

Submission Title: Clinical Screening and Peer Interventions to Prevent Substance Use in At-Risk Adolescents

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1) Describe the model's population of focus.

This model focuses on adolescents ages 11 to 14 years with a current diagnosis of anxiety, depression, and/or attention deficit hyperactivity disorder (ADHD) presenting to their primary care provider's (PCP) office for annual health supervision visit, routine follow-up, or medication check. All adolescents with these diagnoses will be screened.

2) Describe the screening process.

When presenting for primary care visits (annual health visit, routine follow-up, or medication check), adolescents identified with anxiety, depression and/or ADHD will receive the standard screening/assessment tools (PHQ-9 modified for teens, GAD-7, or Vanderbilt scales, respectively) plus the Car, Relax, Alone, Forget, Friends, Trouble (CRAFT) 2.1 tool for self-administration to screen for substance use. Support staff will give the identified patients the appropriate screening tools (currently paper-based; tablet in the future) at the beginning of the visit to complete prior to the visit with the provider.

3) Describe the preventive services available.

Screening will occur at the beginning of the visit, so the PCP has access to the results of the screening to discuss with the patient during the scheduled visit. Peer-created awareness-raising modules will be available immediately so adolescents can view them before the discussion with their PCP, who can then further reinforce the message of benefits of substance use avoidance and conduct motivational interviewing in support.

Services will be provided via pre-recorded modules and PCP delivered education and motivational interviewing. The primary care provider's intervention will be delivered as part of in-person PCP visits. Awareness raising modules will be housed both on the local youth group website (see next section for complete description) and curated on YouTube to allow direct links for module viewing after screening tool completion during office visits.

4) Describe the location/practice type providing the screening and prevention services.

This model will be implemented at a pediatric practice of an academic medical center located in Williston, VT. Partnership with the Vermont RAYS (Raising Awareness for Youth Services) will design and produce novel, interactive modules for adolescents discussing the risks of substance use and benefits of avoiding use. Vermont RAYS is facilitated by the Youth Health Initiative (YHI) project of the Vermont Child Health Improvement Program (VCHIP), which is actively engaged with the Vermont Department of Health to increase the health of children throughout the state by employing various quality improvement strategies. The RAYS will be convened to develop the educational content and then work

with the media relations team at the University of Vermont Medical Center (UVM MC) to produce the online modules which will be offered in the primary care setting.

5) Describe the model's key factors supporting screening and prevention services implementation and sustainability.

The proposed increased screening will not incur any significant financial or personnel cost to implement. The CRAFFT 2.1 is freely available and already embedded in the practice's current workflow in paper form, and its administration and review are billable services. Patients with anxiety, depression, and/or ADHD are typically seen monthly to quarterly for focused follow-ups and medication checks in addition to their annual health supervision visit, so there will not be additional strain on the provider's schedule. As the visits described above are already occurring, it allows implementation of this model of screening, providing education and increased monitoring without requiring new staff or increasing the length of visits.

Should this model of peer-based stories and support be successful, the modules will be presented to school administrators and community leaders for integration into the existing health education framework at local middle schools. An ongoing partnership with the Vermont RAYS will bring in-person education or discussion forums around substance use risks and benefits of avoidance to schools.