Implementing Youth Screening, Brief Intervention and Referral to Treatment (SBIRT) in School-Based Settings

Children's Services Act Conference

October 17, 2023

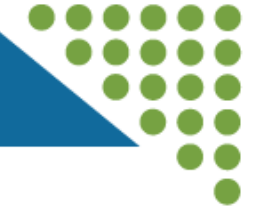**Office of Child and Family Services Director: Nina Marino, LCSW**
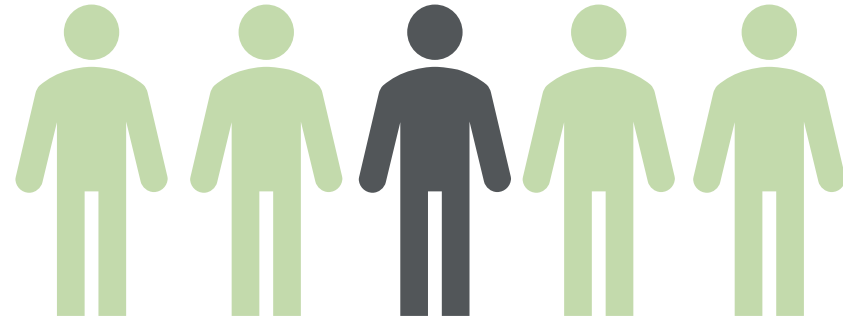
Today's Presenters

Bern'Nadette Knight, PhD, MSPH
Child and Family Program Specialist

Patty Ferssizidis, PhD
Project Director

DBHDS ⟫ Virginia Youth and Mental Health

1 in 5

children in Virginia have mental health conditions

The rate of high school students feeling hopeless increased 27% from 2011 to 2019

Virginia is 1 of 5 states with an increase in the number of youth suicides <u>and</u> in the proportion of all suicides occurring among youth since the pandemic.
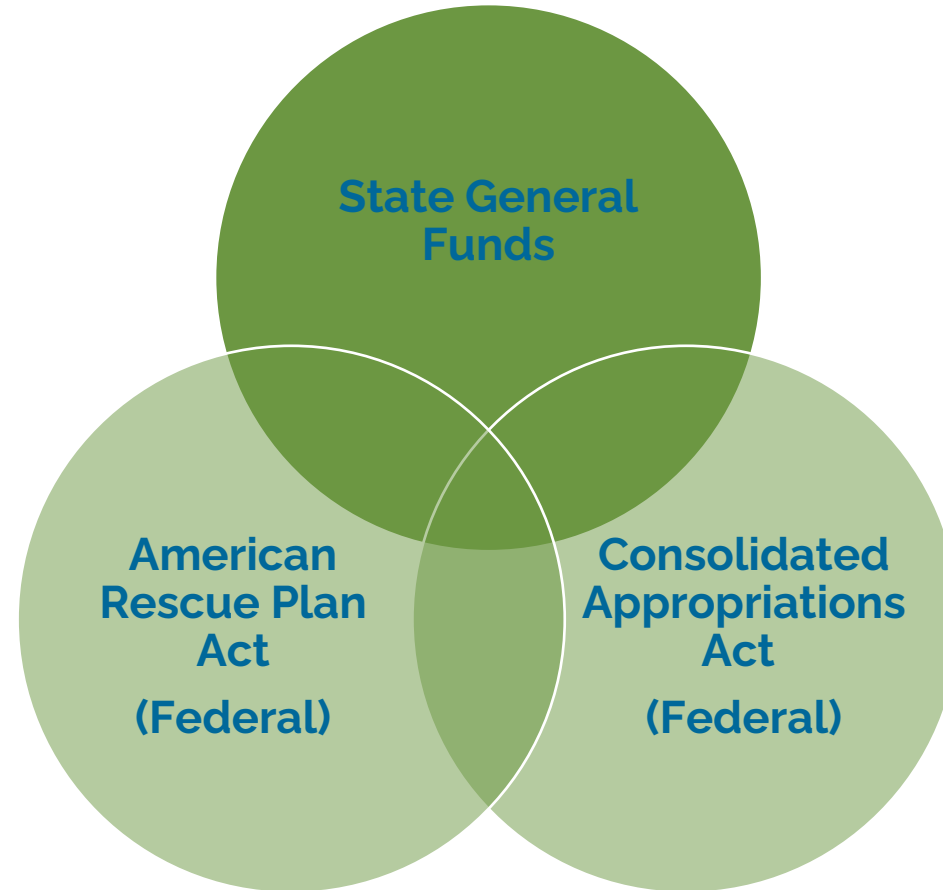
Reference: Lauren Snellings & Kelsey McMahon. State of Virginia's Children November 2021, Voices for Virginia's Children.
2022 Evaluation of suicides among U.S. adolescents during the COVID-19 pandemic.

Virginia Department of Behavioral Health & Developmental Services

School Based Mental Health Integration

DBHDS receives state and federal funding to help support the integration
of mental health services within schools. Funding is managed through the Office of Child and Family services.

State General Funds

American Rescue Plan Act (Federal)

Consolidated Appropriations Act (Federal)

DBHDS ⟫⟫

- Governor Youngkin's Right Help, Right Now, Behavioral Health Transformation Plan provides a foundational context for the School Based Mental Health Integration Pilot and facilitates cross-Secretariat collaboration.

- School based mental health programs are critically important in addressing youth mental health needs as they overcome many known barriers including access, transportation, missed school days, enhance the youth and families' natural supports in school, and needs can be identified early.

- Schools also need mental health treatment options available in their local communities to fully support youth and families.

- Development of services and supports that are designed to meet the needs of youth and families is needed, rather than attempting to serve youth in a system designed for adults.

RIGHT HELP.
RIGHT NOW.

Transforming Behavioral Health Care for Virginians

School-Based Mental Health- Federal Funding

- The substance Abuse Mental Health Services Administration (SAMHSA) released funds to DBHDS through their Mental Health Block Grant to address mental health needs resulting from the COVID-19 pandemic.
  - American Rescues Plan Act (ARPA) funding began in FY 2022 and is available through September 30, 2025
  - Consolidated Appropriations Act (CAA) funding began in FY 2022 and is available through March 14, 2024
- DBHDS identified supporting mental health needs of students at risk of/with Serious Emotional Disturbance as a priority and issued grants to Community Services Boards/Behavioral Health Authorities (CSBs/BHAs) and Non-profit providers to contract with schools and support mental health services.

School-Based Mental Health-State Funding

- Establish a partnership between a community-based mental health provider (public or private) to offer mental health screenings, assessments, and mental health and/or substance use services based on student screening/assessment results in the school setting

- Services should fit within a Multi-Tiered System of Supports (MTSS) / Positive Behavioral Interventions and Supports (PBIS) framework

- Participate in Technical Assistance (in Partnership with Department of Education) designed to assist with integrating mental health services.

Virginia Adolescent Substance Use System

Department of Behavioral Health and Developmental Services
Office of Child and Family Services
Division of Community Behavioral Health

Understanding Adolescent Substance Use Services in Virginia

In partnership with the Office of Child and Family Services (OCFS) within the Virginia Department of Behavioral Health and Developmental Services (DBHDS), OMNI Institute conducted a **statewide needs assessment focused on adolescent substance use behavior and related systems of care.**

OCFS sought to **gather and review best practices** in the field around adolescent substance use service provision to ensure that proposed changes to the existing system of care are grounded in research and evidence based.

Findings from the needs assessment were incorporated into a comprehensive Needs Assessment report.

Understanding Adolescent Substance Use Services in Virginia

- Lack of transportation and insurance were barriers to services indicated by both caregivers and providers

- Providers indicated the following as barriers to providing substance use services
  - Lack of adolescent specific and culturally relevant services
  - Logistical barriers
  - Insurance requirements and limitations
  - Limited capacity
  - Difficulties accessing appropriate treatment due to service and financial constraints

- Building on these results the office and OMNI are currently involved in a capacity-building and strategic planning project.

Virginia Youth SBIRT Project

Patty Ferssizidis, PhD
Project Director, Virginia Youth SBIRT Project
Assistant Director, ADAPT
Washington/Baltimore HIDTA
Serving DC, Maryland, Virginia, & West Virginia

The Virginia Youth SBIRT Project

Screening Brief Intervention and Referral to Treatment (SBIRT)

A program to address behavioral health risk among adolescents

- 5-year initiative funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) to the Department of Behavioral Health & Developmental Services

- Aligns with previous SBIRT initiatives in the state

The YSBIRT Impact

Youth Impact

- Over 10,000 youth have been screened for substance and mental health risk
- Over 400 youth have received brief intervention services
- Over 50 youth have received coordinated referral to treatment services

Health System Impact

- YSBIRT has been fully integrated into 6 pediatric primary care practices (1 in active planning)
- Developed a network-wide behavioral health division
- Established collaborative referral pathways to community providers (CSB and others) for substance use disorder treatment

What is Youth SBIRT?

A comprehensive, integrated, public health approach to delivering early intervention and treatment services for:

- youth at risk
- youth living with substance use disorders
- youth needing help during stressful and isolating times

Why SBIRT?

- Substance Use Disorders (SUD) are pediatric onset diseases.
  - 9/10 adults with SUD initiated that use before the age of 18, and usually significantly before the age of 18.

- Adolescence is a critical period for risk of substance use initiation.
  - While most youth do not regularly use substances, the majority will try at least one substance before graduating high school.
  - The adolescent brain is especially vulnerable to damage from substance use.

Preventing Early Initiation of Substance Use

- *Principles of Substance Abuse Prevention for Early Childhood: A Research-Based Guide*
  - **"…intervening early in childhood can alter the life course trajectory in a positive direction…"**

    National Institute on Drug Abuse; National Institutes of Health; U.S. Department of Health and Human Services, March 2016

- SBIRT is an effective and efficient way to identify and reduce substance and other behavioral health risks.

Study	Findings	Authors, year
Meta-analysis (alcohol)	Brief interventions reduced drug and alcohol use as well as problem and criminal behaviors related to substance use in adolescents.	Carney & Myers, 2012
Meta-analysis (alcohol)	Brief interventions to address alcohol misuse was associated with reduced alcohol use and presence of alcohol-related problems.	Tanner-Smith & Lipsey, 2015
Literature review	SBIRT may be effective with adolescents, but further study is needed.	Mitchell et al., 2013
Literature review	SBIRT may be effective with adolescents in acute care settings, but further study is needed particularly around intervention and implementation.	Yuma-Guerrero et al., 2012
Primary care computerized screening and brief advice	Lower past-90-day alcohol use and any substance use at 3 and 12 months; 44% fewer adolescents who had not yet begun drinking had started drinking during the 12-month study period.	Harris et al., 2002
Community health center	Decrease in marijuana use; lower perceived prevalence of marijuana use and fewer friends using marijuana.	D'Amico et al., 2008
Emergency department	Decrease in marijuana use and greater abstinence at 12 months.	Bernstein et al., 2005

Youth SBIRT Evidence Base

- Research shows decreases in adolescent (and adult) substance use.

- Multiple statewide SBIRT projects demonstrate significant improvements in large-scale, multiyear community implementation efforts.

- Most people receiving SBIRT services appreciate SBIRT interventions that use motivational strategies aimed at increasing wellness in their lives.

The SBIRT Framework: 3 Core Components

Screening

Universal screening to quickly assess for the presence of behavioral health risks (e.g., substance use)

Brief Intervention

Brief motivational and awareness-raising intervention given to those with behavioral health risks

Referral to Treatment

Referrals to specialty care provided for those needing more extensive treatment

Treatment may consist of brief treatment or specialty treatment

SBIRT is a secondary prevention strategy that leverages opportunities across the continuum of care and Multi-Tiered System of Support
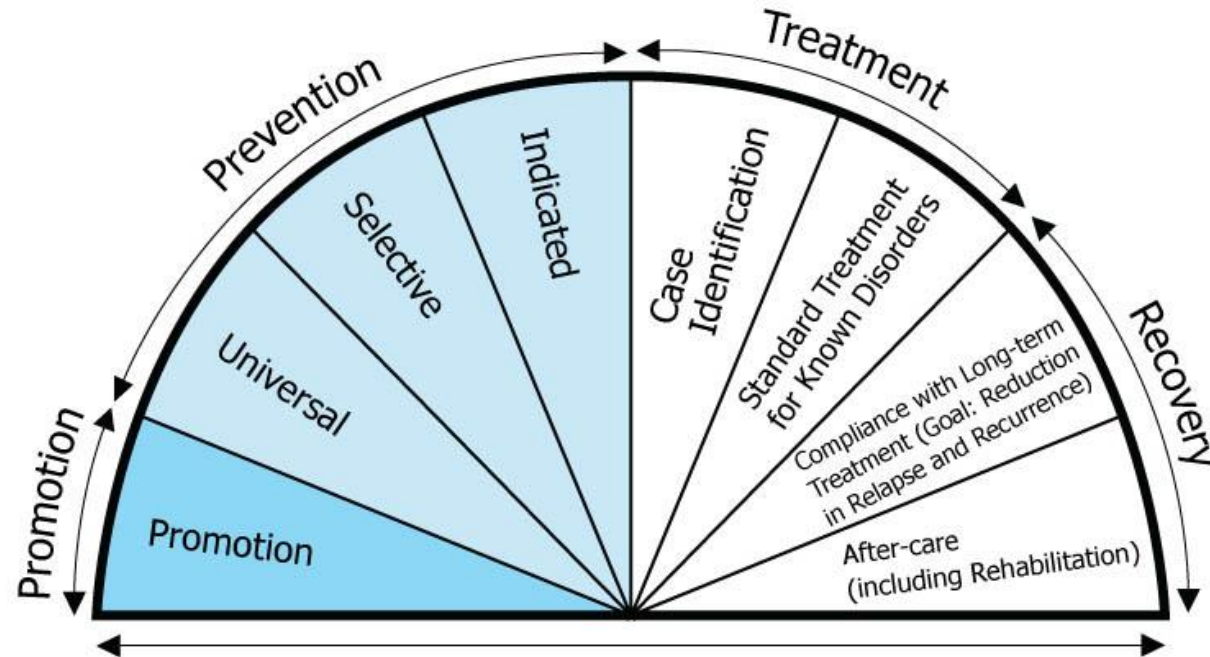
Universal screening is applied broadly across the population.
No risk results in positive reinforcement for healthy choices.
MTSS: Tier 1 Support
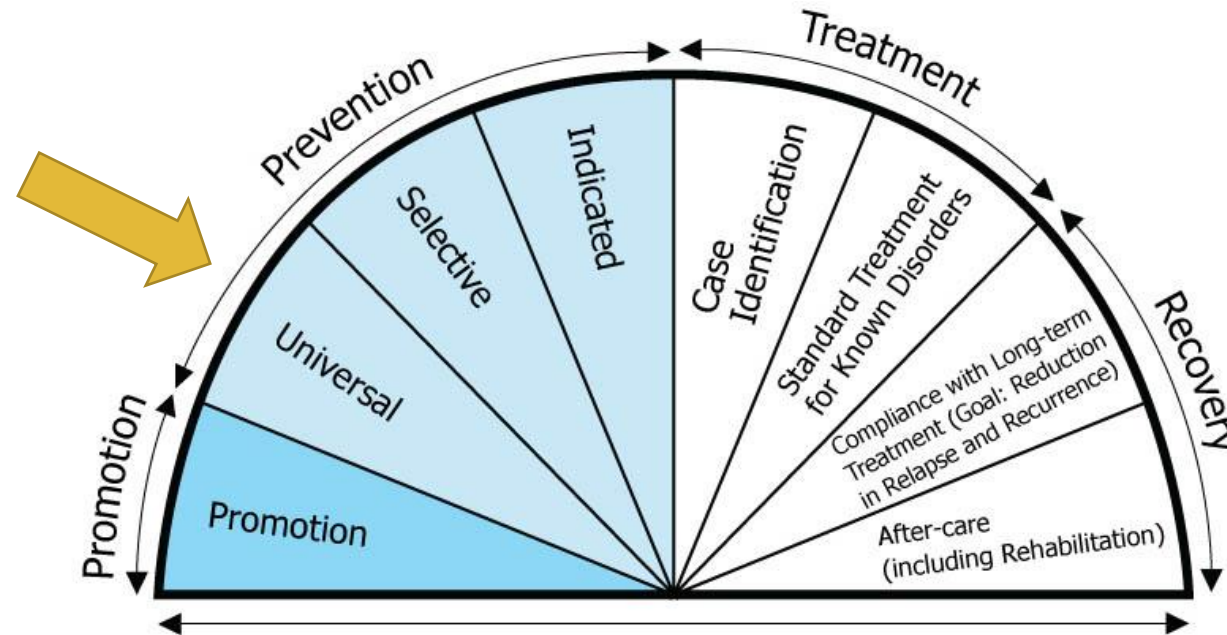
Brief interventions offered to those at risk or with early signs of concern.
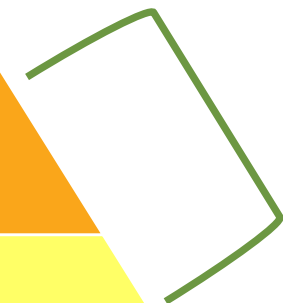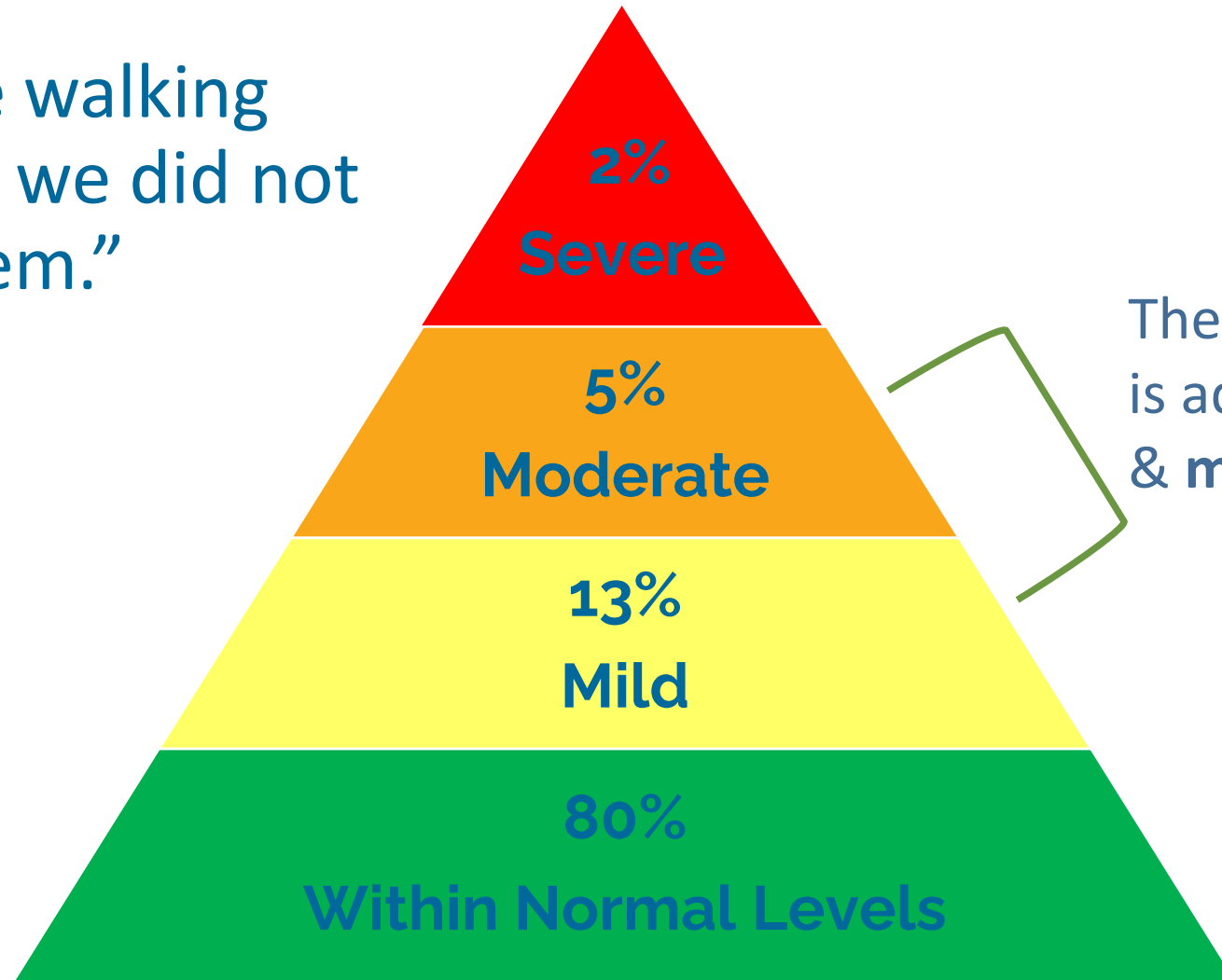
MTSS: Tier 2 Targeted Intervention
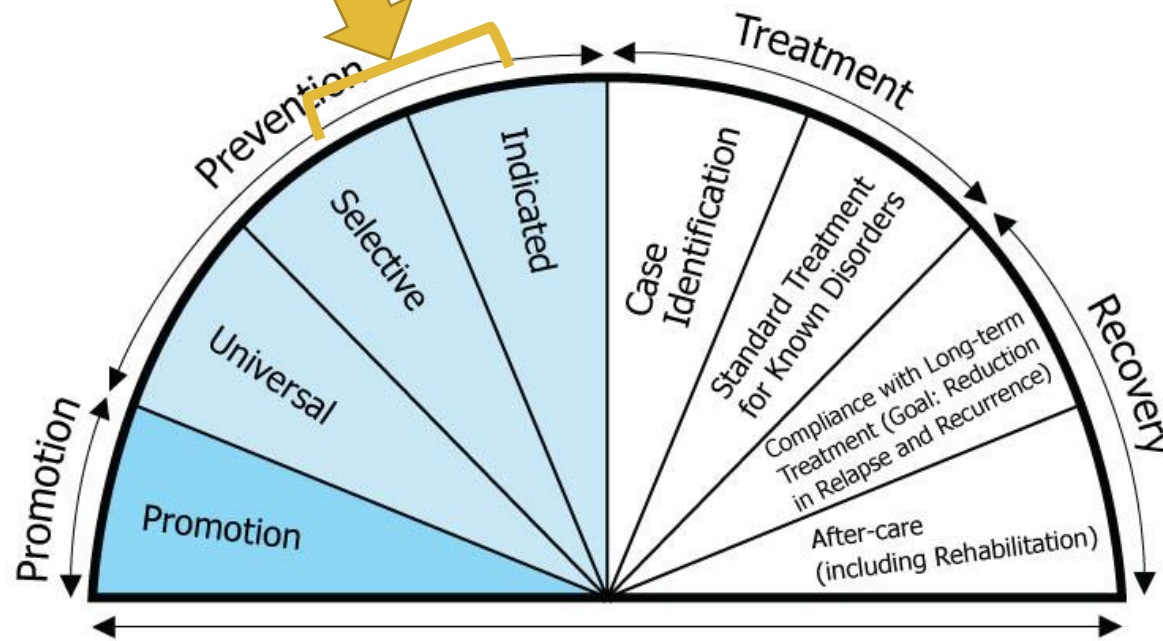
Active and collaborative referral infrastructure and opportunity to embed on site behavioral health treatment.

MTSS: Tier 3 Behavioral Health Treatment
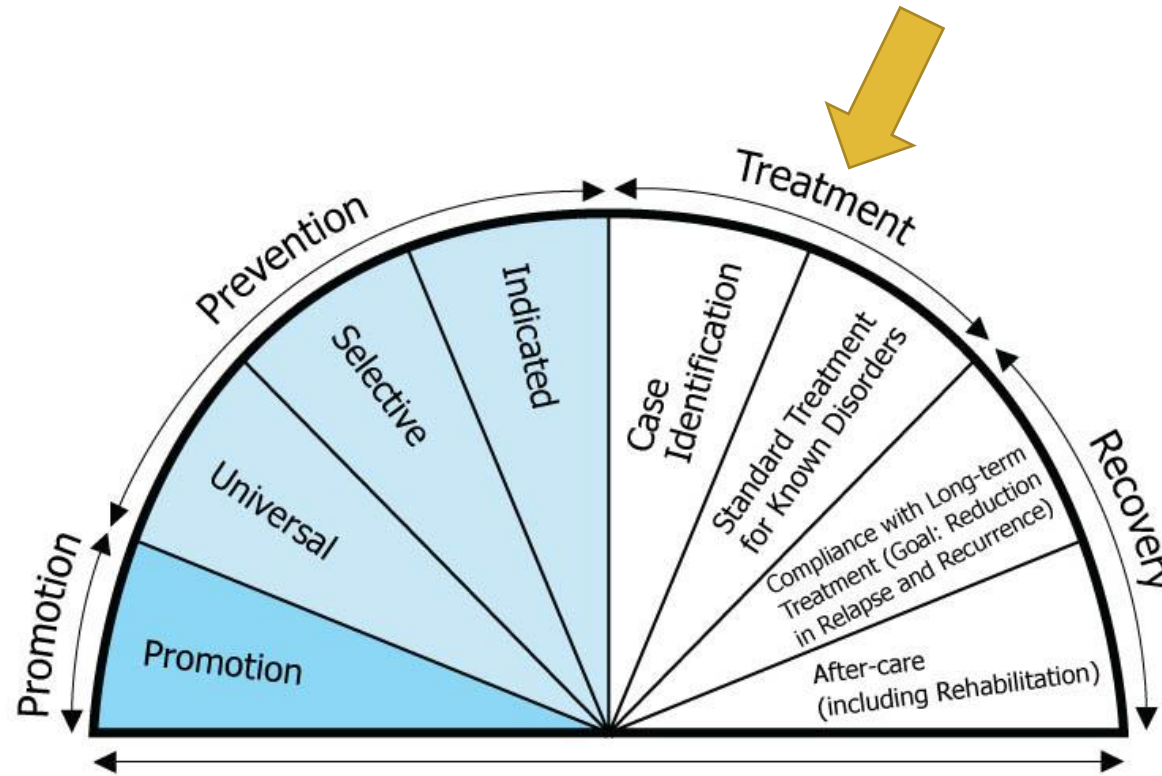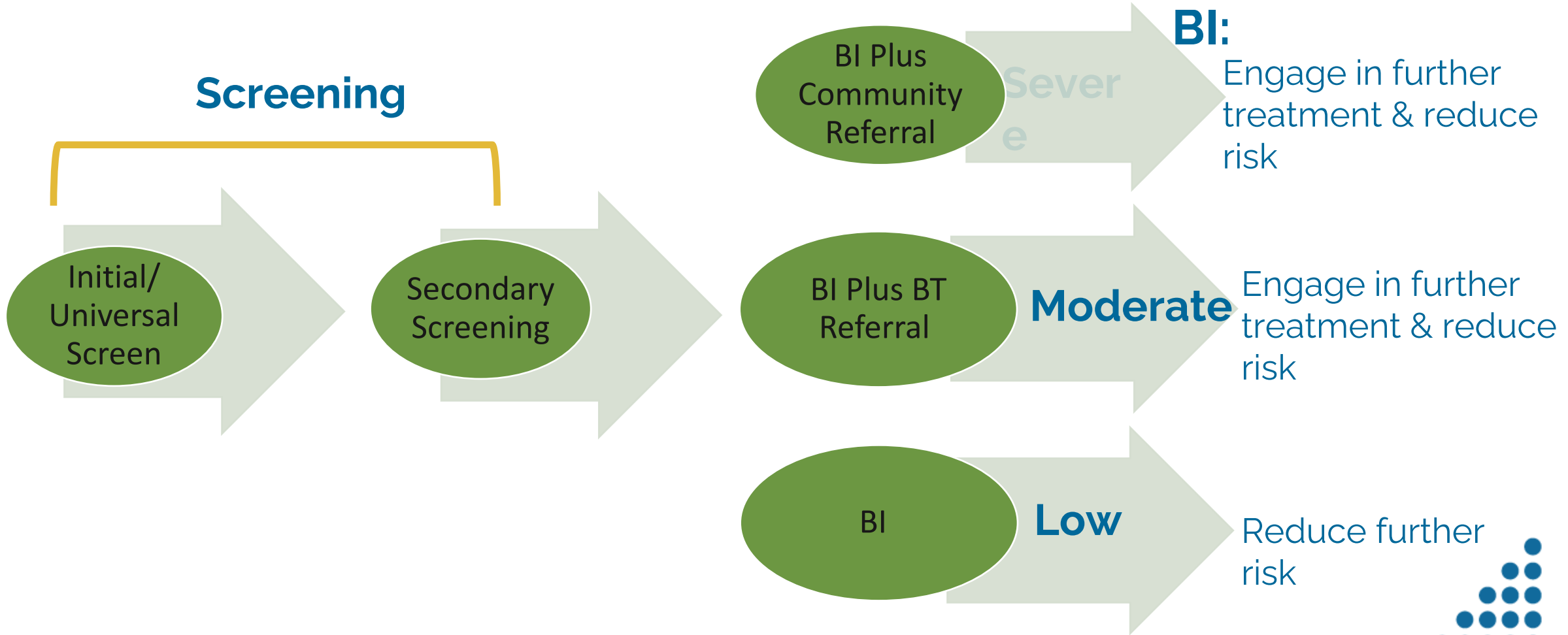
Screening Essentials

- Integrate processes to obtain honest, accurate, youth generated information.

- Use validated screening tools that determine level of risk to inform the level of intervention needed.
  - Consider a two-step screening process to include BRIEF universal screening followed by more detailed secondary screening to stratify and better understand context of risk.

Screening Essentials, cont.

- Screen annually as part of a wellness approach to normalize screening and increase opportunities for identification, intervention, and connection to resources.

- Ensure the time frame of screening questions is clear and use memory anchors.
  - *"In the past year, or since early June of 2022, how often would you say that you have a drink?"*

Brief Intervention

- A behavioral change strategy that is short in length and duration and aimed at helping a person reduce or stop a problematic behavior.

- Goals:
  - **Educate** on safe levels of substance use.
  - **Increase awareness** of the consequences of substance use.
  - **Motivate** towards **changing** substance use behavior.
  - **Assist** in making choices that reduce risk of substance use problems.

Brief Intervention Essentials

- Key Strategies
    - Grounded in a collaborative, motivational, and reflective approach that elicits values and desires for change
    - Increase understanding of health concerns and strengths
    - Match plan to readiness and immediate needs
    - Integrate all behavioral health risks
    - Engage support persons

Referral to Treatment

- Two levels of treatment
  - Brief treatment
    - On site or off site
  - Specialty SUD treatment

- An **active** and **collaborative** process

Referral to Treatment Essentials

- Build a referral infrastructure
  - Assess referral opportunities in the community
  - Develop referral pathways
    - Community partners referrals
      - Create a referral workflow (consent to initiate the referral, referral timeline, follow-up)
      - Request for bidirectional exchange of information
    - General community referrals
      - Create a referral workflow (sharing of referral resources and follow-up)

Referral to Treatment Essentials

- Communicate the referral process
  - Explain the necessity for and process of referral
  - Describe the treatment available
  - Ask permission to facilitate a referral and explain the way care will be coordinated
 - Provide a warm handoff if possible

The SBIRT Fit

- The SBIRT framework can (and has) been adapted to fit into many settings.

- Youth-serving agencies, programs, educational, and healthcare systems ALL provide opportunities to reach youth where they already are.

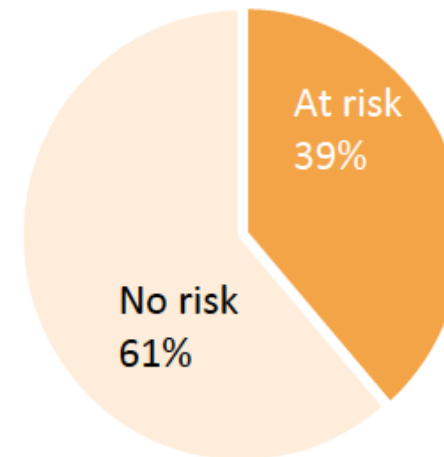- Relatively easy to learn by a wide-range of professionals with diverse training and experience.

YSBIRT Data All Settings

Vermont Example:
SBIRT Youth (12-17 yrs.) & Young Adult (18-25 yrs.) Substance Risk 2020-2021 – N=4048

Any AOD Risk- Youth

At risk
29%

No risk
71%
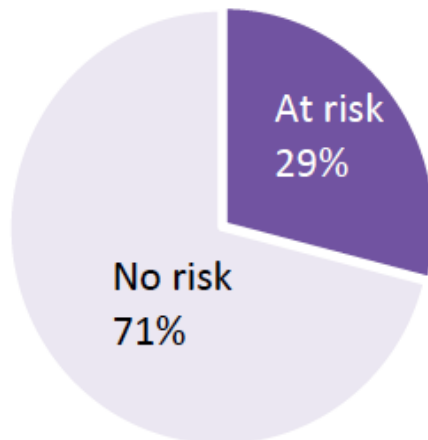
Any AOD Risk- Young Adults

At risk
39%

No risk
61%

17% of **additional young adults** were at risk solely for tobacco use.

SBIRT Youth (12-17 yrs.) & Young Adult (18-25 yrs.) Depression Risk 2020-2021 – N=4048

Depression Risk

Youth
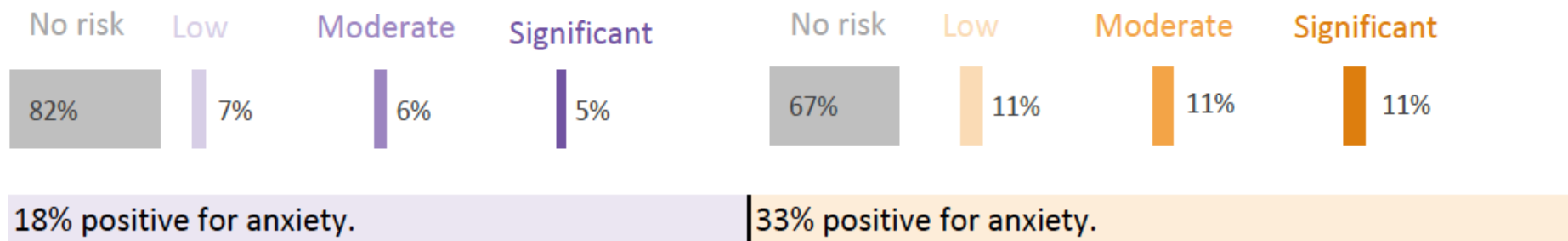
No risk	Low	Moderate	Significant
80%	8%	7%	5%

Young Adults

No risk	Low	Moderate	Significant
76%	5%	8%	11%

20% positive for depression; 9% suicidal thinking.

24% positive for depression; 12% suicidal thinking.
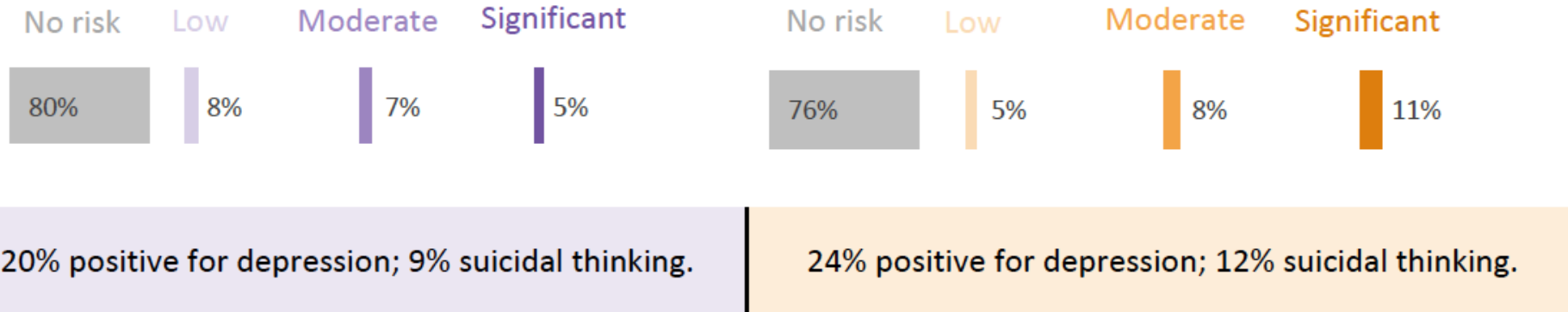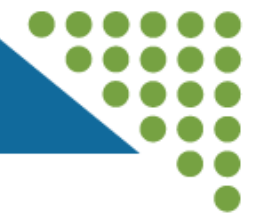
SBIRT Youth (12-17 yrs.) & Young Adult (18-25 yrs.) Anxiety Risk 2020-2021 – N=4048

Anxiety Risk

Youth

No risk	Low	Moderate	Significant
82%	7%	6%	5%

18% positive for anxiety.

Young Adults

No risk	Low	Moderate	Significant
67%	11%	11%	11%

33% positive for anxiety.

Youth SBIRT in Schools – Lessons from the Field

YSBIRT Essentials in School Settings

Universal Screening

Secondary Risk Stratification Screening

Matched Motivational Interventions

Referral Linkages

Youth Empowered Prevention to Improve School Wellness*****

Building a Culture of Wellness

Administrative Buy In & Parent Opt Out Notification

Committed Champions (at each role level within a setting)

Training Involved Staff – primarily MI

IT support

Evaluation

Ways to Screen

- Electronic

- Paper/pencil

- Verbally

Electronic Screening

- Automated platform is essential for ease of universal screening

- Youth receive link or QR code and fill out survey on a tablet or their school device and are identified by youth's student ID # and age & grade level.

- Survey contains individualized specific prevention feedback

- Once survey is completed guidance staff can immediately download a report to discuss with the youth

  - – if there is no risk staff "affirm" youth's decisions to stay healthy

  - – if risk is present staff use MI to do intervention

- The intervention plan is based on youth readiness, willingness and ability to engage in a change process = schedule check in offer a challenge etc.

YSBIRT Screening Tool "Education" Feedback Example

age	gender	bully	nicotine	alcohol	marijuana	opioids	non-opioids	illegal	inhalants	synthetics	both	CRAFFT_car	thoughts	CRAFFT	PHQ9_score	GAD_score
11	male	yes	once or twice	never	never	never	never	never	never	never		No	Several days (1)	1	21	17
14	female	yes	once or twice	once or twice	never	never	never	never	never	never		Yes	Several days	1	21	17
13	female	yes	never	never	never							Yes	Several days	1	12	14
14	female	yes	never	never	never							No	Several days	0	13	10
14	male	no	weekly or more	once or twice	weekly or mo	once or tw	never	never	never	never	2	Yes	Nearly every day (3)	4	25	21
16	female	no	weekly or more	monthly	daily	never	once or twice	once or twice	never	never	2	Yes	More than half the d	6	18	16
13	female	yes	never	never	never							Yes	More than half the d	1	24	17
12	female	yes	never	never	never							No	More than half the d	0	23	17
12	female, no	yes	never	never	never							No	More than half the d	0	16	15
13	non-binar	yes	never	never	never							Yes	Not at all (0)	1	18	17
15	male	yes	never	never	never							No	More than half the d	0	4	0
13	something	no	never	never	never							Yes	Several days (1)	1	12	14
14	male	no	never	never	never							No	Several days (1)	0	13	7
15	female	yes	never	never	never							Yes	Not at all (0)	1	16	14
14	female	no	Unanswered	Unanswered	weekly or mo	never	never	never	never	never		No	Not at all (0)	1	18	19
17	female	no	never	once or twice	never	never	never	never	never	never		No	Not at all (0)	0	15	12
15	male	no	never	never	never							No	Not at all (0)	0	15	8
11	questionin	no	never	never	never							No	Not at all (0)	0	21	21
13	female	Unanswer	never	never	never							Unanswered	Unanswered	0	18	18
15	male	yes	never	once or twice	never	never	never	never	never	never		No	Not at all (0)	1	0	1
14	female	yes	never	once or twice	never	never	never	never	never	never		Yes	Not at all (0)	1	2	0
14	female	yes	never	never	never							Yes	Not at all (0)	1	2	2

Green - negative
Blue - minmal risk
Yellow - Low risk
Red - moderate to severe risk

YSBIRT Student Outcome Report
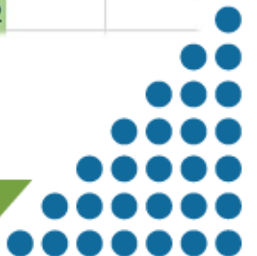
Flags risk levels for immediate concerns and lists all items to discuss with students

DBHDS

To share with guidance team & administrators

Nicotine Use	M.S.	M.S. + H.S.	M.S. + H.S.	Total
never	92%	94%	93%	93%
once or twice	3%	4%	4%	4%
monthly	2%	1%	1%	1%
weekly or more	1%	0%	1%	1%
daily	1%	1%	2%	1%
Alcohol Use	M.S.	M.S. + H.S.	M.S. + H.S.	Total
never	95%	91%	89%	90%
once or twice	4%	8%	8%	7%
monthly	1%	0%	2%	2%
weekly or more	0%	1%	1%	1%
daily	1%	0%	0%	0%
Marijuana Use	M.S.	M.S. + H.S.	M.S. + H.S.	Total
never	95%	98%	93%	94%
once or twice	1%	1%	3%	2%
monthly	1%	0%	2%	2%
weekly or more	1%	0%	2%	1%
daily	1%	1%	1%	1%

Keep Students Engaged!

DBHDS
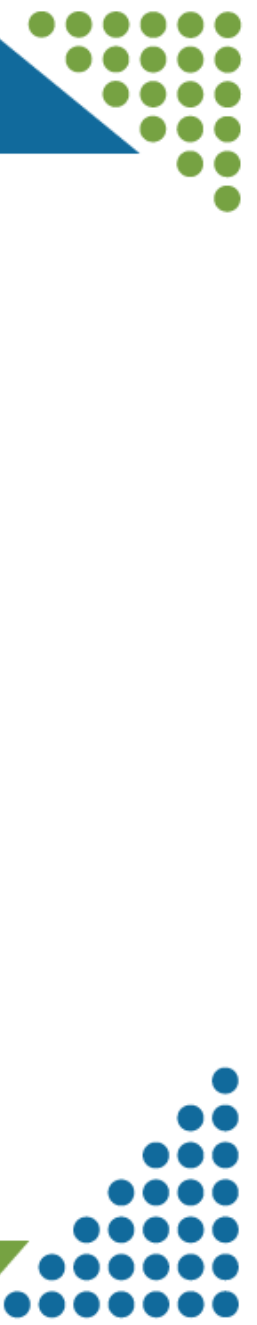
Infographic for school hallway

Screening all students

U32

For the first time, U32 screened our students for substance use and mental health risks, with the goal of providing opportunities to connect and support students.

1 472 students screened

Positive experiences

2

Students have regular positive experiences with family:
- 63% spend time together   - 57% watch movies together
- 52% play games together   - 70% eat dinner together.

Additional coping strategies include:
music (51%), relaxing (40%), and exercising (39%).

Mental health risks

3

1 in 3 students reports symptoms of depression, anxiety, or both. 1 in 10 students has thoughts of self-harm.
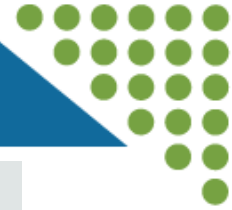
Well-being indicators

4

- Only 1 in 2 students gets the recommended hours of sleep at night.
- 2 in 3 students spend more than 3 hours on screens, outside of school work.
- This can make mental health symptoms worse

Together there is support

5

80% feel there's an adult who really cares about them at school. There is such an adult for 100%. If you want support or need someone to talk to reach out to your TA, your School Counselor, Jamie, the School Social Worker or Dial 988.

**You are seen. You are heard. You matter.**

Infographic for school hallway

You are seen. You are heard. You matter.

The CDC recommends that teens aged 13 to 18 sleep 8-10 hours per 24 hours. Those who do not get enough sleep are at a higher risk of poor mental health, injuries, problems with attention and behavior, and other health and behavior problems.

Sleep goes down as screentime goes up
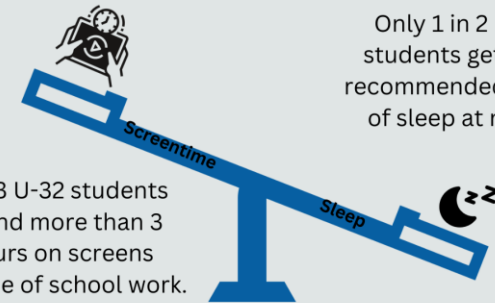
Only 1 in 2 U-32 students gets the recommended hours of sleep at night.

Screentime

Sleep

2 in 3 U-32 students spend more than 3 hours on screens outside of school work.

Students at U-32 with **depression risk** report less sleep and more screentime than recommended compared to those with no risk.

Students at U-32 with **anxiety risk** report less sleep and more screentime than recommended compared to those with no risk.

U 32

If you want support or need someone to talk to, reach out to your TA, school counselors, the school social worker, or dial 988

Summary of a YSBIRT in Schools Process

DBHDS

Develop and pronounce a culture of wellness – get buy in and champions at top levels of school administration, faculty, guidance team, and parent school board

Train Socio Emotional Team (SET) in Motivational Interviewing, BNI & Universal Screening Process

SnapShot = digital universal screening for many wellness indicators – homelife, coping, screen time, physical health, sleep, moods, substance use

Automated motivational feedback during screening & immediate individual and aggregate reports available to help respond to those needing check ins

YSBIRT is vital as youth are really struggling now

Critical Decisions to Make

How will you accomplish a universal approach?

Administration of paper or digital screening?

Which tools will you choose to use?

How will you stage the administration = e.g. a class at a time?

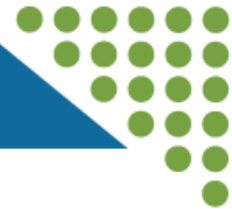What plan can you create now to help your struggling students?

What is the most important outcome of YSBIRT?

With 2 training partners (next to you)...

- Discuss and list on a piece of paper what you all believe are the _top reasons_ to adopt and implement YSBIRT
- Discuss and list what you think will be the _main hurdles_ to adopting YSBIRT in your school or community locations
- What are some questions you have or technical assistance that you may need to push the needle forward on adoption of YSBIRT.

Questions