



Substance Use Disorder in Adolescents

Changing Lives Program

Substance Use Disorder Background

Statistics on Substance Use

- Per data from the National Survey on Drug Use and Health:
 - Approximately 13 million adolescents ages 12 to 17 had a substance use disorder (SUD) in the past year
 - In 2016, 65.3 million individuals aged 12 or older cited binge drinking in the past month, including 4.5 million adolescents.
 - Of the estimated 21 million individuals aged 12 or older in 2016 who needed treatment for an illicit drug or alcohol use problem, 1.4% received treatment at a specialty facility.
 - In 2016, 1.4 percent of adolescents had co-occurring Major Depressive Episode and substance use disorder
- Individuals who engage and complete treatment show more improvement than those who leave care prematurely.



Substance Use Disorder

Screening & Diagnosis

Screening Tools

- Goal: To identify persons at risk for substance use disorder
- Frequency: Should be performed at every visit
- Screening approaches should be standardized, brief, easy to administer and applicable to diverse populations.
- If the results are negative, there is opportunity to discuss prevention.
- If there is a response of “never drinks” follow-up questions are necessary to ascertain if patient is in recovery
- A positive screening is not a diagnosis and further assessment is required.

The CRAFFT Screening Interview

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

Part A

During the PAST 12 MONTHS, did you:

1. Drink any alcohol (more than a few sips)?

No Yes

(Do not count sips of alcohol taken during family or religious events.)

2. Smoke any marijuana or hashish?

No Yes

3. Use anything else to get high?

No Yes

("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")

For clinic use only: Did the patient answer "yes" to any questions in Part A?

	No	Yes
Ask CAR question only, then stop	Ask all 6 CRAFFT questions	

Part B

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

2. Do you ever use alcohol or drugs to RELAX, feel better about yourself, or fit in?

No Yes

3. Do you ever use alcohol or drugs while you are by yourself, or ALONE?

No Yes

4. Do you ever FORGET things you did while using alcohol or drugs?

Yes

No

5. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?

No Yes

6. Have you ever gotten into TROUBLE while you were using alcohol or drugs?

No Yes

For Scoring Information refer to the full document.

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The information recorded on this page may be protected by special federal confidentiality rules (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent. A general authorization for release of medical information is NOT sufficient for this purpose.

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Alternative Screening Tools for Children and Adolescents

- Adolescents: SSI-AOD
<http://www.ct.gov/dmhas/lib/dmhas/cosig/SSIAOD.pdf>
- <http://www.niaaa.nih.gov/YouthGuide>

Opportunities & Indications for Screening Youth for Alcohol Use

- As part of an **annual examination**
- As part of an **acute care visit**
- In the **emergency department** or urgent care center
- **When seeing patients who:**
 - **you have not seen in a while**
 - are likely to drink, such as youth who **smoke cigarettes**
 - have **conditions associated with increased risk** for substance use disorder, such as:
 - Depression
 - Anxiety
 - ADD/ADHD
 - Conduct Disorder

Opportunities & Indications for Screening Youth for Alcohol Use

- **When seeing patients who:**
 - **have health problems that might be alcohol related**, such as:
 - accidents or injury
 - sexually transmitted infections or unintended pregnancy
 - changes in eating or sleeping patterns
 - gastrointestinal disturbances
 - chronic pain
 - **show substantial behavioral changes**, such as:
 - increased oppositional behavior
 - significant mood changes
 - loss of interest in activities
 - change of friends
 - a drop in grade point average
 - large number of unexcused absences in school

Other Important Screening Elements

- Medical History: related illnesses such as Hepatitis B and C, HIV, gastrointestinal bleeding, brain injury, dementia
- Psychiatric History
- Family History: substance use, psychiatric conditions
- Social History: peer use of substances, housing history
- Employment and Legal History: inconsistent or impaired job performance, incarcerations
- Physical Examination
- Mental Status: cognitive functioning
- Laboratory Testing: be cognizant of limitations of each method, addicts strategies to obtain a “clean” result, false-positives

Special Populations

- Clients with mental illness: high comorbidity with substance use
- Women: substance use disorder and domestic violence high comorbidity
- Children of parents with SUD

Impact of Parents' Substance Use on Children

- Children from homes characterized by parental substance use often experience an unpredictable home life.
- An abused or neglected child of parents with substance use disorders is likely to develop issues with trust, attachment, self-esteem and autonomy.

Helping Children Cope

- Use the 7Cs of addiction:
 - I didn't **Cause** it.
 - I can't **Cure** it.
 - I can't **Control** it.
 - I can **Care** for myself
 - By **Communicating** my feelings,
 - Making healthy **Choices**, and
 - By **Celebrating** myself.

Source: National Association for Children of Alcoholics, on-line at <http://www.nacoa.org>

DSM V Criteria

- Substance use disorder in DSM-5 combines the DSM-IV categories of substance abuse and substance dependence into a single disorder measured on a continuum from mild to severe.
 - each specific substance is addressed as a separate use disorder (e.g., alcohol use disorder, stimulant use disorder, etc.).
 - a diagnosis of substance abuse previously required only one symptom, mild substance use disorder in DSM-5 requires two to three symptoms from a list of 11.
 - drug craving has been added to the list
 - Distinction between abuse and dependence is based on the continuum from mild (abuse) to severe (dependence)



Substance Use Disorder Intervention

Stages of Change – Transtheoretical Model of Change (Diclemente, Schlundt, & Gemmel 2004)

- Commonly used to assess readiness for behavioral change
- Underlying rationale behind use of this model is to match the client's level of motivation to change with the appropriate treatment modality.
- Stages of Change:
 - Pre-contemplation: do not want to change and deny a problem
 - Contemplation: thinking about change in their substance use behavior
 - Preparation: express readiness to change
 - Action: ready to participate in a defined treatment program
 - Maintenance and Relapse Prevention: have accomplished their initial goals and made changes
 - Termination: have moved beyond their substance use

Motivational Interviewing – A Brief Introduction

- Motivational Interviewing is an evidence-based treatment approach that helps people with mental health issues, substance use disorders and other chronic conditions, to make positive behavioral changes to support better health. Motivational Interviewing helps people express, in their own words, their desire for change.
- Four Basic Principles of Motivational Interviewing:
 - **Express Empathy** with a warm, nonjudgmental stance, active listening, and reflecting back what is said.
 - **Develop Discrepancy** between the patient's choice to drink and his or her goals, values, or beliefs.
 - **Roll with Resistance** by acknowledging the patient's viewpoint, avoiding a debate, and affirming autonomy.
 - **Support Self-efficacy** by expressing confidence and pointing to strengths and past successes.
- For more information visit: www.motivationalinterview.net

Questions About Providing Confidential Health Care to Youth

All of the major medical organizations and current laws support the ability of clinicians to provide confidential health care for adolescents who use alcohol.

- For details specific to your specialty and state see confidentiality policy statements from professional organization(s):
 - American Academy of Pediatrics
 - American Academy of Family Physicians
 - Society for Adolescent Health and Medicine
 - American Medical Association
- Contact your State medical society for information on your state's laws.
- Visit the Center for Adolescent Health and the Law for monographs on minor consent laws professional association policies: www.cahl.org.

Treatment Options

No single treatment is appropriate for all individuals

- Treatment needs to be readily available.
- Treatment must target the multiple needs of the individual
- Medical management of withdrawal syndrome is only the first stage of treatment and, by itself, does not change long-term drug use.
- Treatment and goals must be assessed often and modified as needed to meet the person's changing needs.
- In some cases, medications, combined with counseling and other behavior therapies, are important elements of treatment.
- Continuous monitoring of possible drug use during treatment.
- Treatment programs should assess and educate patients on the risks of infectious diseases and ways to modify behaviors.
- Recovery typically requires “booster” sessions and continuing care.

Treatment Options

NCQA HEDIS Recommendations

- Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (IET HEDIS Metric)
 - For patients 13 and older, treatment should be initiated within 14 days of a diagnosis of alcohol and other drug dependence
 - 2 or more additional services should be completed within 30 days of the initiation visit

Integration of Substance Use Disorder Services with Primary Medical Care

- Each year, nearly 20 million Americans with alcohol and/or illicit drug dependence do not receive treatment. Carisk is committed to providing members the highest quality of care possible and understands the importance of care coordination and care collaboration to meet the individual needs of each member. Carisk has developed a framework to reduce care fragmentation and assure continuum of care. Key components:
 - Link patients with community resources to facilitate referrals and respond to social service needs
 - Integrate behavioral health, specialty care, and medical care through referral protocols
 - Track and support members who are at risk or have history of re-admission
 - Follow-up with members within a few days of an emergency room visit or hospital discharge to assist and/or confirm that they are keeping appointments and accessing needed services
 - Help members identify any barriers to receiving services



Substance Use Disorder

Changing Lives Program

Carisk's Changing Lives Program Description

- The purpose of the Changing Lives Program is to identify and empower those CMSN Plan enrollees who are engaged in alcohol and/or substance use and/or their parents or legal guardians, when applicable to make a positive life change through participation in treatment.
- From the initial contact, a Carisk Changing Lives Coach/Integrated Care Coordinator will be assigned to the enrollee. The Carisk Changing Lives Coach will collaborate and coordinate care with a CMS Clinical Care Manager and all treating providers.
- The Program is medically approved and directed by Carisk's Medical Director.

Carisk's Changing Lives Program

Description *Continued*

- Enrollee (throughout this document “enrollee” refers to the child/adolescent and or their parent or legal guardian as appropriate) will be identified for the program via:
 - Enrollee contacting Carisk for an outpatient referral;
 - Utilization Review during an enrollee’s hospital admission;
 - PCP office visit at the following times:
 - Initial contact with a new enrollee;
 - Routine physical examinations;
 - Initial prenatal contact;
 - When the enrollee evidences serious over-utilization of medical, surgical, trauma or emergency services, and
 - When documentation of emergency room visits suggest the need.
 - CMSN Health Plan telephonic Health Needs Assessment upon enrollment into the Heath Plan.
- If the enrollee’s screening is positive for substance use, he/she will be referred to a Carisk Changing Lives Coach/Case Manager.

Carisk's Changing Lives Program

Description *Continued*

- If the enrollee agrees to an assessment, this will be coordinated and if treatment is recommended and the enrollee consents to treatment, he/she will sign the "Enrollee Participation Sheet"
- Carisk's Changing Lives Program is available to all CMSN Plan enrollees who are engaged in alcohol and/or substance use and does not use incentives or rewards to direct members to a particular provider.
- Carisk Changing Lives Coach/Case Manager will contact the enrollee's CMSN Plan Clinical Care Manager to inform him/her of enrollee's interest in the Changing Lives program and to give the date/ time/place of enrollee's initial assessment appointment.
- Upon enrollee's completion of program:
 - Assist enrollee in setting up follow-up visit(s).
 - Mail enrollee "Congratulations Packet" containing:
 - Congratulations Certificate or Letter
 - Community resources information sheet
 - Contact information Carisk Changing Lives Coach/Case Manager and CMSN Plan Clinical Care Manager.
- Carisk Changing Lives Coach/Case Manager will contact enrollee monthly for a period of 3 months, followed by additional calls at 6 and 12 months post-program completion to assess if enrollee is abstaining from alcohol and/or illicit substance use, and to assist enrollee in accessing care as needed.

How to Refer Members to Carisk

INTEGRATED CARE COORDINATION DEPARTMENT (ICCD) REFERRAL FORM

Date of Referral: _____ Referral Timeframe: ☐ Routine ☐ Stat

Member Name: _____ Member ID: _____

Member Date of Birth: _____ Member Contact Info: _____

Referral Source: ☐ HP ☐ PCP ☐ Specialist ☐ Agency ☐ Emergency Dept ☐ Other

Referral Contact Name: _____ Referral Contact #: _____

Referral Contact Fax: _____ Email: _____

Reason for Referral: _____

Member Diagnosis (If available: _____
(Code and Describe SA diagnosis when applicable. SA diagnosis must also be included on claim)

ICCD Program: ☐ Prevention & Recovery Program ☐ IET (Substance Abuse)

☐ Comorbid Medical/BH ☐ Frequent ER Visits ☐ Post-Partum Depression

Member Treatment Hx: ☐ Compliant ☐ Non-Compliant Medication

If Non-compliant, provide explanation: _____

**Please fax the form to 305-514-5311 Attention: Integrated Care Coordination Department
or Email to: advocacy@concordiabh.com**

By signing this document I consent to giving Concordia Behavioral Health permission to communicate with and/or release the information contained on this form (may include HIV Status or Substance Abuse, if applicable) to my Health Plan, PCP and other clinicians involved in the coordination of my care until I am no longer a Concordia member. (This consent/release includes my Support System Contact ☐ Yes ☐ No). You may revoke this consent at any time by notifying Concordia in writing at advocacy@concordiabh.com.

Member Signature or Legal Guardian

Date

References

- National Committee of Quality Assurance (NCQA). The State of Health Care Quality. Available at *Principles of Drug Addiction Treatment: A Research-Based Guide*, and *Principles of Adolescent Substance Use Disorder Treatment: A Research-Based Guide*.
- American Psychiatric Association's Treatment of Patient's with Substance Use Disorders (2017)
- SAMHSA News Screening Works: Update From the Field http://www.samhsa.gov/SAMHSA_News/VolumeXVI_2/article1.htm
- Hazelden Publishing 15251 Pleasant Valley Road P.O. Box 176 Center City, MN 55012-0176 800-328-9000 (Arrangements made with Pat Edegerton ext. 4652)
- [The CRAFFT Screening Tool](#), The Center for Adolescent Substance Abuse Research (CeASAR) ([Children's Hospital Boston](#)), 2009, retrieved 21 November 2010
- Knight, John R; Sherritt, Lon; Harris, Sion Kim; Chang, Grace (June 2002), [Validity of the CRAFFT Substance Abuse Screening Test Among Adolescent Clinic Patients](#), [Archives of Pediatrics & Adolescent Medicine](#) **156**: 607–614, retrieved 21 November 2010
- SAMHSA's National Clearinghouse for Alcohol and Drug Information 800-487-4889 (or Spanish 977-767-8432) www.samhsa.gov
- National Institute on Alcohol Abuse and Alcoholism: <http://www.niaaa.nih.gov/YouthGuide>
- Center for Behavioral Health Statistics and Quality. (2017). *Results from the 2016 National Survey on Drug Use and Health: Summary of national findings* (HHS Publication No. 14–4863, NSDUH Series H–48). Rockville MD: Substance Abuse and Mental Health Services Administration. Also available online: <http://www.samhsa.gov/data/>.