The SBIRT Evolution:
Using the FaCES Adolescent Change Package to Drive Practice Transformation and Integration

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Provider Spotlight:
Incorporating SBIRT into CHI

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Organization of CHI

- “One-Stop-Shop” offering primary, family, and behavioral health care services
- Received designation from the Joint Commission as a Certified Behavioral Health Medical Home
- Providers are board certified or board eligible

11 Primary care centers
31 School-based programs
Level 3 Ambulatory Patient Centered Medical Home
1st FQHC to receive Governor’s Sterling Award
Mission Statement of CHI

To deliver safe, accessible, compassionate, and culturally competent quality health care services to the people of South Florida, while training the next generation of health care professionals.
Why Adolescent SBIRT?

Addiction is a pediatric disease\(^1\)

- 20% of adolescents and adults engage in “risky” drinking or substance use
- People are most likely to begin abusing substances during adolescence and young adulthood\(^2\)
  - By 12\(^{th}\) grade, about 50% of adolescents have misused an illicit drug at least once
  - 15.2% of individuals who start drinking alcohol by age 14 will develop dependence vs. 2.1% of those who wait until they are 21

Substance use is costly for the individual, society

- Increased risk for development/exacerbation of medical, social issues\(^3\)
- Co-occurring SU and mental health issues common\(^3\)

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\(^1\)Dr. John Knight, founder and director, Center for Adolescent Substance Abuse Research at Boston Children’s Hospital


The SBIRT Framework

- **Screening** to identify those at-risk for developing substance use disorders
- **Brief Intervention** to raise awareness of risks and consequences, internal motivation for change, and help set healthy goals
- **Referral to Treatment** for access to specialized treatment services; coordinate care between systems for those with higher risk and/or dependence

Yes, SBIRT is Prevention
SBIRT is Endorsed by Experts

- National Institutes of Health
- World Health Organization
- U.S. Surgeon General and U.S. Preventive Services Task Force
- American Public Health Association
- Society for Adolescent Health and Medicine
- Emergency Nurses Association
- Substance Abuse and Mental Health Services Administration
- White House Office of National Drug Control Policy
- American Medical Association
- American Academy of Family Physicians
- American College of Physicians
- American Psychiatric Association
- American College of Emergency Physicians
- American College of Surgeons Committee on Trauma
- American College of Obstetricians and Gynecologists
- American Society of Addiction Medicine
- The American Academy of Pediatrics (AAP) and National Institute on Alcohol Abuse and Alcoholism (NIAAA) explicitly endorse the use of SBIRT with young people.
How Are You Implementing SBIRT?

• Have you successfully implemented and sustained SBIRT in your organization?

• Have you tried to implement SBIRT, but experienced challenges that led to a lack of uptake?
The Need for SBIRT Practice Transformation

Widespread adoption of SBIRT is often hindered by a lack of uniform and clear implementation guidance for healthcare settings.

• Lack of SBIRT standardization
  → Reduced adoption
  → Inconsistent use
  → Variance

• Successful models are built on agreed upon, codified, replicable:
  ✓ Screening tools ✓ Processes ✓ Interventions
What is a Change Package?

• An evidence-based set of changes that are critical to the improvement of an identified care process

• A practical toolkit that translates evidence into practice
  ✓ Recommendations of best practices to improve SBIRT implementation in primary care settings
  ✓ Guidance on policy, methods, culture change, professional development
  ✓ Increased organizational efficiency and SBIRT competency of healthcare workforce

• Generalizable, so it can be scaled in multiple settings

• Comprised of change concepts
What is a Change Concept?

High-level implementation guidance AND actual operational changes required for effective practice change (separates a change package from a simple toolkit)

✓ Generalizable enough to be relevant across the primary care setting

✓ Clear-cut enough to spur specific actions and practice transformation on the individual agency level
Change Package Characteristics

• Framework of change concepts
  • Idealistic
  • Actionable
    • Supported by rationale and informative guidance
• Clinical and operational sections
• Metrics & Benchmarks
Change Concepts: Screening

**CHANGE CONCEPTS:**

- Use the Screening to Brief Intervention or S2BI (self-administered version) to screen for substance use risk in adolescents.
- Ensure capacity for evidence-based response based on screen results.
Change Concepts: Screening

OUTCOME MEASURES

**Objective:** Universal screening with every health maintenance visit (and potentially other visits)

**Documentation:** Screening Results documented in chart

**Measure:** Proportion of charts with screening documented

**Benchmark:** 90% of adolescent presenting for well care screened with S2BI within a year (still strongly recommended opportunistic screening using clinical discretion)

**EHR Fields:** Field for well visit, and other visits

**End Goal:** All adolescents receive screening via the S2BI at least once a year, and are appropriately categorized for intervention
Screening Tools

- AUDIT
- DAST
- ASSIST
- CRAFFT
- S2BI
- PhQ9
- TWEAK/T-ACE
- ACEs
**S2BI: Screening to Brief Intervention**

In the past year, how many times have you used:

- Tobacco?
- Alcohol?
- Marijuana?

**STOP if all “Never.” Otherwise, CONTINUE.**

- Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?
- Illegal drugs (such as cocaine or Ecstasy)?
- Inhalants (such as nitrous oxide)?
- Herbs or synthetic drugs (such as salvia, "K2", or bath salts)?
**S2BI: Recommended Screening Tool**

**S2BI Algorithm**

_In the past year, how many times have you used:_
Tobacco? Alcohol? Marijuana?

- **No Use**
  - Anticipatory Guidance

- **Once or Twice**
  - **Ask Follow up S2BI Questions:** prescription drugs, illegal drugs, inhalants, herbs?

- **Monthly Use**
  - Abbreviated BI (Steps 1-3)

- **Weekly Use**
  - **Full Brief Intervention:** Assess Fruther(CRAFFT), advise to quit, negotiate a change plan
  - Reduce Use & Risky Behavior
  - Facilitating linkage to treatment
Change Concepts: Brief Intervention

**CHANGE CONCEPTS:**

- Clearly communicate age-appropriate risks of alcohol, tobacco, and substance use to health and well-being, with patients reporting any past year use (*linked to screening response*)
- Leverage primary care team-patient relationship to discuss behavior change, negotiating, and documenting a reasonable change plan
- To ensure BI is responsive to screening results the ensure entire primary care team should receive training that includes age appropriate assessment of risks
Change Concepts: Brief Intervention

OUTCOME MEASURES

Objective: Assess severity and determinants of SU and negotiate behavior change plan

Documentation:
- Document change plan in medical record
- Document plan for follow-up in record
- Document contingency plan

Example: "Patient is not interested in changing alcohol or marijuana use at this time, and is also not interested in a referral to treatment. I have asked patient to consider signs or problems that indicate change is necessary and return in 3 months to review/discuss"

Measure:
- Proportion of patients who were eligible for BI for whom change plan is documented in chart
- Proportion of patients who return for a follow up visit within 3 months

Benchmark: 80% documentation of change plan and follow up plan, or contingency plan

EHR Fields: Narrative field to document plan (change/follow-up/contingency)

End Goal: Patients are receiving the appropriate level of BI based on screening result
Change Concepts: Referral to Treatment

CHANGE CONCEPTS:

- Establish criteria for referral to treatment linked to patient substance use, and physical and mental health
- Develop protocol and procedures to link patients to internal and/or external care, leveraging provider/organizational partnerships
- Ensure capacity, protocols, and documentation standards for ongoing care management (including interim management, supporting client readiness, facilitating treatment entry and follow-up)
OUTCOME MEASURES

Objective: Agree with patient on need for and acceptable level of service. Ask patient for permission to include parents or caregivers

Documentation:
- Patient agreement
- Example: “Patient has agreed to outpatient counseling at (RESOURCE: Patient HAS or HAS NOT agreed to share information with parents; Patient HAS or HAS NOT agreed to 3 month follow up; OR ‘I have recommended IOP, patient is not interested in any further services at this time; ... Parents.... ...follow up ....)

Measure:
- Proportion of charts eligible for referral for whom referral plan is documented in medical record
- Proportion of referred patients who attend initial referral visit within 60 days
- Proportion of patients for whom a follow up and contingency plan is

Benchmark:
- Proportion of charts eligible for referral for whom referral plan is documented in medical record
- Proportion of referred patients who attend initial referral visit within 60 days – 50%
- Proportion of patients for whom a follow up and contingency plan is documented – 100

EHR Fields:
- Checkbox to denote if eligible for referral
- Narrative field to designate referral plan/follow up/contingency plans
- Date field to document scheduled referral visit

End Goal:
- Based on established criteria pts receive the necessary level of care management to link to and monitor care
**Example:**

**SBIRT Workflow**

Courtesy of Venice Family Clinic
Venice, CA
What are your Current Clinical SBIRT Practices?

• Do you/plan to screen adults? adolescents?

• What screening challenges have you experienced?

• What are your challenges with implementing BI?

• What are your challenges with implementing RT?

• What ongoing care management challenges do you face?
CHANGE CONCEPTS:

- Conduct an organizational self-assessment (needs assessment) to determine:
  - Gaps between current organizational practice and change package recommendations
  - Organizational change readiness
  - Strengths and barriers to implementation
- Identify and develop sustainable financing strategy to support SBIRT, including identification of relevant policy, reimbursement processes, and opportunities within existing service incentive programs
  - Cross reference developed workflows with available reimbursement options to assess funding options for all planned components
  - Highlight expected activities and determine which are billable in your state
- Maximize data collection and utilization strategy, including use of EHRs, to translate data into action and foster continuous quality improvement
Change Concepts: Operational

**OUTCOME MEASURES**

**Organizational Self Assessment (OSA)**

**Objective:** Identify organizational capacity for SBIRT implementation

**Documentation:** OSA responses

**Measures:** OSA Score

**Object Form/EHR Field:** N/A

**Benchmark:** Ability to fill identified gaps (May be more narrative than a score)

**Finance**

**Objective:** Develop sustainable financing strategy based on internal capacity and relevant reimbursement processes

**Documentation:**

- develop policy/protocol for billing codes to be used for SBIRT services
- Potential Billing Codes:
  - Codes that allow you to add on to primary care visit (BI)
  - Codes that allow you to bring client back for F/U

**Measures:** The number of times identified codes are utilized

**Object Form/EHR Field:** N/A

**Benchmark:** 50% Increase use of billable SBIRT visits from baseline

**End Goal:** Financing strategy ensures SBIRT activities are reimbursed
OUTCOME MEASURES Cont.

**Data Collection**

**Objective:** Design a data collection process that fosters CQI: Selection, analysis and utilization of SBIRT data to enhance service delivery

**Documentation:** Data Collection protocol

**Measures:**
- Consistent assessment and utilization of SBIRT data in meetings to enhance service delivery
- Data consistently submitted in accordance with identified deadlines

**Benchmark:** 100% completion of OSA

**Object Form/EHR Field:** N/A

**End Goal:** Data collection protocol that informs service delivery and *supports monthly FaCES submissions*

*For pilot participants only*
What Are Your Perceived Barriers to Implement SBIRT?

• Can you identify gaps between your current organizational practice and any change concepts?

• How can you use your current QI processes to sustain SBIRT?
FaCES: Participating FQHCs (13)
Data

Monitoring results to inform gaps and areas for growth

4,646 adolescents (ages 12 – 21) screened since between October 1st 2017 – January 31st 2018

10% moderate risk or higher

73.5% lowest risk

84.9% provider agreed with the screener that a BI was indicated
### Successes and Challenges

<table>
<thead>
<tr>
<th>Process Improvement</th>
<th>Data</th>
<th>Staff Engagement</th>
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<tbody>
<tr>
<td>• Developing protocols and unified workflows</td>
<td>• Developing procedures and tools for continually tracking and analyzing data</td>
<td>• Generating organizational buy-in</td>
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<tr>
<td>• Standardizing implementation</td>
<td>• Integrating data collection with their EHRs</td>
<td>• Identifying SBIRT “champions”</td>
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<tr>
<td>• Developing customized tools and instruments to support implementation</td>
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<td>• Staff shortages</td>
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“Patient Care Comes First”
CHI’s Motto for SBIRT

Educating and treating adolescents and their families by identifying, reducing, and preventing risky substance use and behaviors through integrated healthcare where ‘Patient Care Comes First'
CHI’s SBIRT Implementation Process

June 2017
- FaCES Learning Collaborative Kick-off

Phase One
- October 2017
  - Introduced SBIRT training material & FaCES Change Package, behavioral health staff start screening

Phase Two
- December 2017
  - Behavioral health consultants working in primary care department
- January 2018
  - Purchased tablets to administer screening
CHI’s SBIRT Implementation Process

February 2018
- SBIRT training at CHI monthly staff in-service

March 2018
- SBIRT Competency Evaluation Tool Completed for onboarding

Phase Three
- May 2018
  - SBIRT implementation into full primary care integration and SBIRT policy is approved for BH department

Phase Four
- Future
  - Integrated SBIRT into all 31 school-based health centers in Miami Dade County
Please note: There were some months in the beginning of this learning collaborative, where there are more substance use patients identified than brief interventions, due to the fact that we changed the concept of what a brief intervention was, and who should receive the BI. Additionally, there were some patients that may have declined screenings or referral to treatment services (i.e., substance abuse individual counseling or substance abuse group therapy).
Screening Workflow

- Paper screeners completed in lobby
- S2BI is accompanied by PHQ-A and PHQ-9
- Medical assistant collects screening data and communicates results to PCP/Pediatrician

Screening results are entered into Intergy EHR by PCP/Pediatrician and submitted to Behavioral Health Consultant

Paper screeners are collected and entered into Credible EHR, then destroyed
Organizational SBIRT Successes

- Integrated into employee training
- Policy approved by Performance Improvement Committee
- S2BI, PHQ-9, and PHQ-A screenings added to EHR with data extraction capabilities
- Screening done in behavioral health, nursing, pediatrics, and family medicine
Organizational SBIRT Challenges

- Buy-in from provider (time constraints, concerns about parent presence/confidentiality)
- Obtaining honest answers from adolescents
- Potential resistance from parents
- Two separate EHRs for primary care and behavioral health
- Additional work for SBIRT project lead and behavioral health project lead
The Future of FaCES

• Phase I: Convene Experts to Develop Change Package
  • Practice Transformation Team (PTT) – comprising representatives from research, practice, policy, and lived experience to develop adolescent SBIRT clinical and operational recommendations

• Phase II: Pilot Change Package via Learning Collaborative
  • 13 diverse, youth-serving (age 12-21) FQHCs
  • 18-months of targeted, responsive training and technical assistance: multi-method clinical, organizational, data-led components based on the FaCES change package
  • Patient and site-level data utilization

• Phase III (2019-2020): Refinement and Dissemination to the Wider Healthcare Community

• Continuous tri-level evaluation
Adult SBIRT Change Guide

• Extending traditional SBIRT in response to need and resources
• Primary care settings
• Available now!

**Action Planning**

**Starting SBIRT**
1) How could you enhance your screening process?
2) Should you develop partnerships for specialty services?

**Enhancing SBIRT**
1) Look at your SBIRT workflow – have you mapped it?
2) How can you better use your data to inform clinical care?
3) What is your process for developing P&Ps?
Open Discussion and Questions
Contact Information

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