Counseling Over Suspension

One Rural SBHC's Plan to Treat Adolescent Substance Use Disorder

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Quality Care For All

Continuing Education Credits

In support of improving patient care, this activity has been planned and implemented by School-Based Health Alliance and Moses/Weitzman Health System, Inc. and its Weitzman Institute and is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

This series is intended for Dentists, Nurses, Nurse Practitioners, Pharmacists, Physicians, Physician Assistants, Psychologists, Registered Dietitians, and Social Workers.

Please complete the survey and claim your post-session certificate on the Weitzman Education Platform after today's session. **Please note:** Pharmacists must claim credits within two week's following today's session or we will not be able to award ACPE credits.

Disclosures

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- No financial disclosures
- 7 SBHC Sites
- 8 Peds BHCs
- 12 years with Mosaic

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Agenda

- Overview of Integrated BH Model
- UpShift Program
  - Success
  - Needs
  - Future plans

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Overview

- Describe the key components of a partnership that provides rapid intervention for students with substance use (SU) violations.
- Identify alternative-to-suspension interventions that improve student access to timely SU care.

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Integrated Behavioral Health Representation

Already Have

(Front Left)

Want to Have

(Front Right)

What is IBH?!

(Back)

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What is Integrated BH Care?

- Primary Care Behavioral Health
  - Model to optimize BH support in primary care setting
  - Improved access to care
    - No referral
    - Same day
  - LCSW, LPC, LMFT, PsyD/PhD
    - Provisionally licensed pending OHA ruling

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Integrated Behavioral Health and Specialty Mental Health

Specialty

- 2 week + wait
- Problem-based
- Requires DSM diagnosis (insurance)
- Higher acuity/severity
- Long-term

Integrated

- Immediate access
- Prevention and physical health focus
- No DSM diagnosis required
- Offload behavior medicine burden from PCPs
- Brief

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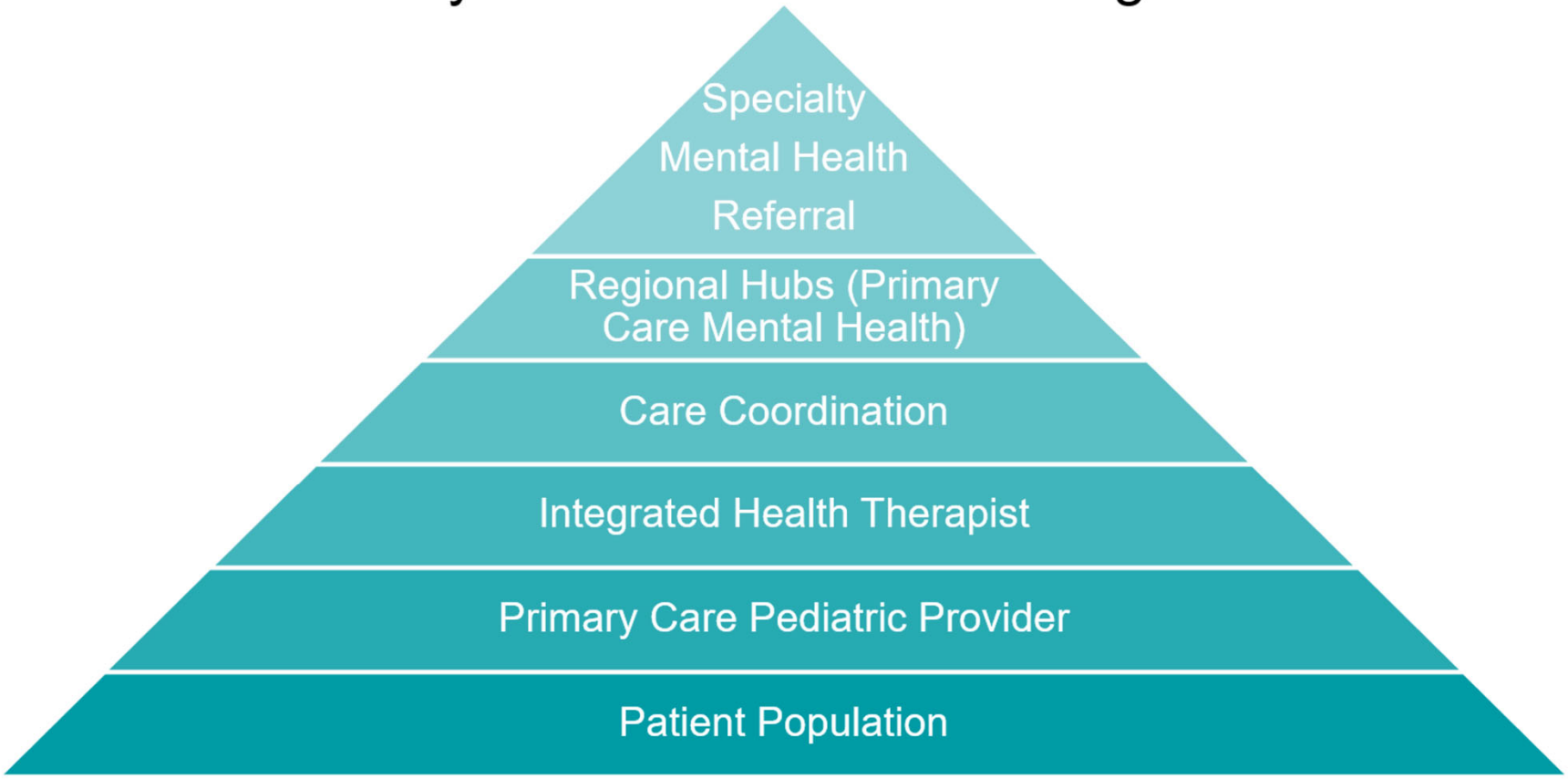
Primary Care Mental Health Integration



Graphic: Rady Children's Hospital

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Strengths

- Breadth of BHC experience
- PCP buy-in
- Same day utilization
- Community partnerships
- Prevention model
- Health and behavior focus
- SBHC partnerships

Gaps

- Difficulty accessing specialty care
  - Occupational therapy, Parent-Child Interaction Therapy, Autism-specific testing,care, psych testing
- Recruiting
- No show rate
- Community confusion on crisis intervention

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PCBH at Mosaic SBHC

30-minute appointments	1/3 of template for Same Day slots	1:1 ratio of PCP to BHC	BHC in team room
Daily morning huddles	Warm handoffs	Prevention focus	Psychotherapy and Health and Behavior Billing Codes

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Partnerships

- Co-located specialty mental health
- Meet and greets in the school
- Close but… not too close
- Quarterly partnership meetings
  - Principals, School Nurses, Dean of Students, School Resource Officers
  - Specialty MH
  - Clinic staff
- Health class presentations
- Avail yourself to school needs

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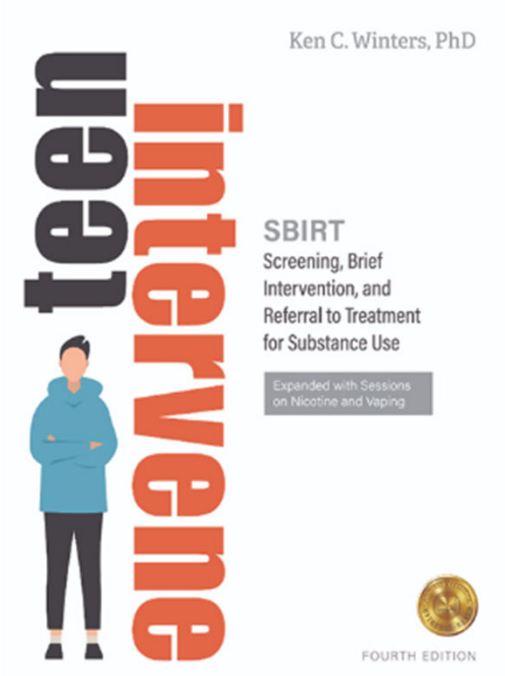
UpShift (AKA Teen Intervene)



- CRAFFT+N Screening
- Screening Brief Intervention Referral to Treatment (SBIRT) model
  - Adapted for youth
  - Structured lessons (English & Spanish)
  - Includes nicotine and vaping
- Timely response
- Motivational interviewing and harm reduction
- 2 required sessions + 1 parenting session (optional)

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Teen health screen (CRAFFT 2.1+N)

We ask all our teen patients about alcohol, drugs, and mood because these factors can affect your health. Please ask your doctor if you have any questions. Your answers on this form will remain confidential.

_____

_____

During the **PAST 12 months**, on how many days did you:	Number of days
1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Put "0" if none.	
2. Use any **marijuana** (weed, oil, or hash by smoking, vaping, or in food) or **"synthetic marijuana"** (like "K2," "Spice")? Put "0" if none.	
3. Use **anything else to get high** (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? Put "0" if none.	
4. Use any **tobacco or nicotine** products (for example, cigarettes, e-cigarettes, hookahs or smokeless tobacco)? Say "0" if none.	

If you put **"0" in ALL** of the boxes above, ANSWER QUESTION 5, THEN STOP.

If you put **"1" or higher in ANY** of the boxes above, ANSWER QUESTIONS 5-10.

	No	**Yes**
5. Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	☐	☐
6. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?	☐	☐
7. Do you ever use alcohol or drugs while you are by yourself, or alone?	☐	☐
8. Do you ever forget things you did while using alcohol or drugs?	☐	☐
9. Do your family or friends ever tell you that you should cut down on your drinking or drug use?	☐	☐
10. Have you ever gotten into trouble while you were using alcohol or drugs?	☐	☐

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Safety and Belonging

- School-related substance use incident
- Rapid response by school
  - Parent/guardian included
- Alternative to suspension
  - Reduced out of play time for athletics
- Personalized goal setting and accountability
- Reduce recidivism
- Root cause assessment

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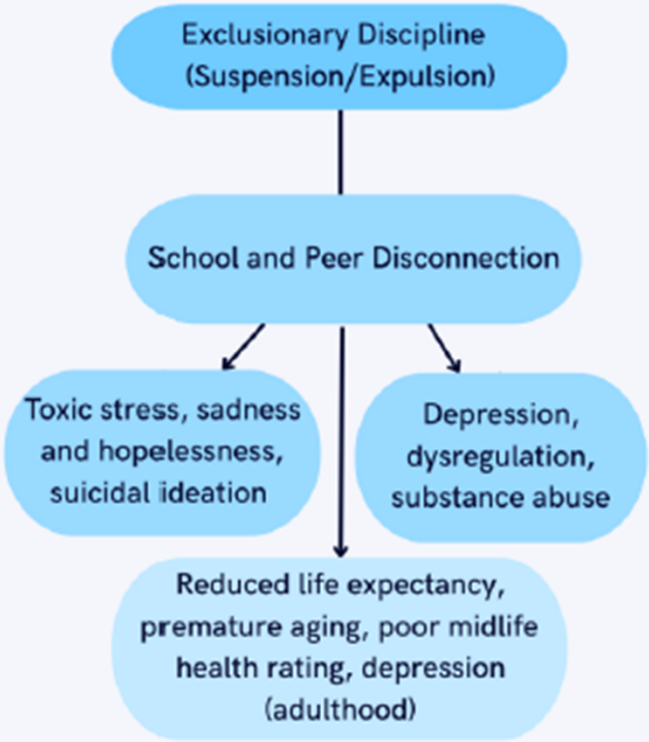
Exclusionary Discipline and Health

KEY TAKEAWAYS

- Exposure to exclusionary discipline is associated with immediate negative mental and physical health outcomes.
- Exposure to exclusionary discipline is associated with long-term negative mental and physical health outcomes.
- Exclusionary discipline diminishes protective health factors in childhood and adolescence.
- Supportive, trauma-informed, non-exclusionary disciplinary approaches are critical to support children's health and wellbeing.

HOW EXCLUSIONARY DISCIPLINE IMPACTS HEALTH



Source: ESD-and-Health-Research-Brief.pdf page 5,6

Youth Substance Use Interventions

Already Doing

Jazz Hands

Want to Deliver

More Sign

Why Would I?!

Plug Ears

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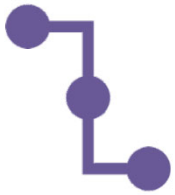
Origin Story

Elsewhere



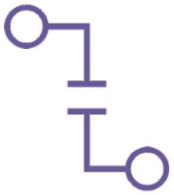
Public Health partnership in regional schools

Financial, materials, and logistic support

Timely intervention

School staff facilitate

Sisters School District



Backlog of 15 students in school of 350

Counselors strapped

Students/parents reluctant

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Sisters UpShift Model

- Sisters Middle and High School
- SBHC delivery, not school staff = increased privacy
  - MOU to share readiness-to-change values and attendance
- Suitable for Low- and Medium-Risk substance use

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Secret Sauce Ingredients

- My hometown
- Dean of students is a friend and former teacher
- Physical proximity to middle and high schools
- BH Manager – could make independent decisions
- Held “UpShift” slot each week to ensure timely access
- Sliding scale
- Non-established/quick registration process
- Oregon Medicaid payment for SBIRT in primary care

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Outcomes

- 20 students completed
- Group and individual visits, based on school incident
- Only 2 cases of repeat incidents
- No reports of decreased readiness for change

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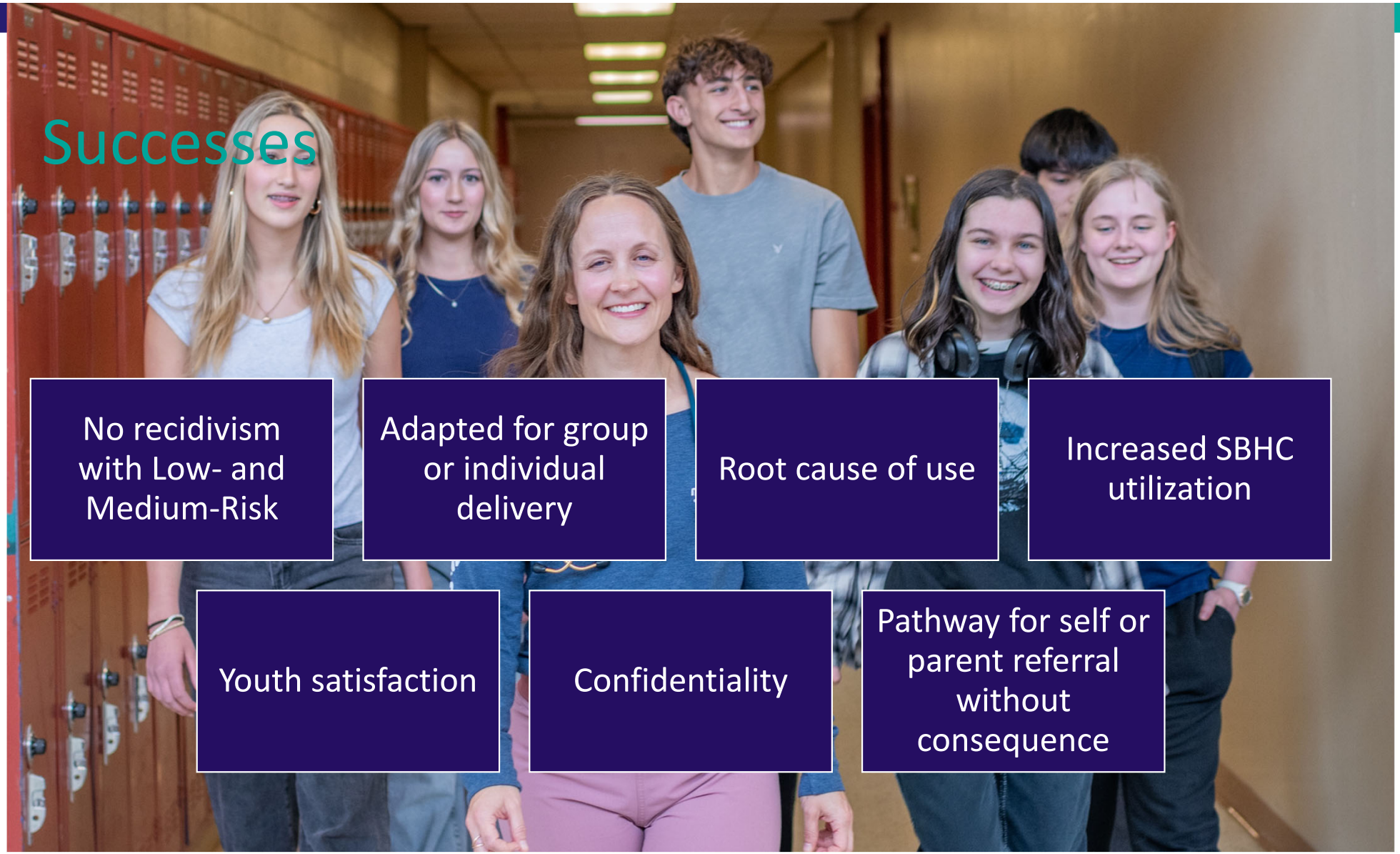
Successes



- No recidivism with Low- and Medium-Risk
- Adapted for group or individual delivery
- Root cause of use
- Increased SBHC utilization
- Youth satisfaction
- Confidentiality
- Pathway for self or parent referral without consequence

Challenges

- Low parent engagement
- Information sharing
- Under 14 accessing care
- Cost/Co-pay
- Insufficient for High-Risk use
- Distance to SUD treatment programs

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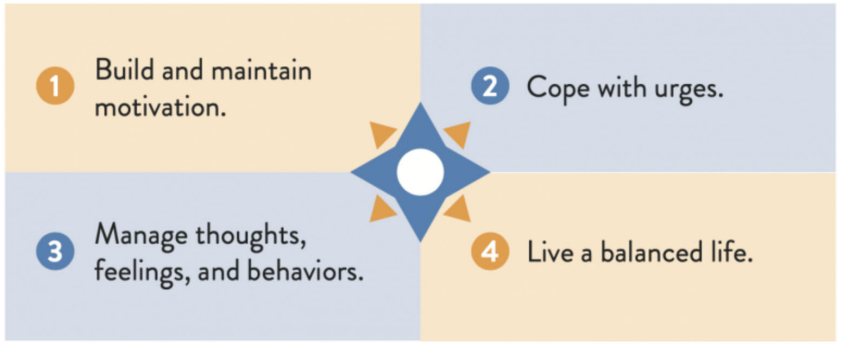
Future State

- Received Rural Health Transformation Catalyst Funds
- 2-year goals:
  - Expand UpShift delivery at all our SBHC sites
  - BHC training to deliver care for High-Risk use
  - Non-billable SMART Recovery drop-in groups at all sites

SMART Recovery®
Life beyond addiction



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Many Paths

Teen Intervene, Ken C. Winters, PhD

Stanford REACH Lab & VISIT

School curriculum, podcasts, trainings, research, posters

SBIRT Oregon

Clinic tools, billing/metrics, workflows, screening tools

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Resources

- med.stanford.edu/halpern-felsher-reach-lab.html
- med.stanford.edu/visit/about.html
- nida.nih.gov/nidamed-medical-health-professionals/screening-tools-prevention/screening-tools-adolescent-substance-use/adolescent-substance-use-screening-tools
- rchsd.org/programs-services/behavioral-health/programs/pcmhi-primary-care-mental-health-integration/
- sbirtoregon.org
- uclawsf.edu/wp-content/uploads/2025/07/ESD-and-Health-Research-Brief.pdf
- Winters, K. C. (2016). *Teen Intervene: Screening, brief intervention, and referral to treatment (SBIRT) for substance use*. Hazelden.

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Questions?

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