Meeting Adolescents Where They Are: New Directions in Behavioral Health

A GIH Strategy Session

October 23, 2013

Advancing the Behavioral Health of Adolescents:
Selected Federal Efforts

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With Brandon Nakawaki

Administrator's Office of Policy Planning and Innovation

Grantmakers In Health Meeting
October 23, 2013
Washington, D.C.

A Public Health/Developmental Framework for SAMHSA

- Moving from a Services Administration to a Public Health Agency

- Re-Balancing Across Promotion-Prevention-Early Identification and Intervention - Treatment and Recovery/Resiliency

- Across the Life-Span

Strategies to Consider

- Assertively use new and emerging **data,** knowledge and information;

- Strengthen **research-practice-policy partnerships**

- Systematically use grant programs as **"learning laboratories" and "delivery systems"** with feedback loops

- Identify and partner with potential **"host" systems** where children and families are

Mental and Substance Use Disorders: Diseases of Childhood/Adolescence

- Half of all life-time cases of mental illnesses start age 14
- Symptoms in ¾ of individuals with mental illnesses appear by age 24.
- About 1 in 10 children and teens suffer from a serious emotional disorder
- 90% of people who develop a mental disorder show warning signs during their teen years
- 1/3 adol in pediatric trauma center for alcohol/drug use
- 44% of children receiving special education services who have emotional disturbances drop out of school, the highest of any category of disability (Wagner, M. 2005).

Resources:
Kessler, R.C., et al. (2005) Lifetime Prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replications. Archives of General Psychiatry, 62(6), 593-602
American Psychiatric Foundation 2012
Systems of Care: Addressing the Mental Health Needs of Young Children and Their Families, 2010 (2010 Short Report)
Helping Children and Youth Who Have Experienced Traumatic Events (2011 Short Report)
Promoting Recovery and Resilience for Children and Youth Involved in Juvenile Justice and Child Welfare Systems (2012 Short Report)

Most Costly Children's Health Conditions
(MEPS, non-institutionalized children)

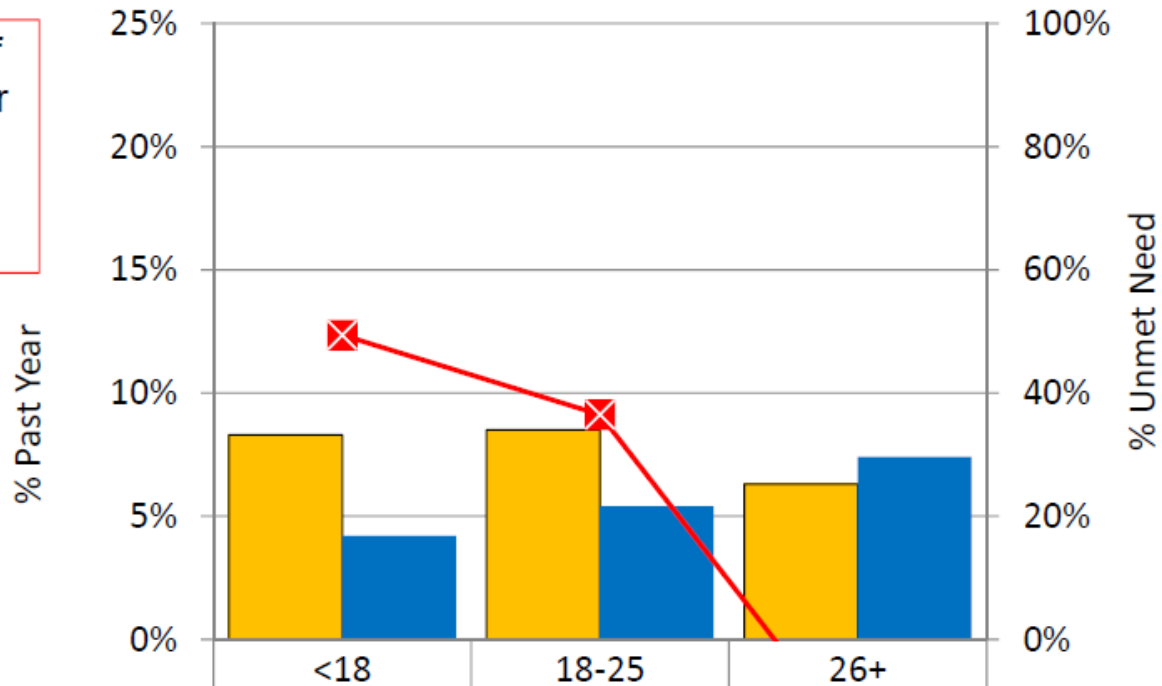| Conditions	# of Children Treated
1. **Mental Disorders- $8.9B**	**4.6M**
2. Asthma- $8B	13 M
3. Trauma-related Disorders - $6.1B	7 M
4. Acute Bronchitis - $3.1B	12.8 M
5. Infectious Diseases - $2.9B	4.5M

Major Depressive Episode & Treatment by Age

Higher rates of unmet need for adolescents and young adults

	<18	18-25	26+
Major Depressive Disorder	8.3%	8.5%	6.3%
Treatment	4.2%	5.4%	7.4%
Unmet Need	49.4%	36.5%	-17.5%

Source: SAMHSA 2008 National Survey on Drug Use and Health

Slide Prepared by Mike Dennis,Ph.D., Chestnut Health Systems

Substance Use Disorder & Treatment by Age

Higher rates of unmet need for adolescents and young adults

Higher rates of need for young adults

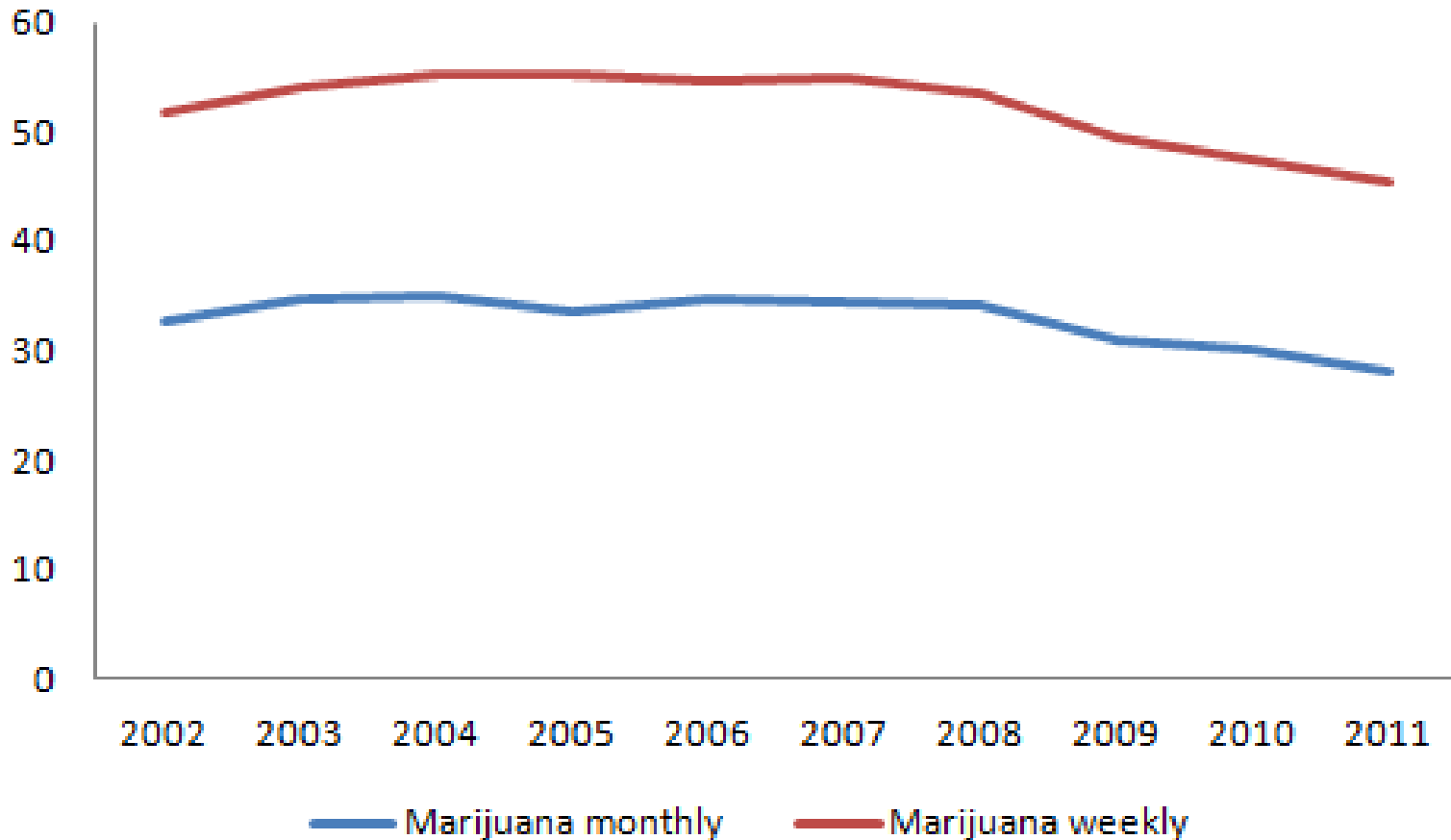|	<18	18-25	26+
Substance Use Disorder	7%	20%	7%
Treatment	0.5%	1.6%	1.0%
Unmet Need	92%	92%	86%
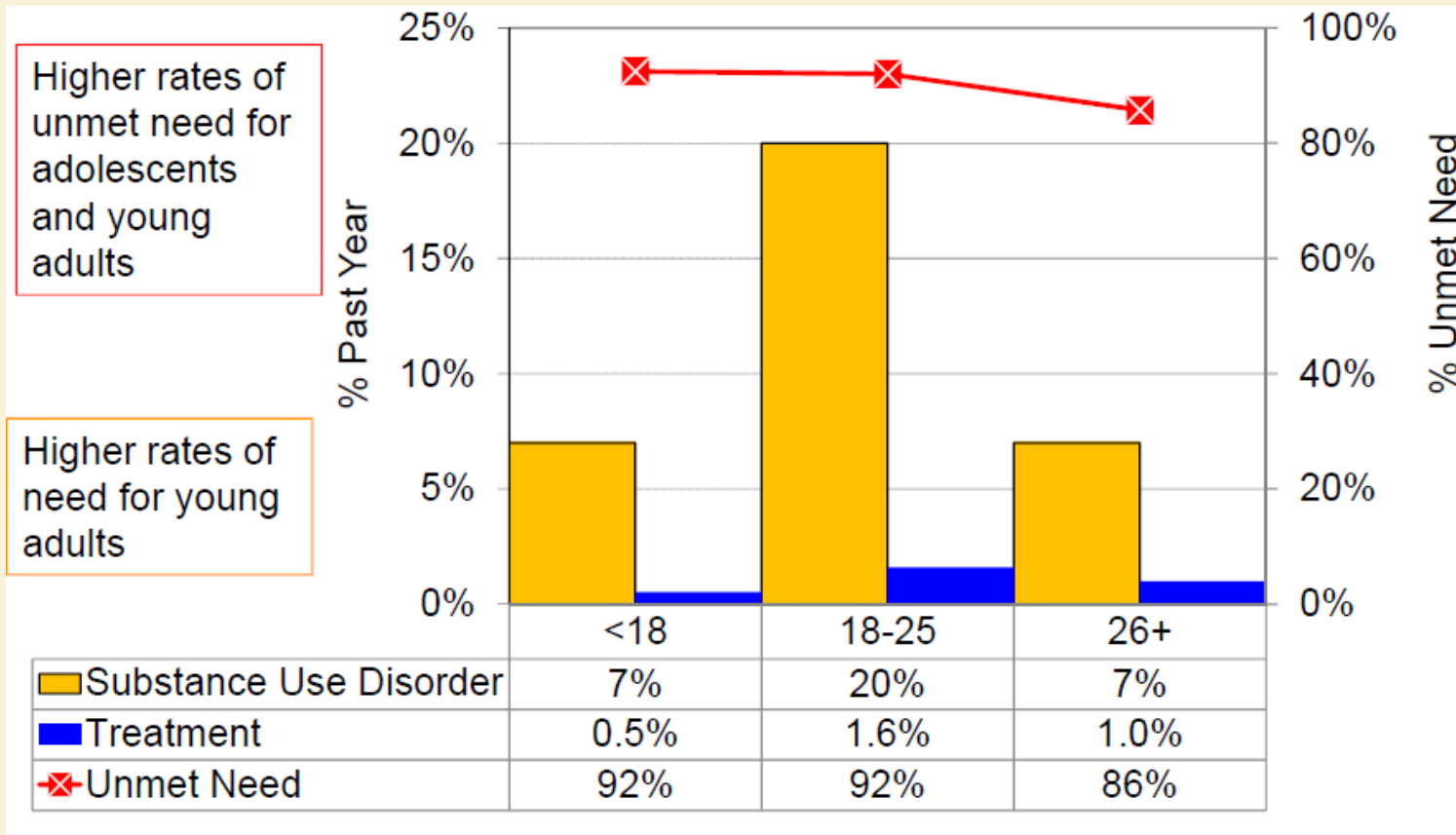
Source: SAMHSA 2009 National Survey on Drug Use and Health

Slide Prepared by Mike Dennis, Ph.D., Chestnut Health Systems

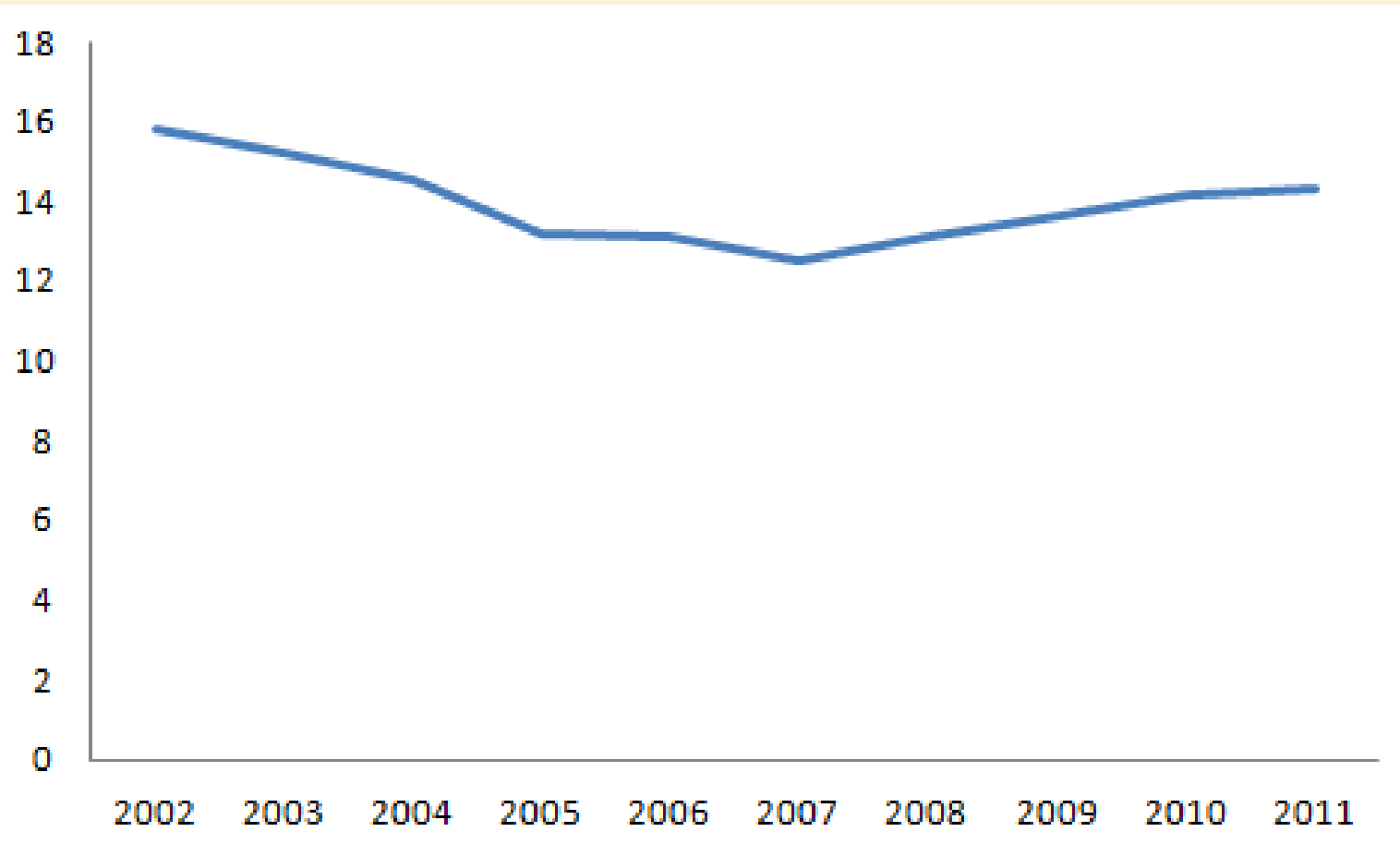# Past Month Underage Binge Drinking (by race)
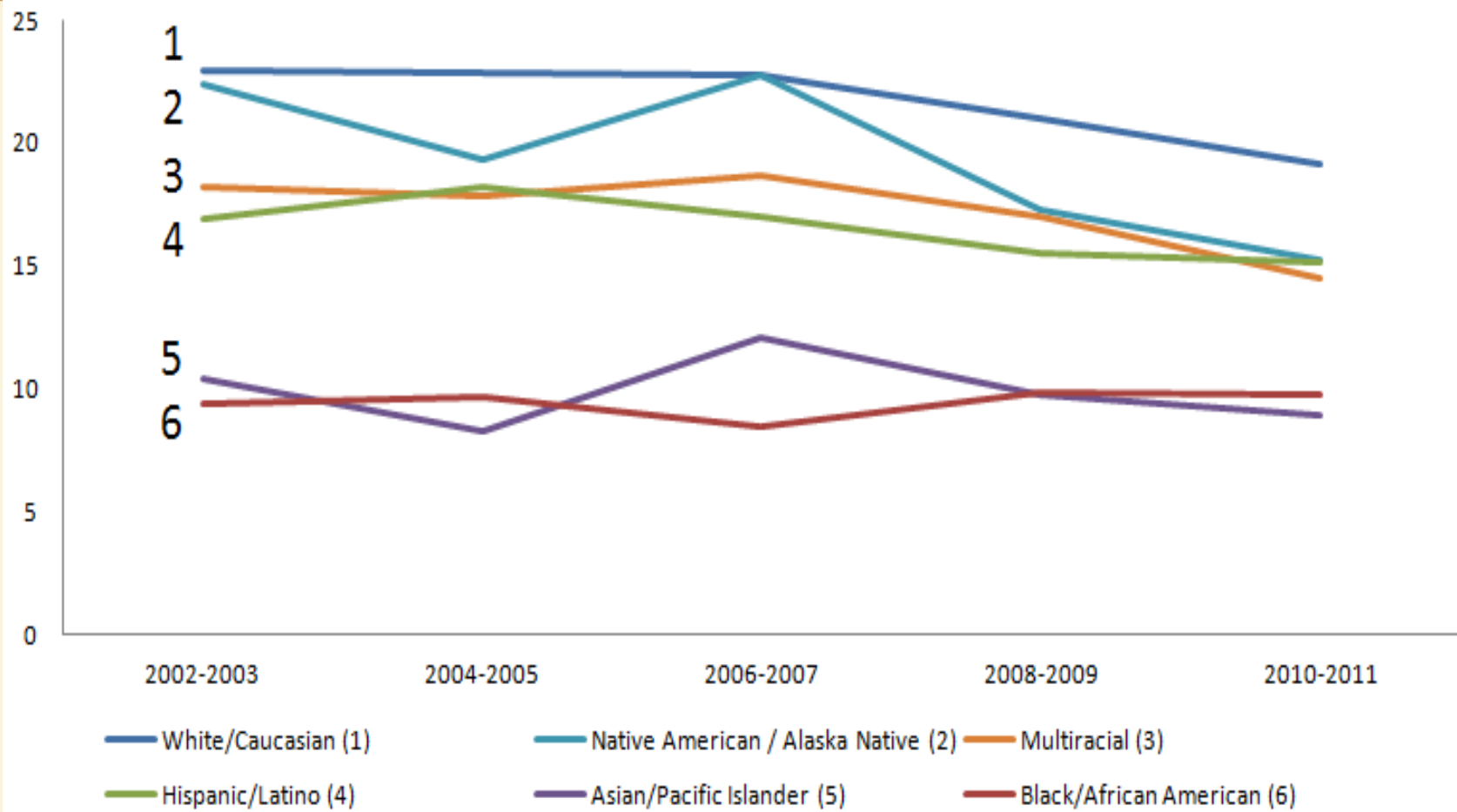
Perceived "Great Risk" in Using Marijuana (ages 12-17)

SAMHSA' NSDUH Data. Prepared by Brandon Nakawaki

Past Year Marijuana Use
(ages 12-17)

"Learning Laboratories"
SAMHSA 2012 CYF Program Chart

SAMHSA's Child, Youth, and Family Serving Programs (FY 2012)

CSAT — Grant Programs

Prenatal	Infancy	Early Childhood	Childhood	Early Adolescence	Adolescence	Young Adulthood	Adulthood

- Assertive Adolescent and Family Treatment
- Children Affected by Methamphetamine
- Teen Drug Courts
- Juvenile Drug Courts
- Residential Tx for Pregnant and Postpartum Women and Residential Tx for Women and Their Children
- Adolescent Grants
- Access to Recovery
- Family Drug Courts
- Ex-Offender Reentry
- Recovery Community Services Program
- Screening, Brief Intervention and Referral to Treatment
- Targeted Capacity Expansion Grants
- Treatment Drug Courts
- Treatment Systems for the Homeless

CSAP — Grant Programs

Prenatal	Infancy	Early Childhood	Childhood	Early Adolescence	Adolescence	Young Adulthood	Adulthood

- Capacity Building Initiative (CBI)
- Drug Free Communities Support and Mentoring Programs
- Sober Truth on Preventing Underage Drinking
- Partnerships for Success: State and Community Prevention Performance
- Ready-To-Respond Initiative
- Strategic Prevention Framework State Incentive Grant
- Strategic Prevention Framework State Prevention Enhancement Grants
- Synar Amendment (under SAPT BG)

CMHS — Grant Programs

Prenatal	Infancy	Early Childhood	Childhood	Early Adolescence	Adolescence	Young Adulthood	Adulthood

- Children's Mental Health Initiative
- Circles of Care
- GLS Suicide Prevention Grants
- Suicide Lifeline
- Healthy Transitions
- National Child Traumatic Stress Network
- Prevention Practices in School
- Project LAUNCH
- Safe Schools/ Healthy Students
- IOM in School- Good Behavior Game (6.1M)
- Statewide Family Networks
- Statewide Network Development for Recovery and Resilience Initiative
- Homelessness Grants
- Mental Health Transformation Grants
- Seclusion and Restraint

Trauma and Behavioral Health Research-Policy-Practice

- Majority of adults, adolescents and children in inpatient psychiatric and substance use disorder treatment settings have trauma histories (Lipschitz et al, 1999; Suarez, 2008; Gillece, 2010)
- 43% to 80% of individuals in psychiatric hospitals have experienced physical or sexual abuse
- 51%-90% public mental health clients exposed to trauma (Goodman et al, 1997; Mueser et al, 2004)
- 2/3 adults in treatment for substance use disorder report child abuse or neglect (SAMHSA, CSAT, 2000)
- Survey of adolescents in SU treatment > 70% had history of trauma exposure (Suarez, 2008)

✗SAMHSA
Substance Abuse and Mental Health Services Administration
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)

Research to Practice to Policy

- Youth Trauma Work Group: ACYF, SAMHSA, CMS

- ACYF and SAMHSA Grant Programs: coordinated RFAs and Technical Assistance

- Experts Panels: Framework for Trauma and Trauma-Informed Care

- Policy and Financing: State Directors' Letter jointly issued: address issue and payment strategies; to State CW Administrators, MH Commissioners & Child/Adol Directors, Medicaid Directors

  - http://www.medicaid.gov/Federal-Policy-Guidance/Downloads/SMD-13-004.pdf

Policy & Training Academies: Public Private Partnerships

- Prevention of MEB Disorders in Young People
  - 10 States; based on IOM Report
- Juvenile Justice Policy Academy & Action Network
  - 8 states; screening, diversion, DMC, Risk-Need-Responsivity Tools; addressing public health & public safety (w MacArthur Foundation)
- Tribal Juvenile Justice Policy Academy
  - Alternatives to incarceration; trauma-informed approaches
- National Network to Eliminate Disparities in Behavioral Health (NNED: www.nned.net)
  - Initial on-site training and virtual coaching and communities of practice for Community Based Organizations serving diverse racial and ethnic communities; training in EBPP and adaptations

Selected Federal Interagency Work Groups

- Interagency Work Group on Youth Programs
  - 18 agencies; Executive Order; www.findyouthinfo.gov
- Office of Adolescent Health/HHS Work Group
  - Pregnancy Prevention; MEB disorders; HIV; ACA
- Interagency Forum on Child and Family Statistics
  - Improve, coordinate data collection; "America's Children" annual report
- Disconnected Youth
  - Federal regulatory barriers
- Coordinating Council on Juvenile Justice Delinquency Prevention
- National Forum on Youth Violence Prevention
  - 10 Cities Project

Establishing Partnerships with "Host" systems

- Youth Build and SBIRT
  - Pilot with Dept of Labor: Office of Youth Services
- School-based Prevention, EI, Treatment Programs
  - Youth with SUD: 95% still in school
  - School-based services improve access for girls and youth of color
  - Rate of service provision higher in when in schools vs community settings
- WIC and Depression Screening
  - Development of Guidance with USDA

Building on Research & Emerging Technologies for Early Identification/Intervention

- Mental Health First Aid – Youth

- The Warning Signs Project

- Technology-based Interventions
  - Text Messages
  - For Warning Signs
  - For Recovery Supports

- Place-based Youth-focused Initiatives

Prevention and Early Intervention: Opportunities and Challenges

Meeting Adolescents Where They Are: New Directions in Behavioral Health, Grantmakers In Health's (GIH) Strategy Session

Alexa Eggleston, Senior Program Officer

Conrad N. Hilton Foundation

October 23, 2013

Conrad N. Hilton
FOUNDATION

In a Nutshell

Problem: Substance abuse remains a huge problem for youth, with little investment by the philanthropic sector; however, promising evidence-based interventions can make a significant difference.

What: The Conrad N. Hilton Foundation will lead an effort to prevent and address youth substance use and abuse early (ages 15-22).

How: Foundation efforts will expand the adoption of Screening, Brief Intervention, and Referral to Treatment (SBIRT), an evidence-based best practice for early intervention, which is not yet widely available to youth across the country.

With Whom: The Foundation will partner with national medical associations, medical educators, advocacy organizations, technical assistance providers, and research institutions to adopt and embed SBIRT access into medical practice, expanding SBIRT's reach for youth.

***Includes supporting efforts to expand SBIRT to a variety of settings (e.g., piloting school-based SBIRT models)

The Strategy Development Process Followed Three Phases

Phase I: Landscape Assessment

Phase II: Development of Strategic Options

Phase III: Final Strategic Plan

Phase I Activities

- Conducted secondary research on the size and scope of the problem, needs, funding landscape current efforts, and intervention opportunities

- Conducted interviews with 29 national experts, practitioners, government representatives, and other funders

- Identified preliminary opportunities for focus areas

Phase II and III Activities

- Hosted a convening to engage a broad range of stakeholders working across the substance abuse field

- Conducted 33 additional interviews

- Conducted two focus groups – one with youth affected by substance abuse and another with their parents

- Toured an early intervention pilot, interviewing researchers, practitioners, and students

- Vetted and finalized strategy with Hilton Foundation board of directors

Public Expenditures Comprise the Vast Majority of Funding to Substance Abuse

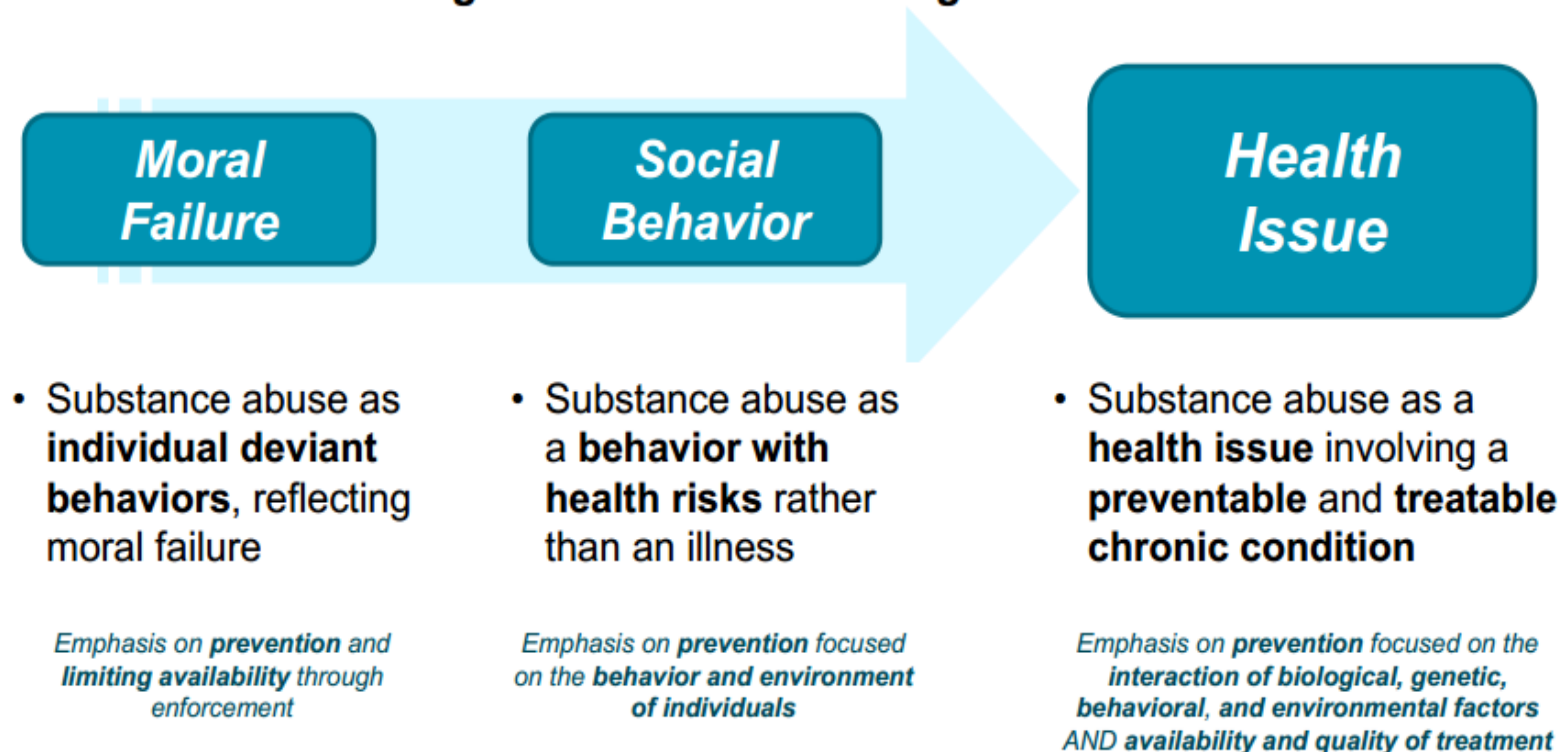**Public Federal Funding ($15B, 2011)**

- Treatment **25%**
- Prevention **10%**
- Law Enforcement **65%**
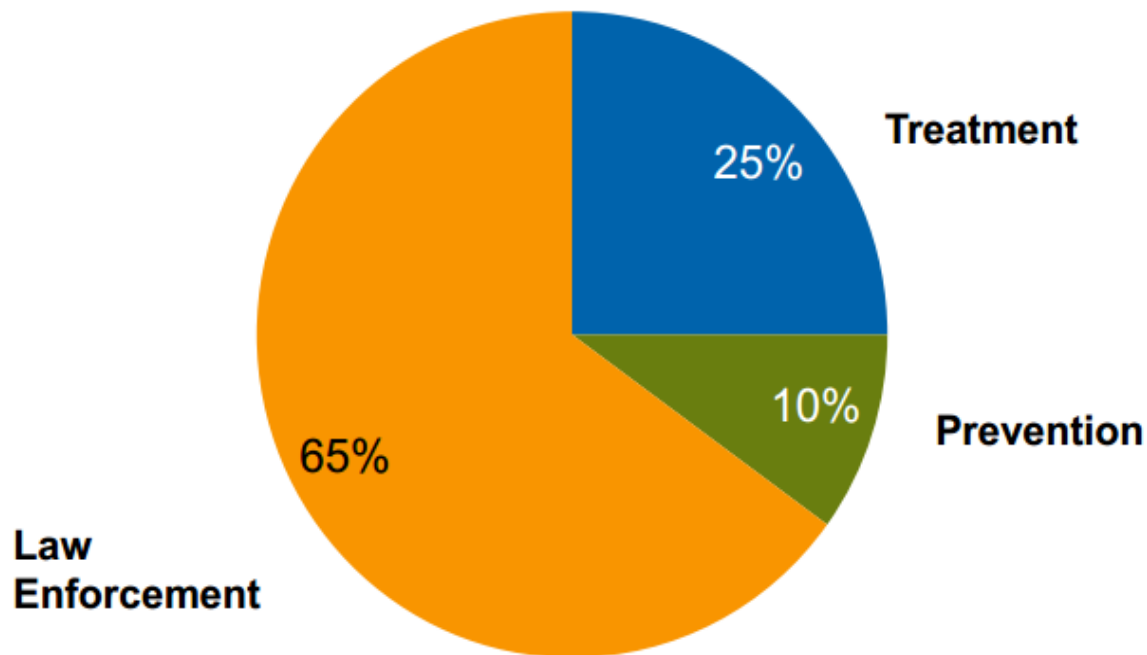
Public funding available for prevention of substance abuse is very limited

Source: National Drug Control Strategy FY2011 Budget Summary

The Field's Understanding of Substance Use Disorders Has Evolved from a Moral Failure to a Health Issue

Paradigms of alcohol and drug abuse

Moral Failure → **Social Behavior** → **Health Issue**

- Substance abuse as **individual deviant behaviors**, reflecting moral failure

  *Emphasis on **prevention** and **limiting availability** through enforcement*

- Substance abuse as a **behavior with health risks** rather than an illness

  *Emphasis on **prevention** focused on the **behavior and environment of individuals***

- Substance abuse as a **health issue** involving a **preventable** and **treatable** **chronic condition**

  *Emphasis on **prevention** focused on the **interaction of biological, genetic, behavioral, and environmental factors** AND **availability and quality of treatment***

"Despite a substantial body of empirical evidence to the contrary, much of the public still believes that drug and alcohol abuse is a willful act – essentially a personal, moral failing."
-Staff Representative of a Philanthropic Funder

Source: *The Evolution of the Robert Wood Johnson Foundation's Approach to Alcohol and Drug Addiction*, RWJ; FSG Interviews

Substance Use Disorders Affect People of All Ages, but Have Their Origins in Adolescence

A majority (63%) of the 23M Americans with an alcohol and/or drug addiction are over 25
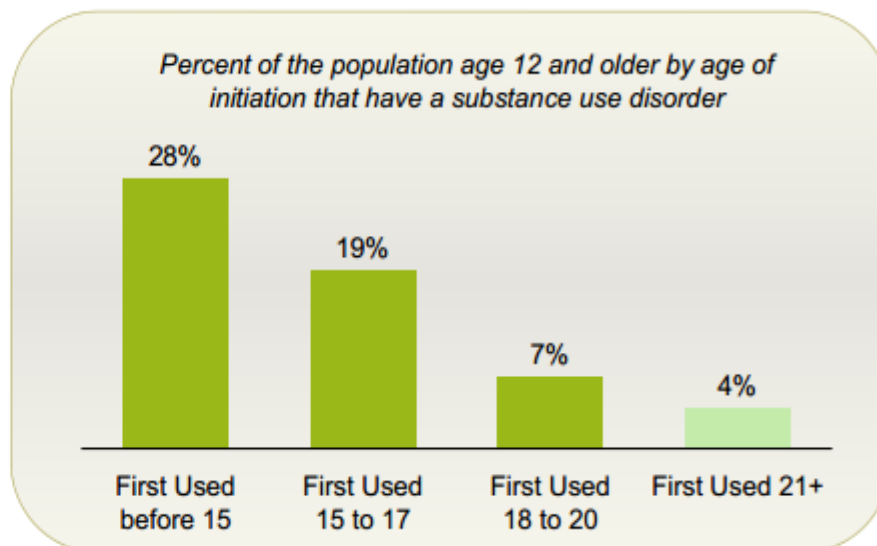
Age	Percent
Over 50	16.8%
35-49	23.9%
26-34	21.9%
18-25	29.7%
12-17	7.7%
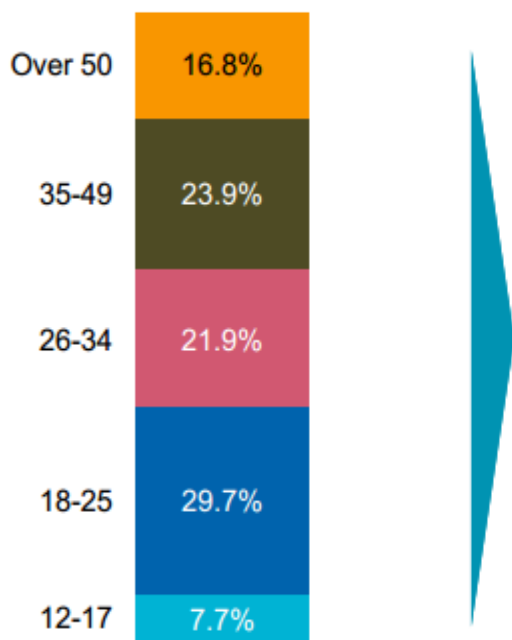
Age of the 23M Americans who are addicted to alcohol and/or drugs (percent)

However, 90% of people who are addicted began to smoke, drink and/or use other drugs before age 18
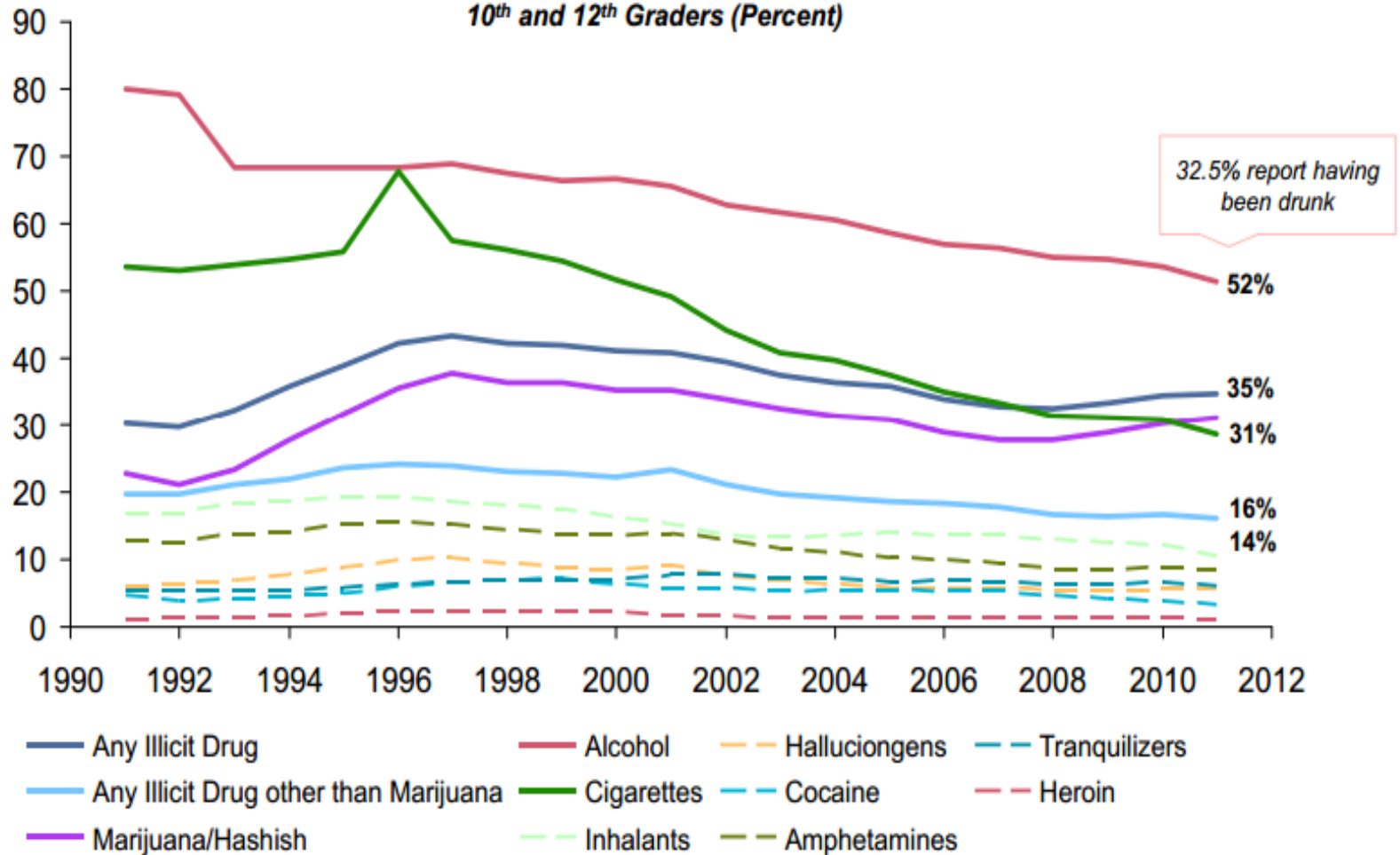
Additionally, chances of developing an addiction are six times higher for teens who begin using before age 15 than those who delay use until age 21 or older

Percent of the population age 12 and older by age of initiation that have a substance use disorder

First Used before 15	First Used 15 to 17	First Used 18 to 20	First Used 21+
28%	19%	7%	4%

Source: California Society of Addictive Medicine; *Adolescent Substance Abuse*, CASA; *Defining the Addiction Treatment Gap*, OSI; FSG Interviews

Despite Declining Trends, Use of Addictive Substances Among Youth Is Still a Key Public Health Concern

Trends in Lifetime Prevalence of Use of Various Drugs Among 8th, 10th and 12th Graders (Percent)
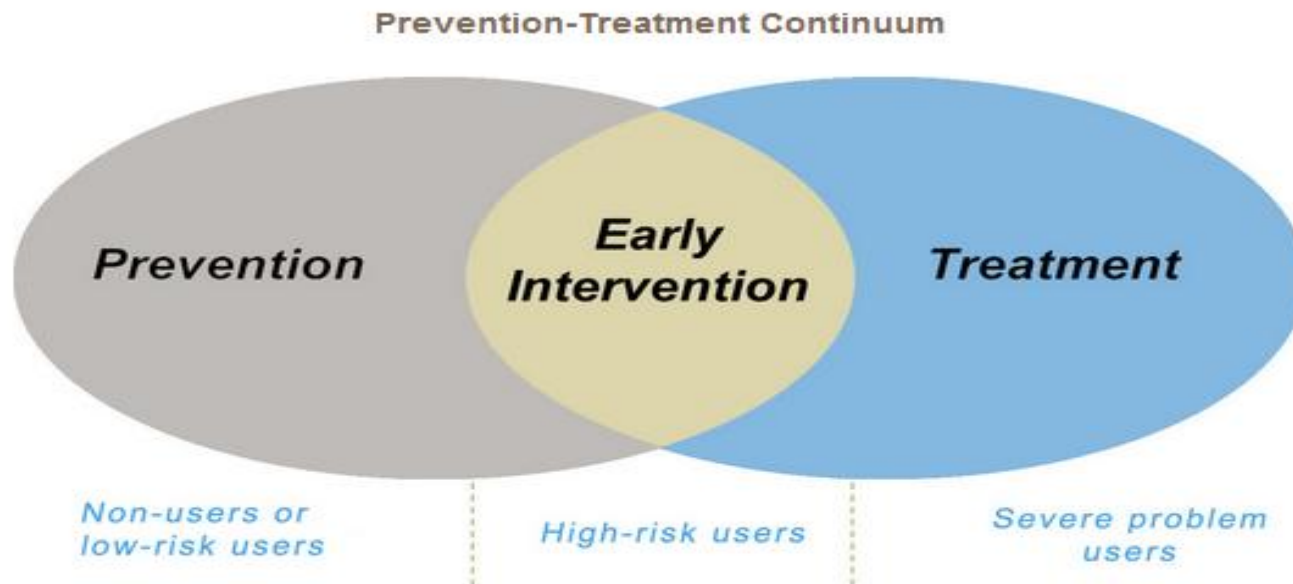
32.5% report having been drunk

52%
35%
31%
16%
14%

Legend:
- Any Illicit Drug
- Any Illicit Drug other than Marijuana
- Marijuana/Hashish
- Alcohol
- Cigarettes
- Inhalants
- Halluciongens
- Cocaine
- Amphetamines
- Tranquilizers
- Heroin

Preventing Onset of Use and Intervening Early

Vision

Youth substance use and abuse are detected and addressed early, which provides a path towards healthy living.

Approach

Due to youth's vulnerability and the potential lifetime consequences of substance abuse, the Foundation has focused its strategy on improving substance abuse outcomes for youth age 15-22 by means of early intervention.

Prevention-Treatment Continuum

Prevention — Early Intervention — Treatment

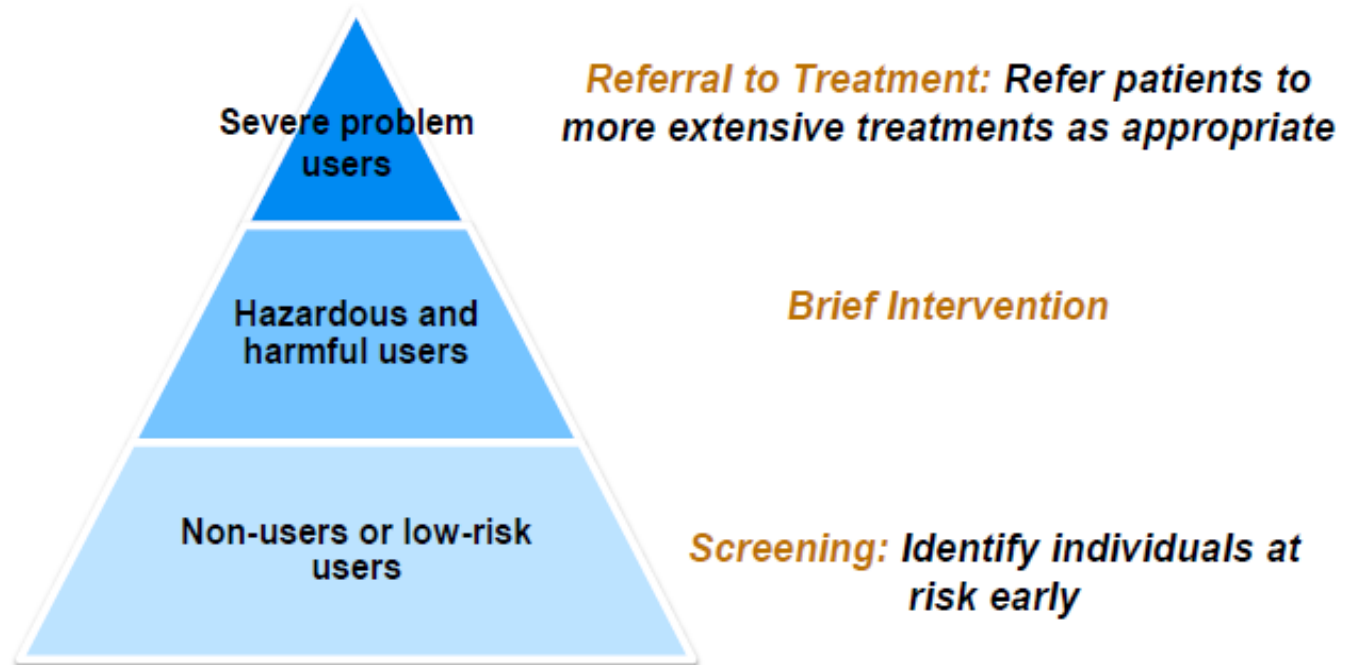Non-users or low-risk users | High-risk users | Severe problem users

Focusing on Screening, Brief Intervention, and Referral to Treatment (SBIRT)

SBIRT: Screening, Brief Intervention, and Referral to Treatment
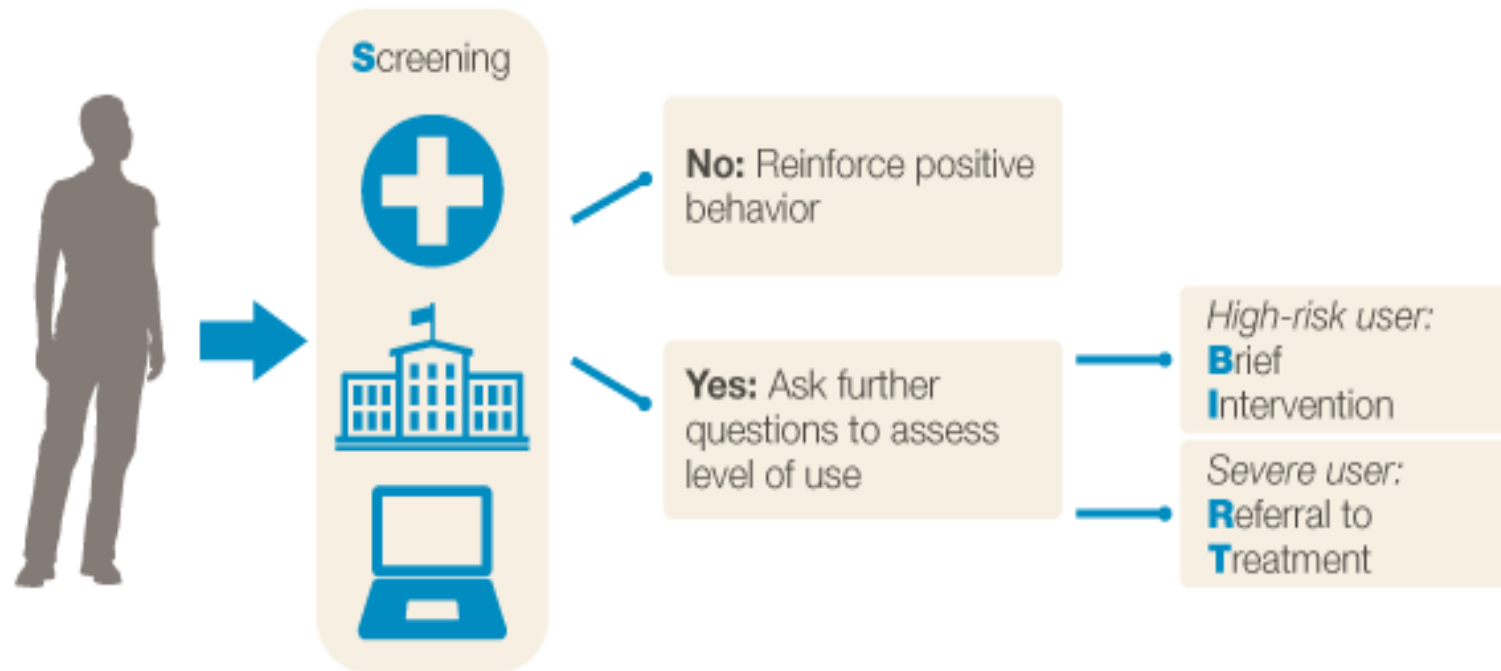
SBIRT Bridges Prevention and Treatment

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

Severe problem users

Referral to Treatment: Refer patients to more extensive treatments as appropriate

Hazardous and harmful users

Brief Intervention

Non-users or low-risk users

Screening: Identify individuals at risk early

Early detection and intervention are critical to cost-effective prevention and treatment

Initiative Areas

Ensure health providers have the knowledge and skills to provide SBIRT	Expand access to, increase funding for, and strengthen implementation of SBIRT	Strengthen the evidence base and foster learning to improve prevention and early intervention

Additionally, the Foundation will keep an open door to support <u>future innovative opportunities</u> showing evidence of improving youth substance abuse outcomes

Expanding Early Intervention Nationwide Will Require Intensive Education of Healthcare Providers on SBIRT

Healthcare Providers Have Limited SBIRT Knowledge and Awareness

- Currently, there is **a lack of knowledge among healthcare providers** regarding how to identify and respond to substance abuse disorders for adolescents

- Even among healthcare providers, substance abuse is **not fully recognized as a public health issue**; therefore, some healthcare providers do not acknowledge the importance of their role in early intervention
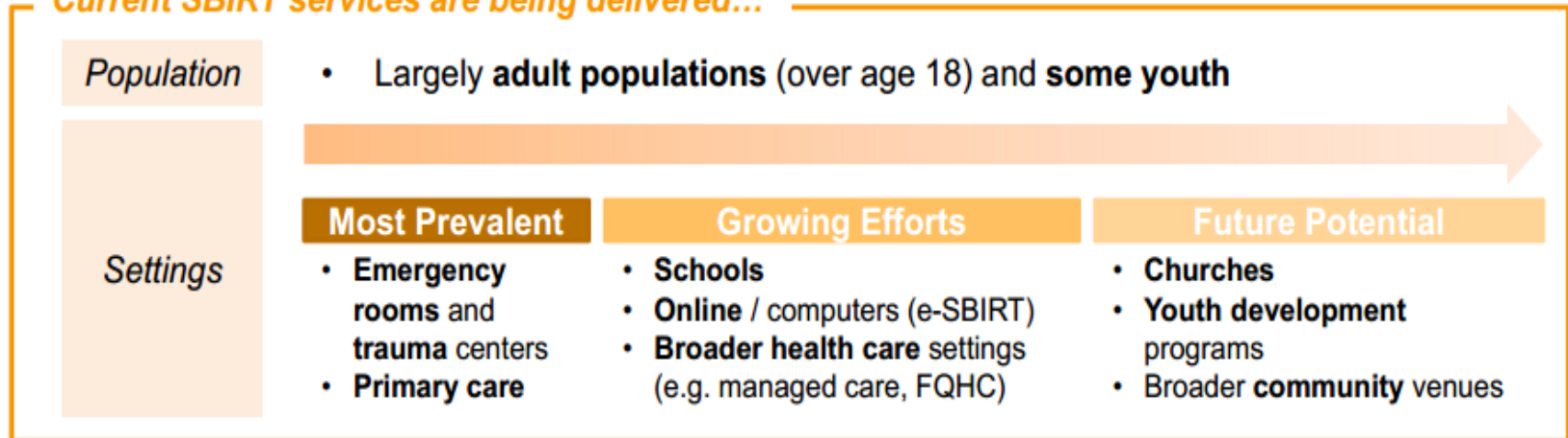
There Is a Lack of SBIRT Education Opportunities Across Healthcare Disciplines

- There **is limited integration of SBIRT education** in medical training programs and curricula

- **Existing SBIRT education and training** opportunities are mainly **focused on primary care MDs**

- Additionally, there is a great **need for SBIRT education among other types of health care professionals** (e.g., nurses, physician's assistants, social workers, psychiatrists) given that MDs often do not have the time to do the screening and brief intervention themselves
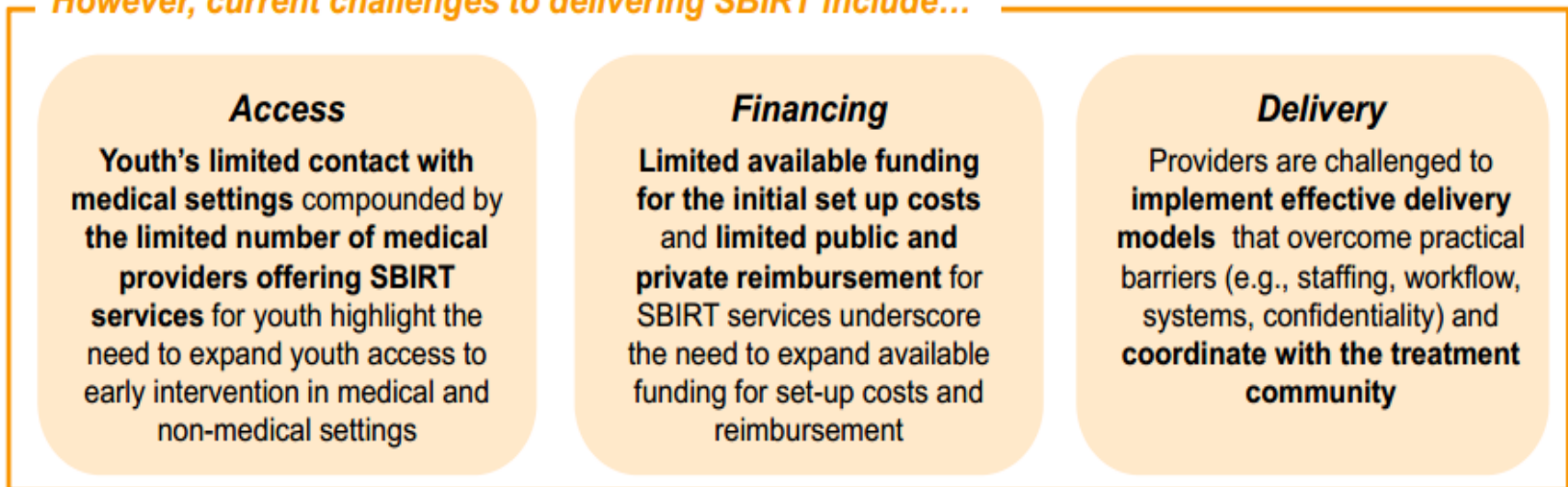
There Are Growing Efforts to Implement Early Intervention Services for Youth in Medical and Non-Medical Settings

Current SBIRT services are being delivered…

Population	• Largely **adult populations** (over age 18) and **some youth**

Settings	**Most Prevalent**	**Growing Efforts**	**Future Potential**
	• **Emergency rooms** and **trauma** centers • **Primary care**	• **Schools** • **Online** / computers (e-SBIRT) • **Broader health care** settings (e.g. managed care, FQHC)	• **Churches** • **Youth development** programs • Broader **community** venues

However, current challenges to delivering SBIRT include…

Access

Youth's limited contact with **medical settings** compounded by **the limited number of medical providers offering SBIRT services** for youth highlight the need to expand youth access to early intervention in medical and non-medical settings

Financing

Limited available funding for the initial set up costs and **limited public and private reimbursement** for SBIRT services underscore the need to expand available funding for set-up costs and reimbursement

Delivery

Providers are challenged to **implement effective delivery models** that overcome practical barriers (e.g., staffing, workflow, systems, confidentiality) and **coordinate with the treatment community**

5 Year Goals

Increased Awareness and Skills

- Increase by 30,000 the number of pediatricians who have training and are aware of SBIRT's importance

Improved Access and Implementation

- At least 30% of U.S. youth age 15-22 have comprehensive SBIRT access
- Foundation leverages $10M in private funding for SBIRT implementation and research

Strengthened Evidence Base and Learning

- Increase knowledge regarding SBIRT's effectiveness

Thank you!

Alexa Eggleston: alexa@hiltonfoundation.org

For more information please visit:
http://www.hiltonfoundation.org/initiatives-a-programs/substance-abuse or
http://www.hiltonfoundation.org/

Our Approach to Grantmaking

Joe Pyle, MA

The Thomas Scattergood Behavioral Health Foundation

Philadelphia, PA

SCATTERGOOD
FOUNDATION

Mission

The Foundation is a Quaker-based, philanthropic organization committed to raising its voice to improve the system through which behavioral healthcare is delivered and envisioned in the Philadelphia region and beyond.

Our Strategy

- Requesting grantees to behave differently

- Developing formal collaborations and partnerships

- Creating a community around innovation

- Requiring transparent grant reporting

- Focusing on integration of health care

- Building sustainable programs

Mental Health Literacy and Stigma

- Poor mental health literacy and stigma are the most significant barriers to help-seeking

26% > **30-40%** > **30%**

| **Diagnosable** | **Treatment Seeking** | **Treatment Adhering** |

- Increasing literacy and understanding stigma makes everybody's work more effective

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Education Strategies

- Breaking the Silence (BTS)
  http://www.btslessonplans.org

- Talking About Mental Illness
  http://bit.ly/1eEopl7

- Born This Way Foundation
  http://bornthiswayfoundation.org/

- Time to Change
  http://www.time-to-change.org.uk/youngpeople

- Scattergood Mental Health Literacy
  http://scattergoodfoundation.org/literacy

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Mental Health First Aid

Comprehensive Plan for the City of Philadelphia

Society

Community

Organizational

Interpersonal

Individual

SCATTERGOOD
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Mental Health First Aid

Areas Impacting Philadelphia's MHFA Initiative

Operational Capacity
- Internal Staff and Exec. Steering Committee
- Stakeholder Advisory Committee
- Strategic Partners

Training Capacity
- MHFA Trainers
- Building Audiences

Resources
- Funding
- Operational assets
- Supplies

Special Initiatives
- Pilot Programs
- Evaluation

Successful Philadelphia Implementation

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40

Youth Mental Health First Aid

- Trainings in all 21 neighborhoods

- A MHFA Hub in each of the larger sectors that would offer MHFA with youth specific classes (NW, NE, N, W, E, Center City, SW, S)

- City-wide partnerships with the School District of Philadelphia and American Red Cross
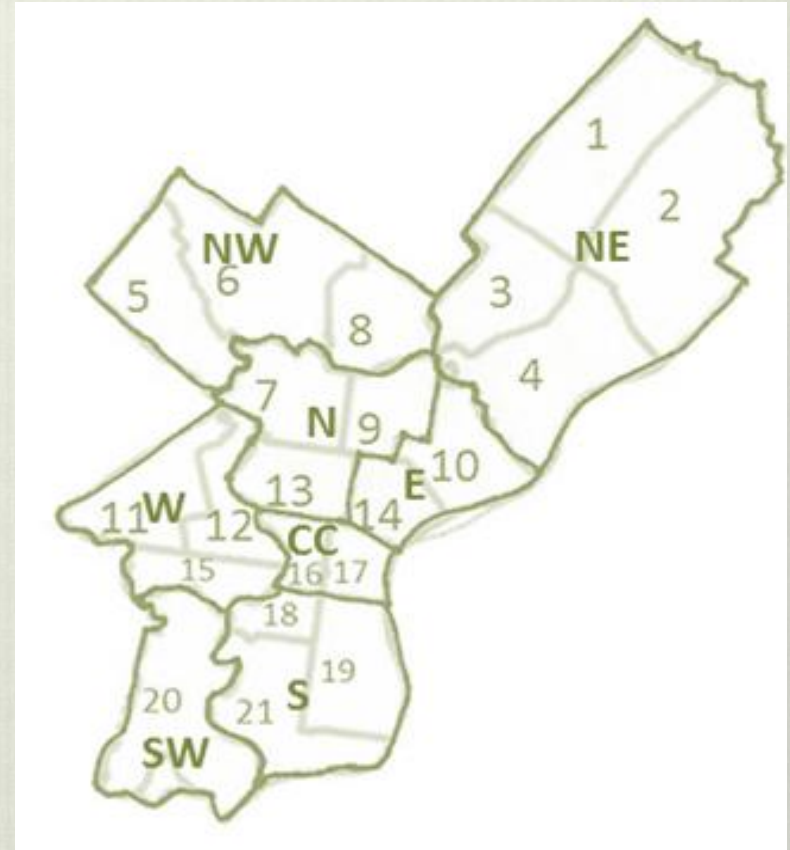
Building Capacity for Sustainable Outcome Measures

- Assesses and develops leadership and organizational support for evaluation

- Helps staff identify and obtain an in-depth understanding of their program's goal through the development of a logic model or theory of change

- Teaches staff skills to conduct essential program evaluation activities

- Works to identify and create solutions to agency specific problems with data collection

- Trains staff in effective communication about data

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F O U N D A T I O N

Questions?

Joe Pyle
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