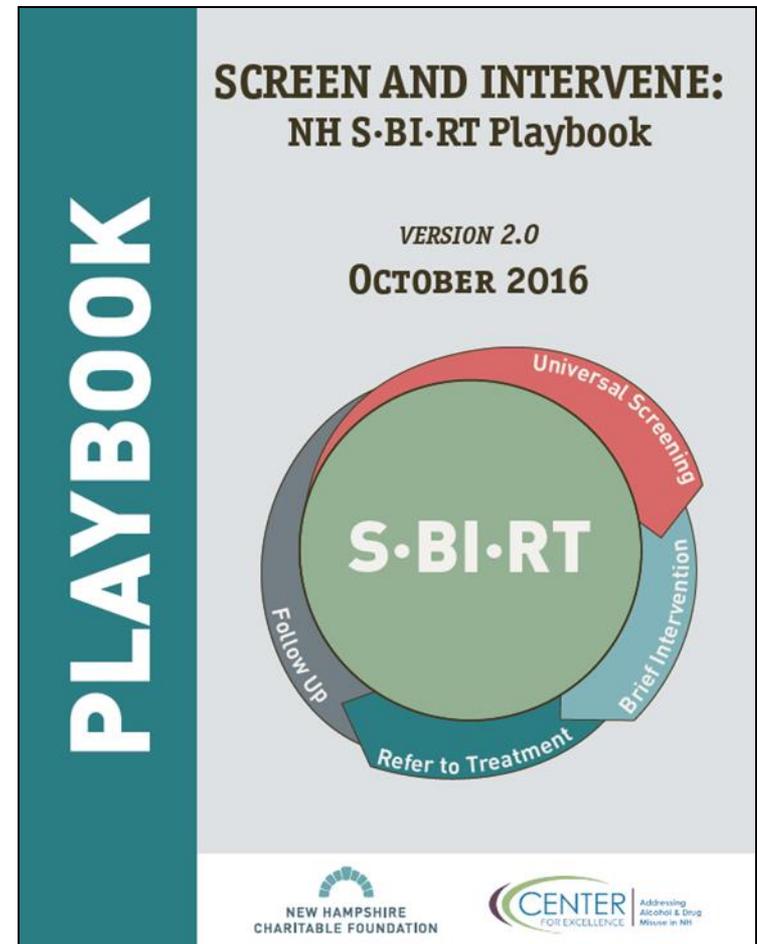
# Implementation Considerations

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# *Training and Technical Assistance*

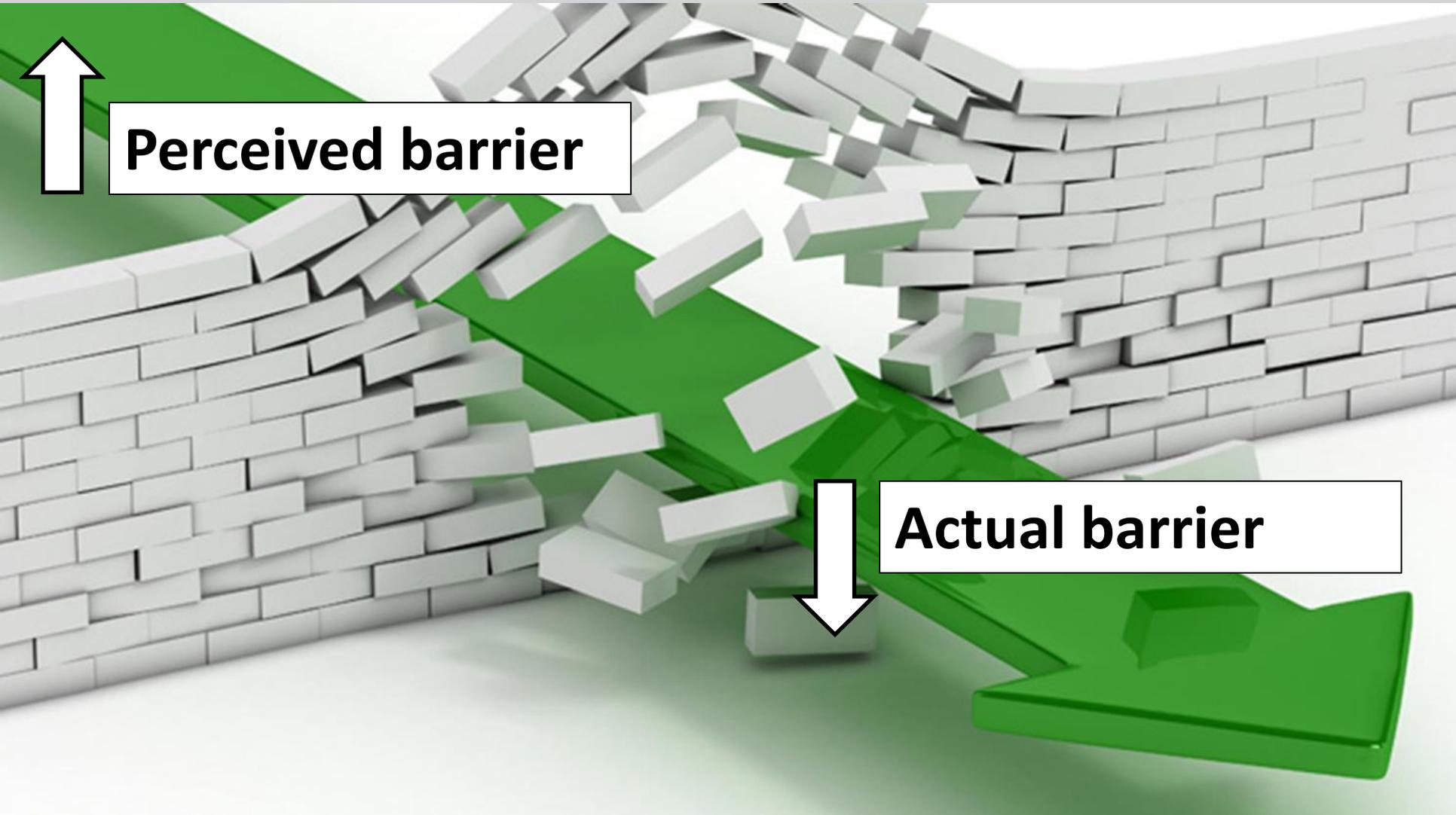
- Action Learning Collaborative
- Webinars
- Teleconferences
- Training
- Consultation
- Presentations
- Annual Statewide Summit
- Playbook
- [www.sbirtnh.org](http://www.sbirtnh.org)



# *Initial Hesitance to Adopt S•BI•RT*

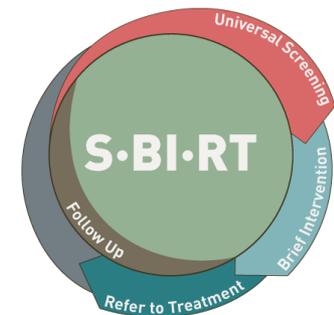
- Confidentiality
- Perceived length of BI by overburdened providers
- Fear of identifying problems without solutions
  - Consider referral as referral to residential/inpatient setting

*“Having Behavior Health Clinicians in-house for warm hand-offs helped ease their trepidations towards a new healthcare provider to speak with. However, there are very few options if the patient requires more intensive treatment.”*



# Brief Intervention

- A brief intervention (BI) is a short, motivating conversation in response to screening results – **typically 3-7 minutes.**
- BI utilizes motivational interviewing techniques, you do not need to be an expert – **primarily being done by primary care providers.**
- **Ideally a series of conversations over time.**



# *Implementation Success Factors*

- Engagement
- Patient Confidentiality
- Flow
- Billing and Coding
- Training and On-Going Support
- Communication
- Electronic Health Records
- Quality Improvement



# Outcomes

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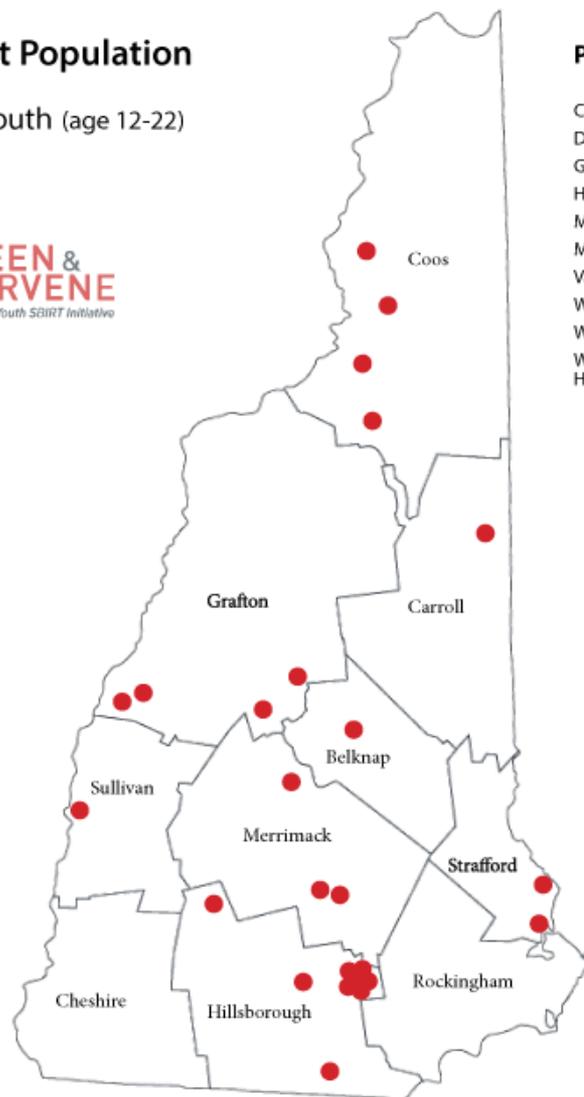
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# NH Primary Care Practices Implementing SBIRT

## Target Population

Youth (age 12-22)

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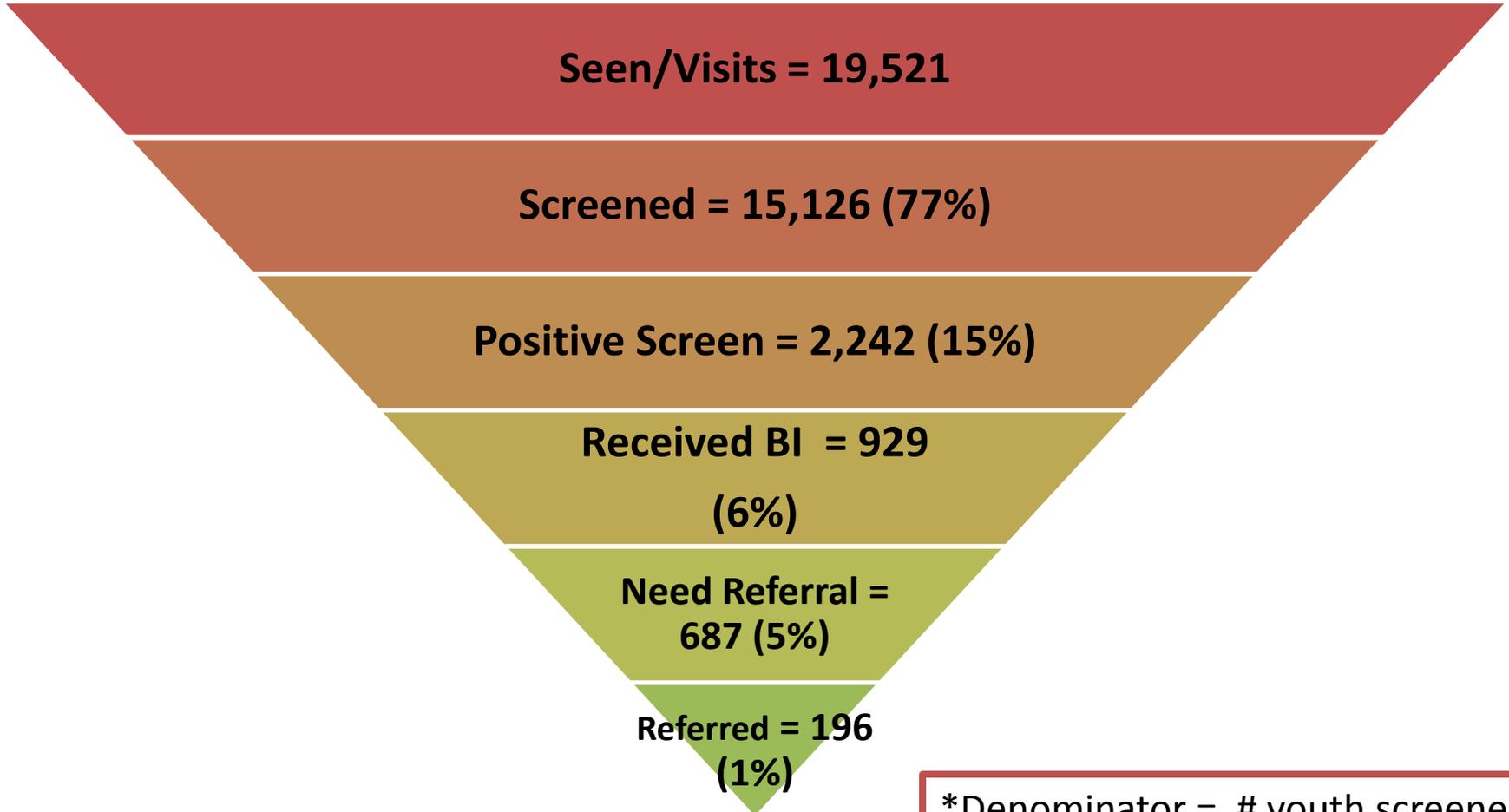
## Participating Partners

- Concord Hospital
- Dartmouth-Hitchcock
- Goodwin Community Health
- Health First Family Care Center
- Manchester Community Health Center
- Mid-State Health Center
- Valley Regional Healthcare
- Weeks Medical Center
- Wentworth-Douglass Hospital
- White Mountain Community Health Center



Funding for SBIRT implementation has been provided by a partnership of the Conrad N. Hilton Foundation and the New Hampshire Charitable Foundation - with a focus on youth, as well as joint funding from the New Hampshire Charitable Foundation and the Hampshire Department of Health and Human Services, Bureau of Drug and Alcohol Services - with a focus on adult SBIRT.

# Aggregate numbers through Q2 2017



\*Denominator = # youth screened



# Lessons Learned

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# *EMR-related Challenges*

1. Embedding screening tools in the EMR,
2. Managing the interface between the EMR and each site's clinical work-flow,
3. Relying on EMRs to document follow-up with at risk patients, and
4. Extracting and using EMR data related to clinical performance measures.

# *Recommendations*

- Examine EMR vendor modification process
- Engage IT and staff responsible for quality indicators as well as clinicians
  - Embed the screening tool
  - Create a Best Practice Advisory (BPA) to support provider decision making
    - Use evidence based tools to develop BPA
  - Create structured fields to capture documentation of care provided
- Use data reports for CQI

# Site EMR Example

WDH CRAFFT 2.0 Screening
X

### Screening for Adolescent Substance Abuse

**CRAFFT Screening Tool**

Patient declines to answer the CRAFFT Screening Questions.

Patient unable to complete.

**Part A** *(All questions require an answer)*

During the PAST 12 MONTHS, on how many days did you: # of days

1. Drink more than a few sips of beer, wine, or any drink containing alcohol? ["0" if none]

2. Use any marijuana (pot, weed, hash, or in foods) or "synthetic marijuana" (like "K2" or "Spice")? ["0" if none]

3. Use **anything else to get high?** (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff or "huff")? ["0" if none]

**Score: 3**

**Risk: At Risk**

**Recommended Action: Brief Intervention Counseling**

**Part B** *(Question 1 requires an answer. All questions require answers if Part A is not "0")*

**C** 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

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

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

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

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

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

**Score: 4**

**Risk: Riding Risk, High Risk**

**Recommended Action: Discuss Alternative Options, Brief Intervention Counseling, Acute Risk Assessment**

### Intervention

**Riding Risk**  Discussed alternatives to riding w/impaired drivers

**No Risk**  Praised, Positive Reinforcement

**Low Risk**  Praised, Brief Advice Given

**High Risk**  Brief Intervention Counseling Performed

**Additional Brief Motivational Interventions Performed:**

Counseled: Reduce Use and High Risk Behavior

Asked to notify parent

Advised to Stop

Identified benefits of reducing and stopping

Behavioral Health Referral

**Acute Risk Assessment Assessed for:**

Suicidal Ideation

SAFE-T (Suicide Assessment)

IV Drug Use

Combining Drugs

Homicidal w/Plan or Intent

Drug Related Hospital Visit

Using Drugs at Lethal Limits (e.g. > 14 drinks)

[Plan for Adolescents at Acute Risk of Harm](#)

**Comments (this encounter)**

Tried smoking MJ once. Has friends who smoke regularly. Not inclined to stop.

**Orders**

**Referral to Behavioral Health Therapist**

External

Internal  WHP Integrated  Great Bay Mental Health

Timeframe:

**Referral to Psychiatry**

External Psychiatrist Recommended:

Internal  WHP Integrated  Great Bay Mental Health

Schedule Follow-up w/PCP

Timeframe:

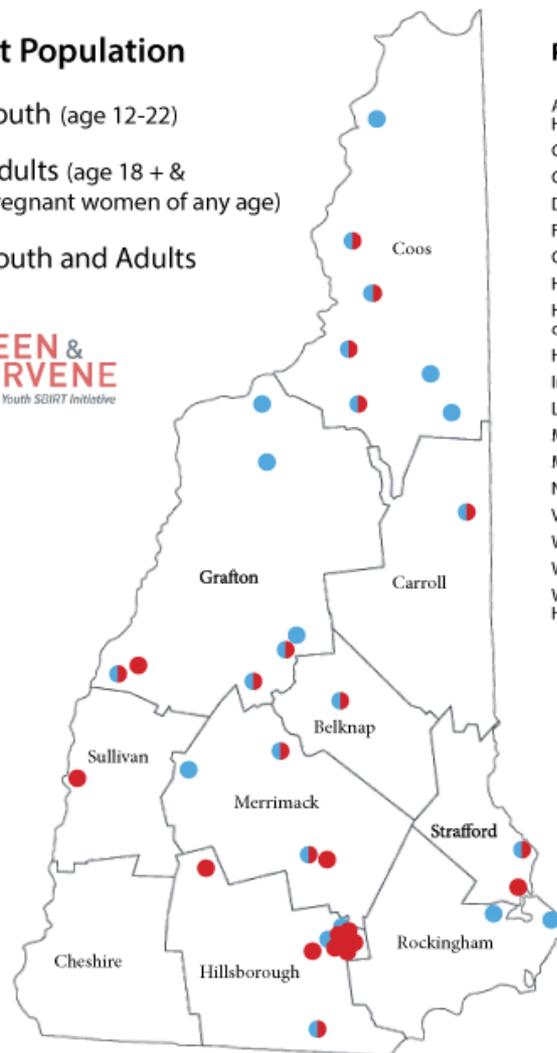
[Substance Use Disorders \(DSM V list & criteria\)](#)

# NH Primary Care Practices Implementing SBIRT

## Target Population

- Youth (age 12-22)
- Adults (age 18 + & pregnant women of any age)
- Youth and Adults

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## Participating Partners

- Ammonoosuc Community Health Services
- Concord Hospital
- Coos County Family Health
- Dartmouth-Hitchcock
- Families First
- Goodwin Community Health
- Harbor Homes
- Healthcare for the Homeless Program of Manchester
- Health First Family Care Center
- Indian Stream Health Center
- Lamprey Health Care
- Manchester Community Health Center
- Mid-State Health Center
- New London Hospital
- Valley Regional Healthcare
- Weeks Medical Center
- Wentworth-Douglass Hospital
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# *Examples of S•BI•RT Implementation Beyond Primary Care Settings*

- Juvenile Diversion Network
- Family Resource Centers
- NH Behavioral Health Integration Learning Collaborative
- Families in Transitions
- The Learning Center (home visiting)
- Schools
- WIC
- Occupational Therapists



## *Summary*

- Pediatric settings readily integrated screening into their practice, and providers valued the BI training
- Patients were surprisingly open to further conversation
- EMR presented significant challenges to documentation and reporting, especially when customization by EMR vendors was needed
- Follow-up with at risk youth by the pediatric practice was more challenging than expected

### **Recommendations:**

- Teams implementing SBIRT must include health information technology staff from the start so that clinical workflow and data collection are coordinated
- Provider champions are key to successful implementation

*“SBIRT has opened doors to meaningful conversations with adolescents, giving them safe space to talk with their provider because we have demonstrated that we are ready to listen. Although the majority of the screenings we've done provide an opportunity for positive reinforcement of healthy choices, when risks are identified we've found that adolescents are hungry for an open ear and an opportunity to feel empowered to make positive changes. We never anticipated the gravity of such a simple screening tool, and now view it as an essential part of our clinical practice.”*

*– Implementing Practice Site*

## THANK YOU

Conrad N. Hilton Foundation  
and  
NH Charitable Foundation  
for supporting this important work.

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