Implementing Screening, Brief Intervention, and Referral to Treatment (SBIRT) in a Child Psychiatry Division and Outpatient Service

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Background

• The Youth Risk Behavior Survey reports the leading causes of death in adolescents are due to accidents, suicide and homicide. These causes of death are both directly and indirectly influenced by substance use.

• Since the early 2000s, substance use has been on the decline, until 2017. However, recent NIDA news indicates that teen e-cigarette use has doubled since 2017.

• Monitoring the Future annual survey results help us see that the declining disappearal of marijuana use, the growing availability in social and medical settings, and the subsequent decline in perceived harm by adolescents may contribute to the societal influences that explain why marijuana use has surpassed tobacco use. Yet, perception of harm from opioids remains elevated.

• On August 29, 2019 the Surgeon General of the United States released an advisory ‘emphasizing the importance of protecting youth and pregnant women from the health risks of marijuana use.’

Aims

• This project aims to increase use of the evidence-based substance use screening tool: CRAFFT+N 2.1 at intake appointment in our clinic.

• We aim to improve our quality of patient experience by training providers in the early detection of substance use risk, along with targeted intervention and referral to treatment. This will reduce variation, increase the value of our services and improve safety.

• We aim to engage the family by encouraging patient to discuss the Contract for Life contract to reduce driving risk among teens and enabling opportunity for discussion.

• We aim to encourage a family driven and youth guided experience as we collaborate with child serving systems. We affirm that relatively small investments of time and resources will grant large returns when substance use disorders are prevented or treated.

QI Project

• As part of last year’s QI project, we researched the available evidence-based substance use screening tools and saw that the “CRAFFT” substance use screening tool efficiently and effectively identified teens with substance use. CRAFFT is an acronym for Car, Relax, Alone, Friends/Family, Forget and Trouble.

• The Screening, brief intervention, and referral to treatment (SBIRT) model is one of the most promising models of comprehensive, integrative, public health care approach to early identification and treatment of patients at risk for substance use.

• For our project, first year CAP fellows screened 13 new patients for substances over the course of 8 weeks and found that 46% of screened patients were at high risk of substance use.

• Six out of 13 screened patients (46%) fell in the high risk category (CRAFFT+N 2.1 score ≥2)

• A mere 3% of clinic patients had been identified in the 12 months prior to our screening. We wanted to fill the gap in substance use identification, education, and treatment.

Elective

• This year, during my elective time, we are using resources by SAMHSA and NORC to implement SBIRT in our clinic. Currently no substance use services are available for teens. Therefore, we are working to expand existing adult services to teen populations.

• We have the opportunity to spread screening to other services within our department: inpatient and consultation liaison and to other branches of Pediatric medicine through our participation in the Pediatric Collaborative Program.

Projects in progress

• Train Child and Adolescent Psychiatry Fellows and Mental Health Providers in our Division’s SBIRT obtaining feedback and working through the barriers.

• We hope to later extend this training to Psychologists and Psychiatrists in the community.

• We are starting discussions with the Addiction Division to collaborate on CRAFFT activities in our clinic.

• Compile, create, and disseminate educational resources for both providers and patients.

• Grand Rounds on Substance Use on May 22, 2020 with visiting speakers

• Present findings at AACPAC 2020 (tentative)

Conclusion

Since 2017, vaping of cannabinoids and nicotine products has drastically increased. Being in the midst of an opioid epidemic, we risk stepping backward and losing the hard work that was done over the last two decades to decrease adolescent use of substances. A societal decrease in perceived harm, coupled with increased availability and decreased approval is the perfect storm for an upsurge of substance use. We, the providers who care for children and adolescents, have a key role in the fight, having open conversations with our patients about substance use and referring them to treatment as needed.

In addition, substance use disorders in adult populations costs the country billions of dollars each year. Prevention of substance use disorders has shown to have high return on investment. According a cost-benefit analysis done in 2002 an $18 savings was estimated per $1 spent on materials and teacher training. We hope that this effort will continue to expand to the community, state, and nation so that we can work as healthy and productive members of our society. Therefore, any resources invested in the screening of substance use in adolescents will potentiate a high yield on our investment for generations.

References


