Wellness & Adolescent Substance Use Prevention Project (WASUP) Best Practice Issue Brief

The Wellness & Adolescent Substance Use Prevention Project is a collaboration between Children's Hospital Los Angeles, The Los Angeles Trust for Children's Health, Los Angeles Unified School District (LAUSD), John C. Fremont, Thomas Jefferson, Manual Arts, Crenshaw, and Washington Preparatory high schools, UMMA Community Clinic, South Central Family Health Center, T.H.E. Clinic, and St. John's Community Health. Funding for this project is provided by California Community Foundation and The Conrad N. Hilton Foundation.

Fremont Wellness Center

INTRODUCTION

Substance use disorders are the leading cause of preventable death and disability – and most individuals begin using alcohol and other substances in adolescence[1]. To address this important public health issue, Children's Hospital Los Angeles (CHLA) and The Los Angeles Trust for Children's Health (The L.A. Trust) partnered with four schools and their associated school-based Wellness Centers to provide harm-reduction education and incorporate Screening, Brief Intervention, and Referral to Treatment (SBIRT) through the Wellness & Adolescent Substance Use Prevention (WASUP) Project. Fremont Wellness Center stands out in their efforts to incorporate SBIRT to teens. This brief describes the "best practice" strategies that were instituted at UMMA Community Clinic's Fremont High School Wellness Center.

A Comprehensive, Collaborative Approach

The entire UMMA Community Clinic staff, from the CEO to the Medical Director and through all the line staff, demonstrates a strong commitment to serving children and adolescents at the Wellness Center. This is evidenced by the close relationship that UMMA staff has developed with Fremont HS administrators, students, and community members. UMMA's staff and Student Advisory Board (SAB) members have participated in all the CHLA's SBIRT training offerings and submit monthly data to The L.A. Trust's Data xChange,(a HIPAA and FERPA compliant database that integrates the student record with the health record), and are using the data to improve practice.

[1] Conrad N. Hilton Foundation. (2012). Program Strategy for Substance Abuse. https://hilton-production.s3.amazonaws.com/documents/42/attachments/Substance_Abuse_Strategy_Paper.pdf?1440114031

Fremont UMMA Wellness Center student health leaders

Everyone in the clinic and in the school should understand how to care for students and refer when necessary. At Fremont Wellness Center, they have a unique staffing model where the clinic co-employs a district nurse practitioner (DNP) making all school policy and practice standards clear to the clinic staff and vice versa.

"We have a great working relationship with the school nurse," said Glenda LeFlore, DNP co-employed by UMMA Community Clinic and Los Angeles Unified School District. "That is critical because she is our eyes and ears on the campus. She helps us to reach students that we need to reach on short notice. She ensures that there is a method of keeping track of the students when they leave campus. A great working relationship with the principal is also important. The integration and communication with a principal, school nurse, attendance office, administration, on-site LCSW, and the administrative school liaison are all critical components to a successful Wellness Center."

"If we come across a student whom we know is a substance user, that's when we make referrals to the UMMA Clinic," said Blanca Esquivel, Principal at Fremont High School. "We meet with the UMMA clinic administrators, and we invite them to our safety collaborative meetings. From there we have an open-door policy that promotes ongoing, collaborative communication."

Building Staff Capacity and Applying Consistent Workflows and Referrals

"Workflows are essential." said Dr. Barth Rogers, CMO of UMMA Community Clinic. UMMA created defined workflows, which outline roles and responsibilities for each staff member who connects to the patients, including medical assistants, therapists, and providers. Workflows are strengthened by trainings on SBIRT, trauma-informed care, motivational interviewing, and harm reduction, according to Dr. Barth Rogers.

The Fremont Wellness Center and UMMA Community Clinic Staff are dependent on workflows that include alerts and templates, so they are not dependent on one person. UMMA created computerized alerts within their Electronic Medical Record system (eClincalWorks) and added a template to embed an age-appropriate substance use screening tool, CRAFFT. The alert reminds the medical assistant (MA) when an adolescent is due for an annual substance use screening. The MA administers the screening to the adolescent regardless of the reason for the visit. All screening questions are located within eClinicalWorks. Once the patient is screened, the MA merges the Results Template into the progress note in the medical record. If the patient screens positive, the clinician uses motivational interviewing with the adolescent to provide the Brief Intervention. If needed, the clinician refers the patient to behavioral health within the clinic by making an appointment; or if indicated

Fremont student health leaders

they will refer to an outside partner. Referral systems must work seamlessly. Behavioral health/substance use prevention and intervention services must be available and accessible to have an effective referral to treatment impact.

"We must be aware of the boundaries of our practice settings," said LeFlore. "We must be familiar with the necessary resources that may be indicated for all the health screenings provided at our facility – especially for substance abuse. We must make sure that when substance use has been identified, the facilities can address the needs. If we are unable to meet the needs, we need to make sure that we are prepared to make the referral that is appropriate for the student, and to avoid having the student come back with unmet needs." UMMA does have a Behavioral Health Specialist who works at the Wellness Center and provides care to students. They are also prepared to refer to partners if necessary.

Student-centered Focus

UMMA Community Clinic has taken advantage of the strong Student Advisory Board (SAB) at Fremont High School. "Working with our SAB has been great," said Angelica Rodriguez, UMMA staff and Student Advisory Board Leader at Fremont High School. "Our SAB receives training from the CHLA substance use prevention program coordinator. They are not only trained on the information about why substances can be harmful and how they can impact young bodies, but also how to effectively communicate health messages to their peers via lunchtime activities, after-school events, or social media posts." Once trained, Student Advisory Board members work with the UMMA's health educator to

create social media posts around substance use and other health topics; they also do tabling events during lunchtime to provide resources and conduct substance use prevention education activities.

The SAB team has focused a lot of effort in helping their peers connect with services at UMMA and find help regarding substance use. Their activities and events are aimed at helping students make decisions based on the clinically accurate information they receive about the dangers and harms of substances. Ms. Rodriguez also coordinates online talks with a substance use counselor so that students can become familiar with the people on site ready to help them.

Fremont students distribute health information

Data driven decisions

"To measure effectiveness, we must be able to track and make sense of the data we are collecting as healthcare practitioners," said Adel Syed, President of UMMA Community Clinic. "Our work with LAUSD and The L.A. Trust is at the forefront of making sure we continue to create an environment where we are not only impacting student lives, but also ensuring our methods are being shared and discussed to better ourselves and the district at large. Our students deserve the best care possible, and that can only happen when we collaborate and share data regularly."

Data is collected directly from UMMA's electronic medical record and automatically uploads to The L.A. Trust Data xChange. Data is available monthly, and UMMA actively uses the data to inform practice.

The SBIRT Report in the Data xChange provides the number and percent of patients that have been screened

and those that have screened positive and received brief interventions. Data showed that UMMA screened 40% of their 12–17-year-old patients while other participating Wellness Centers screened less than 1% of their adolescent patients in the last academic year. This could be due to an error in coding which The L.A. Trust is working to correct. However, UMMA Community Clinic's comprehensive approach is unique and most notable.

The SBIRT report also showed a gap in reporting where no referrals to treatment had been made. The reason for this is that referrals are not easily captured on the electronic medical record (EMR). This stood out to UMMA staff who are now working on resolving this within their EMR by adding a field so that clinicians can indicate whether a referral for behavioral health was provided after a positive substance use screening result. UMMA plans to use i2i (health population software) to create a report that pulls data from their EMR and connects the Behavioral Health appointment referral with the Behavioral Health treatment visit to ensure that the patient receives services.

The L.A. Trust team is working with practitioners to refine data collection and support best practices throughout the Wellness Center network. The team is working on establishing performance measures that could include the number and type of providers trained; pre and post-test scores for providers; practices implementing screening; screening rates at school versus entire network; the number of youths screened and the total number treated.

Conclusion

Fremont Wellness Center's UMMA Community Clinic and Fremont High School staff should be commended for their focused effort to serve students in a comprehensive, integrated, and student-centered manner. Strategies that support this success include: a) A Comprehensive, Collaborative Approach that integrates school and clinic staff in the process, such as teachers, nurses, and administrators referring students to care demonstrating school integration; b) Building Staff Capacity and Applying Consistent Workflows and Referrals to ensure that staff are universally and regularly trained in trauma-informed care, harm reduction and motivational interviewing and clear and consistent workflows are adopted and embedded into the clinical practice; c) Student-centered Focus is applied in care and coordination with the campus activities and in support

of SAB members and d) Data Driven Decision making where school site and clinical staff are evaluating the data in ongoing quality improvement plans and take action to resolve what is not working to elevate the practice in this case, for youth. (See addendum for the Learning Collaborative Presentation).

Students are recognized as agents of change. Embracing student input to enhance services is a critical element of the campus's success. The L.A. Trust and CHLA are committed to supporting other sites to address SBIRT practice challenges and learn from UMMA's experience and expertise.

Further Recommendations

1. With the current opioid crisis, we are facing in the nation and Los Angeles, it is imperative that routine screening and recognized best practices such as SBIRT screening are embraced by school-based clinical providers. Wellness Center campuses are in a unique position to affect the health of students and can only do this efficiently when care is coordinated and integrated between the school, students, and clinic staff. The School Integration Tool (see addendum) can be used to identify where integrated practice can be improved.

2. Consistent training for all sites in trauma-informed care and motivational interviewing should be supported for all school-based health providers. This practice is truly student-centered and can result in better access so that health concerns can be identified early, and further harm prevented.

3. Integrated clinical technology and data reporting can be improved by integrating systems further. As discussed here, developing technological solutions to track referral to follow-up is possible and easier with internal systems. However, interagency referral systems school-to-clinic and clinic-to-school need to be developed while protecting student and patient privacy.

4. Data xChange reporting should be refined and suited to individual audiences so that school staff, clinic staff and Student Advisors can recognize data gaps that allow them to focus their efforts to make sure all students receive the care they need, when they need it, and in a manner that is respectful and protective.

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

Dr. Yohanna Barth-Rogers, Chief Medical Officer, UMMA Community Clinic Fremont Wellness Center

The Los Angeles Trust for Children's Health

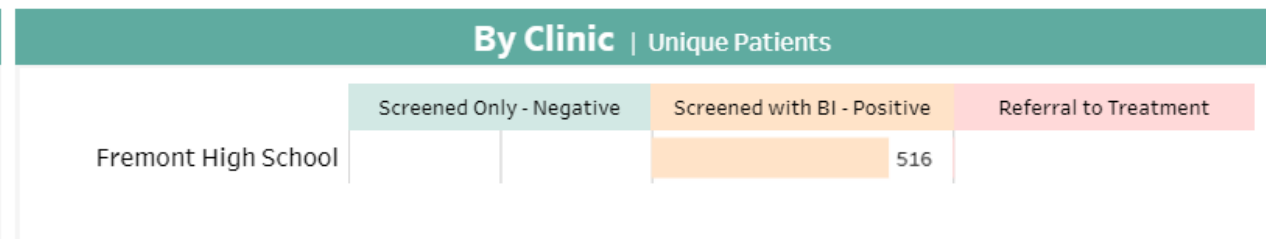# Adolescent (12-17yrs) SBIRT
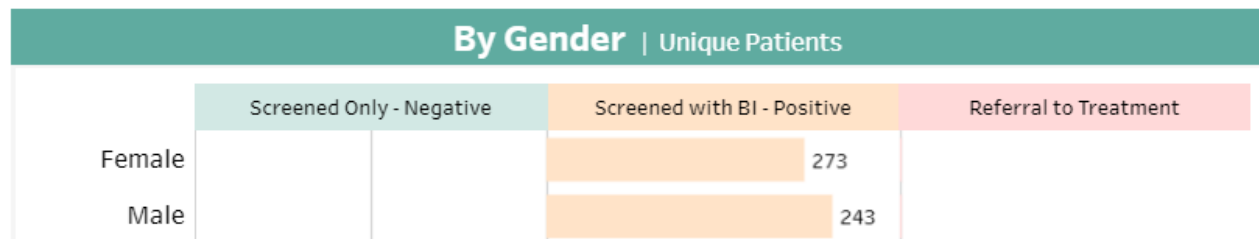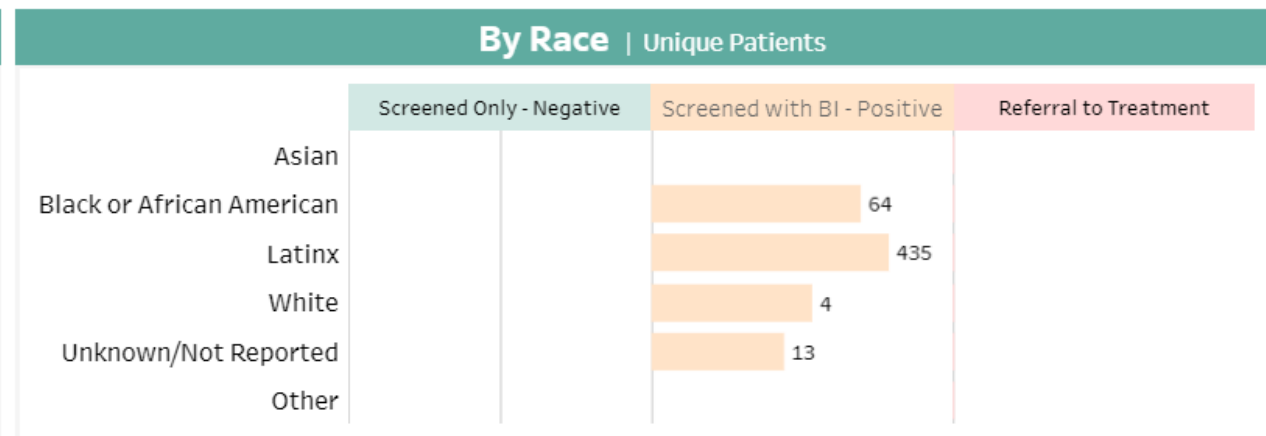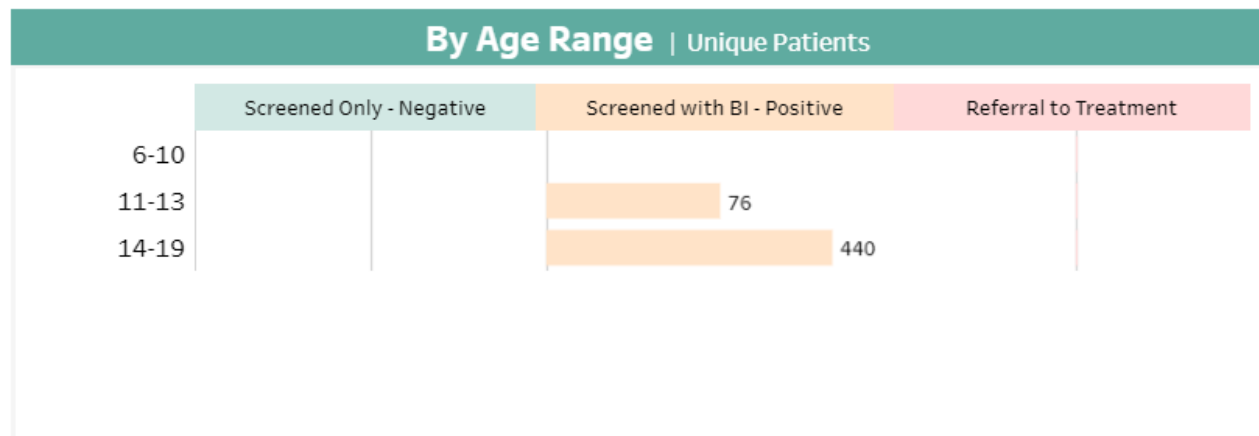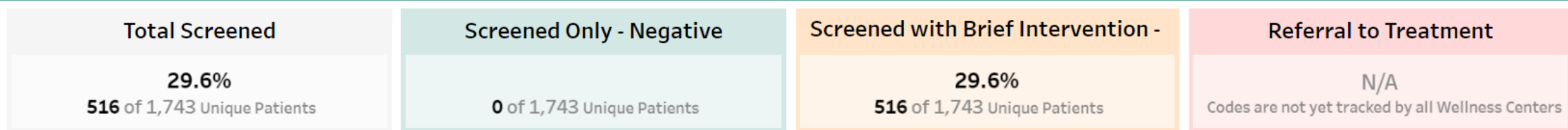
Yohanna Barth-Rogers, MD, CMO

Wellness & Adolescent Substance Use Prevention Project

- Partnered with Children's Hospital Los Angeles (CHLA) and The L.A. Trust

- Provided harm reduction education

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

Student data for the 2021-22 Academic Year

Comprehensive Approach to SBIRT

- Clinic staff worked closely with school site administrators, students, and partners
  - Relationship with the school nurse
  - Integration and communication with school staff including the principal, school nurse, attendance office, administration, LCSW, and OF
- CHLA provided SBIRT training to clinic staff and Fremont High's Student Advisory Board

Culture and workflows are key

- Trauma-informed care approach that includes being sensitive to substance use

- Our Medication Assisted Treatment (MAT) program helped us to establish a culture of de-stigmatization

- Student-centered focus

- Workflows and templates in our Electronic Medical Record (EMR)

Adolescent SBIRT Screening Checklist

- **Templates:**
  1. Adolescent SBIRT Screening 12-17Yrs
  2. Adolescent SBIRT Negative 0-1
  3. Adolescent SBIRT Positive 2+
- **CDSS Alert**

Adolescent SBIRT Screenings: 12-17Yrs

Full Screen

- The CRAFFT screening tools for patients ages 12-17 at least once a year, during any type of patient visit.
- Given by the medical assistant via eCW Template **Adolescent SBIRT Screening 12-17yrs** in the exam room.
- The CRAFFT ask about frequency and consequences related to substance use, which can indicate a possible substance use disorder.
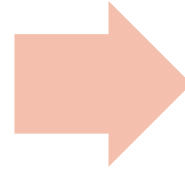
Response

- The MA scores the full screen in the exam room.
- If Positive, the provider conducts brief interventions that employ principles of motivational interviewing to patients with unhealthy alcohol or drug use.
- Referrals (Appointment with BH) is facilitated with patients likely experiencing a substance use disorder and ready to accept treatment.

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SBIRT CDSS Alert

- A CDSS alert is set-up for patients ages 12-17Yrs.

- CDSS Alert Name: **QI-MA Adolescent SBIRT Template**

- The alert is triggered by a structure text data field in our 'Adolescent SBIRT Screening 12-17yrs' Template.

Adolescent SBIRT Workflow

MA sees CDSS alert for Overdue **QI-MA Adolescent SBIRT Template** → MA administers 'Adolescent SBIRT Screening 12-17yrs ' Template

Adolescent SBIRT Workflow: Results & Follow-Up

- Screening Results
  - **Positive: 2+** 'Yes' Responses

Subjective:

  Chief Complaints:

  HPI:
    Result/Screening Documention:
      SBIRT
        Adolescent SBIRT Screening *Completed*
        BH appointment made? *Yes*
  Medical History:

Objective:

Assessment:

  Assessment:

  1. Encounter for counseling and surveillance for drug use disorder - Z71.51

Plan:

  Recommended Wellness and Prevention Guidelines:

Status	Alert	Last Done	Next Due	Action Taken
NONCOMPLIANT	QI-MA SBIRT TEMPLATE DUE	01/01/2001	01/01/2002	Documented structured data - Adolescent SBIRT Screening

  Procedure Codes: 99408 ALCOHOL/SUBSTANCE ABUSE 15-30 MIN

Billing Information:

  Visit Code:
  Procedure Codes:
  99408 ALCOHOL/SUBSTANCE ABUSE 15-30 MIN.

If the patient screens **positive** → MA merges the **Adolescent SBIRT Positive 2+** Template into the progress note→ Provider completes Motivational Interviewing → Provider places appointment to BH as needed.

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Adolescent SBIRT Workflow: Results

- Screening Results
  - Negative: 0-1 'Yes' Responses

Subjective:

Chief Complaints:
1. zzSBIRT Negative 0-1.

HPI:
Result/Screening Documention:
SBIRT
Adolescent SBIRT Screening   *Completed*

Medical History:

Objective:

Assessment:

Assessment:

1. Encounter for screening, unspecified - Z13.9

Plan:

Recommended Wellness and Prevention Guidelines:

Status	Alert	Last Done	Next Due	Action Taken
NONCOMPLIANT	QI-MA SBIRT TEMPLATE DUE	01/01/2001	01/01/2002	Documented structured data - Adolescent SBIRT Screening

Procedure Codes: H0049 ALCOHOL/DRUG SCREENING

Billing Information:

Visit Code:
Procedure Codes:

If the patient screens **negative** → MA merges the **Adolescent SBIRT Negative 0-1** template into the progress note.

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School Health Integration Measure						
1. Health authority		Never (0%)	Sometimes (1-33%)	Often (34-66%)	Frequently (67-99%)	Always (100%)
1a.	SBHC contributes subject matter expertise on school wellness policies and health-related programs and services (nutrition, physical activity, safety, discipline) that support student well-being.					
1b.	SBHC actively promotes campus-wide policies and practices that assure a safe and healthy school environment for all students and staff, including participation in school's crisis prevention and intervention plans.					
2. Integrated programming						
2a.	A specific protocol exists for the SBHC to refer students for academic support in the school.					
2b.	A specific protocol exists for the school to refer students for health support in the SBHC.					
2c.	SBHC conducts schoolwide health campaigns or events.					
3. Marketing and recruitment						
3a.	SBHC conducts active outreach in the school or community to inform **students** about the services it provides.					
3b.	SBHC conducts active outreach in the school or community to inform **school staff** about the services it provides.					
3c.	SBHC conducts active outreach in the school or community to inform **families** about the services it provides.					
3d.	SBHC successfully enrolls students in services who are identified in school population screens.					
4. Shared outcomes						
4a.	SBHC and school regularly and actively exchange information about aggregate student well-being and outcomes.					
5. Staff Collaboration						
5a.	SBHC and school staff spend time together collaborating on student support.					
5b.	SBHC has a formalized understanding of how it collaborates with school administration, teachers, and support staff—school nurses, psychologists, and counselors—to ensure the partnership meets student needs efficiently, effectively, and seamlessly.					