

SBIRT for Adolescents: Aligned with the CCO Incentive Metric



Colleen Reuland, MS
reulandc@ohsu.edu www.oregon-pip.org



Acknowledgement and Disclaimer



Note: This webinar is supported by Funding Opportunity Number CMS-1G1-12-001 from the U.S Department of Health and Human Services, Centers for Medicare & Medicaid Services and the content provided is solely the responsibility of the authors and do not necessarily represent the official views of HHS or any of its agencies.

Recap: OPIP's Webinar Series

Part 1: What, Why, and How to **Educate** about Adolescent Well-Care Visits

- Three webinars

Part 2: From **Recommendations to Implementation:** Implementing & Documenting AWW in Alignment with CCO Incentive Metrics

- ***Today's webinar***, plus four other webinars

Part 3: Going to Them – Leveraging Partnerships with **School Based Health Centers (SBHCs)**

- Two webinars

OPIP's Ten Part Webinar Series

Part 2: From Recommendations to Implementation: Implementing & Documenting AWW in Alignment with CCO Incentive Metrics

1. Structure & Composition of adolescent well-care visits
(Held June 2nd)
2. Privacy and Confidentiality (Held June 30th)
3. Depression Screening and Follow-Up for Adolescents
(Held July 7th)
4. Substance Abuse Screening, Brief Intervention, Referral
and Treatment for Adolescents (Today's Webinar)
5. Alignment of Public and Private Payer Policies and
Impact on the Front-Line Provision of Services

CCO Incentive Metrics That Address Components of Bright Futures Recommended Adolescent Well-Visit

- **Depression Screening and Follow-Up to Depression Screening (LAST Webinar)***
 - Specifications based on the Meaningful Use measure
 - Data extracted from electronic health records and submitted to CCO/OHA.

- **Substance Abuse Screening & Brief Intervention (TODAY'S Webinar)-***
 - Based on **claims data ONLY**
 - **From this point forward will call it SBIRT given short hand used in CCOs and practices for this metric**

**Webinars will be shorter given the deeper dive into one topic area.*

Goals For Today's Webinar

- Provide a quick recap/summary of **Bright Futures recommendations** inclusion of substance abuse screening and follow up for adolescents
- Understand other **levers for adolescent SBIRT**
- Understand the **tools used for adolescent SBIRT**
- Describe methods and strategies front-line practices have used to implement SBIRT in a way that is aligned with the metric:
 - **SBIRT**– processes to implement
 - **Documentation and billing strategies** for SBIRT aligned with metric
- Provide an overview of **how CCOs can support implementation** of care aligned with these recommendations

***Recommended Services Included in a
Bright Futures Aligned Adolescent Well-Visit***



★ = risk assessment to be performed with appropriate action to follow, if positive ← ● → = range during which a service may be provided



***In addition to Bright Futures,
Levers for Adolescent SBIRT in Oregon***

State Health Priorities Addressed by Bright Futures Aligned Visits that Include SBIRT

Health Topic Area Addressed in Adolescent Well-Visits	Relevant CCO Incentive or PCPCH Program Standard Addressed in context of a Well-Visit
Mental and behavioral health	Screening for depression †
Tobacco and substance use	Screening for alcohol and substance use (SBIRT)†,◇; smoking and tobacco cessation †,◇
Sexual behavior	Chlamydia screening in women ages 16-24†,◇; contraceptive use in women at risk for unintended pregnancy†,◇
Nutritional health	Diabetes: HbA1c Poor Control; BMI assessment / counseling †,◇
Immunizations	Immunization for adolescents †,◇
Violence and injury prevention	Screening for depression †; SBIRT †,◇

Alignment with Public Health Priority Measure:

† Healthy People 2020 Objective

◇ Oregon's Healthy Future/Oregon's State Health Profile

OR Patient Centered Primary Care Home Standards Related to Mental Health Screening

- <http://www.oregon.gov/oha/pcpch/Pages/standards.aspx>

Standard 3.A – Preventive Services (THIS STANDARD HAS BEEN REVISED)

- **3.A.1** - PCPCH routinely offers or coordinates recommended preventive services appropriate for your population (i.e. age and gender) based on best available evidence and identifies areas for improvement. (5 points)
- **3.A.2** - PCPCH routinely offers or coordinates recommended age and gender appropriate preventive services, and has an improvement strategy in effect to address gaps in preventive services offerings as appropriate for the PCPCH patient population. (10 points)
- **3.A.3** - PCPCH routinely offers or coordinates 90% of all recommended age and gender appropriate preventive services. (15 points)

Standard 3.C – Mental Health, Substance Abuse, & Developmental Services (THIS STANDARD HAS BEEN REVISED)

- **3.C.0** - PCPCH has a screening strategy for mental health, substance use, and developmental conditions and documents on-site, local referral resources and processes. (**Must-Pass**)
- **3.C.2** - PCPCH has a cooperative referral process with specialty mental health, substance abuse, and developmental providers including a mechanism for co-management as needed or is co-located with specialty mental health, substance abuse, or developmental providers. (10 Points)
- **3.C.3** - PCPCH provides integrated behavioral health services, including population-based, same day consultations by providers/behaviorists specially trained in assessing and addressing psychosocial aspects of health conditions. (15 Points)

CCO Incentive Metric: SBIRT

- **Numerator:** Patients screened for substance abuse on the date of the encounter, using an age-appropriate standardized tool (for adolescents, this is the CRAFFT)
- **Denominator:** All patients aged 12 years and older before the beginning of the measurement period with at least one eligible encounter during the measurement period.
- **Exclusions and Exceptions to the Denominator:**
 - Check specifications
 - Example: CPT codes for tobacco use and cessation. SBIRT is not designed to address smoking and tobacco use; Exclude SBIRT screening and/or brief intervention services provided in emergency department settings.
- **Measurement Period:** Previous 12 months or Last Quarter of Measurement Year
- **Technical Specifications:**
 - <http://www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx>

*Tools Used for
Adolescent
SBIRT*

CRAFFT

Car, Relax, Alone, Forget, Family, Friends, Trouble

The CRAFFT Screening Interview

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

Part A

During the PAST 12 MONTHS, did you:

	No	Yes
1. Drink any <u>alcohol</u> (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)	<input type="checkbox"/>	<input type="checkbox"/>
2. Smoke any <u>marijuana or hashish</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
3. Use <u>anything else</u> to <u>get high</u> ? ("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")	<input type="checkbox"/>	<input type="checkbox"/>

For clinic use only: Did the patient answer "yes" to any questions in Part A?

No ☐

Yes ☐

Ask CAR question only, then stop

Ask all 6 CRAFFT questions

Part B

	No	Yes
1. Have you ever ridden in a <u>CAR</u> driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you ever use alcohol or drugs to <u>RELAX</u> , feel better about yourself, or fit in?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you ever use alcohol or drugs while you are by yourself, or <u>ALONE</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ever <u>FORGET</u> things you did while using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do your <u>FAMILY</u> or <u>FRIENDS</u> ever tell you that you should cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever gotten into <u>TROUBLE</u> while you were using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>

The CRAFFT



Download available in documents section of the webinar interface:

- For use with ages 12-18
- English and Spanish

CRAFFT

Car, Relax, Alone, Forget, Family, Friends, Trouble

The CRAFFT Tool has two parts

Part A- the “Pre-CRAFFT”

- ANY “**yes**” response indicates the teen should complete ALL of the **Part B or CRAFFT** questions
- If all Part A responses are “**no**”, only ask the **CAR** question of **Part B**

Part A

During the PAST 12 MONTHS, did you:

No Yes

1. Drink any alcohol (more than a few sips)?
(Do not count sips of alcohol taken during family or religious events.)

☐☐

2. Smoke any marijuana or hashish?

☐☐

3. Use anything else to get high?

☐☐

(“anything else” includes illegal drugs, over the counter and prescription drugs, and things that you sniff or “huff”)

CRAFFT

Car, Relax, Alone, Forget, Family, Friends, Trouble

The CRAFFT Tool has two parts

Part B- the CRAFFT Questions

- ANY “yes” response in **Part A** indicates the teen should complete ALL of the **Part B or CRAFFT** questions
- If all **Part A** responses are “no”, only ask the **CAR** question of **Part B**

Part B	No	Yes
1. Have you ever ridden in a <u>CAR</u> driven by someone (including yourself) who was “high” or had been using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you ever use alcohol or drugs to <u>RELAX</u> , feel better about yourself, or fit in?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you ever use alcohol or drugs while you are by yourself, or <u>ALONE</u> ?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ever <u>FORGET</u> things you did while using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do your <u>FAMILY</u> or <u>FRIENDS</u> ever tell you that you should cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever gotten into <u>TROUBLE</u> while you were using alcohol or drugs?	<input type="checkbox"/>	<input type="checkbox"/>

Scoring the CRAFFT

- Each question scored as Yes or No
- **If the answer is NO to all Part A questions, only ask Part B question 1 (the CAR question)**
- **If any Part A questions are answered YES, complete ALL Part B questions.**
- Score as follows:

The CRAFFT Screening Interview

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

Part A

During the PAST 12 MONTHS, did you:

- | | | |
|--|-----------------------------|------------------------------|
| 1. Drink any <u>alcohol</u> (more than a few sips)?
(Do not count sips of alcohol taken during family or religious events.) | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 2. Smoke any <u>marijuana</u> or <u>hashish</u> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Use <u>anything else</u> to <u>get high</u> ?
(“anything else” includes illegal drugs, over the counter and prescription drugs, and things that you sniff or “huff”) | <input type="checkbox"/> | <input type="checkbox"/> |

For clinic use only: Did the patient answer “yes” to any questions in Part A?

No ☐

Yes ☐

Ask CAR question only, then stop

Ask all 6 CRAFFT questions

Part B

- | | | |
|---|-----------------------------|------------------------------|
| 1. Have you ever ridden in a <u>CAR</u> driven by someone (including yourself) who was “high” or had been using alcohol or drugs? | No <input type="checkbox"/> | Yes <input type="checkbox"/> |
| 2. Do you ever use alcohol or drugs to <u>RELAX</u> , feel better about yourself, or fit in? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you ever use alcohol or drugs while you are by yourself, or <u>ALONE</u> ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you ever <u>FORGET</u> things you did while using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do your <u>FAMILY</u> or <u>FRIENDS</u> ever tell you that you should cut down on your drinking or drug use? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever gotten into <u>TROUBLE</u> while you were using alcohol or drugs? | <input type="checkbox"/> | <input type="checkbox"/> |

Each “Yes” response on questions 1-6 receives a point. Points are added for a total score:

Score*	Risk	Recommended action
“No” to 3 opening questions	Low risk	Positive reinforcement
“Yes” to car question	Driving/Riding risk	Discuss plan to avoid driving after alcohol or drug use or riding with a driver who has been using alcohol or drugs (Consider using Contract for Life)
CRAFFT score = 0	Moderate risk	Brief advice
CRAFFT score = 1		Brief intervention
CRAFFT score ≥ 2	High risk	Consider referral for further assessment

Training for Practices on Implementing SBIRT

OPIP

Depression Screening & SBIRT for Adolescents: Practical Considerations

<http://pcpci.org/resources/webinars/depression-screening-sbirt-adolescents-practical-considerations>

SBIRT Oregon

- <http://www.sbirtoregon.org/>

Oregon Pediatric Society

START Trainings for Adolescent Substance Abuse

- <http://oregonstart.org/modules/adolescent-substance-abusesbirt/>

***Implementing for Implementing
SBIRT for Adolescents:
Tips from the Front-Line***

Operationalizing SBIRT for Adolescents

Learnings from the Front Line

Use of Broad-Based Tools That Incorporate Depression and SBIRT.....AND **STRENGTHS!!**

- All of the practices we have worked with have built screening into well-visits.
- Given that screening is ONE part of the larger visit, they wanted to streamline all relevant items into one form.
- Strongly encourage the use of a strength-based approach
 - Enhances usefulness of screening
 - Strength-based information invaluable for the motivational interviewing component of the work

Operationalizing SBIRT:

Learnings from the Front Line

1. The Children's Clinic – Private Pediatric Practice
2. School Based Health Center - Multnomah County
3. Bright Futures Encounter Form

Broad-based Strength and Screening Assessment Tools We Have Used

The Children's Clinic

Written annual questionnaire given to all teens 12 and older:

- Two versions of the tool:
 - Adolescent completed
 - Parent completed 2 pages

- Forms built into EMR
 - Results are query-able
 - Screening results scored and flags set up related to next steps (screen shots in next slides)

Broad-based Strength and Screening Assessment Tools: The Children's Clinic

■ Topics on form:

- Health concerns to be discussed
- School
- Health Habits
 - Exercise, Oral Health, Eating habits, Family drug use
- Personal Concerns
- Thoughts about yourself (PHQ2)
- **Personal Habits (CRAFT)**
- Sexual Health

Adolescent Strengths and Risks Screening Tool: Maximizing the Adolescent Well Visit

Name: _____ Date of Birth _____ Date _____

1. Why did you come to the clinic today? _____
2. Do you have any concerns to discuss with the doctor today? _____
3. Who lives in your home? _____
4. Who do you talk to when things aren't going well? _____
5. Have you ever been in counseling? _____ Yes _____ No
6. Are you in counseling now? _____ Yes _____ No
If yes, who are you seeing? _____

School

1. Are you in school? _____ Yes _____ No
If yes, what school? _____ And what grade? _____
2. What do you like most about school? _____
3. Compared to last year, are your grades _____ the same _____ better _____ worse
4. Have you ever cut classes, skipped school, been expelled, or been suspended? _____ Yes _____ No
5. What do you do after school? _____
6. Do you work? _____ Yes _____ No If yes, on average how many hours per week? _____

Health Habits

1. Have you seen a dentist in the last year? _____ Yes _____ No
2. How many times a week do you exercise? _____ For how long? _____
3. What do you do for exercise? _____
4. Are you satisfied with the size or shape of your body, and your physical appearance? _____ Yes _____ No
5. In the past year, have you tried to lose weight or control your weight by vomiting, taking diet pills, laxatives, or starving yourself? _____ Yes _____ No
6. Does anyone in your family drink or take drugs so much that it worries you? _____ Yes _____ No
7. Do you regularly use:
 - a. Seatbelts? _____ Yes _____ No
 - b. Helmets? _____ Yes _____ No
 - c. Sunscreen? _____ Yes _____ No

Personal Concerns (Check any items below which concern or trouble you)

- | | | |
|--|---|---|
| <input type="checkbox"/> Stress at home | <input type="checkbox"/> Anger or temper | <input type="checkbox"/> Muscle or Joint Pain |
| <input type="checkbox"/> Making Friends | <input type="checkbox"/> Skin problems or acne | <input type="checkbox"/> Being Tired all the time |
| <input type="checkbox"/> Anxiety or Nervousness | <input type="checkbox"/> Diarrhea or constipation | <input type="checkbox"/> Stomach ache |
| <input type="checkbox"/> Sleeping Problems | <input type="checkbox"/> Headaches or Migraines | <input type="checkbox"/> Dizzy spells or fainting |
| <input type="checkbox"/> Boyfriends or Girlfriends | <input type="checkbox"/> Other _____ | |

Thoughts about Yourself

1. If you had four wishes what would they be? _____
2. Is there anything about yourself or your life you would like to be different? _____ Yes _____ No
If yes, what? _____

3. Over the past 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several Days	More than half the days	Nearly Every Day
a. Little interest or pleasure in doing things	0	1	2	3
b. Feeling down, depressed or hopeless	0	1	2	3



Download available in documents section of the webinar interface

Also available at:

Adolescent completed:

<http://oregon-pip.org/resources/Adolescent%20Questionnaire%20-%20TCC.pdf>

Parent completed:

<http://oregon-pip.org/resources/Adolescent%20Parent%20Questionnaire%20-%20TCC.pdf>

Adolescent Strengths and Risks Screening Tool: Maximizing the Adolescent Well-Visit

Personal Habits

During the Past 12 Months, did you:

1. Drink any alcohol (more than a few sips)?

___ Yes ___ No

2. Smoke any marijuana or hashish?

___ Yes ___ No

3. Use anything else to get high?

___ Yes ___ No

("anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")

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

___ Yes ___ No

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

___ Yes ___ No

6. Do you ever use alcohol or drugs while you are by yourself, or ALONE?

___ Yes ___ No

7. Do you ever FORGET things you did while using alcohol or drugs?

___ Yes ___ No

8. Do your FAMILY or FRIENDS ever tell you that you should cut down on your drinking or drug use?

___ Yes ___ No

9. Have you ever gotten into TROUBLE while you were using alcohol or drugs?

___ Yes ___ No

10. Do you smoke cigarettes and/or use any other tobacco products?

___ Yes ___ No

11. Has anyone touched you in a way that made you feel uncomfortable or forced you to do something sexual that you did not want to do?

___ Yes ___ No

CRAFFT Questions

14-18yr Risk Behavior Screen: BRADLEY X TEST

14-18yr Risk Behavior Screen

All Discussed

Discussed

- ☐ Alcohol
- ☐ Tobacco
- ☐ Drugs
- ☐ Sexual Activity
- ☐ Adolescent questionnaire reviewed.

ALL Cardiac risk answers are negative. ☐ Yes ☐ No

PHQ2 Score:

CRAFFT Score:

Comment

Prev Form (Ctrl+PgUp)

Next Form (Ctrl+PgDn)

Close

Broad-based Strength and Screening Assessment Tools We Have Used

SBHCs in Multnomah County

- **Written annual questionnaire for the younger and older adolescents**
 - Based on Bright Futures topics
 - Identification of risks and strengths
 - Safety questions ie. abuse and suicide risk
 - Pre-screening tools on depression and substance abuse
 - PHQ-2
 - **Part A or “Pre-CRAFFT”**
 - If positive questions, refer to screening tool as indicated
 - PHQ-9
 - CESD
 - **Part B CRAFFT questions**
 - SCARED
 - Vanderbilt
 - PSC
- **EHR Documentation**
 - “Episode” to review for Bright Futures topics covered and preventive care (WCC, last Chlamydia, BMI, Lipids, etc) completed
 - Tool for documenting Bright Futures topics
 - Stratification of topics
 - Anticipatory guidance suggestions
 - Strength identification

SBHC Adolescent Health Assessment

(Grades 9-12)

Name:	_____
MRN:	_____
DOB:	____/____/____ ID# _____
Sex:	M _ F (or place label here)

Today's Date: _____

Please answer these questions to help us get to know you and together we can plan the best care for you.
It's okay to skip any questions you are not comfortable answering.

I understand confidentiality (privacy) regarding my health information: YES ☐ NO ☐

PHYSICAL HEALTH, NUTRITION AND ACTIVITY

- How happy are you with your weight? Not at all 0 1 2 3 4 5 Very happy
- How interested are you in changing your eating habits? Not at all 0 1 2 3 4 5 Very interested
- Have you tried to lose or control your weight by making yourself throw up or by taking laxatives? YES ☐ NO ☐
- Are there times when your family does not have enough food to eat? YES ☐ NO ☐
- What exercise, sport or strenuous activities do you enjoy doing? _____
- How many hours per day do you watch TV, go on the Internet or play video games? _____

ORAL HEALTH

- Do you brush your teeth 2 times a day? YES ☐ NO ☐
- Do you floss your teeth daily? YES ☐ NO ☐

EMOTIONAL WELL BEING

- Who do you live with? _____
- Is there anything at home, school or with friends that is making you feel worried, upset or stressed? YES ☐ NO ☐
If yes, what? _____
- How well do you get along with your household members/family? Don't get along at all 0 1 2 3 4 5 Get along great
- On the whole, how much do you like yourself? Not at all 0 1 2 3 4 5 A lot
- Do you often feel worried, nervous, or scared? YES ☐ NO ☐
- Over the past two weeks, have you been bothered by any of the following problems?
- Feeling down, depressed, irritable or hopeless? YES ☐ NO ☐
- Little interest or pleasure in doing things? YES ☐ NO ☐
- Have you thought about or tried to kill yourself? YES ☐ NO ☐
- Do you have problems with sleep? (e.g., falling asleep, waking up at night or nightmares) YES ☐ NO ☐

SCHOOL AND FRIENDS

- How important is school to you? Not important at all 0 1 2 3 4 5 Very important
- In the past 30 days, how often did you skip or cut school? Never ☐ 1-3 times ☐ more than 3 times ☐
- Did you fail any classes last year or are you worried about failing any classes now? YES ☐ NO ☐
- Have you ever been suspended or had a referral? YES ☐ NO ☐
- I have at least one good friend or group of friends I am comfortable with. YES ☐ NO ☐

SAFETY AND INJURY PREVENTION

- Do you always wear a seatbelt in the car? YES ☐ NO ☐
- Does anyone bully, harass or pick on you? YES ☐ NO ☐ In the past ☐
- Do you or anyone close to you have guns or weapons? YES ☐ NO ☐
- Has anyone ever hurt, touched or treated you or anyone in your house in a way that made you feel scared or uncomfortable? YES ☐ NO ☐

RISK REDUCTION

- Have you had sex? YES ☐ NO ☐
- Do you want information about how to avoid pregnancy (birth control) and/or sexually transmitted infections? YES ☐ NO ☐
- During the past 12 months, did you: - Drink any alcohol (more than a few sips)? YES ☐ NO ☐
- Smoke any marijuana or hashish? YES ☐ NO ☐
- Use anything else to get high? YES ☐ NO ☐

(Anything else includes: illegal drugs and over the counter and prescription drugs and things that you sniff or "huff")

- Have you ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs? YES ☐ NO ☐
- Do you ever smoke cigarettes/cigars, use snuff or chew tobacco? YES ☐ NO ☐

PLEASE TELL US MORE ABOUT YOURSELF

- Who is an adult you feel cares about and supports you? _____
- What is something now that you are more independent at than a year ago? _____
- How do you cope when life feels hard? _____
- What is something you are good at or enjoy doing? _____
- What is something you do to stay healthy? _____
- What is one thing that makes a healthy dating relationship? _____
- What is something you do to keep yourself safe from injury and violence? _____
- What school, community, employment or volunteer activity are you involved in? _____

Student signature: _____

for office use only

Reviewed by: _____ Date: _____



Download available in documents section of the webinar interface

Also available at:

Early Adolescent (9-12):

http://oregon-pip.org/resources/Multnomah%20County%20Health%20Dept%20Child_Early%20Adolescent%20Health%20Assessment.pdf

Older Adolescent (13-18):

<http://oregon-pip.org/resources/Multnomah%20County%20Health%20Dept%20Adolescent%20Health%20Assessment.pdf>

Broad-based Strength and Screening Assessment Tools We Have Used

SBHCs in Multnomah County



SBHC Adolescent Health Assessment (Grades 9-12)

Name: _____
MRN: _____
DOB: ____/____/____ ID# _____
Sex: M _ F _ (or place label here)

Today's Date: _____

Please answer these questions to help us get to know you and together we can plan the best care for you.

It's okay to skip any questions you are not comfortable answering.

I understand confidentiality (privacy) regarding my health information: YES ☐ NO ☐

PHYSICAL HEALTH, NUTRITION AND ACTIVITY

1. How happy are you with your weight? **Not at all** 0 ___ 1 ___ 2 ___ 3 ___ 4 ___
2. How interested are you in changing your eating habits? **Not at all** 0 ___ 1 ___
3. Have you tried to lose or control your weight by making yourself throw up or by _____
4. Are there times when your family does not have enough food to eat? YES ☐ NO ☐
5. What exercise, sport or strenuous activities do you enjoy doing? _____
6. How many hours per day do you watch TV, go on the Internet or play video games? _____

ORAL HEALTH

1. Do you brush your teeth 2 times a day? YES ☐ NO ☐

EMOTIONAL WELL BEING

1. Who do you live with? _____
2. Is there anything at home, school or with friends that is making you feel worried, upset or stressed? YES ☐ NO ☐
If yes, what? _____
3. How well do you get along with your household members/family? **Don't get along at all** 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ **Get along great**
4. On the whole, how much do you like yourself? **Not at all** 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ **A lot**
5. Do you often feel worried, nervous, or scared? YES ☐ NO ☐
6. Over the past two weeks, have you been bothered by any of the following problems?
- Feeling down, depressed, irritable or hopeless? YES ☐ NO ☐
- Little interest or pleasure in doing things? YES ☐ NO ☐
7. Have you thought about or tried to kill yourself? YES ☐ NO ☐
8. Do you have problems with sleep? (e.g., falling asleep, waking up at night or nightmares) YES ☐ NO ☐

SCHOOL AND FRIENDS

1. How important is school to you? **Not important at all** 0 ___ 1 ___ 2 ___ 3 ___ 4 ___ 5 ___ **Very important**
2. In the past 30 days, how often did you skip or cut school? Never ☐ 1-3 times ☐ more than 3 times ☐
3. Did you fail any classes last year or are you worried about failing any classes now? YES ☐ NO ☐
4. Have you ever been suspended or had a referral? YES ☐ NO ☐
5. I have at least one good friend or group of friends I am comfortable with. YES ☐ NO ☐

SAFETY AND INJURY PREVENTION

1. Do you always wear a seatbelt in the car? YES ☐ NO ☐
2. Does anyone bully, harass or pick on you? YES ☐ NO ☐ In the past ☐
3. Do you or anyone close to you have guns or weapons? YES ☐ NO ☐
4. Has anyone ever hurt, touched or treated you or anyone in your house in a way that made you feel scared or uncomfortable? YES ☐ NO ☐

RISK REDUCTION

1. Have you had sex? YES ☐ NO ☐

3. During the past 12 months, did you: - Drink any alcohol (more than a few sips)? YES ☐ NO ☐
- Smoke any marijuana or hashish? YES ☐ NO ☐
- Use anything else to get high? YES ☐ NO ☐
(Anything else includes: illegal drugs and over the counter and prescription drugs and things that you sniff or "huff")

5. Do you ever smoke cigarettes/cigars, use snuff or chew tobacco? YES ☐ NO ☐

PLEASE TELL US MORE ABOUT YOURSELF

1. Who is an adult you feel cares about and supports you? _____
2. What is something now that you are more independent at than a year ago? _____
3. How do you cope when life feels hard? _____
4. What is something you are good at or enjoy doing? _____
5. What is something you do to stay healthy? _____
6. What is one thing that makes a healthy dating relationship? _____
7. What is something you do to keep yourself safe from injury and violence? _____
8. What school, community, employment or volunteer activity are you involved in? _____

Student signature: _____

for office use only

Reviewed by: _____ Date: _____

- Part A or "Pre CRAFFT Questions"
- This also includes the CAR question
- If Part A is positive, they have teen complete a full CRAFFT handout

Bright Futures Pre-Visit Encounter Form

[http://brightfutures.aap.org/
tool_and_resource_kit.html](http://brightfutures.aap.org/tool_and_resource_kit.html)



**Bright
Futures.**

Bright Futures Previsit Questionnaire 15 to 17 Year Visits

For us to provide you with the best possible health care, we would like to get to know you better and know how things are going for you. Our discussions with you are private. We hope you will feel free to talk openly with us about yourself and your health. Information is not shared with other people without your permission unless we are concerned that someone is in danger. Thank you for your time.

What would you like to talk about today?

Do you have any concerns, questions, or problems that you would like to discuss today?

What changes or challenges have there been at home since last year?

Do you have any special health care needs? ☐ No ☐ Yes ☐ Unsure, describe:

Do you live with anyone who uses tobacco or spend time in any place where people smoke? ☐ No ☐ Yes, describe:

How many hours per day do you watch TV, play video games, and use the computer (not for schoolwork)?

We are interested in answering your questions. Please check off the boxes for the topics you would like to discuss the most today.

Your Growing and Changing Body

☐ How your body is changing ☐ Teeth ☐ Appearance or body image ☐ How you feel about yourself
☐ Healthy eating ☐ Good ways to keep active ☐ Protecting your ears from loud noise

School and Friends

☐ Your relationship with your family ☐ Your friends ☐ Girlfriend or boyfriend ☐ How you are doing in school
☐ Organizing your time to get things done ☐ Plans after high school

How You Are Feeling

☐ Dealing with stress ☐ Keeping under control ☐ Sexuality ☐ Feeling sad ☐ Feeling anxious
☐ Feeling irritable ☐ Keeping a positive attitude

Healthy Behavior Choices

☐ Pregnancy ☐ Sexually transmitted infections (STIs) ☐ Smoking cigarettes ☐ Drinking alcohol ☐ Using drugs
☐ How to avoid risky situations ☐ Decisions about sex, alcohol, and drugs
☐ How to support friends who don't use alcohol and drugs
☐ How to follow through with decisions you have made about sex, alcohol, and drugs

Violence and Injuries

☐ Car safety ☐ Using a helmet ☐ Driving rules for new teen drivers ☐ Gun safety ☐ Dating violence or abuse
☐ Bullying or trouble with other kids ☐ Keeping yourself and your friends safe in risky situations

Questions

Vision	Do you complain that the blackboard has become difficult to see?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
	Have you ever failed a school vision screening test?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
	Do you hold books close to your eyes to read?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
	Do you have trouble recognizing faces at a distance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
	Do you tend to squint?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Hearing	Do you have a problem hearing over the telephone?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
	Do you have trouble following the conversation when 2 or more people are talking at the same time?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
	Do you have trouble hearing with a noisy background?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
	Do you find yourself asking people to repeat themselves?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
	Do you misunderstand what others are saying and respond inappropriately?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Tuberculosis	Were you born in a country at high risk for tuberculosis (countries other than the United States, Canada, Australia, New Zealand, or Western Europe)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
	Have you traveled (had contact with resident populations) for longer than 1 week to a country at high risk for tuberculosis?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
	Has a family member or contact had tuberculosis or a positive tuberculin skin test?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
	Have you ever been incarcerated (in jail)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
	Are you infected with HIV?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Dyslipidemia	Do you have parents or grandparents who have had a stroke or heart problem before age 55?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
	Do you have a parent with an elevated blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
	Do you smoke cigarettes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Anemia	Does your diet include iron-rich foods such as meat, eggs, iron-fortified cereals, or beans?	<input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unsure
	Have you ever been diagnosed with iron deficiency anemia?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

Bright Futures Pre-Visit Encounter Form: Supplemental Items Include CRAFFT

http://brightfutures.aap.org/tool_and_resource_kit.html

37.	Have you ever ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs?	No	Sometimes	Yes
38.	Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?	No	Sometimes	Yes
39.	Do you ever use alcohol or drugs while you are by yourself (alone)?	No		Yes
40.	Do you ever forget things you did while using alcohol or drugs?	No	Sometimes	Yes
41.	Do your family or friends ever tell you that you should cut down on your drinking or drug use?	No		Yes
42.	Have you ever gotten into trouble while you were using alcohol or drugs?	No		Yes

Key Learnings from Practices Using These Tools

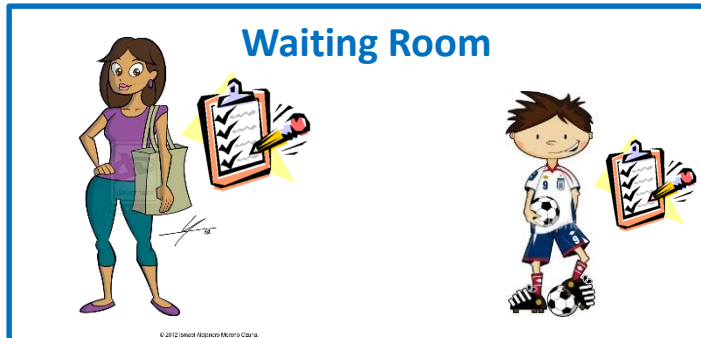
1. Tools helped identify adolescents they were sure were “Fine” and would not have identified
2. The strength-based items are key to youth engagement and to effective motivational interviewing
3. Completing the tool takes time - consider that when designing workflows.

Office Work Flow in Using General Adolescent Screening Tools

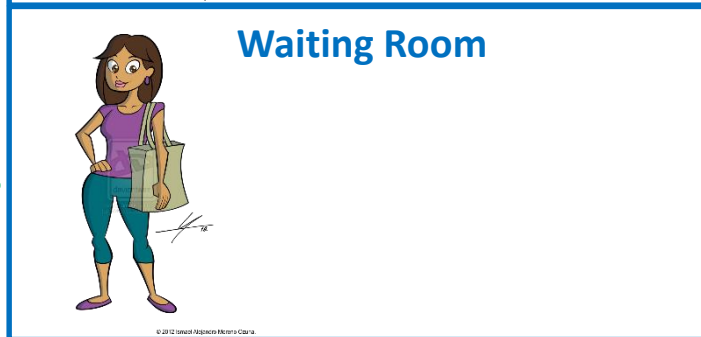
1. In order to implement, Primary Care offices must first know their work flow and variations by provider.
 - Consider not offering sports physicals, but build this into all “well” visits and ensure broad topics are addressed.
2. **NEED** to address **confidentiality** and allow for **private time** in the room.
 - This is **CRITICAL**.
 - Screening tools are less valid if not done in this context.
 - This is especially true related to use of the CRAFFT

Example #1: Work Flow to Ensure Private One-on-One Time Together in Waiting Room & Both Complete Tools; Adolescent Alone in Exam; Parent Joins Them At End of Visit

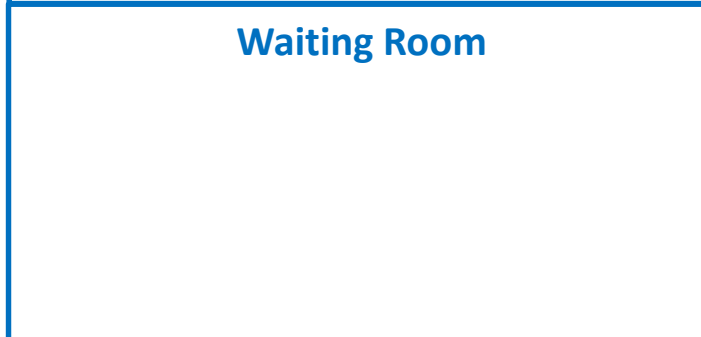
Step 1



Step 2



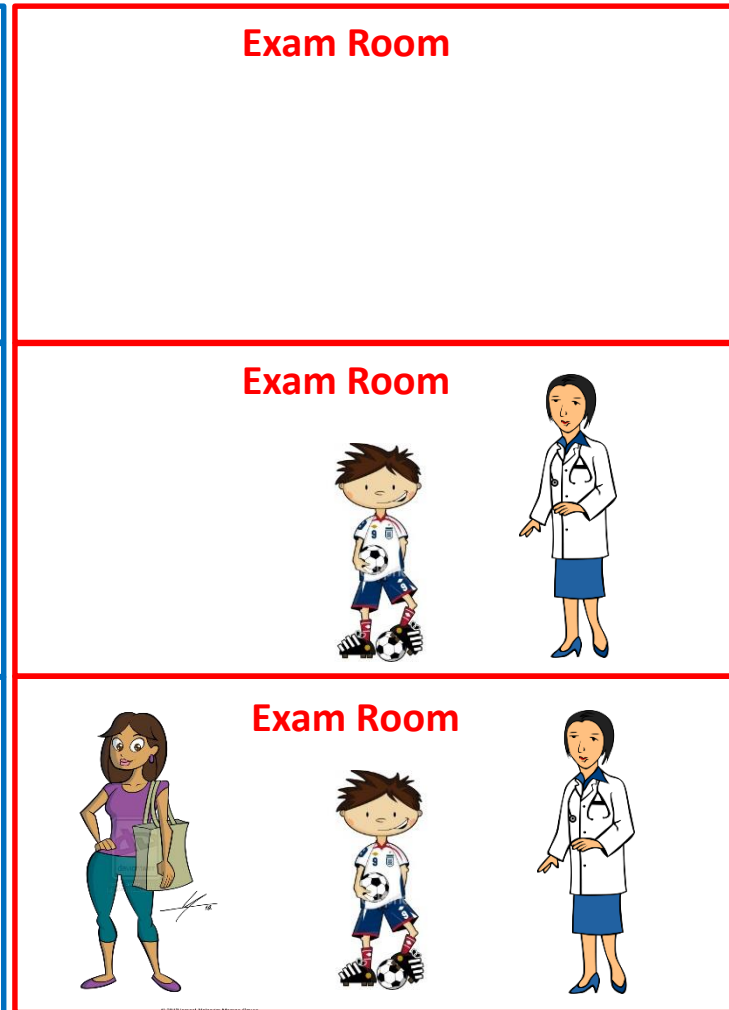
Step 3



Exam Room

Exam Room

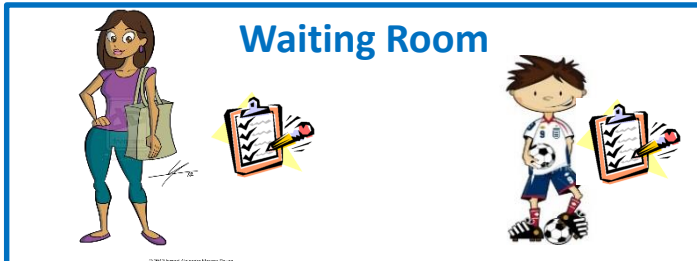
Exam Room



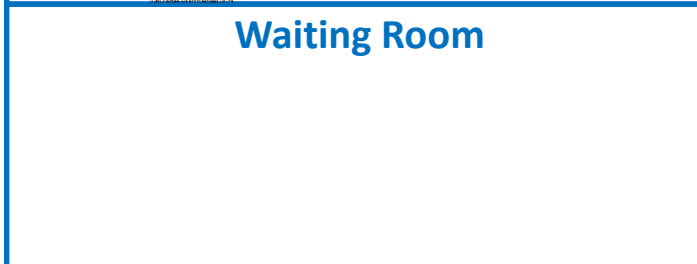
Example #2: Work Flow to Ensure Private One-on-One Time

Together in Waiting Room; Together in Exam;
Parent Leaves & Adolescent Alone; Then Parent Rejoins at End

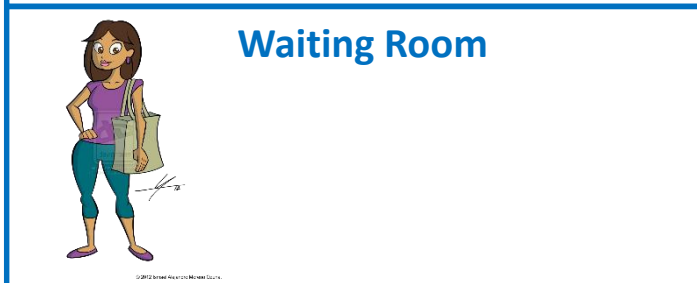
Step 1



Step 2



Step 3



Step 4



Exam Room



Example #3: Work Flow to Ensure Private One-on-One Time

Together in Waiting Room; Adolescent Alone in Exam & Then Given Tool;
Parent Joins Them At End of Visit

Step 1

Waiting Room

Exam Room



Step 2

Waiting Room

Exam Room



Step 3

Waiting Room

Exam Room



Step 4

Waiting Room

Exam Room



Key Learnings from Practices Using These Tools:

Mapping the EMR to Clinic Work Flow

Considerations for building EMR forms:

1. Automate billing for screens
 - Note –the SBIRT metric is CLAIMS based
2. Query screen results
3. Do the right thing → Decision supports!
 - Prompts for BIRT processes based on CRAFFT scores
4. Obtain teen and parental education and resources and build links in EMR
5. Track referrals

Special Considerations for Children and Adolescents

- At risk use is especially important in children and adolescents because:
 - Even first use can result in unintentional injury or death with naive use and relatively higher level of risk-taking behavior on the average.
 - Higher neurodevelopmental level of risk for developing addictions.
 - Any use of alcohol is considered at risk, unlike adults.
-
- Any use should be identified followed by assessment as to where the youth falls on the spectrum from early experimental use through severe substance use disorder.

AAP, 2011; <http://www.sbirtraining.com/node/2374>

Follow-up to Screening: Brief Intervention, Referral to Treatment (BIRT)

- **A YES on the CAR question** warrants a discussion about safety, and may benefit from the use of a safety contract. A good example comes from the Contract for Life Foundation:
http://www.yellowribbonsd.org/wp-content/themes/yellow/images/contract_for_life.pdf
- A score of 1 warrants a brief intervention. Use of motivational interviewing techniques is recommended. *(But may not be enough to be aligned with the claim related to brief intervention)*
- A score of 2 or higher warrants brief intervention AND referral for treatment

Interpretation of the CRAFFT: Clinical Standards of Care

Insight from Working with the Practices

- Differences in the scoring and interpretation used when identifying teens 'at-risk' with the CRAFFT.
 - **Version #1:** Teens with a CRAFFT score of 2 or more are identified 'at-risk' and should receive follow up steps related to the BIRT that is aligned with a claim submission
 - **Version #2:** Expanded to include youth with a score of 1 or more, as low scoring teens may also benefit from the BIRT as determined by clinical judgement. That said, the counseling likely not at a level that is aligned with the claim.
- Given that each clinic may use a different methods to document the above, we calculated the proportion of teens, based on chart review, identified 'at-risk' utilizing both versions.

Rates of At-Risk on CRAFFT & Follow-Up – Version #1

	Practice #1	Practice #2	Practice #3	Practice #4	Practice #5	Practice #6
Proportion of Screened Adolescents Identified At Risk- As each clinic defined	37% (10/27)	8% (6/76)	9% (3/32)	10% (10/100)	14% (8/58)	16% (7/58)
Of those: Follow-Up Steps to CRAFFT	90% (9/10)	100% (6/6)	67% (2/3)	90% (9/10)	100% (8/8)	100% (7/7)
Referred	0% (0/10)	83% (5/6)	0% (0/3)	0% (0/10)	25% (2/8)	14% (1/7)
Counseled	90% (9/10)	100% (6/6)	67% (2/3)	90% (9/10)	100% (8/8)	100% (7/7)
Care Plan	10% (1/10)	50% (3/6)	0% (0/3)	30% (3/10)	0% (0/8)	14% (1/7)

Rates of At-Risk on CRAFFT & Follow-Up – Version #2

	Practice #1	Practice #2	Practice #3	Practice #4	Practice #5	Practice #6
Proportion of Screened Adolescents Identified At Risk- As each clinic defined	37% (10/27)	26% (20/76)	9% (3/32)	18% (18/100)	38% (22/58)	28% (16/58)
Of those: Follow-Up Steps to CRAFFT	90% (9/10)	100% (20/20)	67% (2/3)	94% (17/18)	100% (22/22)	100% (16/16)
Referred	0% (0/10)	25% (5/20)	0% (0/3)	0% (0/18)	9% (2/22)	6% (1/16)
Counseled	90% (9/10)	100% (20/20)	67% (2/3)	94% (17/18)	100% (22/22)	100% (16/16)
Care Plan	10% (1/10)	25% (5/20)	0% (0/3)	17% (3/18)	0% (0/22)	6% (1/16)

Barriers to Robust Follow-Up

- Lack of knowledge about HOW to follow-up
- Lack of time to do effective Motivational Interviewing
- Lack of youth engagement in the clinic around the topic area
- Lack of awareness of resources to refer the child to
- Lack of availability of resources that serve adolescents
- Lack of communication from the resource they would refer to
- Lack of teen buy in to go a referral
 - To go to outside resource
 - To be able to feasibly go

Tips for Training Practices on the “BIRT” part of the Algorithm

Factors in Resilience – the 7 C's

- **Competence:** doing right and having opportunities to develop important skills.
 - Help the teen to recognize what they have going for themselves, and encourage them to build on strengths.
- **Confidence:** gives the ability to recover from challenges.
 - Help the teen to recognize what they are doing right.
- **Connection:** with other people, schools, and communities offer security.
 - For many teens, firm attachment to a stable family might be missing; help the teen identify who can fill that role.
- **Character:** clear sense of right and wrong and a commitment to integrity.
 - Help the teen to clarify their own values, and how behavior impacts others who are important to them.

Factors in Resilience – the 7 C's

- **Contribution:** to the well-being of others will receive gratitude rather than condemnation.
 - Help the teen to find ways to contribute to the community.
- **Coping:** possessing a variety of healthy coping strategies means less likelihood of turning to dangerous quick fixes when stressed.
 - Help the teen to find positive, effective coping strategies. Create an environment where communication is safe.
- **Control:** understanding that privileges and respect are earned through demonstrated responsibility, which leads to making wise choices.
 - Help teens to think about the future but take one step at a time. Recognize “mini-successes” to help them feel in control of their lifelong success.

Ultimate message for youth

When all else fails the message should be:

- I care about you.
- I am concerned about you.
- I will be here for you.



Example of documenting screening plus brief intervention

Ellie was given a CRAFFT screening form today and scored 1, indicating use of alcohol and problems from use. In discussing this issue, my medical advice was that she abstain from drugs or alcohol.

Her readiness to change was _____ on a scale of 0 - 10. We explored why it was not a lower number and discussed the patient's own motivation for change.

She agreed to _____, and to make a follow up appointment in _____ weeks.

START/OPS has A Video on SBIRT Techniques

TOPIC: Your Adolescent Patient



1. Conducting a Brief Intervention

<https://www.youtube.com/watch?v=GvaOXREccHI>

2. Discussing Depression and Suicide with a Teen

These are available on oregonstart.org

***Documentation and Billing
for Adolescent
SBIRT***

Implementing the Processes Does Not Equal Documenting the Process in a Way that Can Be Counted

- There is a very important difference between implementing systems and processes related to SBIRT, and accurately DOCUMENTING and MEASURING processes
- OPIP has observed:
 - Some practices doing SBIRT are not documenting in searchable fields that make it aligned with submission of a claim
 - A large focus of our implementation work has been on how to document and build searchable fields to allow for assessment
 - And then subsequent triggers for the claims to be submitted when the appropriate screening and follow-up has occurred.
 - At a system-level, the metric is a population-based measure
 - Consider all the places the adolescent may go that may be screening (e.g. SBHC)

Some More Disclaimers Before We Share About HOW Practices Used Claims/Documentation to Meet Incentive Metrics-

- At a Practice-Level: There are some “grey” issues and variations by CCO and region
 - Observed significant variations in process used across CCOs
- Difference between public and privately insured – which impacts the practices and their process
 - Remember: **Billing needs to be done universally**; practices can’t do things for just publicly insured.
 - Therefore, as a CCO you need to provide guidance on steps that can be used across their patients
 - **Payment Policies likely vary** across payors and need to be taken into account by the practice
 - Some plans may apply charge to **deductible**

Screening: Billing Codes Aligned with Metrics And Factors to Consider for Adolescents

- Screening
 - Diagnosis code z13.89 or z13.9.
 - Z13.89 – screening for general disorder. In Oregon, this is specific to SBIRT screen.
 - Z13.89 may be used as **standalone code**, i.e., they do not need to be paired with CPT 99420 for inclusion in the numerator.
 - Z13.9 – screening for general disorder (For Metric –NOT accepted as a stand alone code) Strategies Used: 99420, with THIS diagnosis code
 - *99420 **must be used in combination** with one of the listed dx codes

CONSIDER ADOLESCENT CONFIDENTIALITY

- **Most sites serving adolescents have used the non-specific codes for this reason**
- **If you use the specific code, have a plan for how to explain to parents that may get an explanation of benefits**
- Use with modifier -25 to indicate is part of the visit
- Can use modifier -33 to indicate it is a Bright Futures Recommendation
 - That said, have heard some recent issues with use of modifier -33 and lack of payment as there is a perception it is tied to the capped/global payment
- Used for patients who had a full screen
- No time limitations or requirements for this code
- CRAFFT counts under this ***if a discussion about the results takes place with the patient***

Brief Intervention: Billing Codes Aligned with Metrics & Factors to Consider for Adolescents

[http://www.oregon.gov/oha/analytics/CCODData/SBIRT%20Guidance%20Document%20\(revised%20Dec%202014\).pdf](http://www.oregon.gov/oha/analytics/CCODData/SBIRT%20Guidance%20Document%20(revised%20Dec%202014).pdf)

CPT	HCPCS	ICD-9	ICD-10
99408, 99409, 99420*	G0442, G0443, G0396, G0397	V79.1**, V82.9	Z13.89**, Z13.9

- **Brief Intervention Codes Most Practices Have Used for Adolescents:**
 - 99408 – used for patients who were screened and had a brief intervention (15-30 minutes).
 - 99409 – used for longer intervention (>30 minutes).
 - **99420 – Needs to be paired with a diagnosis code**
 - Required exclusions for numerator: Exclude SBIRT screening and/or brief intervention services provided in emergency department settings.
- G codes exist for Medicare patients
 - Not applicable to pediatrics, Some practices have internal agreements with CCO
- Best resource to ask specific questions relative to your practice is: Michael Oyster
Michael.W.Oyster@state.or.us

Documentation for SBIRT (from CCO Guidance Documents)

- Total face-to-face time with the patient (because some SBIRT codes are time-based codes);
- Patient's progress, response to changes in treatment, and revisions of diagnosis;
- Rationale for ordering diagnostic and other ancillary services, or ensure that it can be easily inferred;
- For each patient encounter, document:
 - Reason for encounter and relevant history;
 - Date and legible identity of observer/provider;
 - Physical examination findings and prior diagnostic test results;
 - Assessment, clinical impression, and diagnosis;
 - **Plan of care**

So What Goes Into the Plan of Care?

- **Patient goals** (anchor to Motivational Interviewing/strength-based approach to care).
 - In terms of change language, cutting back can be as important as quitting.
- An assessment of **readiness to change**.
- An assessment of **barriers to change** (triggers, lack of healthier coping skills).
- **Any referrals done**.
- **Planned follow up**.

Learnings from Practices Related to Use of Claims

- Given private payors don't blind the Explanation of Benefits (EOB), thoughtful consideration of WHICH claims to bill for adolescents
- Many practices needed hands on coaching on using claims aligned with this metric and the current rate likely underrepresents processes that are occurring.
- Concerns were raised that under the ICD-10 codes the Z code recommended (13.89) is the same Z code that is used for other screenings. Therefore, reporting on this code may include screens that were not specific to or aligned with the CCO Incentive metric guidance.
- Leadership within systems that operate nationally (e.g. Peacehealth), had concerns that the CCO Incentive metric guidance list of acceptable tools did NOT include screening tools supported by SAMHSA, NIKA or WHO.

How CCOs Can Support Implementation

CCO Activities That Would Support These Concepts

Support to Practices to Learn About These Policies & Implement Them:

- Clarifications and resources in provider handbooks to help eliminate “grey” issues for billing and the variations by CCO and region - this is VERY hard for practices serving multiple payors to track.
- Examine access to behavioral health follow up services for adolescents – in our experience this is very different than adults and is a barrier to practices doing screening in the first place
- Resource for practices to do a self-assessment of their systems and processes related to adolescent well-care visits (more on the next slide)
- Support for training on key issues
- Support for implementation
- EMR and portal support for implementing decision support for a positive screen and educational materials

OPIP's Adolescent Office Report Tool

Adolescent Office Report & Assessment (AORTA) ©

- **Used to measure and assess office systems and processes that relate to adolescent care, including the following domains:**
 - Use of adolescent completed tools
 - Privacy and confidentiality
 - **Depression screening, documentation, follow up, and population management**
 - **Substance abuse screening, documentation, follow up, and population management**
 - Care coordination
 - Quality improvement

Link to the tool online:

<http://oregon-pip.org/resources/Adolescent%20Office%20Report%20Tool%20Assessment%20-%20OPIP%20-%202014.pdf>

Adolescent Well Visit TA – Eye-to-Eye

CCO staff and clinic partners are invited to an interactive youth-led **Eye to Eye training: Discussing Sensitive Topics with Youth**, presented by the Oregon School-Based Health Alliance and the Statewide Youth Action Council. By the end of the training participants will be able to:

- identify the type and quality of health advice young people want to receive;
- describe the importance of confidentiality in a youth/adult mentor relationship;
- recognize areas of direct application to their work;
- develop a stronger rapport with young people/teens;
- convey a non-judgmental attitude in talking with teens;
- connect biases to their impact on treatment for teens; and
- provide services in accordance with minor consent laws.

Eye-to-Eye Training Dates & Locations

Training #1:

- **When:** Wednesday, August 10, 2016, 1–4 p.m.
- **Where:** Pine Room (lobby of Lincoln building) – 421 SW Oak Street, Portland OR 97204
- **Register here:** <https://eyetoeyeportland.eventbrite.com>

Training #2:

- **When:** Monday, September 19, 2016, 8–11 a.m.
- **Where:** Pacific Source Suite 210 (second floor) – 2965 NE Conners Bend, OR 97701
- **Register here:** <https://eyetoeyebend.eventbrite.com>

Questions? Contact Laura.E.Kreger@state.or.us

Resources

Resources for Download

- Slide deck from today
- CRAFFT
- **The Children's Clinic Screening Tools:** Adolescent Questionnaire and Adolescent Parent Questionnaire
- **Multnomah County SBHC Adolescent Health Assessments:** younger and older adolescent versions

Option for CCO-Specific Follow-Up Calls

- Recognize that webinar series has a lot of information.
- OHA is supporting OPIP to do individual one-on-one follow-up calls with CCOs to provide consultation, assessment, and expert subject matter technical assistance to address the adolescent well visit within your specific Coordinated Care Organization (CCO).
- Interested CCOs can complete the “**Consultation Form**” to request TA and that will help OPIP determine which team members will be the best match for the CCO specific calls.
 - Phone: **503-494-0456**
 - Please complete by **July 29** and return it to Katie Unger (ungerk@ohsu.edu).

Next Webinar

**Thursday,
August 18th
@ 1-2 PM**

**Leveraging School-Based Health Centers to
Educate Youth about Adolescent Well-Care
Visits**

Thank you!!

