

## **Focus Study**

# **Substance Use Disorder (SUD) and Behavioral Health Access Enhancements in Youth and Adolescent Patient Populations**

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# Focus Study: Substance Use Disorder (SUD) and Behavioral Health Access Enhancements in Youth and Adolescent Patient Populations

## Description

Substance use disorder (SUD) is a pervasive societal challenge with numerous contributing causes and potentially several root causes depending on the social determinants of health impacting populations and individuals (Wangensteen, T; Hystad, J.). Every four minutes, someone dies from addiction to drugs or alcohol (2022, Health & Human Services Secretary, Xavier Becerra). Youth and young adults are disproportionately affected by the substance use epidemic and the current landscape in Hennepin County for youth recovery support is limited. The rise in youth and adolescent use of substances can, in part, be attributed to a growing mental health crisis in this demographic. Suicide has recently become the second-leading cause of death in the 10–14-year-old age group, and the rise in anxiety and depression disorders prompted the US Surgeon General Vivek H. Murthy to issue a Public Health Advisory Warning declaring the rise a “crisis” (Cleveland Clinic, 2022).

The CDC estimates drug overdoses deaths at over 108,000 in the year period from May 2021 – April 2022. Historically, opioids have been attributed to approximately 75% of all drug overdoses as recently as 2020. Synthetic opioids such as those found in fentanyl-laced street drugs have been estimated to account for up to 87% of all opioid-related deaths and 65% of all overdose fatalities as of 2021 (Ahmad FB, Cisewski JA, Rossen LM, Sutton P., 2022). Hennepin Health’s HEDIS® MY2022 rates demonstrate that only 45.26% of Families and Children/Medicaid Expansion members who received Emergency Department care for SUD have adequate follow up 7 days post-discharge. The 30-day post-discharge follow up rate was 58.54%. Diagnosed Mental Health Disorder (DMH) rates for 1–17-year-olds currently sits at 17.05%. Diagnosed Substance Use Disorders among 13 – 17 year –olds demonstrate 0.31% for both alcohol and opioid use. Through the learnings of this focus study, Hennepin Health intends to improve these rates by finding effective methods of access barrier reduction.

In partnership with Hennepin Healthcare as part of the Accountable Health Model, Hennepin Health is supporting multiple projects aimed at enhancing youth-oriented approaches to SUD treatment and access in culturally sensitive ways as a part of our Reinvestment Initiative program.

## Focus Study Questions

1. Can culturally responsive harm reduction models paired with the Young People in Recovery support model result in increased access to youth SUD support?
2. Can an evidence-based Collaborative Care Model improve treatment of mental illness and substance use in primary care settings for youths and adolescents?

## Process and Documentation

This study utilizes the ongoing findings of Reinvestment Initiatives championed by physician researchers at Hennepin Healthcare in the SUD access and treatment space.

“Youth Substance Use Disorder Culturally Specific Supports” is championed by Adesola Jaiyesimi, Hennepin County Area Manager of the Justice Behavioral Health Initiative.

“Collaborative Care Model for Integrated Behavioral Health/Primary Care in the Hennepin Healthcare Adolescent and Young Adult Clinic” is championed by Dr. Tyler Winkelman, MD, MSc.

The findings of these complimentary interventions using PDSA methodology are being analyzed and synthesized to assess the effectiveness of processes and structural changes to elicit sustainable improvements to SUD treatment access and effectiveness in youths and adolescents.

### *Sample Size and Study Methodology*

“Youth Substance Use Disorder Culturally Specific Supports” seeks to increase access to youth SUD supports that promote culturally responsive harm reduction models and address disparities for Black, Brown, and Indigenous youth by standing up two Young People in Recovery chapters in Hennepin County. Young People in Recovery (YPR) chapters offer all-recovery meetings that support the many pathways to recovery. YPR chapters are informed by the four dimensions that Substance Abuse and Mental Health Services Administration (SAMHSA) has identified as being critical to life in recovery: health, home, purpose, and community. Local chapters in Hennepin County will utilize a best and promising practices approach to offer recovery support services. Activities may include and are not limited to life-skills workshops, pro-social events, services, and supports. The YPR model was chosen because of the flexibility allowed to modify programming to best meet the cultural needs of young people. This allows for culturally diverse engagement to increase positive outcomes for youth. Local chapters in Hennepin County will utilize a best and promising practices approach to offer recovery support services. Activities may include and are not limited to life-skills workshops, pro-social events, services, and supports. The YPR model was chosen because of the flexibility allowed to modify programming to best meet the cultural needs of young people. This allows for culturally diverse engagement to increase positive outcomes for youth. Identified as being critical to life in recovery: health, home, purpose, and community. Local chapters in Hennepin County will utilize a best and promising practices approach to offer recovery support services. Activities may include and are not limited to life-skills workshops, pro-social events, services, and supports. The YPR model was chosen because of the flexibility allowed to modify programming to best meet the cultural needs of young people. This allows for culturally diverse engagement to increase positive outcomes for youth.

The outcome measurements will be determined once the YPR chapters have been established. As of now, two culturally specific organizations were direct selected to curate a local YPR chapter, and both contracts were signed at the end of Q3 2023. Both organizations, alongside a culturally responsive recovery agency, were engaged to build relationship and begin building technical infrastructure to support the development of the chapter. Indicators and benchmarks for this work include the completion of onboarding for YPR and Hennepin County, and creation of launch materials and marketing strategies, solidifying Hennepin County as a MN chapter.

“Collaborative Care Model for Integrated Behavioral Health/Primary Care in the Hennepin Healthcare Adolescent and Young Adult Clinic” proposes a planning stage and pilot of the Collaborative Care Model in the Adolescent and Young Adult Clinic at Hennepin Healthcare, which serves patients ages 12-24. The Collaborative Care Model is an evidenced-based model to improve treatment of mental illness and substance use in primary care settings. Goals are to 1) Setup the core team, including primary care providers, a behavioral health manager, and psychiatric consultant; 2) Establish workflows, meetings, and IS&T needs; and 3) Evaluate early outcomes among patients who receive care in this model.

Outcome metrics include patient improvement on depression PHQ-9 and anxiety GAD-7 scores. Additionally, successful discharge from the model was measured for all participating patients.

## *Analysis*

### *Data Limitations*

As these initiatives are still in the early stages and utilize the PDSA-cycle of continuous improvement, conclusions at this time are limited. Initial results are promising; however, additional development and model expansions will need to

continue for the interventions to effect improvement in patient outcomes. Hennepin Health will continue to monitor HEDIS® rates of SUD follow up care for additional systemic evidence of intervention effectiveness.

Specific to “Collaborative Care Model for Integrated Behavioral Health/Primary Care in the Hennepin Healthcare Adolescent and Young Adult Clinic”, there were staffing challenges in the pediatric departments which prevented the ideal application of workflow and process improvements. Temporary or “float” staff are utilized in this scenario but are mostly focused on ensuring that patients receive evidence- and best clinical practice-based care. Initiatives and process changes are most effectively implemented with teams of permanent staff. However, learnings have been drawn regarding weaknesses in the new process and its design improved for usability regardless of permanent or temporary staffing status.

## Results

“Youth Substance Use Disorder Culturally Specific Supports” - Twin Cities Recovery Project (TCRP) has hosted two launch parties and open houses in Q4 2023, both open to interested youth and referral partners. Both events (November 2023 & December 2023) were well-attended by youth and referral partners. TCRP is planning to begin opening referrals in the middle of January 2024 and launch at the end of January 2024. Little Earth Resident's Association (LERA) completed the hiring of a YPR Chapter Coordinator and is completing onboarding; open houses took place in January 2024, with a goal of Chapter launch in February 2024.

Initial results of some patients of the “Collaborative Care Model for Integrated Behavioral Health/Primary Care in the Hennepin Healthcare Adolescent and Young Adult Clinic” initiative showed improvement from the model to the point that they were able to successfully discharge. This creates hope and excitement for the potential that this model can have in better serving patients' behavioral health care needs at Hennepin Healthcare and potentially beyond. The project has one year of data sufficient enough to apply for additional grants from SAMHSA to expand the model; however, due to the small participant sample sizes, their minor status, and the sensitive nature of mental health and SUD treatment, it is not prudent to share values to ensure protected health information remains protected.

## Recommendations and Next Steps

Hennepin Health will continue to monitor SUD-related HEDIS® measures going forward, with attention paid to the Follow up after Emergency Department Visit for Substance Use (FUA), Diagnosed Mental Health Disorders (DMH), and Diagnosed Substance Use Disorders (DSU) measures. As these initiatives progress, Hennepin Health will make determinations as to these initiatives impact on the rates versus other contributing factors.

As the initiatives continue and more detailed data analysis becomes possible, Hennepin Health will receive sound quantifiable results for assessment per the terms of the Reinvestment Initiative program. While quantitative data are not yet robust enough for formal analyses, the qualitative data currently available suggest that these models can be successful in treating youths and adolescents more effectively. By establishing the proper clinical service infrastructure, clinical workflow processes, and monitoring follow-up quality metrics, this study shows promise to demonstrate effective and sustainable methods of process improvement with regard to youth SUD treatment access and effectiveness.

## References

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