Case Studies of SBIRT in Action

National SBIRT ATTC
Compendium of Cases

Case #4: Lessons in Integrating SBIRT into Family Health Centers: An SBIRT Pilot Program in Orange County, CA

Synopsis of a recorded webinar
DATE: May 7, 2014

Presenters:

Cary Clevenger, LCSW Service Chief II, Orange County Health Care Agency Quality Review and Training Department and Supervisor of the University of California, Irvine (UCI) SBIRT team

Emily Dow, MD Clinical Professor and Vice Chair, Department of Family Medicine at the University of California Irvine and Medical Director for the UC, Irvine Outreach Clinics

Tawny Moreno, LMFT Behavioral Health Specialist who is currently co-implementing the SBIRT program at the UCI health center in Santa Ana

Brett O'Brien, MA, LMFT Director Children, Youth and Prevention Services Orange County Health Care Agency

Dirk Zirbel, PhD Associate Director UC Irvine Family Health Centers

Overview

Presenters discuss the benefits of and barriers to implementing SBIRT in family healthcare clinics in Orange County, CA. From finding partners to hiring staff to agency protocols and developing a resource directory, they discuss their lessons learned as they work to implement SBIRT.

Patient Population Served:

Adults 18 and older, largely a low-income, Hispanic population; 67% women, 33% men; 60% age 50 and older, 34% age 26-49, 6% age 18-25. No children or adolescents are screened.

Content Description:

This webinar presents a detailed description of the integration of behavioral health staff from a county behavioral health services agency into a primary care setting. The goal of the project is to identify patients who are at risk of substance use and mental health disorders, offer brief interventions on site as needed, and referrals to treatment for patients who are more seriously involved. The presenters outline the various administrative hurdles that had to be overcome in order to get the project started, as well as the vigorous and successful efforts that were made to integrate the behavioral health staff into the clinic flow in as seamless a way as possible. In most cases, the behavioral health specialists interact with patients in the exam room before the physician comes in to address the patient's medical needs.

Flexibility is a key factor, since it may mean that the SBIRT session is interrupted while the physical examination is completed then picked up again afterwards. Lessons learned include:

- Personality traits of assigned behavioral health staff are important for the project to succeed
- Behavioral health specialists have to be well trained in the clinic protocols, including how to respond to crises
- Good supervision and staff support is essential
- Attending clinic staff meetings and continuously making themselves known as medical staff changes increases acceptance level of the behavioral health specialists
- Eventually these efforts have led to the behavioral health specialists becoming full and valued members of the clinic team
- Developing tools to support daily tasks and well developed relationships with outside agencies for referrals to treatment are important
- Ongoing barriers and logistical challenges need to be addressed with patience, understanding that systems can take a while to evolve

Screens Used:

The project has developed a modified SBIRT screening tool that includes the GAD-2, PHQ-2, the AUDIT-C the NIDA pre-screen question, a domestic violence and a trauma question. (All the screens used are available on the IRETA webpage for this webinar).

Screening Rates:

4,296 patients were screened between July 2013 and February 2014, an average of 530 patients a month. 28% were positive screens; of that number, 86% screened positive for mental health disorders, 9% for substance use, 5% for domestic violence and 9% for multiple issues (mostly mental health and risky substance use).

Billing information:

This project is funded by mental health dollars available through California Proposition 63, a 1% tax on people whose annual income is $1 million or more.

Link to Webinar:

http://ireta.org/ireta.org/5%207%2014webinar