SOMEBODY FINALLY ASKED ME

TRUE TALK: POWER OF PREVENTION

Somebody Finally Asked Me:
A Preventive Approach to Address Youth Substance Use

POLICY BRIEF | OCTOBER 2015

GEORGIANS FOR A HEALTHY FUTURE
THE VOICE FOR GEORGIA HEALTH CARE CONSUMERS

Georgia Council on Substance Abuse

We all want young people to be healthy and have a bright future, but drug and alcohol misuse can jeopardize that bright future. Rather than treated like the health issue that it is, however, drug and alcohol use is often overlooked or ignored. Misuse of and addiction to alcohol and drugs blunt the potential of too many young people, with prevalence rates for substance use comparatively higher among youth than other public health conditions such as obesity, depression, and bullying.[i] Like these public health problems, however, youth substance use can be reduced and oftentimes prevented through a public health approach.

WHAT IS SBIRT?

SBIRT stands for Screening, Brief Intervention, and Referral to Treatment. It is an evidence-based, cost-effective approach that uses simple questions and answers to get young people to talk about their substance use. SBIRT helps identify alcohol or drug problems and guides follow-up counseling and treatment if a problem exists.

The goals of this issue brief are to:

- explain the role of prevention in addressing youth substance use disorders
- describe the three major components of a prevention-based approach to youth substance use
- discuss successful prevention-based pilot projects in Georgia that can inform state policymaking around preventing youth substance use
- provide state-level policy recommendations that can encourage and incentivize greater use of a prevention-based approach to youth substance use in Georgia

Ninety percent of Americans who meet the medical criteria for addiction started smoking, drinking, or using other drugs before they were eighteen years of age.[ii] In Georgia, eighteen percent of high school students reported drinking alcohol for the first time before the age of thirteen[iii] and eighteen percent of high school students have taken prescription drugs without a doctor's prescription.[iv] In adolescence, many critical brain functions like judgment and emotion are not fully developed, which may lead youth to make decisions that are risky and engage in unsafe behaviors. It is at this point in human development when individuals are most at risk for developing addiction and lifelong dependence, so prevention and early intervention in adolescence are key strategies to addressing substance use disorders more broadly.[v]

WHAT IS ADDICTION?

Addiction is a chronic disease that affects the brain, makes individuals vulnerable to substance-related pressures, and results in risk of relapse even after treatment. Substances affect how the brain functions, and long-term use damages areas of the brain that are critical to judgment, decision-making, learning, and behavior control. Long term use can seriously affect the brain to the point where a person may want to stop using but has great difficulty doing so due to addiction.

Many adults who interact with adolescents don't know how to begin a conversation about drug or alcohol use. This means that teens who are just beginning to experiment with drugs and alcohol are frequently not asked about their experiences until years later, leading them to wonder "why didn't somebody ask me?" When teens and young adults ***are*** asked about their use, it has a positive impact. In these cases, people often note that their risky substance use was curbed because "somebody finally asked me." Research supports that early access to screening and counseling can help young people avoid the destructive consequences of drug and alcohol misuse and addiction.

THE COST OF SUBSTANCE USE DISORDERS

The impact of substance use over a lifetime not only affects the individual but society as a whole. Early use of alcohol and other drugs and associated consequences has a compounding effect. Each year an individual is dependent on substances, costs associated with health care, developmental disabilities, courts, prisons, and welfare compound. In addition to these economic costs are societal costs due to loss of life and productivity, including decreased school attendance, violent behavior, alcohol-related accidents, other injuries, poverty, homelessness, and chronic physical conditions. The economic and societal costs associated with substance use disorders are far-reaching. Nationally, the total estimated health care, loss of productivity, and justice system costs associated with substance abuse and addiction exceed $700 billion annually:

- Drug use accounts for $193 billion a year
- Alcohol use accounts for $225 billion a year
- Tobacco accounts for $295 billion a year

The role of prevention in addressing youth substance use disorders

Prevention can be powerful: Screening tools like blood pressure checks and mammograms check for small problems before they become big ones, saving numerous lives each year. While substance use among young people is often overlooked or ignored, it too is a health issue, and like cancer or hypertension, its prevalence can be reduced through prevention and early intervention. More than twenty years of research supports screening and brief intervention as effective approaches for reducing the consequences associated with substance use and improving health care quality for individuals who are in early stages of substance misuse[vi-vii]. Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a promising substance abuse preventive approach because it involves interviewing techniques appropriate for adolescents. SBIRT reinforces positive behavior, is non-confrontational, and can be implemented in many settings that adolescents frequent. Integration of SBIRT in primary care settings, school based health centers, and some non-traditional community settings such as recreation centers offers better access and a less stigmatized environment for the identification and treatment of adolescents. A recent review of studies conducted with adolescents found that motivational brief interventions are effective at reducing levels of alcohol consumption and alcohol-related harm[viii]. Leading professional associations, such as the National Institute on Alcohol Abuse and Alcoholism and the American Academy of Pediatrics (AAP), as well as the Georgia chapter of the AAP, endorse SBIRT.

WHAT DEFINES A PUBLIC HEALTH PROBLEM?

Public health problems are health issues that occur frequently in a population, are preventable through interventions that focus on changing behaviors and reducing harmful influences, and can be impacted by early detection and treatment of those at risk or already affected by the problem. Youth substance use disorders can be framed by the parameters of this definition and should be addressed in the same ways as other public health issues through interventions and supportive public policies.

SOMEBODY FINALLY ASKED ME

TRUE TALK: POWER OF PREVENTION

C Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?

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

A Do you ever use alcohol/drugs while you are by yourself, **ALONE**?

F Do you ever **FORGET** things you did while using alcohol or drugs?

F Do your family or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?

T Have you gotten into **TROUBLE** while you were using alcohol or drugs?

Screening, Brief Intervention, and Referral to Treatment: The three major components of a prevention-based approach to youth substance use

There are three major components of a prevention-based approach to addressing youth substance use: Screening, Brief Intervention, and Referral to Treatment.

1. Screening:

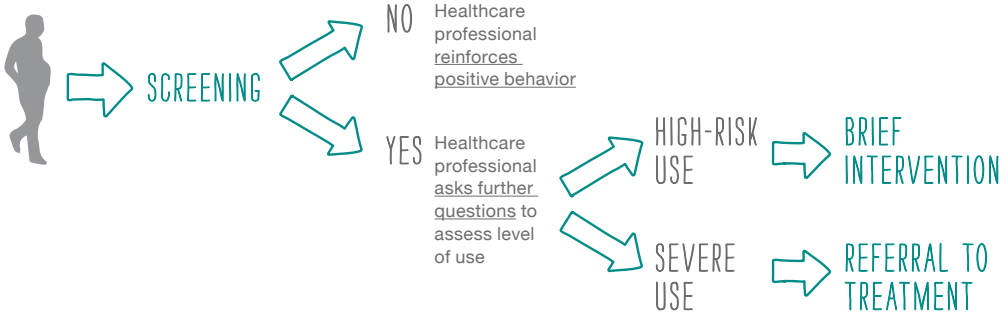
The purpose of screening is to identify substance use if it exists. A typical adolescent screening involves an interview utilizing a short questionnaire comprised of two to six questions. There are several evidence-based screening tools that have been established as powerful indicators of drug and alcohol use among youth. An example of one such screening tool, known as the CRAFFT, is displayed to the right. Screening typically identifies a small portion of youth who have at-risk use or problems related to alcohol or other substance use.

2. Brief Intervention:

Brief intervention occurs when at-risk use is identified through the screening process. A brief intervention focuses on increasing insight and awareness regarding substance use and enhancing motivation toward behavior change. Brief interventions may involve one or more short conversations between the health care provider and the patient about what, if any, changes in behavior they are willing to make.

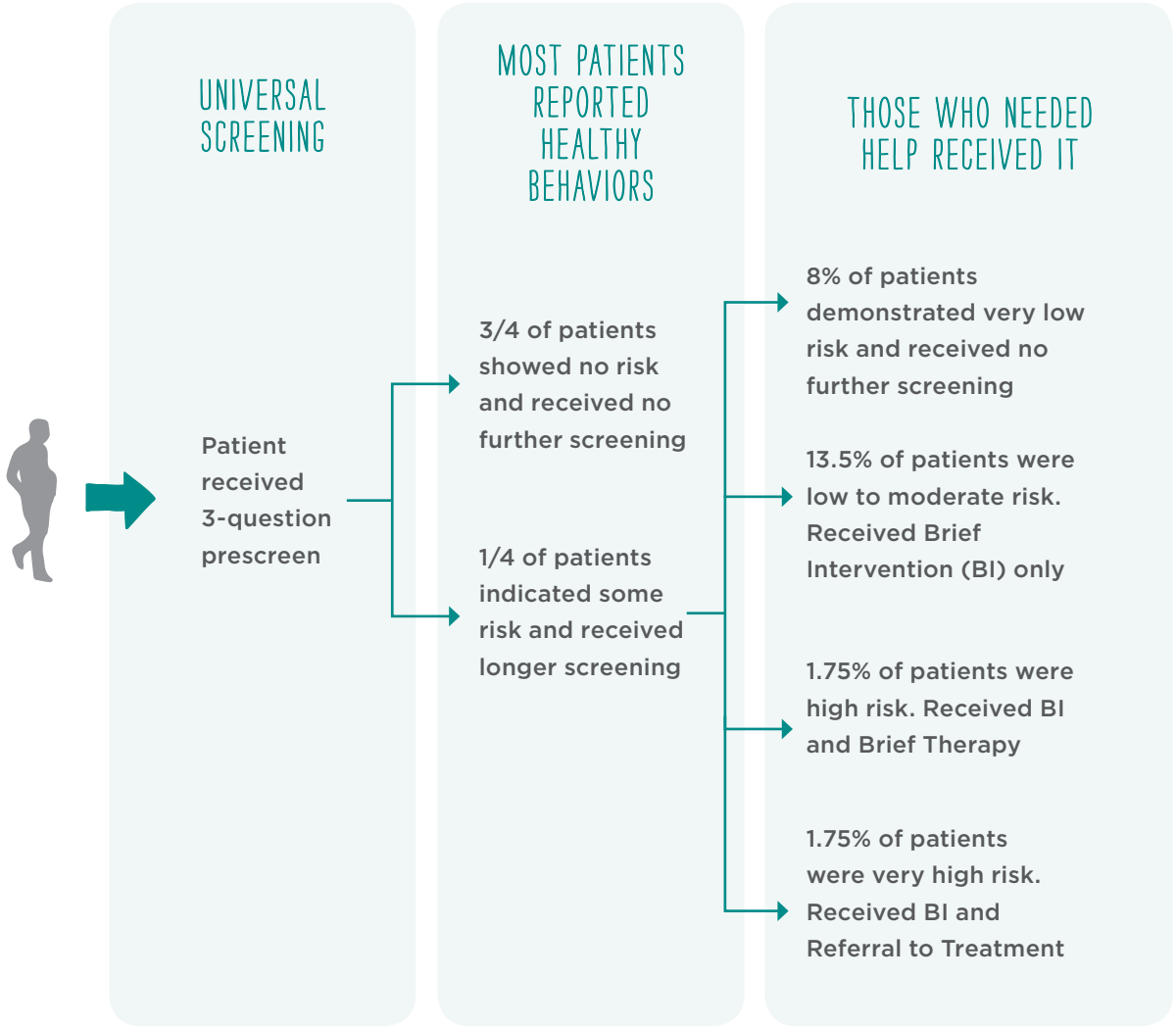
3. Referral to Treatment:

A small portion of individuals identified as needing more extensive care are referred to treatment.



Evidence from Georgia: Successful prevention-based pilot projects utilizing SBIRT can inform state policymaking around youth substance use

Prevention-based pilot projects have recently been implemented in Georgia with strong, positive results. In 2008, Georgia received a grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) for a five-year SBIRT implementation project. Known as Georgia BASICS (Georgia Brief Assessment, Screening, Intervention, and Continuum Care System), this pilot project screened all patients for risky drinking and substance use in two emergency departments, Grady Health Systems in Atlanta and Medical Center of Central Georgia in Macon. Seventeen percent of patients who received SBIRT screening were provided with brief interventions or therapy, or referred to addiction treatment services.



SBIRT produced positive results

After six months, substance use among patients showed improvement:

- The number of days in the past month that patients drank alcohol was reduced from eleven days to six days.
- Marijuana use went down from almost six days in the past month to about three days.
- Patients' use of "any drug" was cut in half—from seven days in the past month to about three days.
- Even the patients who only received the three-question pre-screen showed positive results (reduced alcohol use).
- Strong improvements were shown in the mental health of patients who received SBIRT.

In addition to showing that SBIRT is effective, the Georgia BASICS program also helped increase capacity for this prevention-based approach by training practitioners in two major health systems in Georgia. This means there is expertise right here in Georgia on how to implement SBIRT. The BASICS program focused primarily on adults; however, evidence from states around the country shows that SBIRT is effective with adolescents too. To help build the evidence base here in Georgia for youth SBIRT, the Conrad N. Hilton Foundation has awarded Marietta High School and a high school in Dublin, Georgia grants for Project AMP, a peer-based program where youth (age 13 – 17) who are screened as low-to-moderate risk for substance use are paired with a young adult mentor in recovery (age 18–28). Mentors are recruited from adult recovery communities, trained, and will use their experiences to guide youth through the intervention. In addition to enhancing positive social supports for youth, this pilot project will help increase the capacity and expertise for implementing SBIRT in Georgia, as did Georgia BASICS.

Policy Recommendations to encourage and incentivize greater use of screening, brief intervention, and referral to treatment

ACTIVATE SBIRT BILLING CODES IN GEORGIA MEDICAID

Georgia has an opportunity to enhance its commitment to reducing youth substance use disorders by activating the Medicaid codes for SBIRT. With more than half of Georgia's youth enrolled in Medicaid or PeachCare, this is a critical strategy for ensuring that youth receive the preventive services they need. In Georgia, SBIRT reimbursement codes exist for Medicare, most private insurance plans, and Medicaid. In order to reimburse for services through Medicaid, however, a state must activate ("turn on") the codes. Unfortunately, Georgia is one of only 12 states whose Medicaid codes are not turned on. Many surrounding states, including Alabama, Mississippi, South Carolina and Texas have Medicaid codes activated for SBIRT.

HOW DO STATES ACTIVATE THEIR CODES?

States that activate SBIRT codes in their Medicaid programs submit a state plan amendment (SPA) through their regional Medicaid office to the Center for Medicare and Medicaid Services (CMS). In the SPA, they have to answer the following key questions:

- Which billing codes should be opened? At what rates?
- Who will deliver SBIRT services?
- Which age groups should be included?
- In what setting(s) will SBIRT be delivered?

Additionally, alcohol and drug screening is covered under the Medicaid Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit but only as part of the annual wellness visit. This is problematic in that time constraints often prevent a provider from performing a substance use screening. In addition, the current system which advocates screening once a year makes the assumption that substance use behaviors will not arise throughout the rest of the year. Turning the codes on will allow more flexibility for providers to use SBIRT throughout the year.

Below are policy options and recommendations for policymakers to consider for turning on Medicaid codes for SBIRT services.

What billing codes should be opened?

Code choice can be complicated because the Centers for Medicare and Medicaid Services (CMS) and American Medical Association (AMA) have approved Health Care Procedural Code Set (HCPCS) and Common Procedural Terminology (CPT) codes respectively to bill for screening and brief interview sessions (See Appendix A). The use of CPT codes over HCPCS codes is recommended because CPT codes are widely used in many medical settings, are reimbursable through Medicaid and private insurance and often have higher rates than HCPCS codes. HCPCS codes are more complicated because each code is further divided into multiple levels. There is no clarity and guidance on the difference between the levels, and level designation affects which practitioners can deliver SBIRT in certain care settings[ix].

Recommendation:

Select CPT Codes 99408 and 99409 for alcohol and/or substance abuse structured screening and brief intervention services performed for (a) 15–30 minutes or (b) greater than 30 minutes, respectively.

Who will deliver SBIRT services?

The CMS guidelines for providers authorized to bill Medicare for SBIRT services is a good starting point for the state. Under Medicare guidelines, eligible providers must be licensed or certified to perform mental health services by the State in which they perform the services, qualified to perform the specific mental health services rendered and working within their state's Scope of Practice Act. The types of providers CMS authorizes to bill are physicians, physician assistants, nurse practitioners, clinical nurse specialists, clinical psychologists, clinical social workers and certified nurse midwives. In the long-run, the state should consider expanding the range of approved providers to include paraprofessionals and community-level providers. One study found that SBIRT screening delivered by paraprofessionals produced substantial reductions in the use of healthcare services and Medicaid costs over two years[x]. Extending the range of providers eligible to bill for SBIRT would increase use of, and access to, these services, while saving Medicaid expenses.

Recommendation:

Authorize the set of providers listed under Medicare guidelines to bill for SBIRT services in Georgia's Medicaid plan, with a view toward including additional providers in the future.

In what setting(s) will SBIRT be delivered?

The strongest evidence for SBIRT effectiveness exists in medical and educational settings, specifically emergency departments, primary care offices,[xiii-xiv] and schools.[xv-xvi] These settings are prime locations to offer SBIRT services because a trusting relationship between providers and patients exists, and there is an expectation by patients that they will receive some preventive care. Educational settings are opportune because youth are almost universally present.

Recommendation:

SBIRT services should be implemented in emergency departments, primary care offices, and school settings.

At what ages should youth receive these services?

Research supports that early access to screening and counseling can help young people avoid the destructive consequences of drug and alcohol misuse and addiction[xi-xii]. Providers and hospitals can help young people avoid substance abuse, cut facility costs and ensure that patients receive high quality care. Turning Medicaid codes on for SBIRT would be beneficial not only to the public health needs of youth but also to the budgetary needs of the State, hospitals and providers.

Recommendation:

Provide SBIRT coverage for individuals age 12 and older.

COST EFFECTIVENESS OF SBIRT

It is estimated that for every $1.00 spent on SBIRT there is a $5.60 return on investment . States have seen the economic benefits of SBIRT outweigh the costs through reductions in hospital and emergency room expenditures:

WISCONSIN

Reduction in hospital costs, emergency department visits, and associated problems resulted in $1,000 savings per person screened

TEXAS

A net savings of $3.81 in emergency department costs for every $1.00 invested in screening and brief intervention.Emergency departments saw a 50% reduction in recurrent alcohol-related injuries.

WASHINGTON

Reduction in Medicaid-specific expenditures of $185- $192 per month per patient who received screening and brief intervention. Participants admitted as hospital inpatients after emergency department visits saw reduction in associated costs ranging from $238- $269 per month.

CALIFORNIA

For every $1 spent on substance abuse treatment $7 are saved in criminal justice and other costs SBIRT is a viable tool for Georgia to use to reduce preventable health care and justice system expenses by teen and young adults with substance use disorders. The State, health plans, providers and communities can use the generated savings for other areas of need.

CONCLUSION

A prevention-based approach empowers trusted adults to ask adolescents the questions that can prevent or substantially reduce their use of substances. Adopting the Screening, Brief Intervention, and Referral to Treatment (SBIRT) approach in Georgia will empower providers to implement a public health approach to prevention and early intervention of substance use disorders. Study after study has shown the efficacy and cost savings SBIRT can produce once fully implemented. Turning the Medicaid codes on for SBIRT services will ensure that substance use prevention services are more widely available to youth in Georgia. In turn, this will decrease the social and economic consequences of addiction and increase the success and productivity of Georgia's next generation.

Appendix A:

Common Procedure and Terminology (CPT)and Healthcare Common Procedure Coding System (HCPCS) codes

REIMBURSEMENT FOR SBIRT

The American Medical Association (AMA) has approved several billing codes that will allow you to be reimbursed for providing screening and brief intervention services. Medical procedures are coded using Common Procedure and Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) codes. Screening and brief intervention may be provided in an office, emergency department or inpatient visit for both new and established patients. Virtually all payers use AMA's Evaluation and Management (E & M) CPT codes to pay physicians' services. Many payers reimburse for independent licensed health practitioners such as advance practice nurses, psychologists, and masters-level social workers. A few will pay for service provided by health professionals under the supervision of a physician.

Several CPT codes can be used. The chart below shows the most commonly used codes.

Payer	Code	Description	Fee Schedule
Commercial Insurance, Medicaid	99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30min	$33.41
Commercial Insurance, Medicaid	99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30min	$65.51
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30min	$29.42
Medicare	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30min	$57.69
Medicare	G0442	Prevention: Screening for alcohol misuse in adults including pregnant women once per year. No coinsurance; no deductible for patient http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Reduce-Alcohol-Misuse-ICN907798.pdf	$17.33
Medicare	G0443	Prevention: Up to four, 15 minute, brief face-to-face behavioral counseling interventions per year for individuals, including pregnant women, who screen positive for alcohol misuse; No coinsurance; no deductible for patient http://www.cms.hhs.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=249	$25.14
Medicaid	H0049	Alcohol and/or drug screening (code not widely used)	$24.00
Medicaid	H0050	Alcohol and/or drug service, brief intervention, per 15 min (code not widely used)	$48.00

Appendix B:

Implementation Steps for SBIRT inGeorgia

PLANNING TO TURN ON CODES

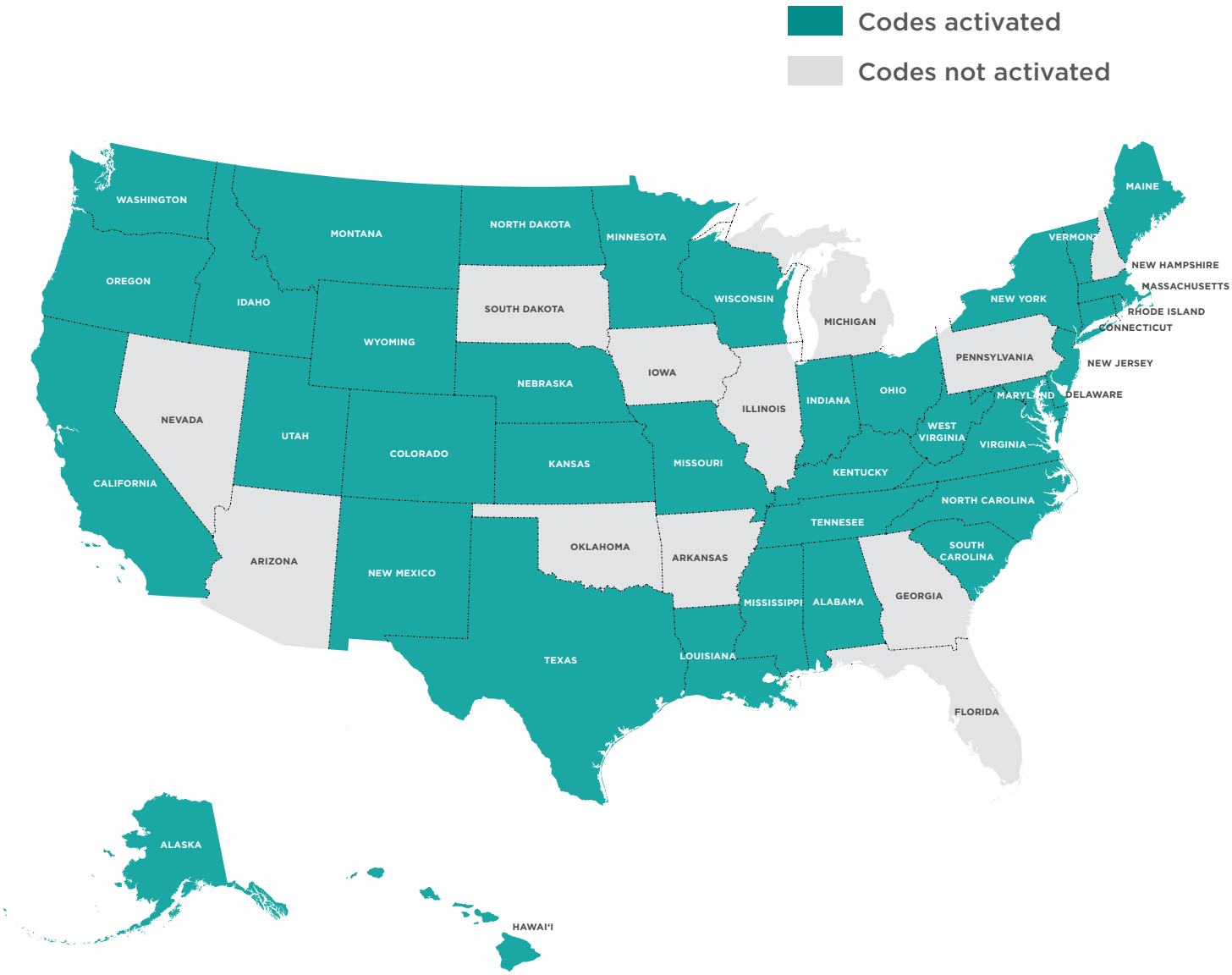
1. **Establish billing codes in Medicaid fee schedule**
2. **Obtain legislative approval for state appropriation**
   - Convene stakeholders (e.g. legislators, providers, medical and hospital associations, government departments, consumers) to determine program design
     - Billing codes and rates
     - Who will deliver services
     - Which ages will be covered
     - Which setting(s)
   - Complete fiscal analysis
3. **Amend state plan to turn codes on**

AFTER CODES ARE TURNED ON

1. **Train and educate providers through statewide programs**
2. **Educate payers on new billing regulations**
3. **Add SBIRT into schools, FQHCs, and other community-level settings**
4. **Expand range of eligible providers to increase access and reach of services**
5. **Track and monitor utilization, expenditures, savings, and health outcomes**

Appendix C:

States with and without activated codes



Source: https://www.mosbirt.org/Portals/0/Docs/FundingSBIRTCodes_2014_0318%20_FINAL.pdf

Appendix D:

SBIRT Resources

- **Substance Abuse and Mental Health Services Administration (SAMHSA) SBIRT Overview**
  http://www.integration.samhsa.gov/clinical-practice/sbirt
- **SBIRT Interactive Reimbursement Map**
  http://my.ireta.org/sbirt-reimbursement-map
- **SAMHSA SBIRT Reimbursement Overview**
  http://www.integration.samhsa.gov/sbirt/reimbursement_for_sbirt.pdf
- **EPSDT and Medicaid Reimbursement for Adolescent Screening and Intervention**
  http://www.nationalcouncildocs.net/wp-content/uploads/2014/10/KANSAS-EPSDT_SBIRT_Finance_Environment.pdf
- **Georgia BASICS Program**
  http://my.ireta.org/node/921
- **Wisconsin SBIRT**
  https://www.dhs.wisconsin.gov/aoda/sbirt/index.htm
- **Washington SBIRT**
  http://www.wasbirt.com/content/sbirt-washington
- **Oregon SBIRT**
  http://www.sbirtoregon.org/
- **Colorado SBIRT**
  http://improvinghealthcolorado.org/

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[i] National Center on Addiction and Substance Abuse at Columbia University. (2011, June)

[ii] Office of Applied Studies, Substance Abuse and Mental Health Services. (2004, October). *The NSDUH Report: Alcohol dependence or abuse and age at first use*

[iii] Centers for Disease Control and Prevention. (2013, June). *High school youth risk behavioral survey,* 2013

[iv] Centers for Disease Control and Prevention. (2013, June)

[v] National Center on Addiction and Substance Abuse at Columbia University. (2011, June). *Adolescent substance use: America's #1 public health problem*

[vi] Bray, J.W., Cowell, A.J., & Hinde, J.M. (2011). A systematic review and meta-analysis of health care utilization outcomes in alcohol screening and brief intervention trials. *Medical care*, 49(3), 287-294

[vii] McCambridge, J., & Strang J. The efficacy of single-session motivational interviewing in reducing drug consumption and perceptions of drug related risk and harm among young people: results from a multi-site cluster randomized trial. *Addiction*, 99(1):39-52

[viii] Patton, R., Deluca, P., Kaner, E., Newbury-Birch, D., Phillips, T., & Drummond, C. (2014). Alcohol screening and brief intervention for adolescents: the how, what and where of reducing alcohol consumption and related harm among young people. *Alcohol and alcoholism*, 49(2):207-212

[ix] Fussell, H.E., Rieckmann, T.R., & Quick, M.B. (2011). Medicaid reimbursement for screening and brief intervention for substance misuse. *Psychiatric Services*, 62(3):306-309

[x] Brown, R.L., Paltzer, J., Mullahy, J., Moberg, D.P., Weimer, D., Burns, M., & Sethi, A. (2014). Paraprofessional-Administered SBIRT Reduces Medicaid Costs Over Subsequent Two Years. Unpublished manuscript. Department of Population Health Sciences, University of Wisconsin-Madison

[xi] National Center on Addiction and Substance Abuse at Columbia University. (2011, June)

[xii] Meier, E.A., Troost, J.P. & Anthony, J.C. (2012). Extramedical use of prescription pain relievers by youth aged 12 to 21 years in the United States. *Arch pediatric adolesc med.*, 166(9):803-807

[xiii] Levy, S. & Knight, J.R. (2008). Screening, brief intervention, and referral to treatment for adolescents. *American Society of Addiction Medicine*, 2(4):215-221

[xiv] Sterling, S., Valkanoff, T., Hinman, A. & Weisner, C. (2012). Integrating substance use treatment into adolescent health care. *Curr Psychiatry Rep.*, 14(5):453-461

[xv] Schaus, J.F., Sole, M.L., McCoy, T.P., Mullett, N. & O'Brien, M.C. (2009). Alcohol screening and brief intervention in a college student health center: A randomized controlled trial. *Journal of studies on alcohol and drugs*, Supplement No. 16:131-141

[xvi] Patton, R., Deluca, P., Kaner, E., Newbury-Birch, D., Phillips, T., & Collin, D. (2013). Alcohol screening and brief intervention for adolescents: The how, where and what of reducing alcohol consumption and related harm among young people. *Alcohol and alcoholism*, 49(2):207-212

NOTES

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Georgians for a Healthy Future
100 Edgewood Avenue NE, Suite 1015
Atlanta, GA 30303
(404) 567-5016
www.healthyfuturega.org

Georgia Council on Substance Abuse

Georgia Council on Substance Abuse
100 Edgewood Ave NE, Suite 1009
Atlanta, GA 30303
(404) 523-3440
www.gasubstanceabuse.org