Substance Use – Screening, Brief Intervention, Referral to Treatment

Potential Barriers and Suggested Ideas for Change

Key Activity: Referral to Treatment

Rationale: Patients with reported moderate to severe substance use who have indicated an inability to generate and commit to behavior change goals, and/or have significant psychiatric or medical comorbidities should ideally receive more intensive, specialized evaluation and care.

Potential Barriers	Suggested Ideas for Change	Still Not Seeing Results?
Gap: A recommendation for specialized substance use evaluation, intervention, and/or treatment is not made for patients who reported moderate to severe substance use.		
The practice does not know where to refer patients for more extensive substance use evaluation, intervention, and/or treatment.	*If the reason is not knowing the types of therapeutic care for treatment of substance use disorders:* • See the American Society of Addiction Medicine (ASAM) levels of care for treatment of substance use, which outlines the broad levels of treatment options on a continuum and associated intensity of services. • Review the 2015 *Introduction to The ASAM Criteria for Patients and Families* available from ASAMcriteria@asam.org. The ASAM Criteria is a collection of objective guidelines that give clinicians a way to standardize treatment planning and where patients are placed in treatment, as well as how to provide continuing, integrated care and ongoing service planning. *If the reason is due to a lack of locating substance use health services in the community or forming relationships with them:* • Use resources such as the following to create a directory for substance use specialized health services for your practice and put a plan in place to ensure it is kept up-to-date. ✓ The Substance Abuse and Mental Health Services Association (SAMHSA) Web site available at https://www.samhsa.gov/ maintains a comprehensive substance use treatment physician listing and treatment facility locater. ✓ The Partnership for Drug-Free Kids Web site available https://drugfree.org/, including a community partner resource portal. ✓ Addiction Resource Hub at https://www.facingaddiction.org. ✓ State and county Department of Human Services Web sites.	• Consult the following places to obtain treatment referral resources: ✓ The AAP chapter or district ✓ Other pediatric practices in the area ✓ Local schools ✓ State or county health department • Advocate with your clinic or system to have behavioral health clinician(s) onsite if case volume warrants it. • Explore telehealth options that enable allied providers to consult with patients remotely. • Take advantage of state Psychiatric Consultation services, if available. • Provide Web-based psychoeducational services for families while they await locating an appropriate treatment option: ✓ https://drugfree.org

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	✓ 2-1-1, sponsored by United Way, provides state-specific emergency resources including addiction counseling and crisis intervention hotlines. Available at http://www.211.org/. *If the reason is due to a lack of substance use providers or treatment programs/facilities in the area:* • Utilize substance use and mental health services outside the community: ✓ The SAMHSA Web site noted above, which includes a National Helpline, 1-800-662-HELP, provides free, confidential 24/7 treatment and referral and information services in English and Spanish for individuals and families facing substance use disorders. ✓ State and county resources. ✓ Remote resources in other states. • Ask the family or case manager to contact the payer to help locate in-network resources. *If the reason is the patient needs medication-based treatment for opioid use disorder, but there is no place to refer them:* • Physicians, advanced practice nurses, and physician assistants can receive training and obtain a waiver to prescribe buprenorphine for the treatment of opioid use disorder. Available free at: ✓ http://www.aap.org/mat for AAP members (login required) ✓ https://pcssnow.org/education-training/mat-training/ for nonmembers • Become familiar with the AAP policy statement, Medication-Assisted Treatment of Adolescents with Opioid Use Disorders. Available at: https://doi.org/10.1542/peds.2016-1893.	✓ https://teens.drugabuse.gov ✓ https://addictionresource.com/parents-and-educators • Complete the Medication Assisted Treatment (MAT) training using the resources described in the middle column of this row.
The patient and/or family are unwilling to pursue a recommendation for appropriate services.	• Create a judgement-free environment for all conversations. Attempt to meet resistance with empathy and avoid confrontation. • Respect patient autonomy and perception. Individual patients have varying insight into their substance use disorder, which can be true of any illness and, in part, be a function of developmental status.	• Direct families to review materials available on the Partnership for Drug-Free Kids Web site, available at: https://drugfree.org/.

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	• Use motivational interviewing techniques to encourage the patient and family to accept more intensive treatment with specialized services.
	• Attempt to uncover underlying reasons for declining the recommendation. For example:
	  ○ *I don't want my peers, neighbors, or family members to know.*
	  ○ *I can't miss any more school, work, activities, or events.*
	  ○ *I don't like the stigma of needing mental health services.*
	  ○ *I don't want the diagnosis in our insurance history…it will label us for life.*
	  ○ *This can't be happening. I'm a good a person. We come from a good family.*
	  ○ *History is repeating itself. The father/mother has substance use problems too.*
	  ○ *I can't put anything more on my plate right now…it's overloaded.*
	• Recognize that many areas of an adolescent's life may need to be evaluated and addressed at the same time as the substance use treatment (eg, trauma, sleep, anxiety, depression, and family system issues). Use motivational interviewing skills to help patients and families explore these issues and offer different treatment options (ie, mental health, which may be a more affordable and acceptable first step) to promote increased motivation to change.
	• Help the patient and family overcome barriers to treatment.
	• Offer different treatment options to maximize ownership of the patient's own treatment.
	• Recognize that motivation for change is dynamic and can change over time and in response to different situations. Listen for "change talk" – statements that suggest commitment to making behavior changes. Reinforce these comments with support and encouragement.
	• Emphasize that the motivation for change lies with the patient but that you would like to help if given the chance. Make it clear that you are available to discuss substance use at any time on request. Ask, *"Will you at least think about the recommendation I made and agree to talk again?"* Consider setting a follow-up date to reassess use and willingness to engage in behavior change.
	• Consider instances where Child Protective Service involvement or emergency evaluations may be necessary to curtail associated harm.	

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	If the patient/family accepts the recommendation: • Provide assurance of your continued involvement of general medical care and support of collaborative care. • Set feedback expectations with the referring behavioral health service. See the example referral and feedback form in the Appendix. • Apply the full cycle of assessment, intervention, and reassessment to understand if the intervention is working. Schedule a follow-up appointment with the patient in a few weeks or as indicated.	
Treatment is not covered by insurance or is not affordable.	• Explore mental health coverage options through Medicaid and private insurance, including an appeal on coverage decisions. • Locate a sliding scale clinic whose fee is adjusted according to need. • Seek services offered by the state or local community health department. • Ask the family or case manager to contact the payer to help find in-network services. • Explore services made available through the Families First Prevention Services Act, if applicable. This legislation provides federal reimbursement for mental health services, substance use treatment, and in-home parenting skill training.	• Consider a lower level of care services such as psychoeducation and brief interventions to assist patient and family in reducing harm. As appropriate, address related issues through mental health/therapy services, which may be a more acceptable and affordable first step. • Refer to the Mental Health Parity and Addiction Equity Act (MHPAEA) to help support the patient in advocating for insurance coverage. • Contact your AAP chapter or the National Alliance on Mental Illness (NAMI) chapter or affiliate for information on the types of programs and supports available. Also communicate with them, along with your state legislators, concerning advocacy issues.
The patient previously did not respond to treatment.	• Recognize that every person is different. Anticipate that some patients will not respond to a specific treatment approach or therapist and alternative sites/options may be necessary. At any time when meeting the needs of the adolescent's	• Help patients and families gain realistic expectations of treatment. Explain that 30 days in treatment

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	substance use, the problem is outside the scope of care that can be provided by the pediatric medical home, a referral to specialty care and treatment program is appropriate and necessary. • Understand and share with the patient/family the natural history of SUDs, including the likelihood of reoccurrences. • Screen for other mental health issues (depression/anxiety, trauma, abuse/neglect, exposure) and family system issues as appropriate.	seldom cures the patient of the disorder and that effective treatment is a journey that requires long-term work. Help them understand that 1 treatment experience may not be enough. • Use MI techniques to increase motivation to change.
The physician views substance use and SUD as a behavior or lifestyle choice and not as a biological and psychological disorder.	• Recognize that physician bias or attitude can obstruct the path to appropriate substance use treatment, which can have severe and costly health and safety consequences. • Review literature and information on knowledgeable Web sites that support evidence of a biological basis for substance-related problems such as the following: ✓ Kelly JF, Saitz R, Wakeman S Language, substance use disorders, and policy: the need to reach consensus on an "Addiction-ary." *Alcoholism Treatment Quarterly*. 2016;34(1):116-123. ✓ The Addictionary page from the Recovery Research Institute of Massachusetts General Hospital & Harvard Medical School, dedicated to the advancement of addiction treatment & recovery Web site, available at: https://www.recoveryanswers.org/addiction-ary/.	• Engage other professionals with differing beliefs about substance use as a disease or choice in discussions while maintaining an open mind to opposing viewpoints. • Recognize that whether the problem of substance use is a choice or not, patients who use substances need help.
Gap: Recommendation information is not documented in the medical record and/or referral log.		
The practice does not have processes in place to ensure recommendation information is documented. Or, the practice does not have a registry or system to track recommendations.	• Establish a practice protocol that meets your state, local, and institution compliance requirements to obtain a signed release of information (ROI) for the referral and include all information required by the receiving office. Consider using a checklist such as the following or a referral and feedback form as shown in the Appendix. ☐ Contact information for the patient and family ☐ History ☐ Physical examination ☐ Medications, if any ☐ Summary of case (ie, impression of substance use concerns) ☐ Substance use screening assessment results	• Audit your practice's referral processes periodically. Brainstorm reasons for lack of documentation and/or follow-up and strategize ways to overcome them. • Formalize your practice's referral processes in a written policy/procedure document and ensure staff is properly trained on them.

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	☐ Assessment of psychosocial concerns ☐ Contact information for the referring physician **Note**: Become familiar with state laws regarding adolescent confidentiality in receipt of mental health and substance use services. Also, become familiar with 42 CFR Part 2, a federal law governing confidentiality for people seeking treatment for substance use disorders from federally assisted programs. Discuss these legal requirements with your institution/clinic compliance team for direction. • Establish clear, bidirectional communication between the medical home and the behavioral health specialist. Consider what feedback is expected, by when, and how communication will take place. (See example referral and feedback form.) • Create a referral log to capture pertinent details for all referrals, including dates and actions for follow-up. (See example referral log.) ✓ Develop officewide procedures with clear roles and responsibilities for how the referral log will be updated, reviewed, and maintained to ensure its effectiveness. ✓ Designate an office champion to review the referral log routinely and call the patient/family and/or referral provider to determine the referral result/outcome. ✓ Put checks and balances in place to close the loop and ensure subsequent follow-up in the pediatric medical home.	
Practice continues to run into barriers to treatment that appear to be resource or system/payer-based.	• Recognize opportunities for advocacy. Are parity laws being violated? Are more funds needed to resource youth-focused services near you? Contact your AAP Chapter to share your experiences and discuss your concerns: https://www.aap.org/en-us/about-the-aap/chapters-and-districts/Pages/Chapter-Websites.aspx	• Consult with other practices in your area to share experiences and discuss concerns. Brainstorm ways to promote better and more coordinated services to youth in need.

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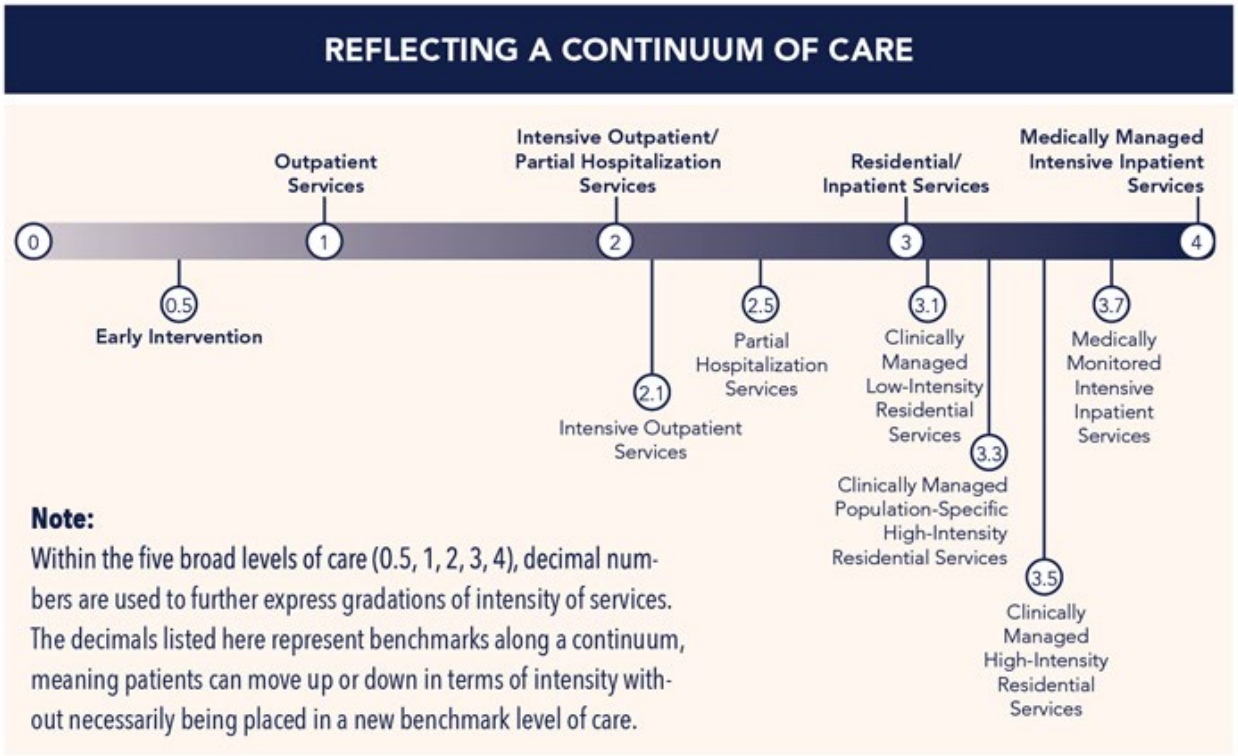
Appendix

ASAM Levels of Care for Treatment of Substance Use

The ASAM Levels of Care describes treatment as a continuum marked by 4 broad levels of service and an early intervention level. Within the 5 broad levels of care, decimal numbers are used to further express gradations of intensity of services.



Graphic shown with permission from the American Society of Addiction medicine. For more information, see: https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/.

Additional Planning Considerations

Be aware that other associated mental health diagnoses and comorbities need to be factored into treatment planning. The ASAM criteria further structures assessment around 6 dimensions to provide a common language of holistic, biopsychosocial assessment and treatment across addiction treatment, physical health, and

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mental health services as well as spiritual issues relevant in recovery. For further reading, an overview of the 6 ASAM dimensions can be found here: https://www.asamcontinuum.org/knowledgebase/what-are-the-six-dimensions-of-the-asam-criteria/.

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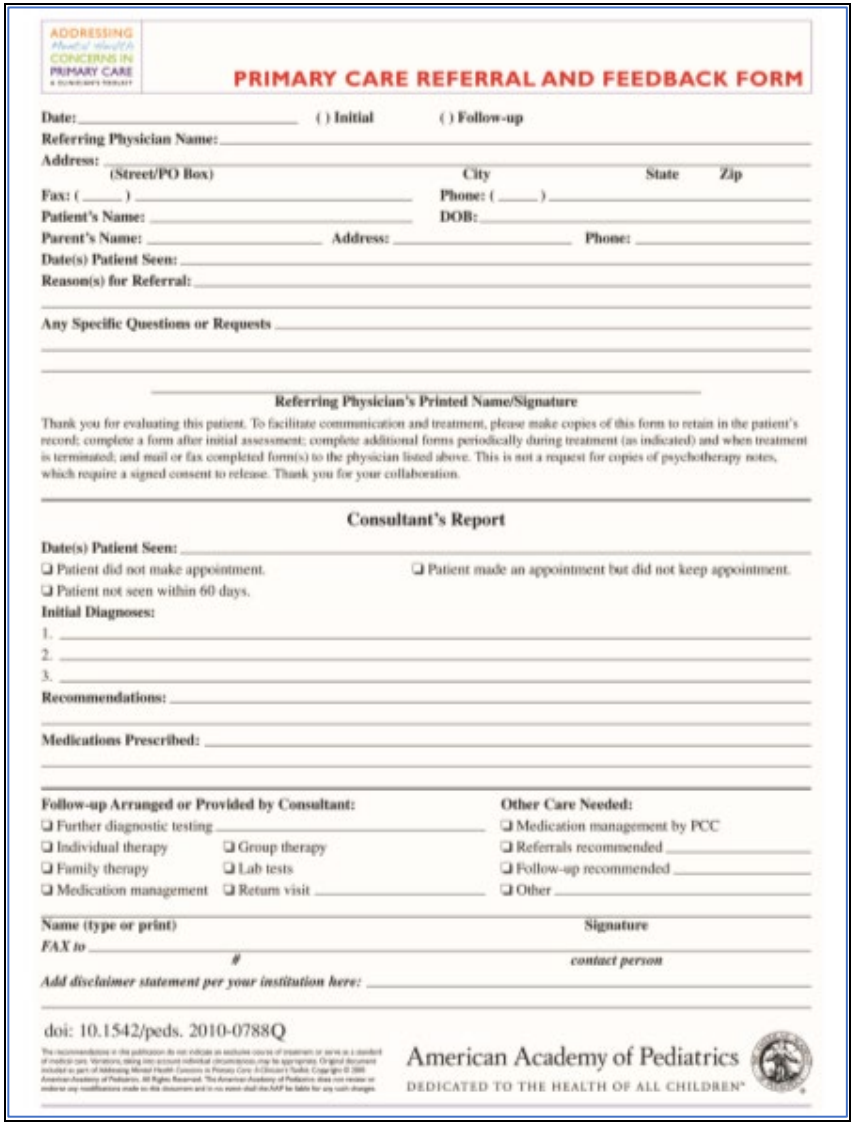
Primary Care Referral and Feedback Form



ADDRESSING Mental Health Concerns in Primary Care

PRIMARY CARE REFERRAL AND FEEDBACK FORM

Date: _____ ( ) Initial ( ) Follow-up

Referring Physician Name: _____

Address: _____
(Street/PO Box) City State Zip

Fax: ( ) _____ **Phone:** ( ) _____

Patient's Name: _____ **DOB:** _____

Parent's Name: _____ **Address:** _____ **Phone:** _____

Date(s) Patient Seen: _____

Reason(s) for Referral: _____

Any Specific Questions or Requests _____

_____
Referring Physician's Printed Name/Signature

Thank you for evaluating this patient. To facilitate communication and treatment, please make copies of this form to retain in the patient's record; complete a form after initial assessment; complete additional forms periodically during treatment (as indicated) and when treatment is terminated; and mail or fax completed form(s) to the physician listed above. This is not a request for copies of psychotherapy notes, which require a signed consent to release. Thank you for your collaboration.

Consultant's Report

Date(s) Patient Seen: _____

❑ Patient did not make appointment. ❑ Patient made an appointment but did not keep appointment.

❑ Patient not seen within 60 days.

Initial Diagnoses:

1. _____
2. _____
3. _____

Recommendations: _____

Medications Prescribed: _____

Follow-up Arranged or Provided by Consultant:		**Other Care Needed:**
❑ Further diagnostic testing _____		❑ Medication management by PCC
❑ Individual therapy	❑ Group therapy	❑ Referrals recommended _____
❑ Family therapy	❑ Lab tests	❑ Follow-up recommended _____
❑ Medication management	❑ Return visit _____	❑ Other _____

Name (type or print) **Signature**

FAX to _____
contact person

Add disclaimer statement per your institution here: _____

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Courtesy of: AAP Mental Health Initiatives. Primary care referral and feedback form. AAP Web site. http://pediatrics.aappublications.org/content/125/Supplement_3/S172. Accessed September 3, 2018

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Patient Referral Log

SAMPLE PATIENT REFERRAL LOG

Patient Name Chart #	Referred to (Behavioral health service)	Date Referred	Date Feedback Received	Follow-up

Click here for a customizable Word version of the Sample Patient Referral Log or locate it on the Resources tab.