

**DATA BRIEF**

**YSBIRT Partners**

- Champlain College
- Northwestern Medical Center
- Southwestern Vermont Medical Center
- Spectrum Youth and Family Services
- Northeastern Vermont Regional Hospital
- Twin Valley Middle High School

This is the 3rd year of YSBIRT implementation. This data brief includes all data from the seven sites that have participated in VT YSBIRT from **October 2020 through September 2021**.

SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons at risk for or living with substance use disorders.



Created by sbirt from Youth Project



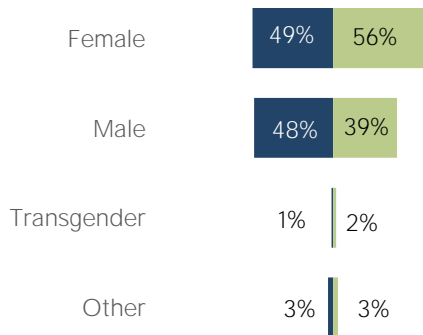
We report on **3658 youths and young adults under 25 years of age** and their substance use risks, mental health risks, and interventions provided.

*It is important to note partners applied many Covid mitigation strategies for continuity of services: mask wearing, social distancing, college/school closures, medical setting restricted areas and use of telehealth meetings.*

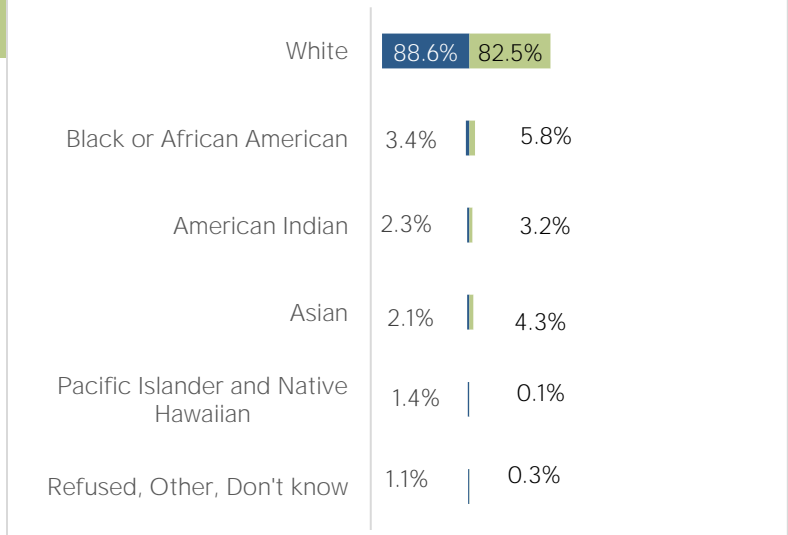
**Who was screened?**

Youth	Young Adults
Under age 18 2319 screened	18-24 years old 1339 screened

**Gender**



**Ethnicity**



*3% identified as Hispanic*

# How is substance use screening done?

Screening for substance use and mental health occurred in a variety of ways depending on each site's workflows and each site's covid protocols. Procedures ranged from emailing the screen to youth or young adults to be completed prior to their medical appointment to in-class screening within the school setting to the youth or young adult being asked to complete the screen prior to their service appointment.

## Youth Substance Use Screening Tools:

The Screening to Brief Intervention (S2BI) toolkit asks about frequency of nicotine, alcohol, cannabis, and other drug use in the past year. Risk is determined by frequency.

The CRAFFT Screening test (Car, Relax, Alone, Forget, Friends and Trouble) is further used to help identify problems associated with use and to help frame the brief intervention.



## Young Adult Substance Use Screening Tools:

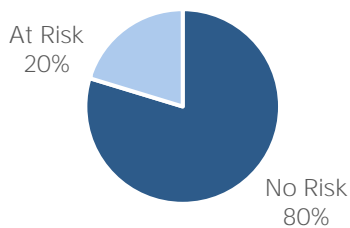
Frequency of nicotine use

The U.S. Alcohol Use Disorders Identification Test (U.S. AUDIT)

The Drug Abuse Screening Test (DAST) - 10 items

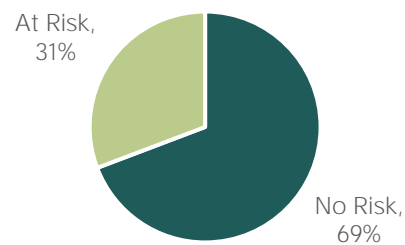
## Alcohol and Other (AOD) Drug Use Risk

### Any AOD Risk - Youth



AOD Risk for Youth, as identified by the S2BI, includes those who report using nicotine, alcohol, marijuana, or other drugs in the past year.

### Any AOD Risk - YA



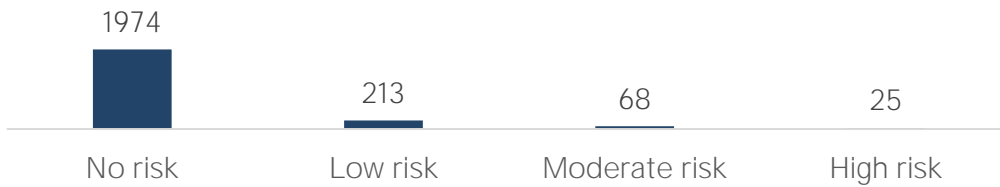
AOD risk for young adults includes those who score positive for risk for alcohol, marijuana, or other drugs based on our screening tools, excluding nicotine.

There are greater odds of substance use risk for young adults compared to adolescents. Across all ages, there are greater odds of substance use risk if gender identified was Other versus Male, Female, or Transgender.

The CRAFFT, when used with the S2BI, is a good tool for quickly identifying problems associated with substance use and framing the brief intervention

### Youth Substance Use Risk: CRAFFT

n=2280



13% of youths\* endorsed problems associated with substance use according to the CRAFFT.

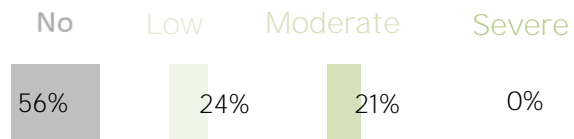
\* This includes the 90 youths (3.9%) who were positive only for the safety risk screening question component of the CRAFFT for adolescents- the CAR question. The CAR question asks about riding with an impaired driver, a known factor in youth mortality and a critical one for risk prevention (<https://craftt.org>).

## Specific Substance Use Risk

### Nicotine\* Risk for Youth



### Nicotine Risk for YA

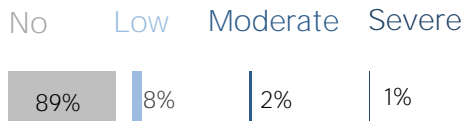


\*Nicotine includes vaping

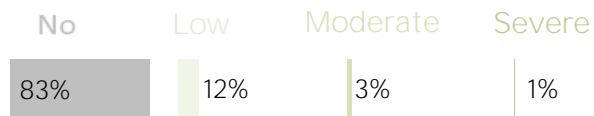
Nicotine risk increases from 11% for youth to 45% for young adults.

Low risk for alcohol increases from 8% to 12%, while other risk levels for alcohol are stable.

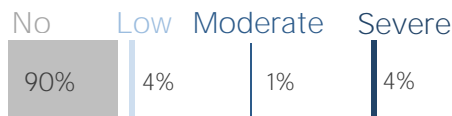
### Alcohol Risk for Youth



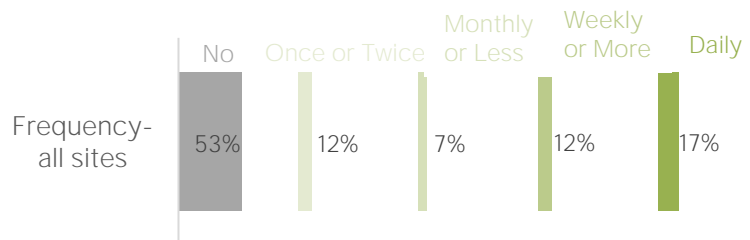
### Alcohol Risk for YA



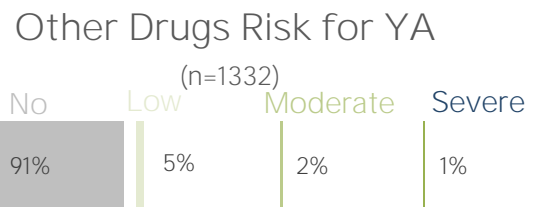
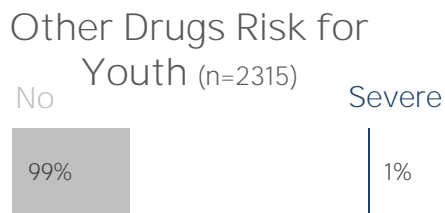
### Cannabis Risk Youth



### Cannabis Frequency for YA



For young adults when screening for cannabis use and risk, all sites measure frequency of use. Cannabis is considered positive for at least minimal risk if frequency of use is weekly or greater.



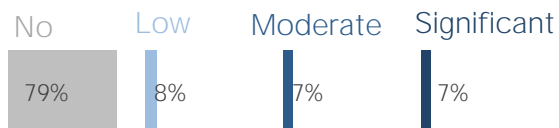
Other drugs includes misuse of prescription drugs and the use of illegal drugs. For Youth, risk level is determined by frequency with ANY use placing the youth at severe risk as determined by the S2BI. For Young Adults, risk level is determined using the Drug Abuse Screening Test (DAST) - 10 items.

“ Our community, like so many, has struggled recognizing those at risk and offering preventative tools to help, so this [SBIRT] gave us an opportunity to do the right thing.... The venue of Emergency and Urgent Care services provides a consistent direct interface for community members who are marginalized with limited or no access to support systems. Because of this vital access point, SBIRT/YSBIRT is the perfect tool to identify and help those at risk as well as address the needs of those already struggling.”

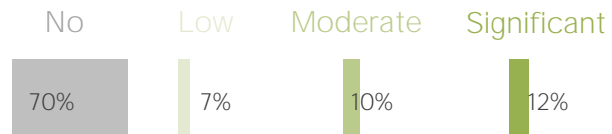
## How is mental health screening done?

To screen for depressive mood, the Patient Health Questionnaire-9 (PHQ) was used.

### Youth Depression Risk

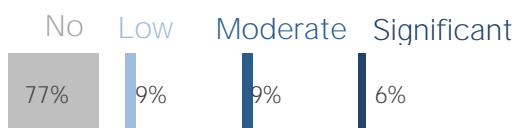


### YA Depression Risk

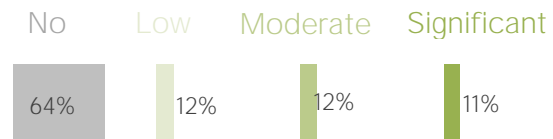


22% positive for depression; 10% suicidal thinking.	29% positive for depression; 15% suicidal thinking
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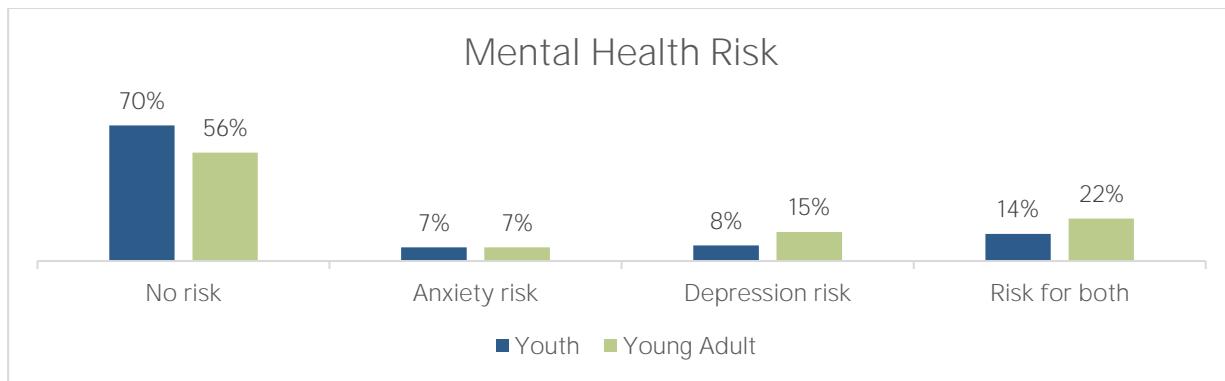
### Youth Anxiety Risk



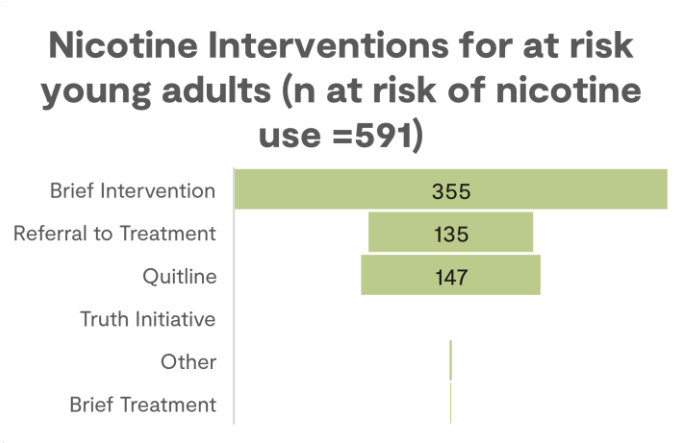
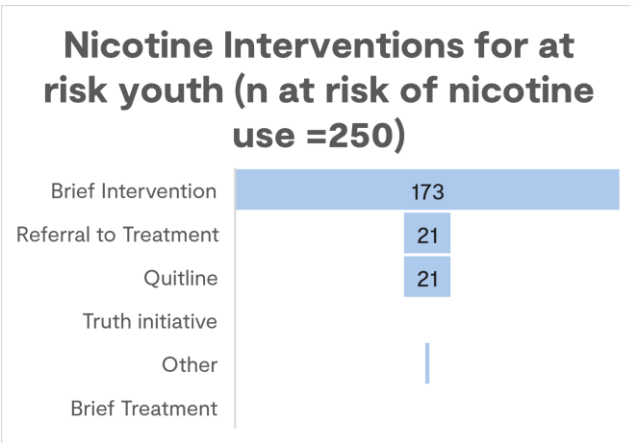
### YA Anxiety Risk



24% positive for anxiety.	35% positive for anxiety.
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## Interventions



74% of youth with nicotine risk received an intervention.

77% of young adults with nicotine risk received an intervention.

“ Having YSBIRT in our clinic has been immensely helpful. Sometimes brief intervention is all we can offer patients in the moment, but you can see it works because they come back and have more conversations about their use. It really opens the door for more honesty about such a taboo and shamed subject, and that opens more doors for change opportunities. Getting curious about our patients helps us see and treat them in more whole way.”

Individuals scoring in the low risk range are recommended for brief interventions. Those scoring in the moderate to severe range are recommended for on site brief treatment and referral to specialty substance abuse treatment respectively. At the same time, for those with moderate to severe risk, we want to be sure, at a minimum, that they receive at least a brief intervention. Thus, reported below are rates for those in the moderate to severe risk categories who received at least a BI and separately, those in the moderate to severe categories who scheduled treatment services.

69%

of youths with ANY substance use risk received an intervention

85%

of young adults with ANY substance use risk received an intervention

54%

of youths with LOW substance use risk received a brief intervention

74%

of young adults with LOW substance use risk received a brief intervention

67% of youths with MODERATE to HIGH substance use risk received a brief intervention

53% of young adults with MODERATE to HIGH substance use risk received a brief intervention

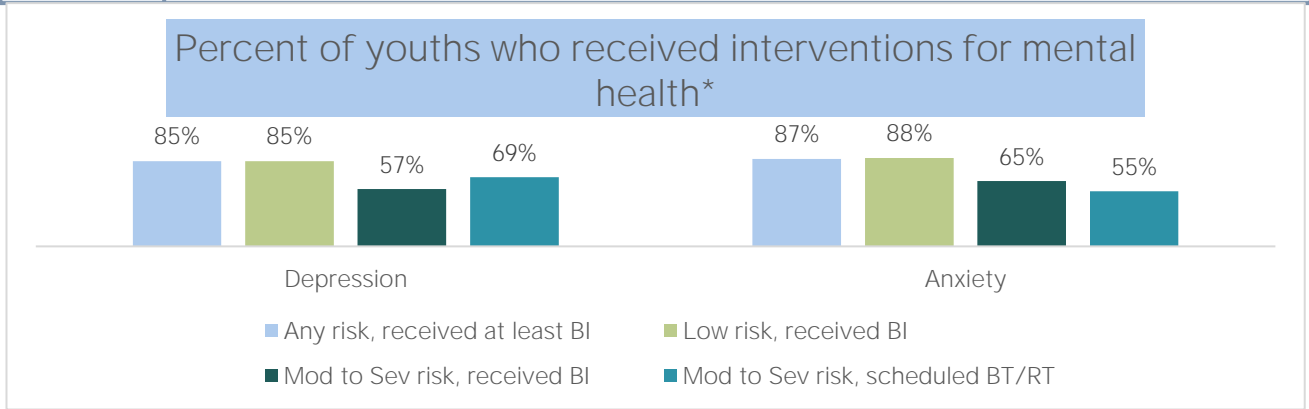
10% of youths with MODERATE to HIGH substance use risk scheduled treatment

31% of young adults with MODERATE to HIGH substance use risk scheduled treatment

In all, 1226 AOD interventions and 925 MH interventions were delivered.

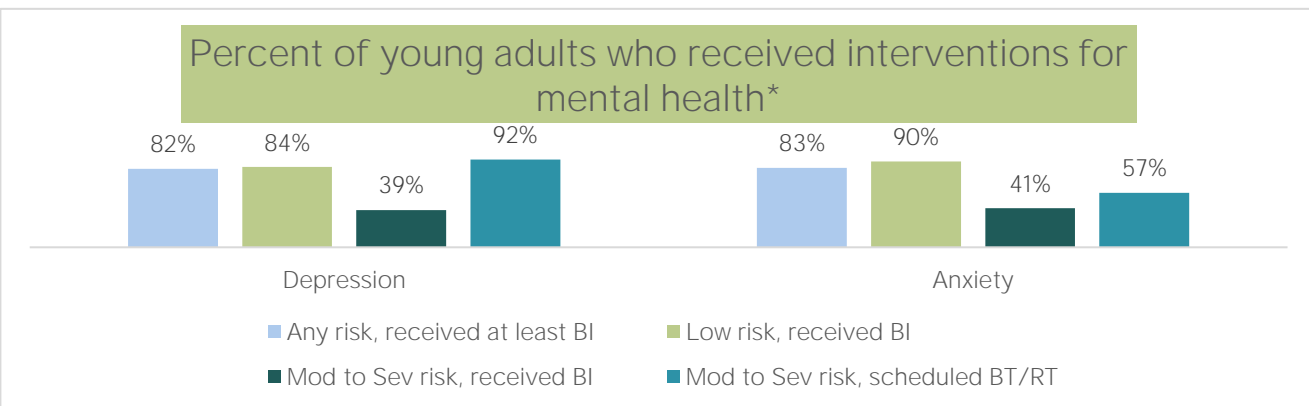
## Mental Health Interventions Delivered

Similar to substance use, Individuals scoring in the low-risk range are recommended for brief interventions. Those scoring in the moderate to severe range are recommended for on-site brief treatment and referral to mental health treatment respectively. Reported below are rates for those in the moderate to severe risk categories who received a BI and separately, those in the moderate to severe categories who scheduled treatment services.



BI refers to brief intervention; BT refers to onsite therapy; RT refers to referral for a mental health treatment provider

\*Those indicating they are already in treatment are subtracted from the calculations. This includes 43 youths already in treatment for depression and 45 already in treatment for anxiety.



\*Those indicating they are already in treatment are subtracted from the calculations. This includes 42 young adults already in treatment for depression and 29 already in treatment for anxiety.