

Study Brief (August 2023)

Focus Group Findings:

Post SBIRT Implementation - Input from the field to improve FINS engagement, substance use screening & referral to treatment

The Families in Need of Services (FINS) legal process is designed to screen, understand, and connect families with needed services to improve the likelihood of positive educational and behavioral outcomes, while preventing further entry into the legal system through delinquency or child in need of care proceedings. The FINS-AP (FINS Assistance Program) is managed through the Louisiana Supreme Court (LASC) Judicial Administrator's Office. The FINS-AP offers support to forty-five courts located throughout Louisiana to serve their respective parishes' needs.¹

Catalyzed by the emergent nature of the current opioid epidemic and chronic problem of substance abuse,² the Louisiana Judicial Administrator's Office consulted with the Louisiana State University Institute for Public Health & Justice (IPHJ) to explore these problems further, make recommendations, and offer technical assistance for practice changes. The goals of this partnership were to evaluate the current operations of FINS offices, with a specific interest in developing a universal substance abuse intake procedure, including training FINS officers on using the screen and linking youth and families to appropriate services when warranted. At the beginning of this process, the study team engaged FINS staff around Louisiana in focus groups to explore how they currently engage youth and families; examine their perspectives on substance use issues; and discover how these staff connect youth and families to services, including monitoring progress. Examples of research-supported substance abuse screening tools were shared to see how the FINS staff might perceive their utility and likelihood of adoption. Based on staff feedback, the Screening, Brief Intervention, and Referral to Treatment (SBIRT) process along with two screening instruments (CAGE and CRAFFT) were selected for implementation beginning in 2021. In follow-up to the supported implementation, this brief summarizes a 2023 series of focus groups with Louisiana's FINS staff to examine the status of that implementation.

FINS APPROACHES TO SUBSTANCE USE-- 2021 ASSESSMENT

The implementation of SBIRT, in addition to the CAGE and CRAFFT, followed a process of listening and assessing system needs, facilitating structured training, and providing follow-up support. The needs assessment was completed in early 2021 based on a series of comprehensive focus groups, consisting of semi-structured interviews, with FINS offices throughout the state and an analysis of the Louisiana FINS intake database.



The qualitative portion of the design gathered information regarding current intake and referral processes. Twenty-eight FINS staff participated in the focus groups, and IPHJ staff examined responses for themes and outliers. The major finding was that the practices of FINS staff and their respective offices varied widely between parishes. These variations included the intake process duration (single or multiple meetings) and information gathering methods (phone, in-person, or both). Some staff preferred to speak to the youth with caregivers/parents present, while others described speaking with each separately.

FINS staff reported some consensus on their approach. Specifically, most FINS staff expressed the belief that they let

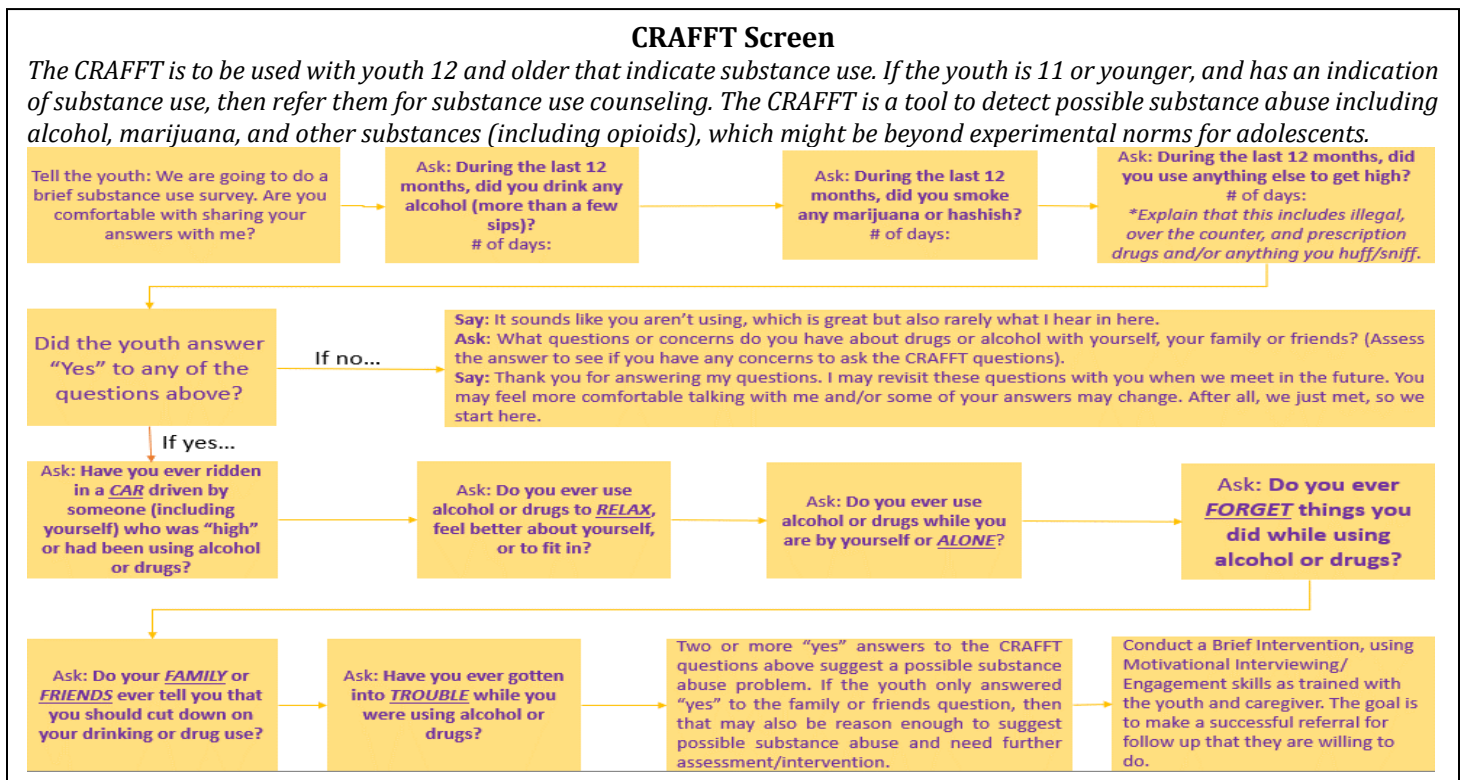
families know that FINS exists to support them and desired to build trust with them. However, in regard to familial substance use and abuse, **no universal screening instrument was reported to be used by all FINS offices.** The most

commonly described methods were Urine Drug Screens (UDS) and the Juvenile Inventory For Functioning (JIFF). In practice, even these methods and approaches differed between offices, with no FINS workers describing a routine screening procedure for the parents/caregivers or other family members associated with the referred youth. Referral for services and follow-up for additional substance use assessment or intervention also varied widely among FINS offices. Few locations described having access to services, particularly for youth.

The quantitative portion of this mixed methods design consisted of reviewing FINS-AP intake data from 2018-2019, which allowed for services to be administered and the case to be completely closed. These data revealed that most youth were 14- to 17-years old (77%; n=4730), followed by 11- to 13-year-olds (13%; n=779), 5- to 10-year-olds (10%; n=603), and youth under four years of age (n=17). Of all the cases, approximately 16.5% reference either a caregiver, family member, or youth using a substance, and, of a sample of about 40% of the notes, little information was available about the intervention beyond classifying the case as successful or unsuccessful without evidence of how goals were met or unmet. Only 16% documented a description of the FINS staff following up with the youth and/or families after receiving any services (not just substance abuse). It should be noted that about 64% of the participants in the focus groups described “following up / monitoring” youth after the initial meeting(s).

IMPLEMENTATION OF SBIRT, CAGE & CRAFFT 2021-2022

To address some of these issues, **universal adoption of the SBIRT model for youth and families was implemented. FINS offices adopted the S2BI (Screen to Brief Intervention) as well as the CRAFFT in their intake practices for adolescents.** The S2BI is a survey with three initial questions. Depending on responses, the tool briefly asks four additional questions. If youth endorse any of the S2BI items, then the CRAFFT is to be administered. This six-question validated screening tool further indicates a likelihood of substance use risk and should trigger a referral for further assessment by a behavioral health provider.



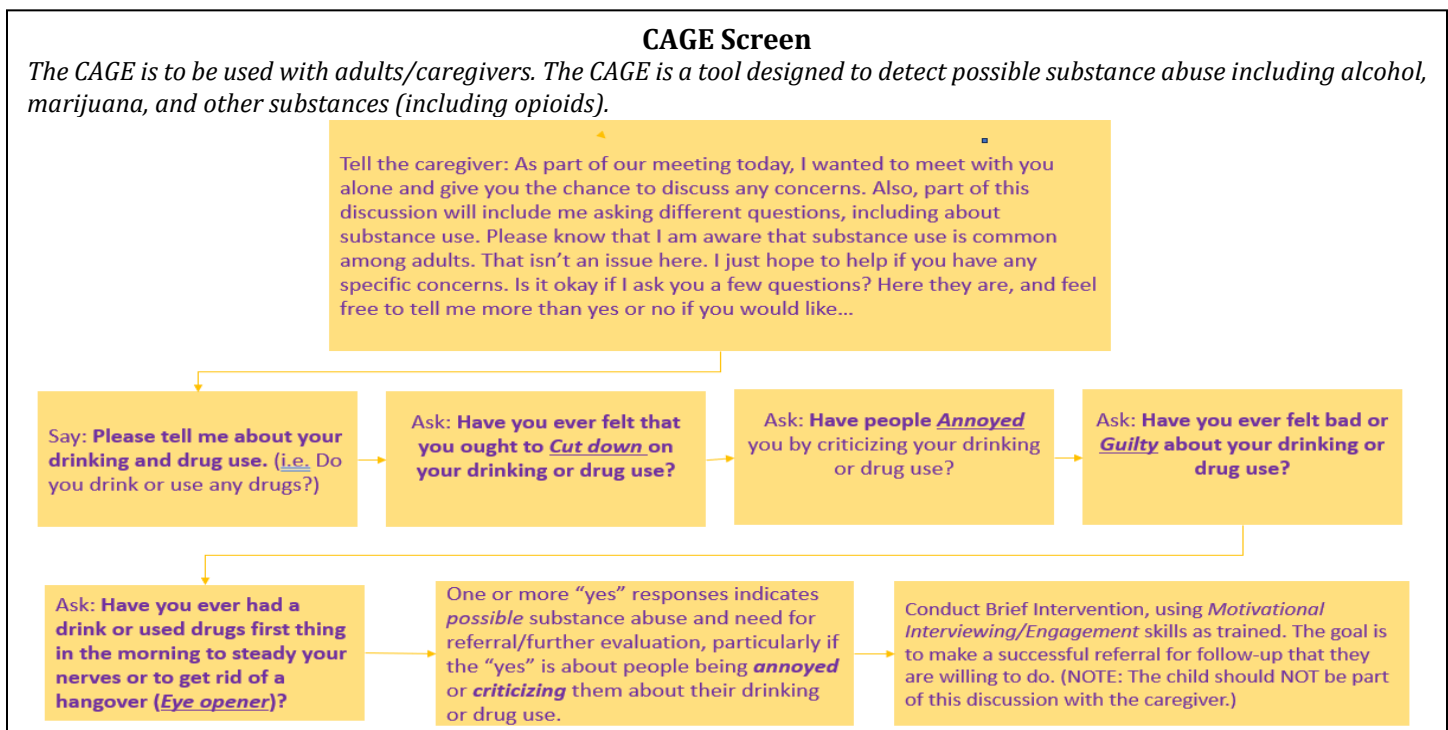
For brief intervention (BI), a goal-oriented exchange between the FINS staff and youth/caregivers was recommended. The brief intervention borrows concepts from Motivational Interviewing; staff collaborate with families when linking them to further substance use assessment and/or treatment when indicated. When done well, this brief intervention is a discussion that connects the family’s stated goals to next steps, such as advocating to reduce the risk of harm from substance use, discussing non-use, identifying risky behaviors, and/or facilitating referral to substance use providers.³

The Motivational Interviewing (MI) approach to communicating with families was recommended. It was anticipated that this practice would shift the FINS staff approach from a self-described use of threats of court and punishment as a method for coercing youth to participate in the FINS to a more person-centered, harm reduction model. MI uses intrinsic

motivation, not coercive means, for a higher likelihood of engagement and follow through on recommendations. For FINS staff that had previously received MI training, the workforce development approach focused on applied practice and demonstration. New staff were offered basic training in MI and, ideally, supervised by more knowledgeable MI proficient mentors in their offices or regions.

To address the parent/caregiver-specific substance use screening procedures, and, as an ecological or systems approach to care that is usually more beneficial than focusing solely on the behavior of youth, **FINS staff received training on the CAGE**. This validated four-question screen was also to be used following the endorsement of substance use by parents/caregivers.

The SBIRT and screening processes for youth and their parent/caregiver(s) were captured in flow diagrams to ease understanding of how the intake might unfold. Additionally, training on these processes was conducted via a series of conference presentations and regional trainings starting in February 2021 and concluding with a follow-up, advanced training offered in April 2023.



In summary, it was believed there was clearly a need to centralize and unify FINS practices to systemically improve the level of screening and referral to treatment when needed. The SBIRT approach, including universal screening and engagement practices, afforded more commonality in the FINS approach. This approach, along with the advocacy and modeling by FINS staff, was expected to improve youth and families' likelihood of engaging in the care they need. It was also anticipated to strengthen the FINS system and improve the lack of attention to substance use found in the needs assessment. To explore how the implementation was proceeding, a series of follow-up focus groups were performed in August of 2023.

FOCUS GROUPS 2023

Forty-five FINS staff (N=45) participated in a series of five regional focus groups held via Zoom. Participants represented virtually all FINS offices throughout the state. Five general questions were asked of each group in a semi-structured format. The questions included the following:

1. Specific to the SBIRT process, how many feel like you have implemented it?
 - a. Those that have, tell me more about what your implementation looks like...
 - b. Those that have NOT, tell me more about what you are doing instead and why you might not be using SBIRT.
2. Specific to the tools, how many are using the CAGE? How many the CRAFFT? Thoughts on either regarding progress or challenges with implementation?
3. What is going well using this process with kids? What about the parents/caregivers?
4. What struggles are you finding implementing any of this with the kids? What about the parents/caregivers?
5. In your opinion, what support is still needed to move this implementation even further?

FINDINGS

SBIRT (including CRAFFT & CAGE)

Although approaches to implementing SBIRT varied by respondent's self-reports, **all offered that they were using at least some form of screening, including the CRAFFT and CAGE**, and some brief intervention based on the screen results. **What differed the most was the approach to engagement when initiating screens** and the brief interventions, including the **availability of services to make a referral for further assessment and/or treatment**. Several noted feeling that the SBIRT process was similar to the process they were already doing at intake. However, the SBIRT process placed specific focus points on their approaches and offered terms to describe them. As one FINS staff suggested, **"the SBIRT training helped tweak the process I was doing."** Only one respondent said they were struggling with implementation with some populations due to literacy and comprehension issues with the screens by both parents and youth, regardless of administering it in writing or verbally. No one else expressed a similar experience- this may have been an isolated issue. **Almost all said they were consistently screening using the tools, including the FINS-AP intake form, CAGE, CRAFFT, JIFF and, for some, UDS when warranted. All expressed some level of support for the usefulness of the tools.** It should be noted that using the CAGE and CRAFFT is often unnecessary if the parent and youth do not report any substance use. There is more on this latter issue in the recommendations.

Specific to the screening process, there were mixed perceptions of the accuracy of the CRAFFT. A minority of FINS staff reported that the screen suggested few youths needed a further referral to substance use services; however, that was usually associated with a lack of acknowledgment of any use at all (which could be a rapport-building problem). The majority, tracking their own screening data, reported that about **50% of the youth endorsed at least some level of use on the CRAFFT, a UDS, or the JIFF**. These endorsement levels are much higher than was perceived prior to the implementation of these screening tools. Exploring the CRAFFT utilization further, participants were asked about verbal vs. written administration. Approximately **65% of the respondents felt that verbally interviewing, using the SB2 and CRAFFT questions, resulted in more honest responses; about 30% of FINS staff said they believed the youth were more honest when filling out the written form of the screen (on paper or computer)**. About 5% said they were unaware of any difference between verbal and written administration. One point strongly made by about one-third of the respondents was that **building rapport prior to doing the screening increased the accuracy and honesty of the youth's responses**. This building of rapport ranged from one to three initial meetings prior to using the screens, with the conclusion that **more meetings correlated with improved accuracy on the screening**. Without this rapport building, most FINS staff reported resistance, usually in the form of objecting to the screening questions as "an invasion of privacy." A few FINS staff identified MI and TBRI as specific approaches that increase both youth and family engagement. In contrast, one FINS staff felt their current office engagement process made it difficult to even get families to show up for an appointment.

There were two outlier issues mentioned by FINS staff members. One was related to age, and the other to scoring information. One FINS staff mentioned an issue administering the CRAFFT to a 5-year-old. Clarification should be offered to all FINS that the CRAFFT is only validated for pre-adolescent and adolescent-aged youth. The other concern related to administering the CRAFFT and the CAGE in written form with the scoring methods present on the forms. Please note that the **information regarding the number of "yes" answers, definitions of indicators of abuse, and reasons for a referral for assessment, should be removed from all written screens** given to youth or caregivers. Discussing these points after the administration is acceptable, but they should not be part of the initial screen itself.

Some FINS staff offered that when their suspicions about the youth's honesty on the screens were raised, they would turn to a UDS. Only one FINS staff reported using UDS with all adolescents. It was also expressed that **most UDS were administered as a consequence or punitive measure** (e.g., proving youth was being dishonest, showing violation of agreement, invoking consequences, etc.), and only a **few were using it as a bridge (RT- referral to treatment) to link to available assessments and possible treatment services**. Of particular concern, several FINS staff noted that they are increasingly seeing **positive UDS for substances like Fentanyl** when the youth believed they were "just using marijuana." The FINS staff said this is "scaring" many parents and youth, as they did not believe these local drugs were being tampered with to the degree they are hearing about nationally. This is also a **different experience for many of the FINS staff, as they reported not seeing opioid or similar substance use in their local areas by youth in the original focus group meetings just two years ago**.

Referral for further assessment and, if warranted, **treatment** seemed to be **an almost universal struggle** with a few exceptions. About 75-80% of respondents identified that having treatment referrals, particularly for youth, was a barrier. Several people expressed “referring to / recommending treatment”, instead of referring for further assessment, which could be an area for clarification and development. Some nuances about difficulty finding both individual and family providers were a problem. Others noted transportation or the threat of parents losing jobs because of treatment hours were considerable barriers. Several FINS staff stated that even if there were a few providers available, staff would not make the referral if providers were “bad” or practiced “unethically”. The few offices that said this was not a problem reported having access to FFT, MST, drug courts, and/or Wraparound services as needed.

Process with parent/caregiver and youth

FINS staff consistently reported that parents are observed quickly blaming the referred youth and resisting focusing the FINS process on themselves. Specifically, **parents are observed struggling to perceive any assistance needed that is not focused on the youth**. FINS staff offered that even referring the youth to treatment is met with more acceptance than family- or parent-recommended interventions. This may be a “**FINS culture**” issue based on how the process has historically been established from referral of a youth to a primary resulting disposition more often focused on the youth’s behavior. One **FINS staff stated**, “**Parents struggle to see themselves as part of the FINS issue or process.**” Another offered, “**parents are open about kids but not themselves.**”

As stated earlier, **well over 50% of the FINS staff reported that multiple appointments (intake, follow-up, check-ins/monitoring, or some combination) built rapport that increased both parents’ and youths’ honesty about family issues, including substance use, and receptivity to recommendations**. One FINS staff shared, “**Giving both the parents and kids more involvement in choices increases the trust and willingness to collaborate if their decision/choice did not work out at first. We learn together and come up with a different plan based on their voice and choice.**” The other FINS staff reported, successfully or not, completing all paperwork, screens and a plan in one meeting; however, as a group, these staff were also more likely to express a lack of honesty and accuracy on the screens. One FINS staff clarified, “Parents are more likely to admit to a history of their own substance use and deny current use.” Even with an honest admission of possible substance abuse, several FINS staff suggested they did not make parent referrals, describing it as “outside” of their focus or ability to have parents follow up. A few reported that both adult and youth referrals were made easier when their local jurisdictions had an adult and/or youth drug court to refer to.

Specific to the youth, several FINS staff suggested that they often talk about their parent’s use before the parent admits to any substance use themselves, particularly substance abuse. Many of the FINS staff were also adamant that the youth were consistently more honest about their use and/or the parent’s use when the parent was not present for that discussion.

Further support needed

The vast majority of FINS staff said access to more services (with an emphasis on substance abuse interventions), particularly for young people, who are female, and/or in rural areas, were substantial needs. Almost all said and/or agreed that any services available needed to be high quality, with most current services noted as either too brief or ineffective. One **FINS staff clarified**, “**we need approaches that balance maintaining life and jobs with getting quality services, otherwise families needing services are set up to fail.**” Transportation was the second most reported support needed for parents and youth to access services, particularly if they lived in rural areas. One FINS staff requested more technical assistance related to connecting youth and families to resources.

Regarding the screening tools themselves, well over half of the FINS staff asked for “**discretion**” in administering the tools, including the CAGE and CRAFFT. Many described wanting to wait for increased rapport prior to using these. Others wanted to have the ability to decide whether or not to use them at all if there was no other indication/admission of substance use. This may be an issue for further clarification since the agreed flow allows for this process exactly.

Other support requests, in no particular order, included:

- funding for FINS staff to practice/implement more research informed approaches;
- education for judges on the FINS process and desired approaches to both youth and parents;
- methods to improve parent’s willingness to be part of the process;
- more FINS staff;
- access to online substance use/abuse educational programs for youth;

- clarification on UDS protocols for FINS; and
- clear expectations to build rapport as the priority vs. administering an instrument or screen.

RECOMMENDATIONS

- 1) FINS staff should receive training refreshers on the process to use the CAGE and CRAFFT. Specifically...
 - a. These instruments are preceded by general questions regarding use of substances. A lack of endorsement of any substance use typically suggests that further rapport should be built to revisit questions about use again prior to the use of the screens.
 - b. The CRAFFT is NOT valid for youth under the age of 12 (a mature 11-year-old might be an exception, but it should not be used with younger youth). Any substance use endorsed by a youth 11 and younger is cause for concern and is associated with higher risk.
 - c. No scoring information should be on the written CRAFFT and CAGE instruments that are given to youth and parents/caregivers.
- 2) There is consensus on the need for rapport building. It is recommended that FINS staff that are doing this well, explain their process to their peers throughout the state. Having a specific rapport building approach required as part of the initial FINS contact may prove beneficial to shift a culture of a youth focused complaint, meeting and disposition without this critical first step of engagement. In fact, specific training on Family Systems Theory in addition to approaches that emphasize building trust, are consistent with best practices for court related programs.
- 3) As the LASC FINS-AP supports offices' use of UDS, consistent policies and procedures should be identified to best utilize these screens as a bridge to further assessment and treatment when indicated.
- 4) As a state association and with the FINS-AP office, it is recommended that FINS staff and leadership advocate for access to quality substance abuse services regionally. This should also focus on limiting unnecessary referrals to drug courts, which may create unjustified advancement into the legal system.
- 5) It is recommended that LASC continue its commitment to educating judges and include focused training on best-practices with status offenders and the vision, mission and culture FINS-AP is attempting to bring to the state.

CONCLUSION

Overall, the state has made a considerable stride in implementing a best practice in working with status offending youth and their families. In under two years, Louisiana has moved from no universal screening for youth and parent substance abuse to every FINS office acknowledging some level of universal screening. This is impressive progress.

As with all new implementation efforts, there are challenges and different FINS offices have progressed at varied paces. We have trained and implemented a MI-based intervention (SBIRT) to assist people and improve outcomes. However, there are system and interpersonal differences in several local areas that inhibit assisting youth and their families consistently in a family-centered, resolution focused, and skillfully engaged manner. This includes a significant challenge outside of FINS for the state and/or local communities to increase access to quality substance use/abuse related resources in several regions of the state.

Implementing substance use/abuse screening is an incredible step in the right direction. Having FINS staff that are more skilled in building rapport and linking families to the resources they need will further advance this implementation. Connecting with youth and their families and screening for the threat that substance abuse brings will always fall short if quality services are not available to answer the identified risk/need. Thus, the next focus to make this implementation effort successful, is to also move beyond FINS to advocate for responsive services.

¹ FINS—Louisiana Supreme Court. https://www.lasc.org/Children_Families?p=FINS

² Levy, S. Youth and the Opioid Epidemic. *Pediatrics*, 2019 February; 143(2).

³ National Council for Behavioral Health. *Improving Adolescent Health: Facilitating Change for Excellence in SBIRT*. https://www.ysbirt.org/wp-content/uploads/2020/03/032720_NCBH_SBIRT_ChangePackage_Final_v6.pdf

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