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# USING WHAT YOU HAVE: IMPROVING READINESS FOR SBIRT

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**Disclosure Statement:**

I have no relevant financial relationships or affiliations with commercial interests to disclose.



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# INDIANA PREVENTION RESOURCE CENTER

- **Mission:** “Strengthening a behavioral health system that promotes prevention, treatment, and recovery.”
- **Vision:** “To promote and sustain healthy environments and behaviors across the lifespan.”
- [www.drugs.indiana.edu](http://www.drugs.indiana.edu)

# LEARNING OBJECTIVES

- Identify the steps for integrating SBIRT into healthcare settings.
- Define organizational readiness and describe its role in the implementation process.
- Examine several examples of SBIRT integration in primary healthcare settings.
- Discuss common barriers in readiness and solutions to overcome these challenges using existing organizational capacity.

# INDIANA SBIRT STATE GRANT (2011-2016)

## Pilot Sites

- 12 sites
  - 10 primary care centers
  - 1 inpatient hospital
  - 1 infectious disease clinic
- Hired behavioral health specialists and other staff specifically for SBIRT

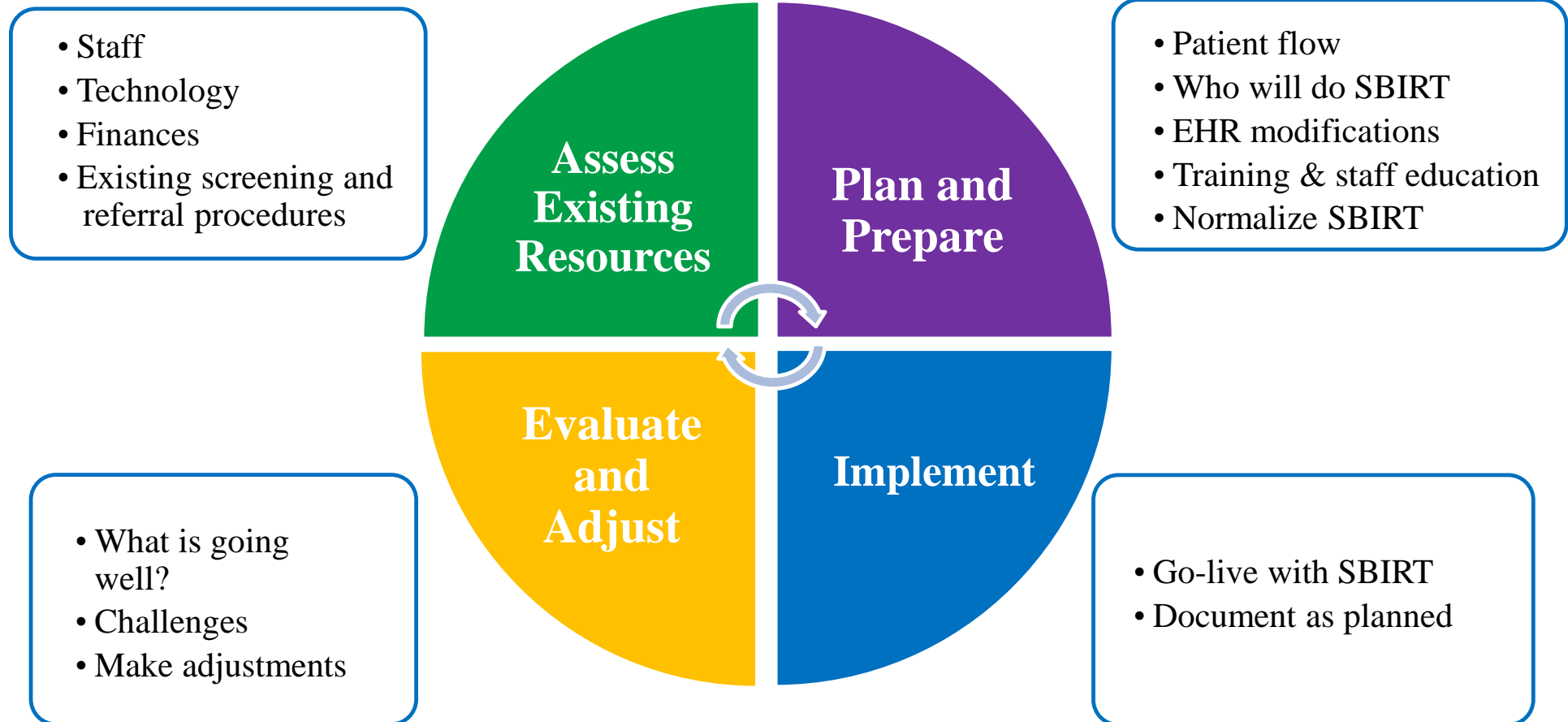
## Expansion Site Process

- Funding awarded to primary healthcare clinics to implement SBIRT
  - 4 cohorts; 11 sites total
- More realistic process
- Use existing resources and organizational capacity
- More likely to be sustained



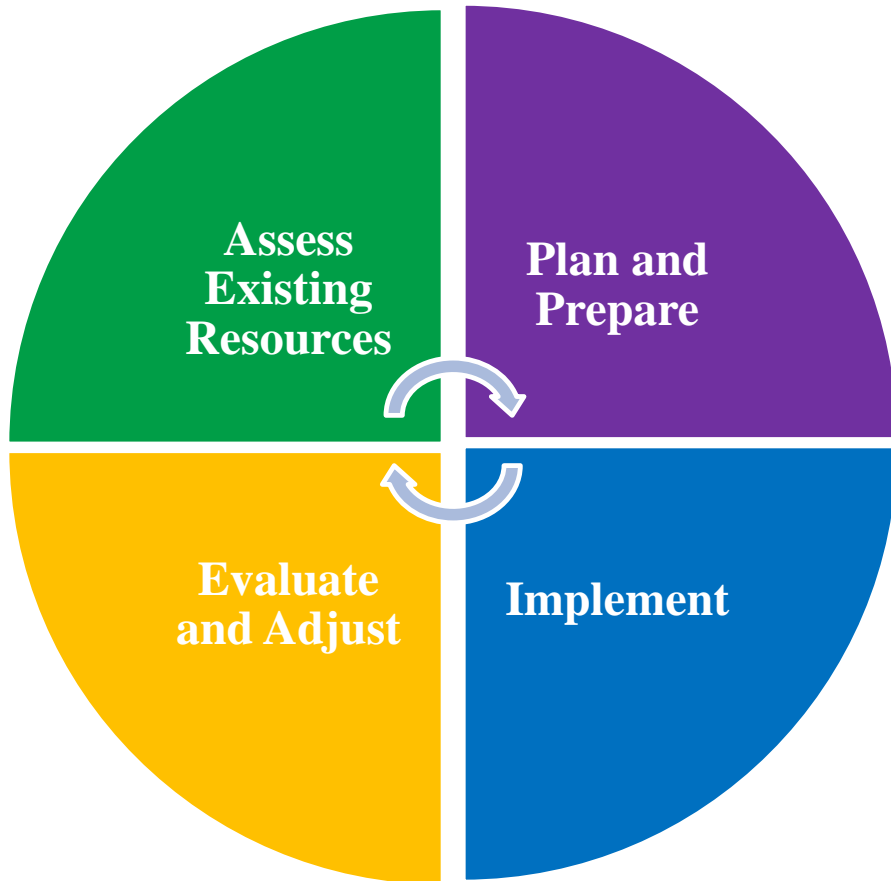
# STEPS OF IMPLEMENTATION

## INDIANA SBIRT'S MODEL



# STEPS OF IMPLEMENTATION

## INDIANA SBIRT'S MODEL





# WHAT DOES READINESS LOOK LIKE?





<http://sweets.seriousseats.com/2011/07/taste-test-chocolate-sandwich-cookies.html>



[http://www.upcitemdb.com/info-kraft\\_marshmallows](http://www.upcitemdb.com/info-kraft_marshmallows)



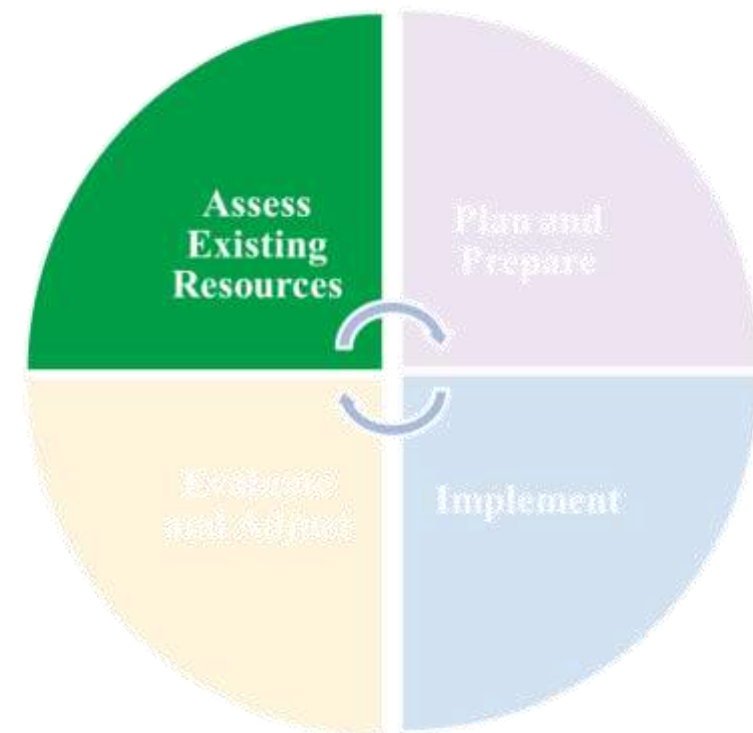
<http://www.sanddesarcks.es.net/oreo-amores/>



<http://nowiknow.com/the-wartime-chocolate-bar-you-dont-want-to-eat/>

# WHAT IS ORGANIZATIONAL READINESS?

- **Organizational Readiness:** degree to which an organization (as a whole) is prepared to implement an organizational change
  - Multi-faceted
    - Motivation
    - Resources
    - Staff attributes and characteristics
    - Organizational culture
  - Multi-level
    - Individual
    - Unit/Department
    - Organization



# SBIRT AND INTEGRATED CARE READINESS ASSESSMENT\*

- Used to determine which areas could be addressed or improved to increase the likelihood of successful SBIRT implementation in FQHCs, RHCs, CHCs
- Completed in 2 sections
  - CEO and/or other key administrative personnel
  - Medical Director and/or clinical staff
- Respond to each statement with a value of 1-3
  - 1= “This does not really describe us.”
  - 2= “We are making some progress, but we are not this far along.”
  - 3= “For the most part, this describes us.”

\*Adapted (with permission) from the “*Integrated Behavioral Health Survey*” developed by Bill McFeature, Kirk Strosahl, and Joseph Hyde (Radford University).

# SBIRT AND INTEGRATED CARE READINESS ASSESSMENT\*

## CEO/Administration

- **Structural Integration**
  - Shared communication between providers and clinicians
  - Resource allocation
- **Financial Integration**
  - Referral process between providers and clinicians
  - Clinic goals for SBIRT
  - Evaluation

## Medical Director/Clinical Staff

- **Communication Pathways**
  - Provider/clinician interaction and collaboration
- **Patient Population Impact**
  - Existing screening and referral procedures
  - Care coordination

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# INDIANA SBIRT EXAMPLE #1



# SBIRT INTEGRATION EXAMPLE #1

- Rural Health Center
- Passionate physician who leads the clinic serves on several alcohol and drug coalitions
- 1 MD, 1 PA, 2 NPs, licensed clinical psychological, several post doc fellows (mental health)
- High rates of injection drug use (and HIV/Hep C)
- Currently screens for depression and anxiety
- Has referral procedures in place

# WHAT FACTORS COULD POSSIBLY INFLUENCE EXAMPLE #1'S READINESS?

## Strengths

- Passionate leader
- Organizational culture
- Psychologist and mental health interns
- Screening process (depression/anxiety) in place
- Referral procedures in place
- EHR

## Weaknesses

- Only 1 treatment center in county
- Only primary care clinic in town
- Disproportionate rates of alcohol and substance use disorders
- Disproportionate rates of HIV and Hepatitis C



# RESULTS OF READINESS ASSESSMENT- EXAMPLE #1

## Structural Integration

- 2.1/ 3
- 1.6/ 3

## Communication Pathways

- 1.67/ 3
- 2.1/ 3

## Financial Integration

- 1.67/ 3
- 2.5/ 3

## Patient Population Impact

- 1.8/ 3
- 2.8/ 3

■ Before

■ After



# INDIANA SBIRT EXAMPLE #2



## EXAMPLE #2

- Family Medical Residency Center
- Part of major healthcare organization
- New residents and interns each year
- Busy, fast-paced clinic
- Currently screen for tobacco use, depression, and anxiety
- Have “warm handoff” and referral to treatment procedures in place

# WHAT FACTORS COULD POSSIBLY INFLUENCE EXAMPLE #2'S LEVEL OF READINESS?

## Strengths

- History of integrated behavioral healthcare
- Screening process in place (depression, anxiety, tobacco)
- Referral procedures in place (“warm hand-offs” and referral to outside facilities)

## Weaknesses

- Busy clinic
- New residents/interns each year
- New assistant director

# RESULTS OF READINESS ASSESSMENT- EXAMPLE #2

## Structural Integration

- 2.88/ 3
- 3/ 3

## Communication Pathways

- 2.88/ 3
- 3/ 3

## Financial Integration

- 1.16/ 3
- 2.5/ 3

## Patient Population Impact

- 2.6/ 3
- 2.8/ 3

■ Before

■ After

# CONCLUSION

- Assessment is the foundation to implementation.
- Readiness is complex and occurs on a spectrum.
- Assessing organizational readiness is significant.
- Use what you have to strengthen the areas of opportunity.



<http://blog.flipbuilder.com/2013/05/engaging-readers-by-asking-questions/>

# QUESTIONS?

Want to know *S'MORE* about Indiana SBIRT?



<https://www.pinterest.com/pin/91901648615907316>

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