COMMUNITY CATALYST

Advocate Toolkit: Funding Screening, Brief Intervention and Referral to Treatment (SBIRT) with Young People

Adolescents and young adults are in a critical window of vulnerability to substance use disorders. Risk-taking behaviors like experimentation with drugs and alcohol are common among young people, and early substance use increases the likelihood of developing an addiction later in life. With drug overdose deaths in the United States at an all-time high, it is more important than ever to put resources toward addressing drug and alcohol use among young people before a problem develops.

This toolkit is a roadmap for advocates to identify and leverage a range of funding sources to support an effective prevention strategy called SBIRT (screening, brief intervention and referral to treatment) in schools and medical settings. SBIRT involves asking someone to answer a brief, validated questionnaire about their drug and alcohol use and providing counseling or referring to treatment if a problem exists. SBIRT is currently implemented broadly with youth and adults across the United States in schools and health care settings.

COMMUNITY CATALYST

Funding Screening, Brief Intervention and Referral to Treatment (SBIRT) in Public Schools

Schools are uniquely positioned to reach a broad population of young people, including those who are at risk of drug or alcohol misuse. Schools are also a vehicle for reaching students who may be disconnected from other services or supports, including students from communities of color who face significant barriers to accessing adequate health care services.[1] It's particularly important for advocates to push for universal screening (e.g., screening all students in a certain grade) in school settings. Selective screening allows for bias and could lead to the disproportionate targeting of students of color.

This section includes strategies for leveraging Medicaid reimbursement, state and local budget resources, and federal funding to support prevention initiatives, including SBIRT, in K-12 school settings.

MEDICAID REIMBURSEMENT

Medicaid is currently a source of revenue for many school districts across the United States. There are generally three types of opportunities for schools: reimbursement for services provided (fee-for-service), funds for coordination of services (administrative claiming), and funds gained by partnering with a provider or community organization (leveraged funds). [2]

Medicaid funds are most commonly used by schools to deliver services to students with an Individualized Education Program (IEP). However, a policy change by the Centers for Medicare and Medicaid Services (CMS) now allows states to provide any service covered by the state's Medicaid plan to any student enrolled in Medicaid, creating an opportunity for Medicaid to support school-based SBIRT. However, this is only possible in states where the Medicaid plan:

- includes screening and brief intervention as an allowable service,
- includes the health professional providing SBIRT (e.g., school nurse, school counselor) as a qualified provider, and
- permits reimbursement in school settings.

Advocacy Strategies

✓ **Determine if screening and brief intervention are reimbursable by Medicaid in your state.**

Investigate the status of your state's Medicaid SBI codes by referencing your state's Medicaid provider billing manual and fee schedule, which should be available online on your state's Medicaid website. These manuals outline the services that are reimbursable through Medicaid in your state.

To assess if the SBI Medicaid codes can be used in schools, look for the following information:

- Are screening and brief intervention eligible services?
- Which school-based providers can be reimbursed by Medicaid for these services (e.g., school nurses, counselors, other school personnel)?

- What are the allowable settings for Medicaid reimbursement? For a provider to receive reimbursement, does the screening have to be conducted in a doctor's office or other medical setting?
- Are there are any limitations applied specifically to SBI codes? For example, some states will limit reimbursable screening and brief intervention services to individuals in a certain age range.

✓ **Meet with Medicaid officials to explore reimbursement opportunities.**

Armed with the preliminary information referenced above, advocates can meet with Medicaid officials – such as the state Medicaid director or staff at local/regional Medicaid offices – to explain the importance of school-based drug and alcohol prevention and uncover additional reimbursement information that may be useful for school administrators. Below are a few issues advocates may want to address in these conversations:

- Are there any additional requirements or limitations on school Medicaid billing that may not be outlined in the provider manual?
- Can school districts bill Medicaid for administrative costs associated with coordinating a screening and/or brief intervention program?
- Do school systems require a different billing process than medical settings? Are there resources for schools to learn about Medicaid billing?
- If screening and brief intervention is not reimbursable in your state, it might be helpful to ask about other allowable services under Medicaid, such as *Education and Training for Patient Self-Management* or *Preventive Medicine Services* codes, that may support a universal school-based drug/alcohol screening program.

✓ **Inform school boards, school administrators and other community members of opportunities to support drug and alcohol misuse prevention through Medicaid.**

Advocates can work with school administrators to identify avenues for fee-for-service, administrative claiming or leveraged funding to support SBIRT.

School boards will be a key player in these conversations. School boards are usually responsible for approving any health screenings provided district-wide, and they make financial decisions regarding the school budget. It is also important to consult with other key stakeholders, such as school administrators (principals and superintendents), parents (through the PTA or other parent groups) and students.

✓ **Help school districts identify partnerships to leverage Medicaid funds.**

Advocates can facilitate partnerships between a school district and a Medicaid-certified provider, such as a community health center or drug and alcohol treatment provider – ideally a program that specializes in treating youth. These providers can offer services on site at a school or school-based health center. Schools can also refer students to these providers when problematic substance use is detected. This partnership can leverage funding that neither entity could generate on their own.

Example from New York: New York City Public Schools partners with a community group, the Children's Aid Society, to provide a wide range of health and social services to children throughout the city. Medicaid fee-for-service funds support about half of the budget of the program, while other resources from the Children's Aid Society cover the remaining costs.[2]

✓ **Work with Medicaid officials in your state to leverage the "free care" rule change.**

Until recently, public schools could not bill Medicaid for care provided to Medicaid-eligible students if the care was available for free to other students. A rule change issued by the Centers for Medicare and Medicaid Services (CMS) in December 2014 lifted the "free care" restriction.

Decision makers at your state Medicaid office (i.e. the state Medicaid director or staff at local/regional offices) or school administrators may not know this barrier was removed. Advocates can pave the way for additional school-based Medicaid billing by informing these key decisions makers about the rule change.

Advocates can push for administrative changes or revisions to the state Medicaid plan that would be needed to allow for schools to bill Medicaid. It can be particularly effective to cite the crisis of drug overdose deaths in our country and underscore the importance of stopping substance use among young people before it becomes a problem. Other useful messaging may include the interconnectedness between educational achievement and child health and well-being.

For specific information on changing state policies and developing state plan amendments, see our *Advocates' Guide to the Change in the Medicaid Free Care Rule.*

Example from Massachusetts: CMS recently approved a state plan amendment (SPA) submitted by MassHealth (Massachusetts' Medicaid agency), allowing school districts to bill Medicaid for any Medicaid-enrolled student. This SPA was needed to remove language in the state plan that specifically limited reimbursement to Medicaid students with an Individualized Education Program (IEP).

RESOURCES

- How to Obtain Medicaid Funding for School-Based Services: A guide for schools and providers that outlines how to access Medicaid funding for school-based health services.
- Medicaid Helps Schools Help Children: A policy statement from the Center on Budget and Policy Priorities illustrating the importance of Medicaid for supporting school-based health. This is a useful resource for crafting messaging for stakeholders or policymakers.
- The Free Care Rule: A brief overview by the Healthy Schools Campaign of the CMS rule change that lifted limitations on Medicaid billing by schools.
- Advocates' Guide to the Change in the Medicaid Free Care Rule: An in-depth resource including advocacy tips and talking points for implementing the free care rule changes.
- Detailed Information About Coding for SBI Reimbursement: An in-depth analysis of SBIRT Medicaid codes, developed by George Washington University Medical Center.

STATE AND LOCAL BUDGETS AND RESOURCES

There are several opportunities for advocates to secure funding for SBIRT by engaging in the school budgeting process. Funding is needed for the delivery of SBIRT and/or the backfilling of the regular duties of the school personnel who are conducting the screening or brief intervention. Training and ongoing technical assistance to support school personnel is also needed. Below are suggested strategies for navigating the school budgeting process to secure support for school-based SBIRT.

Advocacy Strategies

✓ **Work with your state's school nursing association to advocate for increased funding to support school nurses' involvement in SBIRT.**

School nurses are an ideal provider for SBIRT in school settings. However, as school budgets continue to be squeezed, allocations for school nurses are often cut back. Current funding levels may not enable nurses to take on these additional roles. It's important to remember this and ensure that adequate fiscal resources accompany any additional workload demands placed on school nurses.

School nurse positions are typically funded as a line item in local school district budgets and included in special education budgets. Additional support often comes from departments of health or public health. Advocates can work with their state nursing association and identify possible avenues for securing additional funding from these sources for drug and alcohol prevention.

> **Example from Massachusetts:** Advocates secured funding for three consecutive years to support training and implementation of SBIRT by school nurses in all middle and high schools across the state.

✓ **Engage with state agencies to support SBIRT training for school personnel.**

Learn which agencies or organizations fund and deliver training to school personnel on substance use disorders, mental health or other related topics. The lead education agency (i.e. Department of Education or Office of Public Instruction) is typically responsible for coordinating the training of school personnel. Additionally, school nurses will have specific training requirements related to their licensure. Advocates can pitch including SBIRT in these trainings.

If your state currently or previously participated in the SAMHSA-funded SBIRT project, the lead entity on that grant may still be active and providing SBIRT training to other providers and may have the capacity to train school personnel.

> **Example from Wisconsin:** Advocates worked with a state legislative champion to pass a bill that added $400,000 ($200,000 per year for two years) in new funding to the Department of Public Instruction's Safe & Healthy Schools Training & Technical Assistance Center to train school personnel in SBIRT.

✓ **Advocate for including SBIRT in the school budget.**

Advocates can elevate screening and early intervention as a priority for the school budget. In most states, school boards are ultimately responsible for approving the school budget. School administrators (principals and superintendents), parents (through the PTA or other parent groups), and students are also important players in the budgeting process.

School boards are generally required to hold public hearings on the budget, and some districts allow the public to comment or add to the hearing agenda. Advocates should find out when and how key funding decisions are made, which budget items are controlled by the school board, and where there might be opportunities to engage in the budget process.[4]

Specific budget asks may include increased support for school counselors or other school personnel to conduct screenings and/or brief interventions or funding for a universal drug and alcohol screening initiative.

Keep in mind that school boards are consistently struggling with limited resources and judging various priorities from teachers, administrators, parents and other community members. It's important to recognize those challenges and make the case that screening and brief intervention is an efficient and effective spending decision that can improve the academic and social development of the students.[5]

RESOURCES

- Sample Budget Request to State to Support SBIRT Training to Schools: A budget ask developed by the Children's Mental Health Campaign in Massachusetts to expand on existing school-based SBIRT training.
- Estimated Cost of School-Based SBIRT from Wisconsin: A resource developed by Wisconsin Citizen Action to estimate the cost of implementing SBIRT in school districts across the state.
- Association of School Administrators: School Budgets 101: A guide from The American Association of School Administrators outlining the school budget process. This is a good introduction manual for advocates with limited knowledge of school budgets.

FEDERAL FUNDING SOURCES

There are several federal grants currently available to support drug and alcohol prevention initiatives in school settings. One way federal funds are distributed to state and local government agencies is through block grants (also called formula grants). This type of funding is unique in that all states receive funds based on a set of criteria, usually based on characteristics of the state's population and/or the resources already available in the state to support the services that would be provided through the grant.

Legislation or regulations set the parameters for the block grants but the lead state agency – which differs depending on the grant – has discretion in how the funds are allocated. Most block grants require states to conduct a needs assessment and submit an application annually to lay out the intended use of the funds.

It is important to note that block grant funding is typically fiercely protected by the programs that currently rely on these funds. However, with respectful and careful coordination, there may be room to collaborate or improve the use of these funds. The following list includes grants that are particularly suited to support school-based SBIRT and strategies for leveraging the funds.

Advocacy Strategies

- ✓ **Leverage the Substance Abuse Prevention and Treatment Block Grant for SBIRT.** The Substance Abuse Prevention and Treatment Block Grant (SABG) provides funds to states through the single state authority for substance abuse services to plan, implement and evaluate activities that prevent and treat substance misuse and promote public health.

  States can use SABG block grant funds for SBIRT services. However, that funding may not come from the 20 percent of the state's SABG funds allocated to primary prevention strategies.

  States are required to have a stakeholder input process in place to inform the annual application to the federal government for the block grant. Each state's SABG applications should be posted on the state government website. The applications outline the process through which stakeholder feedback was collected.

  Most states have a Behavioral Health Planning/Advisory Council that provides feedback to the state administration, state legislature and/or governor on how the state should use their SABG. The councils are comprised of advocates, consumers, family members of consumers and other stakeholders.

  Advocates can leverage SABG funds for SBIRT or other school-based prevention by engaging in the block grant planning process by joining the advisory council and ensuring that school boards, parents, students and/or other key school officials are part of this planning process as well.

  Example from New Hampshire: Advocates worked with the governor's planning council to leverage SABG funds to support a wide range of prevention activities. Following the state's expansion of Medicaid, block grant funds previously supporting treatment were shifted to prevention, including one large school-based prevention program. Currently, $1.35 M in SABG funds are allocated to the Student Assistance Program, which includes prevention education, early identification and referral to services for youth.

- ✓ **Identify avenues for schools to use Maternal and Child Services Block Grant (Title V) for school-based screening.**

  The Maternal and Child Services Block Grant (Title V) is distributed by the Health Resources and Services Administration (HRSA) and is governed by the state's department of health/public health. The purpose of this funding is to improve the health of women, children and families.

  Thirty percent of these funds are earmarked for preventive and primary care services for children. The grant underwent a transformation in 2015 which included the creation of an Adolescent and Young Adult Health National Resource Center (AYAH-NRC) and an additional focus on adolescents/young adults up to age 24.

  Title V funds are commonly used for school health services, including health screenings (e.g., vision, hearing, obesity), general health promotion and to support the day-to-day operations of school-based health centers. Substance misuse prevention is an allowable activity under this grant, but it is not typically an area of focus for Title V. When states do use Title V funds for these activities, it's usually targeted to prevention for pregnant women.

  While school-based drug and alcohol screening and brief intervention is not commonly supported by Title V funds, it is permissible. Advocates can develop partnerships within the state public health agency to identify opportunities to use Title V to support school-based prevention. For example, states may be interested in expanding existing school health screenings to include drug and alcohol assessments and/or brief interventions.

  There is an opportunity for advocates to weigh in about block grant spending during a public comment period required as part of the state's application process. Unlike the SAMHSA block grants, there is no requirement for a planning council with consumer representation. However, advocates can encourage and help parents, students and other stakeholders to voice their support of drug and alcohol screening during the comment period.

- ✓ **Leverage the Every Student Succeeds Act for school-based SBIRT.**

  The Every Student Succeeds Act (ESSA) is the main federal education law governing K-12 public schools. ESSA replaced No Child Left Behind and gave states greater flexibility to measure and improve school performance. ESSA directs states to use federal funds to improve academic achievement as well as student health and safety. Titles I, II, and IV of the ESSA law can fund SBIRT training and implementation.

  Title I: The purpose of Title I is to enhance the educational attainment of young people living in low-income communities. This program mandates that the school districts with the highest percentage of children from low-income families receive the most funding. Title I funds can be used for health-related services in school-wide programs, such as screening and brief interventions.

> **Example from Wisconsin:** Wisconsin's department of education currently uses the Title IV School Climate Transformation Grant to support school-SBIRT activities.

Title II: This title supports teacher quality. State departments of education receive these funds from the U.S. Department of Education (ED) and distribute them to school districts based on Title II formulas. Title II can be used to equip teachers to address drug and alcohol misuse and link students to appropriate treatment and intervention services in the school and in community. Title II is an appropriate funding source for training school personnel – including school nurses and counselors – to implement prevention interventions like SBIRT.

Title IV: Title IV is a formula grant program that consolidates 49 grant programs from the previous education law. The state department of education receives funding from ED, and school districts apply to the state for funding to carry out Title IV activities. Title IV funding can pay for activities beyond traditional academic supports, including initiatives that improve school climate and support safe and healthy students. Substance use prevention activities, such as SBIRT, are allowable uses for Title IV funding.

In general, the allocation of ED funds can be contentious, especially given increasingly tight education budgets. Districts may rely on these grants for existing programs – perhaps other drug and alcohol prevention programs – and may be reluctant to engage in conversations about diverting funds elsewhere.

However, advocates can inform key stakeholders about the range of activities that could be supported through ESSA. Advocates can also educate state officials and key decision makers in school districts about the importance of promoting universal evidence-based prevention services. Advocates can emphasize the importance of protecting ED grants and ensuring those funds are used in the most efficient way possible to address the states' needs for substance use prevention in elementary and secondary schools.

For more information on ESSA financing opportunities, see Leveraging the Every Student Succeeds Act for Substance Use Prevention to Improve Young People's Lives and Integrating Substance Use Prevention into the Every Student Succeeds Act: A Step-by-Step Guide for Advocates.

RESOURCES

- Substance Abuse Prevention and Treatment Block Grant (SABG) Summary: This is a brief overview of the SABG, which was developed by the National Association of State Alcohol and Drug Abuse Directors.
- Best Practices for State Behavioral Health Planning Councils: This is an in-depth report that would be particularly useful for advocates who are interested in learning more about the history and function of planning councils. The first 15 pages are most useful. The remaining sections provide an analysis of several planning councils.
- Environmental Scan: Addressing the Needs of Adolescents in State Title V Programs: This research report was developed by the Association of Maternal & Child Health Programs (AMCHP). It contains a useful summary of how Title V supports school health (page 7) and substance abuse programs (page 8).
- A Guide to Federal Education Programs That Can Fund K-12 Universal Prevention and Social and Emotional Learning Activities: This is a lengthy resource but the introduction is particularly useful in providing an overview of federal funding sources for education programs.

COMMUNITY CATALYST

Funding Screening, Brief Intervention and Referral to Treatment (SBIRT) for Young People in Medical Settings

Doctors, nurses and other medical providers play an important role in detecting and addressing drug and alcohol misuse among young people before a serious problem develops. Providers can implement SBIRT or screening questionnaires and early intervention initiatives during routine appointments, including well-child visits, school physicals or sports check-ups.

This section offers strategies for incentivizing and reimbursing providers for conducting SBIRT with young people in medical settings – including primary care, pediatrics and emergency medicine. The following payment sources are addressed:

- **Medicaid Payment Models**
  - Fee-For-Service
  - Capitated Medicaid Managed Care
  - Medicaid Health Homes
  - Medicaid Waivers
- **Early and Periodic Screening, Diagnostic and Treatment (EPSDT)**
- **Private Insurance**

MEDICAID PAYMENT MODELS

Medicaid and the Children's Health Insurance Program (CHIP) pay for health care to low-income children across the United States through state and federal funding. Medicaid and CHIP programs are particularly important for young people of color, who are disproportionately represented in these programs.

One aim of the Medicaid program is to prevent serious health conditions, including substance use disorders. There are numerous delivery system and payment models currently available to states under the Medicaid program to prevent and address substance use disorders. A review of each of the models is beyond the scope of this resource. Instead, this tool covers the models best-suited to fund youth-focused substance use screening and brief intervention, including fee-for-service, managed care and health homes. This section also addresses how states can change Medicaid programs through state plans amendments (SPAs) and 1115 waivers.

Fee-For-Service

In the fee-for-service model, providers are reimbursed by the state Medicaid program for each service (e.g., test, exam, procedure) they provide to Medicaid enrollees. States maintain a Medicaid plan with a list of these allowable services, reimbursement rates and other requirements for billing.

Advocacy Strategies

- ✓ **Determine if your state has active SBIRT codes.** There are specific Medicaid billing codes available for screening and brief intervention services. However, states have to take action to activate (or "turn on") these codes. To get the most up-to-date information on your states codes, reference your state's Medicaid provider billing manual, which should be available online on your state's Medicaid website.
- ✓ **If your state has active SBIRT codes: Collect information on any requirements or limitations to the codes.** Contact your state Medicaid office to gather the information below. These details should also be outlined in your state's Medicaid Provider Manual or in a separate SBIRT manual that guides the delivery of SBIRT services and the process for reimbursement.
    - Are providers required to use a specific screening tool (e.g., CRAFFT, S2BI)?
    - Are there training requirements providers have to fulfill before billing?
    - Are the SBIRT codes limited to specific settings or provider types?
- ✓ **If your state does not have active SBIRT codes: Explore the pros and cons of activating the codes.** Advocates should consider the following before embarking on a campaign to activate SBIRT codes:
    - The codes offer a sustainable funding source to providers to deliver much-needed substance use prevention services.
    - Activating codes raises awareness among policymakers, providers and community members about the importance of youth prevention.
    - Turning on the codes can be a time consuming and challenging undertaking.

- States that have active SBIRT codes have not experienced a significant uptick in providers delivering SBIRT. Once the codes are activated, there is still work to be done to educate providers and promote use of the codes.
- The SBIRT codes are not the only way for providers to be reimbursed by Medicaid. Motivated providers in states without SBIRT codes can use other codes.

✓ **If your state does not have active SBIRT codes: Work with state Medicaid officials to activate codes.** If you decide to develop an advocacy campaign to activate the codes, see the Mobilizing Support for SBIRT section of the toolkit. Here are suggested steps to begin the process:

- Determine if your state will need to submit a state plan amendment to activate new SBI codes. Most states will need to complete this step. Find out if your state is already planning to submit an amendment for other purposes. Given the amount of work involved for the state, advocates have found that it is easier to ask state officials to amend an existing waiver application than it is to convince state officials to draft a state plan amendment for one purpose.
- Determine if you will need approval of the state legislature. If you do, begin to identify the champions for this issue, such as a chair or key member of a health care committee.
- Craft talking points about the benefits of the codes and the need for robust prevention in the state and tailor your arguments to your targeted decision makers.
- Be prepared to answer questions about the logistics of turning on the codes, including the source of funding for these new services.

Example from Georgia: Advocates mounted a successful policy campaign to activate SBIRT codes. As of July 2017, health care providers can bill Medicaid for conducting SBIRT. This policy win was a result of building support through carefully crafted branded educational materials, a statewide coalition and participation in several study committees. Advocates also produced a policy brief and cost-benefit analysis for state officials.

Resources

- Reimbursement for SBIRT: This brief report includes a description of SBIRT codes used by private and public payers.
- SBIRT Cost-Benefit Analysis: Georgians for a Healthy Future developed this to show state policymakers the fiscal benefits of activating SBIRT.
- Washington State Plan Amendment: This document was used to add SBIRT Medicaid billing codes to Washington's Medicaid services.
- Colorado SBIRT Billing Manual: This is a good model for states interested in developing an SBIRT billing manual.

Capitated Medicaid Managed Care

Many states have established contracts with managed care organizations (MCOs) to coordinate and direct services for some or all of their Medicaid enrollees. Managed care arrangements vary by state and MCOs can offer services not provided in the state Medicaid plan. Under the capitated (also called risk-based) model, states hire MCOs, which may be for-profit or nonprofit. Some are safety-net plans designed to serve specialized populations.

The MCOs are responsible for arranging contracts with providers to deliver services and are paid a set amount per person per month, regardless of the services delivered to those consumers. The MCO then reimburses providers based on services provided (fee-for-service) and/or on quality of care or health outcomes (value-based payments).

The managed care model can create an incentive for MCOs and affiliated providers to prevent serious conditions and keep consumers healthy. It's important to note that there are a wide variety of managed care arrangements and MCOs can take advantage of the model, for example, by cutting services to save money. However, well-designed MCOs with payment arrangements incentivizing better health outcomes can provide an opening for advocates to promote youth-focused prevention of substance use disorders to keep the population healthier.

Advocacy Strategies

- ✓ **Learn if your state currently uses a managed care model.** This map is a good starting point in identifying if your state contracts with MCOs. Your state Medicaid officials can provide additional information on the use of MCOs in your state.

- ✓ **Work with state Medicaid officials to include substance use prevention in contracts with MCOs.** CMS requires all MCOs to offer an "appropriate range of preventive" services. You can work with your state officials to ensure drug and alcohol prevention is a covered service in all managed care plans in the state.

  > **Example from Minnesota:** The state withholds payments from MCOs that fail to conduct specified screenings during Child and Teen Checkups. One of the required screenings is a drug and alcohol assessment and follow-up with young people ages 12-20.

- ✓ **Encourage individual MCOs to incentivize prevention among their providers.** MCOs have the flexibility to create financial incentives for providers who offer certain services or meet certain benchmarks. Advocates can identify and develop relationships with the major MCOs in your state. Given their mission and/or financial interest in preventing serious or chronic conditions and the potential for cost savings, MCOs may be willing to incentivize SBIRT or other youth-prevention activities. For example, an MCO could require all primary care providers to conduct SBIRT for all patients. The plan could offer additional reimbursement for conducting SBIRT with patients or withhold payments from plans that do not comply.

Example from Oregon: The Oregon Health Authority established an incentive measure for Coordinated Care Organizations (CCOs) to increase the use of SBIRT services in primary care and mental health settings. To receive this incentive, CCOs must provide full screening and/or brief intervention services to 12% of patients 12 years of age and older.

- ✓ **Identify and work with safety net MCOs to incorporate prevention.** Safety-net health plans serve vulnerable populations and low-income communities, with a focus on integration, whole-person care and prevention. These plans can be an ideal setting for youth prevention efforts. You can reach out to the safety-net plans in your state and explore opportunities for new or enhanced prevention efforts.

Example from Kentucky: Passport Health Plan is a nonprofit community-based health plan that requires all primary care providers to conduct annual substance use screening with all patients using the SBIRT model. This universal screening requirement is written into provider contracts. Providers receiving capitated payments (set per person per month amount) receive an additional reimbursement payment for each screening conducted.

Resources

- Medicaid ACO Checklist for Advocates: This resource from the Center for Consumer Engagement in Health Innovation outlines the key elements of MCOs that provide person-centered and community-responsive care.
- Provider Payment and Delivery Systems: This brief overview provides a comparison of fee-for-service and managed care models.
- State Strategies for Promoting Children's Preventive Services: This interactive map shows performance measures and incentives used by states to promote mental health and substance use disorders screenings by MCOs and other parts of the health system.
- State Medicaid Improvement Projects, Performance Measures & Incentives Promoting Children's Preventive Services: This chart provides a state-by-state guide to managed care models and other incentives that benefit children's preventive services.
- A Super-Condensed Advocate's Guide to the New Medicaid Managed Care Rules! This Community Catalyst blog outlines key aspects of the 2016 requirements for MCOs established by the Centers for Medicare and Medicaid Services (CMS).

Medicaid Health Homes

The Medicaid Health Home is designed to serve consumers who have complex health conditions. The purpose of this model is to increase coordination of care across physical health, mental health, substance use disorders services and community supports. This can help states improve quality of care while reducing costs.

Under the health home model, states establish contracts with providers to serve as the central point of contact for consumers who have chronic health conditions. Health home providers are required to deliver or link enrollees to six specific care-coordination services. States receive additional funds from CMS for providing these services.

While health homes are often designed for adults with long-term chronic conditions, the model is conducive to youth-focused drug and alcohol prevention. The model prioritizes coordination of care, significantly increasing the chances that any drug or alcohol misuse identified will be addressed promptly. Some states have developed child-centered health homes specifically for young people with chronic conditions, including California and Rhode Island.

Advocacy Strategies

- ✓ **Encourage state officials to submit a state plan amendment to CMS to establish a child-centered health home.** Advocates can work with other key stakeholders and MCOs to recommend the creation of child-centered health homes that include substance use prevention. Pediatricians and children's health advocates are likely allies and potential partners, as a child-centered health home would bring needed resources to children's health services.

- ✓ **If there are child-centered health homes in your state, urge the providers to use SBIRT.** Advocates can make the case that child-centered health homes are well-suited for substance use prevention strategies like SBIRT. Youth with certain chronic conditions (e.g., mental health conditions, histories of trauma[7]) or in certain living arrangements (e.g., foster care) are more susceptible to early drug and alcohol use.

> **Example from Rhode Island:** The Comprehensive Evaluation, Diagnosis, Assessment, Referral and Reevaluation (CEDARR) Family Centers in Rhode Island are child-centered health homes in which providers conduct depression screening for all enrollees 12 years and older, and connect patients to treatment or community resources when needed. These health homes were designed to bridge the gap between children's physical and mental health care. Toward this aim, providers developed relationships and promoted collaboration between multiple systems across the state: behavioral health, child welfare, schools and health care providers.

Resources

- Medicaid Health Homes: An Overview: This fact sheet describes the health home model and lists the disease focus of state health homes.

- State Delivery System and Payment Reform Map: This interactive map shows states using the health home model, and includes details on population, providers and payments.
- Child-Centered Health Homes in California: This report explains and highlights the benefits of this model for children with complex health conditions and experiences of trauma.
- Approved Health Home State Plan Amendments: This site links to the state plan amendments that authorized the health homes.
- Strengthening Care Coordination in the Medicaid Benefit for Children & Adolescents: This guide offers strategies to increase prevention through various coordinated care models.

Medicaid Waivers

The Centers for Medicare and Medicaid Services (CMS) offer states opportunities to develop innovative approaches to care through several waiver programs that allow sidestepping of some Medicaid rules. One such program – the Section 1115 Demonstration Waiver Program – can be especially useful for promoting drug and alcohol prevention. CMS has previously requested 1115 waiver proposals that include substance use screening and cited SBIRT as a recommended practice for such waivers. While the current waiver guidelines do not specifically recommend SBIRT, CMS continues to encourage 1115 waivers to address substance use disorders and opioid misuse.

Many states are using this 1115 demonstration program to improve access to Medicaid and expand prevention, treatment and recovery services offered under the Medicaid program. Adding SBIRT to these types of waivers can boost the visibility of SBIRT and increase uptake by providers.

> **Examples from West Virginia and California:** West Virginia's 1115 waiver adds SBIRT to the state plan. In California, the state's Medicaid program, Medi-Cal, requires SBIRT in primary care settings for all adult Medicaid enrollees.

Advocacy Strategies

- ✓ **Learn if your state is planning a waiver or encourage your state to apply.** Advocates can engage with state officials in the development of 1115 waivers to ensure that prevention is a key factor. You can use the federally-required stakeholder engagement process to provide input on how prevention can help achieve waiver goals. You can also present the waiver as a way for the state to comprehensively address drug overdoses.
- ✓ **Identify allies to support your advocacy for a waiver.** State development of a waiver is a substantial undertaking and will require long-term planning. If you decide to press your state to file an 1115 waiver, work with other entities that have an interest in

demonstration projects, such as hospitals, state officials and other consumer health advocates.

- ✓ **If your state decides to apply for an 1115 waiver, encourage state officials to seek support from the federal Medicaid Innovative Accelerator Program (IAP).** While the IAP program does not offer funding, it provides states with resources and technical assistance to support health reform efforts, with one program focusing explicitly on reducing substance use disorders. The first round of intensive TA and webinars has concluded, but the program now provides strategic guidance to states on the development 1115 waivers. The IAP program is supportive of SBIRT and encourages states to use the waiver process to establish Medicaid coverage of SBIRT or increase SBIRT reimbursement rates.

Resources

- Key Themes in Medicaid Section 1115 Behavioral Health Waivers: This issue brief from the Kaiser Family Foundation describes recent Medicaid waivers that address mental health and substance use disorders.
- Five Key Questions and Answers about Section 1115 Medicaid Demonstration Waiver: This issue brief provides an overview of the 1115 waiver program.
- CMS Issues Opportunity for Substance Use Delivery Transformation: This blog from the National Council for Behavioral Health highlights elements of the 1115 waiver program promoted by CMS in 2017 to improve treatment of substance use disorders under Medicaid.

EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT (EPSDT)

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit mandates periodic health screenings for all young people under age 21 enrolled in Medicaid, and requires states to provide follow up intervention for issues detected. Mental health and substance use disorders screening is explicitly included in the EPSDT benefit.

Each state is required to establish a schedule for screening and assessments, which is typically based on the most current Bright Futures recommendations from the American Academy of Pediatrics. Outlined below are strategies for leveraging resources from the EPSDT benefit to support youth prevention, including SBIRT.

Advocacy Strategies

- ✓ **Partner with children's health advocates in your states.** The EPSDT benefit has long been the focus of children's health advocacy. If you are interested in working to improve the EPSDT benefit to bolster drug and alcohol prevention, a good first step would be to locate statewide and local children's health advocates and develop a partnership with those groups to learn what has been done to improve the benefit and to engage in any current initiatives related to EPSDT advocacy.

- ✓ **Advocate for substance use prevention to be included in the EPSDT benefit in your state.** Despite the intention of this program, many children are not receiving all of the required screenings[8] and behavioral health screenings are often left out[9]. First, find out if drug and alcohol screenings are listed in your state's EPSDT schedule. If the benefit is already included, advocates can work with Medicaid officials to educate providers about the importance of behavioral health screenings. Arguments for including or promoting substance use screening may include:
  - Drug and alcohol screening is required under EPSDT.
  - Failure to provide the service could be a violation of the parity law, which requires health plans to cover mental health and substance use disorders services at least to the extent the plans cover other medical services. If other physical health screenings (e.g., vision, hearing, obesity) are required, but substance use assessments are not required, the state could be in violation of the parity law.
  - Present research on the importance of screening and early intervention and evidence for SBIRT.
  - Underscore the cost savings to Medicaid by preventing substance use disorders.

- ✓ **Promote unbundling payments for developmental screens.** The way providers are paid for EPSDT screenings varies by state: some state Medicaid programs provide one bundled payment per visit to the provider for the well-child exam, which includes various screenings. Other states allow providers to bill for each screening separately. Advocates can work with the state Medicaid program to promote unbundled EPSDT billing codes. Key arguments for unbundling payments include:
  - Allows providers to bill for each screen, thereby incentivizing providers to offer all the required screens.

- Helps the state with data collection, providing information on compliance with EPSDT screens.

Example from Georgia: The state Medicaid program adapted reimbursement policies to incentivize development screenings. The program raised the reimbursement rate for well-child visits required under the EPSDT benefit and unbundled developmental screening to offer additional payments for each screening.

Resources

- Overview of Early Periodic Screening, Diagnosis, and Treatment (EPSDT): This site outlines how the EPSDT program works to prevent and address illness among youth and young adult Medicaid beneficiaries.
- Three Ways to Ensure EPSDT Works in Managed Care: This resource explains how the EPSDT requirement works in states using Medicaid managed care models.
- Required EPSDT Screens: This site provides a state-by-state guide to required EPSDT screenings.
- Ohio Voices for Children: EPSDT Communications Toolkit: This provides tools to educate parents with Medicaid-enrolled children about their right to developmental screenings and the importance of these screenings.

PRIVATE INSURANCE

Private insurance plans, whether offered through the workplace or purchased through state Marketplaces, can reimburse their providers for SBIRT and other preventive services using established private insurance billing codes. Several national companies already cover SBIRT, including Aetna[10] and Cigna[11] and Anthem Blue Cross Blue Shield,[12] but advocacy is needed to ensure that individual plans (e.g., the specific coverage offered by an employer) includes these services and that providers are delivering SBIRT to young people.

Advocacy is also needed to ensure more private insurers reimburse providers for SBIRT and encourage their providers to do so. Advocates, community members, plan enrollees and others can make the case to insurers that they should pay for and promote SBIRT use with young people.

Advocacy Strategies

- ✓ **Identify plans in your state that reimburse providers for youth SBIRT.** There are a few avenues to access this information. One option is to survey the insurance companies in your state through an electronic survey. To increase participation, make phone calls before or immediately after sending the survey to provide context.

  Advocates can ask their state department of insurance to survey or use other means to identify which private plans in the state do or do not include drug and alcohol screening. A good first step is to partner with consumer advocates who already have a relationship with the insurance director/commissioner. Your state association of insurers is another helpful resource and likely ally. The basis for your request could be:
  - This transparency is an important step in ensuring the state is doing everything possible to prevent drug and alcohol misuse among adolescents as part of reducing drug overdoses and deaths.
  - Drug and alcohol screening is required by the Essential Health Benefits regulation under the Affordable Care Act.

  While a statewide survey may not be feasible for your department of insurance, this request can bring attention to the need for prevention. If you are successful in gathering information on SBIRT coverage among plans in your state, you can hold up plans that provide SBIRT as models and pressure other plans to reimburse for the service. This information can also help you identify insurers for the targeted outreach outlined below.

- ✓ **Develop a plan for what you want from the private insurer(s) in your state:** Identify individuals or organizations in your state with influence or connections with the major insurers. This may include large businesses in key metropolitan areas, major hospitals or statewide provider organizations. Work with these organizations and other partners to develop an ask: Do you want the plans to cover SBIRT explicitly for youth? Are you asking the company to promote the use of SBIRT with youth among their providers?

- ✓ **Educate insurers about SBIRT as a best practice for prevention. Urge them to reimburse providers for this service and encourage plan administrators and providers in their plans to use SBIRT.**

- Identify who your targets will be. You could start with an insurance company that covers a large segment of your state's population. For example, identify the largest employer(s) in your state and find out what insurance company they use to cover their employees.
- Set up a meeting with a representative from the insurance company. A good place to start is the market president (or equivalent executive) who oversees the state or regional market. Given the surge in opioid misuse and overdose deaths, private insurers are invested in addressing the problem and are likely to be responsive. If you are able to get a meeting:
    - Start by asking what the company is currently doing to address drug and alcohol use. Many companies, like Aetna, already have a national plan that explicitly includes SBIRT as a key strategy.
    - Make your pitch and be sure to include a cost-benefit argument.
    - Ask if they are willing to encourage plan administrators to include SBIRT in their coverage and offer your assistance in developing communication materials (if that is something you are able to do).
    - Suggest a pay for performance incentive for their providers.
    - Leverage your research on other plans, holding up other companies that cover or promote drug and alcohol prevention. If the plan is owned by a parent company that supports SBIRT, be sure to mention that.

Resources

- Working with your Department of Insurance (DOI): Tips for Advocates: This issue brief provides a basic overview of DOIs, as well as tips for engaging with DOI officials.
- Sample Private Insurance Survey Letter: This letter is a useful template for advocates designing a statewide survey of insurance companies regarding coverage of SBIRT in their plans.
- Aetna Alcohol Screening, Brief Intervention and Referral to Treatment Program: This description of Aetna's SBIRT program shows how one major private insurance company implemented an SBIRT initiative within their plans.

COMMUNITY CATALYST

Mobilizing Support for Screening, Brief Intervention, and Referral to Treatment (SBIRT)

The policy and advocacy strategies highlighted in this toolkit can bring much needed funding and resources to youth SBIRT initiatives. However, to realize these opportunities, advocates will need to engage community members and providers to generate demand for SBIRT. This involves educating the public about the need for youth-focused prevention and working with providers to employ SBIRT as tool to prevent addiction.

- ✓ **Launch a public education campaign to increase public awareness.** To boost support for SBIRT, advocates can start by engaging community members and providing education on prevention. Suggested strategies include:
  - Organize a community forum for youth, parents, school personnel, advocacy organizations and other community members invested in addressing problematic use of drugs and alcohol in your state. Use this as an opportunity to generate a conversation about prevention, how SBIRT could be an effective tool for addressing needs in your community, and devise a plan for engaging and encouraging SBIRT among providers.
  - Engage local parent groups invested in drug and alcohol prevention. Work together to devise a campaign to help parents in the community communicate to providers that they want and expect their children to be screened for drug and alcohol use.
- ✓ **Generate interest among providers to deliver the SBIRT model by engaging with professional associations.** Provider/professional organizations often have considerable influence over their members. Advocates can work with state and local chapters of these organizations to promote SBIRT with young people. Suggested steps for engagement include:
  - Identify your state chapter of key provider groups, such as the American Academy of Pediatrics (AAP), National Association of Social Workers (NASW), and State Nursing Associations.
  - Reach out to your coalition members or partners to identify an ally with a connection to the organization.
  - Secure a meeting with the appropriate committee of the state or local chapter to discuss SBIRT. If possible, attend with a member or someone in that same profession.
  - Ask the committee to publicly endorse youth SBIRT and/or encourage their members to use the model. To make your pitch:
    - Bring a concise implementation guide, such as the Adolescent SBIRT Toolkit for Providers.
    - Provide evidence on the research and effectiveness of SBIRT.

        - Reference the endorsement of youth SBIRT by national organizations, such as the American Academy of Pediatrics, National Institute on Alcohol Abuse and Alcoholism (NIAAA), and the National Institute on Drug Abuse (NIDA).
    - Work with the professional association to disseminate information on SBIRT and/or share their endorsement of youth SBIRT with members.

- **Think critically about using the opioid crisis as your hook when talking to community members or policymakers.** Given the recent public attention on opioid misuse and overdose deaths, many advocates are using this crisis as part of their argument to persuade policymakers. It is important to remember that addiction has been ravaging communities for decades, but only now, with opioid misuse affecting many white communities, is our society approaching the disease with more compassion. The number of opioid-related deaths is a tragedy that needs our attention, but we should pause before using it in our advocacy.

Resources

- Tips for Advocates: Decision-Maker Advocacy: This document provides an overview of the ways that advocates can influence policymakers and other decisions makers.
- A Guide to Organizing Community Forums: This tool provides guidance to individuals and consumer groups on organizing effective community forums.
- The Adolescent SBIRT Toolkit for Providers: This is a useful tool for explaining SBIRT to providers.

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