

# **CONDUCTING AN ENVIRONMENTAL SCAN**

*Preparing for Implementation of Screening, Brief Intervention, Referral to Treatment (SBIRT) at your School-Based Health Center*





This toolkit reflects lessons learned by Children’s Hospital Los Angeles (CHLA) and The L.A. Trust for Children’s Health (The L.A. Trust) from a multi-year initiative to integrate Screening, Brief Intervention, and Referral to Treatment (SBIRT), an evidence-based substance use screening tool, into five school-based health centers across South Los Angeles. Funding for this project was provided by the California Community Foundation and the Conrad N. Hilton Foundation.



The Wellness & Adolescent Substance Use Prevention Project is a collaboration between Children’s Hospital Los Angeles, The L.A. Trust for Children’s Health, Los Angeles Unified School District (LAUSD), John C. Fremont, Thomas Jefferson, Manual Arts, and Washington Preparatory high schools, UMMA Community Clinic, South Central Family Health Center, and St. John’s Well Child & Family Center.

# Introduction

Substance use disorders are the leading cause of preventable death and disability—and most individuals begin using alcohol and other substances in adolescence.<sup>1</sup> The current opioid epidemic and the legalization of recreational and medicinal cannabis is creating greater concerns about adolescent access to alcohol and other drugs, and the long term negative impact of substance use on adolescent physical and emotional development. As more community and public health leaders recognize the critical role that schools and School-Based Health Centers (SBHCs) must play in increasing student access to evidence-based prevention education and substance use screening and treatment services, there are increasing demands for schools and SBHCs to integrate new prevention and screening programs and services. However, these new initiatives are more likely to be successful and sustainable if project developers take the time to conduct a comprehensive environmental scan so that they can understand the unique culture and structure of the school and school-based health center and consider these factors in their program design.

This document is intended for organizations or schools seeking to integrate Screening, Brief Intervention, Referral, to Treatment model (SBIRT) into school-based health centers. It provides best practices for preparing for and conducting an environmental scan with your school and school-based health center stakeholders, along with actual environmental scan tools and additional resources.

In this document you will find information on:

## I. Environmental Scan Objectives

## II. Preparation for the Environmental Scan

- Tips and best practices

## III. Interviewing Tools

- District Liaison
- School-Based Health Center Manager
- School-Based Health Center Medical Providers
- School-Based Health Center Electronic Medical Record (EMR) Contact/Staff
- Mental Health Provider
- Key School Staff
- Focus Group

## IV. Analysis of Data Completed and Next Steps



<sup>1</sup> Conrad N. Hilton Foundation. (2012). Program Strategy for Substance Abuse. [https://hilton-production.s3.amazonaws.com/documents/42/attachments/Substance\\_Abuse\\_Strategy\\_Paper.pdf?1440114031](https://hilton-production.s3.amazonaws.com/documents/42/attachments/Substance_Abuse_Strategy_Paper.pdf?1440114031)





# I. Environmental Scan Objectives

Before initiating a project to integrate SBIRT into a School-Based Health Center (SBHC), staff need to conduct an environmental scan of key stakeholders at the schools and SBHCs. A comprehensive environmental scan helps identify structural and human factors that can promote or impede your efforts to integrate SBIRT into health services. An environmental scan identifies existing strengths and potential opportunities that align with your project such as district policies and existing allies. It can also identify barriers to success such as the communication between school personnel and SBHC staff. Both the environmental scan results and the process of completing the scan set the foundation for the initiative and provide essential information to guide the planning and implementation of SBIRT into the SBHCs workflows and the larger school system.

Here are the objectives for all of the key stakeholder groups:

## Student Leaders

- To identify trusted school and SBHC staff.
- To identify barriers to SBIRT implementation.

## School Personnel

- To assess current school policy regarding students that are identified at risk for or using substances and the school staff that are involved in these policies (school nurse, counselors, deans).
- To identify natural allies and school staff that students talk to about important issues.
- To assess current referral practices for students who are identified as at-risk or using substances.
- To identify any school or district policies that have impact on referrals.

- To identify any barriers preventing school personnel from referring to the SBHC.
- To assess school staff's familiarity with SBIRT.
- To understand the school staff's perceptions of the scale of substance use with their students.
- To understand the school staff's personal attitudes about adolescent substance use.
- To engage school personnel in the project.

## School-Based Health Center Staff

- To assess the SBHC's capacity to integrate SBIRT into visits with students.
- To assess the SBHC's capacity to collect and report on data on the student screening, brief Intervention, and referral to treatment.
- To assess the training and technical assistance needs of potential SBIRT providers.
- To identify current risk screening practices conducted by SBHC staff (do they already screen for substance use, depression, risky sexual behavior, etc.).
- To learn more about referral patterns from school personnel (what types of issues are identified most often and referred to the SBHC).
- Identify existing partners that provide substance use treatment.
- To engage SBHC staff in the project.

## II. Preparation for the Environmental Scan

To ensure a successful environmental scan process, we recommend the following:

- Work in collaboration with the SBHC and school leadership to ensure you have their buy-in before getting started and develop formal Memorandum of Understanding (MOU).
- If needed, work with your Institutional Review Board (IRB) to ensure compliance and ethical conduct of research.
- If you plan on publishing findings, work with your IRB and the school district's IRB to ensure compliance and ethical conduct research.
- Identify your key informants, the individuals who will provide important information regarding the current landscape surrounding the school and its respective SBHC. Key informants may include:
  - District Liaisons – those who are the gatekeepers between the school and community based agencies, negotiate MOUs.
  - School-Based Health Center (SBHC) Manager – oversees day-to-day management of the center.
  - Health Center Medical Providers – physicians, physician assistants, and other medical providers involved in the SBIRT process at the SBHC.
  - SBHC EMR/Quality Improvement Contact/Staff – individuals who understand and can provide insight into the SBHC's specific EMR, and where and how information is documented.
  - Mental Health Provider – behavioral health providers working with the SBHC or with the school.
  - Key School Staff – Principal, Assistant Principals, Mental Health counselors, Adult Allies in charge of Student Advisory Boards, School Nurses, Probation officers, etc.
  - Leadership Groups – Student Council, peer educators, etc.
- Reach out to key informants via email introducing your projects and the importance of the information being collected.
  - Provide a copy of the key informant interview questions for them to review prior to your interview.
  - Request an in-person meeting to discuss interview questions.
  - If they are not available to meet in person, request a virtual interview.
    - If they are not available for an in-person or virtual interview, ask if they are willing to respond via email to the interview questions. Be sure to let them know that you will contact them if you have follow up questions or need clarification of provided responses.
- Prepare for scheduled in-person interviews:
  - Schedule more time than you actually need.
  - Have materials to record conversations (if consent is given).
  - Provide a one-pager (summary) on the project.
  - If available, provide incentives (gift cards, lunch).
  - Let them know you will contact them if you have follow up questions.
- Reach out to new key informants identified via the interview process.
- Prepare for student engagement:
  - If possible, include student voices in your environmental scan as an important stakeholder.
  - Ensure use of proper channels to engage with students (classroom surveys, focus groups, etc.).
  - Consider using student-friendly mechanisms (e.g., social media, technology-based methods).
  - Conduct student focus groups.
  - Engage students informally through Student Advisory Boards (SABs).
  - If available, provide incentives (gift cards, extra-credit, food, etc.).
  - Seek out permission from a school administrator before engaging with youth.



### III. Interviewing Tools

In order to coordinate these efforts, interview question guides have been created to help with interviewing key informants at each site. These guides include:

- Student Leaders

- School District Liaison
- Key School Staff

- School-Based Health Center Manager
- School-Based Health Center Medical Providers
- School-Based Health Center Electronic Medical Record (EMR) Contact/Staff
- Mental Health Provider



## Student Leaders

(Student Leadership Groups, Student Council, peer educators, etc.)

No environmental scan is complete without gathering student perceptions. Discussions with students should be designed to learn the following: 1) what substances students are currently using in and around their school and whether they perceive this to be a problem; 2) what their understanding is of school policy and practice around students who are identified with substance use issues; 3) their perceptions about the school-based health center, such as who uses the center, how easy it is to access, how safe and confidential they think these services are, and their attitudes about the providers; 4) It is not a good practice to ask students about their own personal use or experiences with substances.

## Interview with Student Leaders

Title:

Name of School:

Introduction: We are launching a project to improve the way that this school addresses substance use among its students. We are working with school-based health centers to ensure that quality Screening, Brief Intervention, and Referral to Treatment (SBIRT) is taking place, documented, and reported by each site.

1. How common is substance use among students? Do you think this is a problem?
  - a. Where do students tend to use? At school? At parties?
2. What happens if someone is caught using at school or suspected of being high or drunk?
3. Do you think marijuana use is legal for those under 18?
  - a. What do you think people think about marijuana being legalized?
  - b. Have you noticed change in attitude towards marijuana?
4. Do you or your friends know about the school-based health center on campus?
  - a. What have you heard about it?
  - b. Do your friends or others use the school-based health center? Why or why not?
5. Do you talk to your friends about substance use and how to get help?
  - a. Where would you send a friend who was struggling or wanted help with substance use?
6. Would you send friends or others to the school-based health center? Why or Why not?
  - a. What would make it safe for you to get help at the school-based health center?



# District Liaison

(Gatekeepers between the school and community based agencies)

The interview with the District Liaison is designed to increase the project's understanding of the school's environment, particularly as it relates to the school's relationship with the SBHC, other community based organizations, complimentary school-based programs and services available to students and families, as well as school and/or district activities and procedures. Through the interviewing tool, we can determine the needs, or gaps, between where the organization envisions itself in the future and the organization's current state.



## Interview with District Liaison

Title:

Name of School:

Introduction: We are launching a project to improve the way that this school addresses substance use among its students. We are working with school-based health centers to ensure that quality Screening, Brief Intervention, and Referral to Treatment (SBIRT) is taking place, documented, and reported by each site.

1. What is the prevalent attitude of staff towards substance use among students? (e.g.- substance users need to be expelled; substance users need to be referred for help; etc.)
2. What is the school's policy related to substance use?
  - a. What happens when a young person is caught drinking or using substances on campus?
  - b. What happens when a staff person suspects that a young person is on campus under the influence of drugs or alcohol?
  - c. Are students referred to the school nurse, dean, school-based health center, or someone else? Are they suspended, expelled, etc.?
3. Are you aware of any district policies related to substance use? If yes, what are they?
4. What are the school groups or programs available for students?
  - a. Who sponsors these groups or programs?
  - b. Are they external partners?
  - c. Do any of these groups host workshops or events related to substance use, mental health, or wellness? If yes, who is the contact person?
5. What types of afterschool programs are available on campus?



6. Does your school have probation officers, school police, restorative justice staff, or discipline deans stationed on site? If so, what is their role?
7. Who are the trusted staff or faculty on campus that students talk to?
8. What is already happening at this school that will help with the success of this project?
  - a. What staff, programs, relationships are already here?
  - b. How active are the students, parents, faculty, etc.?
  - c. Is there a student leadership group or student advisory board on campus?
  - d. What is parent engagement like on campus?
9. What are the challenges you have seen in working with this school? What are some of the barriers or challenges we might encounter with this project?
10. Do you have suggestions for how to address substance use among students at your school?
11. Suggestions for other work?
12. Who else should we talk to on this campus? Name the top 3 people.

## Key School Staff

(Principal, Assistant Principals, Mental Health counselors, Adult Allies in charge of Student Advisory Boards, School Nurses, Probation officers, etc.)

School staff are in direct contact with students on a daily basis and their input is highly valuable to be able to achieve positive results across their campus. It is critically important to gain a better understanding of existing school policy around substance use and the resources they have and need to better serve students who are experiencing substance use problems.



## Interview with Key School Staff

Title:

Name of School:

Introduction: We are launching a project to improve the way that this school addresses substance use among its students. We are working with school-based health centers to ensure that quality Screening, Brief Intervention, and Referral to Treatment (SBIRT) is taking place, documented, and reported by each site.

1. Who are the trusted staff or faculty on campus that students talk to?
2. Do you have a PTA or Parent Center? If yes:
  - a. How active is the PTA/Parent Center?
  - b. Are they working on any projects related to substance use, mental health, or wellness?
3. Is substance use considered a problem on campus? What substances are students using? Are they using on campus, before school, after school?
4. What is the prevalent attitude of staff towards substance use among students? (e.g.- substance users need to be expelled; substance users need to be referred for help; etc.)
5. What happens when students are caught drinking or using substances on campus? What is the school policy? Are they suspended, referred, expelled, etc.?
6. What happens when a staff person suspects a student on campus is under the influence of drugs or alcohol or has drug paraphernalia? What is the school policy? Are they suspended, referred, expelled, etc.?
7. Does your school have probation officers, school police, restorative justice staff, or discipline deans stationed on site? If so, what is their role?
8. What are the groups/programs on campus? Are any of these groups or programs sponsored by outside agencies? Do you have a student leadership group of student advisory board on campus?

9. What is already happening at this school that will help with the success of this project? What staff, programs, relationships are already here? How do you see this connecting with other things going on campus?
10. What are the challenges for this school? What are some of the barriers or challenges we might encounter with this project (SBHC utilization, referrals, school policies, lack of communication between school and SBHC etc.)?
11. Do you have suggestions for how to address substance use among students at your school?
12. School-based health center
  - a. How is the school-based health center perceived on campus? Does staff regularly refer to the school-based health center? What are students referred to the school-based health center for?
  - b. How confident are you that the school-based health center staff is meeting the needs of students?
  - c. Are there events on campus about the school-based health center?
  - d. Are there posters advertising the school-based health center?
  - e. What are some of the barriers or challenges we might encounter with this project?
  - f. What do you think would make the school-based health center more useful on campus?
  - g. Suggestions? Other comments?
13. What other staff/personnel should we talk to on this campus? Who might have difficulty getting on board with this project? (State titles only)

# School-Based Health Center Manager

The manager's role and input is necessary to understand the current SBHC workflow and how they assess substance use and other risky behaviors in their adolescent patients. The information gathered is used to identify how SBIRT can be incorporated into their workflow, considering staff would likely be responsible for conducting SBIRT, and if there are any staff or provider training and/or technical assistance needs.



## Interview with School-Based Health Center Manager

Title:

Name of School:

Introduction: We are launching a project to improve the way that this school addresses substance use among its students. We are working with school-based health centers to ensure that quality Screening, Brief Intervention, and Referral to Treatment (SBIRT) is taking place, documented, and reported by each site.

1. How is the school and school-based health center connected?
2. How well-utilized is the school-based health center by high school students?
  - a. Do school staff regularly refer students to the school-based health center? If yes, what are the most common reasons for referring students (general medical, injury, pregnancy, substance use, etc.)?
3. How do most students learn about the school-based health center?
  - a. How do students come to the school-based health center? Are they referred? Do they come in on their own? What gets students in the door?
  - b. Does your school-based health center promote services to students on campus? If yes, what does your school-based health center do to promote services (posters, social media campaigns, swag, etc.)?
4. Student Intake and Assessment Process
  - a. Can you describe what happens when a student is referred to the school-based health center?
  - b. What happens when a student is a no-show? Does someone follow up?
  - c. Do they need an appointment?
  - d. Do students have to be assigned (insurance) to the school-based health center before they can get service? (Primary care provider has to be school-based health center? Sensitive services? )
5. What sort of intake is done? Who does it? What questions are asked? Is there any additional assessment that takes place? Are these questions asked in person or over the phone? Can you please provide us with a copy of intake forms and additional assessments completed during the intake process?



6. Does any screening for substance use take place at the school-based health center? If yes, which substances does your school-based health center screen for (alcohol, tobacco, marijuana, etc.)?
  - a. Who is screened? How often are students screened?
  - b. Do staff use any specific tools? If yes, can you please provide us with a copy?
  - c. How/where is the screening recorded in the EMR?
  - d. Who does the screening (staff title)?
  - e. Is a provider flagged if a young person screens positive?
7. If a young person shares that they are using drugs or alcohol, how/where is it recorded in your EMR?
  - a. Does someone follow up with them to assess use?
  - b. Is a brief intervention (BI) provided? (Note: explain BI). If yes, is this information recorded in your EMR? If yes, how is it recorded (checkbox, notes, etc.)?
  - c. What services, if any, are offered? Are these services on site or are they referrals? Are referrals recorded in your EMR? If yes, how are they recorded (checkboxes, notes, etc.)?
  - d. Does anyone follow up to see if there was linkage to referred services? If yes, is this recorded in your EMR?
8. How do you think SBIRT should be integrated into your current patient care processes? Does your school-based health center's workflow need to change?
  - a. What are some of the barriers or challenges we might encounter with trying to incorporate SBIRT?
    - Reimbursement/billing for SBIRT? What is your understanding about this?
    - Consent/confidentiality about referrals? Linked referrals?
    - Are there challenges specific to a particular component of SBIRT?
    - Challenges related to documenting steps or extracting data?
9. Training
  - a. How is professional development handled for school-based health center staff?
  - b. What training needs do the school-based health center staff have about adolescent risk behavior, substance use/abuse, behavior change, etc.?
  - c. Do your staff have regular training or case conference times?
  - d. What staff should be trained in SBIRT?
  - e. How do you want SBIRT training – in person or online?
  - f. Do you use data to promote best practices?
10. What other staff/personnel should we be talking with about these issues?
11. Do you have any other comments or anything else you would like to share?

Our goal is to provide training and technical assistance to help facilitate SBIRT at your school-based health center site. We will be working closely with you and your team to help develop workflows to help with the implementation and sustainability of SBIRT at your site. We look forward to working with you.



## School-Based Health Center Medical Providers

(Physicians, physician assistants, and other medical providers)

Ensuring quality SBIRT implementation requires that all SBHC medical providers and staff are working collaboratively in their respective SBHCs. The information gathered will help determine if there is agreement regarding how to best incorporate SBIRT into their workflow, who would be responsible for the screening, and what referrals they have for students that screen positive for substance use. Additional information can be collected about how they follow up on referrals, where they record screening, positive screening, brief intervention, and referral information, and how to ensure implementation of SBIRT goes smoothly.

## Interview with School-Based Health Center Medical Providers

Title:

Name of School:

Introduction: We are launching a project to improve the way that this school addresses substance use among its students. We are working with school-based health centers to ensure that quality Screening, Brief Intervention, and Referral to Treatment (SBIRT) is taking place, documented, and reported by each site.

1. Substance Use Screening and Assessment Process
  - a. Does any screening for substance use take place at the school-based health center ? If yes:
    - Do you screen all students?
    - Which substances does your school-based health center screen for (alcohol, tobacco, marijuana, etc.)?
    - How often does screening take place?
    - Do staff use any specific tools? If yes, can you please provide us with a copy?
    - Who does the screening (staff title)?
    - How do you find out if someone screens positive or has a history of substance use?
  2. If a young person shares that they are using drugs or alcohol:
    - a. Does someone follow up with them to assess use? Is this documented in the EMR?
    - b. Is a brief intervention provided? If yes, is this information recorded in your EMR? If yes, how is it recorded (checkbox, notes, etc.)?
    - c. What services, if any, are offered? Are these services on site or off site referrals?
    - d. Are referrals recorded in your EMR? If yes, how are they recorded (checkboxes, notes, etc.)?
    - e. Does anyone follow up to see if there was linkage? If yes, is this recorded in your EMR?
    - f. How do you think SBIRT should be integrated into your current patient care processes? Does your workflow need to change?
    - g. What are some of the barriers or challenges we might encounter with trying to incorporate SBIRT?
      - Reimbursement/billing for SBIRT? What is your understanding about this?
      - Consent/confidentiality about referrals? Linked referrals?
      - Are there challenges specific to a particular component of SBIRT?
      - Challenges related to documenting steps or extracting data?
      - Does your EMR documentation need to change?
3. Training
  - a. Would you or other staff at this school-based health center be interested in training around adolescent risk behaviors, including substance use behaviors?
  - b. What staff should be trained in SBIRT?
  - c. How would you prefer SBIRT training to take place – in person or online?
  - d. What other staff/personnel should we be talking with about these issues?
  - e. Do you have any other comments?

# School-Based Health Center EMR Contact/Staff

To collect and report reliable information about the SBHC's progress in conducting SBIRT, data needs to be extractable from the electronic medical record (EMR). Identifying the person responsible for the EMR is an important relationship to foster to understand how SBIRT delivery can be tracked in the existing EMR and how data points can be extracted. The EMR contact can also provide information about how easily new fields can be added and whether there is a cost involved.



## Interview with School-Based Health Center EMR Contact/Staff

Title:

Name of School:

Introduction: We are launching a project to improve the way that this school addresses substance use among its students. We are working with school-based health centers to ensure that quality Screening, Brief Intervention, and Referral to Treatment (SBIRT) is taking place, documented, and reported by each site.

1. What Electronic Medical Record (EMR) system does your school-based health center use?
2. Does any screening for substance use take place at the school-based health center? If yes:
  - a. Which substances does your school-based health center screen for (e.g., alcohol, tobacco, marijuana, etc.)?
  - b. Does your school-based health center use specific tools to screen?
  - c. Are the screening results entered into your EMR? If yes:
    - What do the fields look like (e.g., text box, check box, etc.)?
    - How is the provider notified if a student screens positive?
    - How is the provider notified of past history of screening results?
3. Can you generate reports that are focused on SBIRT? If no:
  - a. Would it cost your agency to amend your EMR to capture SBIRT data?
  - b. How easy or difficult is it to amend?
  - c. How much would it cost?
4. How easy is it to add new fields and/or new reports to the system? What is needed to make this happen?
5. Are you interested in training or professional development related to SBIRT or data extraction?
6. What other staff/personnel should we talk with about these issues?
7. Do you have any last suggestions or comments?





## Mental Health Provider

School mental health providers are key in connecting the school-based health center and the school. If mental health providers are regularly referring to the SBHC, gathering information about the referral process is important in order to better serve the student. If they are not, it is important to understand why not. Specific to substance use, gaining a better understanding of what the school's substance use policy is and what resources they need to be able to address adolescent substance use matters. Often times, the school and their school-based health center are not connected in regards to the referral process. The information gathered can help tailor that process.

### Interview with Mental Health Provider

1. Do school or school-based health center staff regularly refer students to mental health for substance use?
2. If yes:
  - a. What are the most common reasons for referring students?
  - b. Are these students also screened for other mental health related issues?
3. Do you screen all students who come in for appointments for substance use?
4. If a student screens positive for substance use, do you provide services directly or do you refer them to someone else? If someone else, who?
5. Are you interested in SBIRT training?
6. Who else should we be talking with about these issues?
7. Do you have any comments or suggestions for integrating SBIRT?

# IV. Analysis of Data Completed and Next Steps

At the end of your environmental scan, you may have a combination of key informant interview notes or transcripts, focus group summaries, and survey results to compile and analyze. To ensure an accurate summary of findings, it is important to have at least two individuals review these documents and make notes about the key themes/strategies that emerged. Summary may be organized into the following categories: areas of strength, weaknesses, project allies/champions, and barriers to address or change. If needed, key informants may be contacted again to clarify contradictory information that might have been received or to clarify certain questions. At the end of this stage, it is useful to create a summary of the relevant themes from each sector (SBHC, school, students, etc.).

Once the summary is complete, we recommend meeting individually with SBHC managers and key school personnel to share key findings, and discuss and plan the following:

- What additional training and technical assistance is needed (Capacity Building Plan)
- How to integrate SBIRT into your SBHC (SBIRT Integration Plan)
- How to ensure student participation and engagement in SBHC and school campus activities (Student Engagement Plan)
- Next Steps

## Capacity Building Plan:

- Training on SBIRT implementation (Certification)

- Additional training needs of SBHC provider staff to supplement SBIRT Certification (Substance Use 101, etc.)
- Additional trainings needs of school personnel (SBIRT 101, referring youth to services, etc.)

## SBIRT Integration Plan:

- SBHC Workflow (Appendix A) – when and how is the SBIRT screening conducted and by whom.
- Plan for students with positive screen – who conducts the Brief intervention (BI); resources for treatment referrals.
- How to track and report data on screening, BI, and referrals (Electronic Medical Record or other method).

## Student Engagement Plan:

- Planning and delivering substance use prevention student campaigns.
- Supporting student capacity for referring students to the SBHC.
- Including a process for regular student feedback.



# V. Appendix

A. School-Based Health Center Workflows

B. Resources

C. Glossary

D. Notes

# School-Based Health Center Workflow Diagrams

## Introduction to SBHC Workflows

After observing routine clinic operations, project staff generated a draft process map that detailed how SBIRT would be integrated into each individual clinic's unique workflow. We also took into account the data collection points and individuals responsible for them.

The draft process map was shared with each site so that clinic managers and providers could review and discuss the proposed implementation process. After this review, the process map was revised accordingly. This effort helped to ensure that the project team considered the individual needs and perspectives of providers and staff at each clinic with the goal of increasing the likelihood of successful integration and implementation of SBIRT.

### Workflows:

1. Provider Re-screen
2. Medical
3. Mental Health

### Provider Re-screen

Provider re-screens and probes for additional information. This version would require additional time from the provider. Also, a plan would have to be put in place if new information conflicts with previous screening.

### Medical

Reviewing screening results and not probing for additional information reduces time provider spends with the patient, but stresses the importance of the quality of the initial screening process.

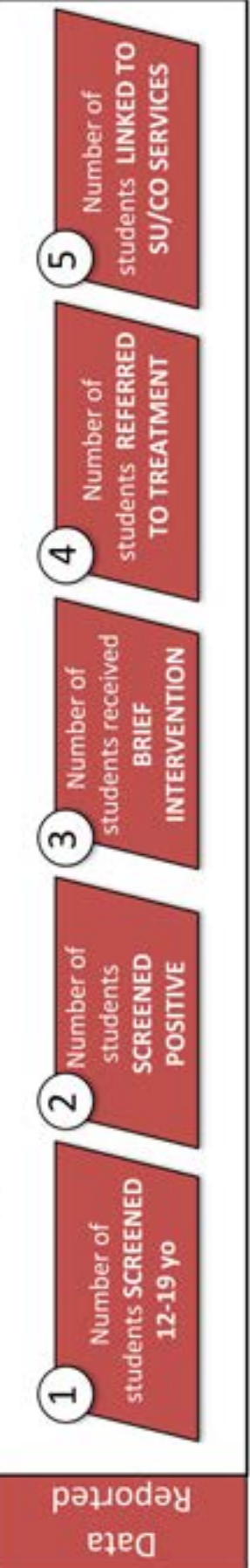
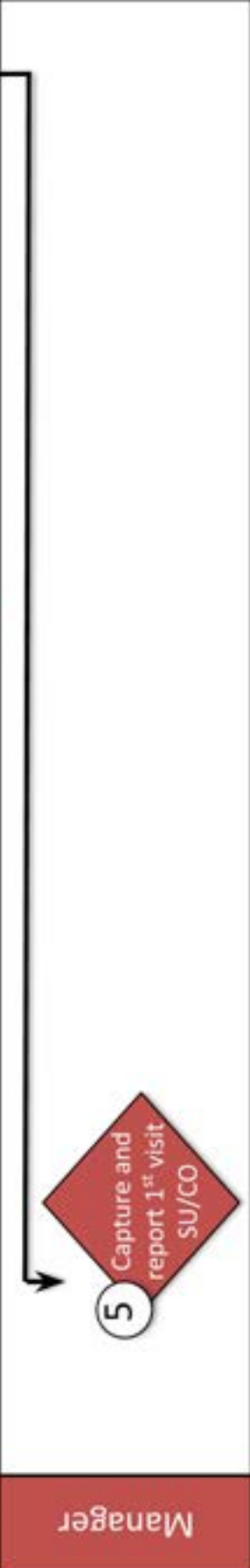
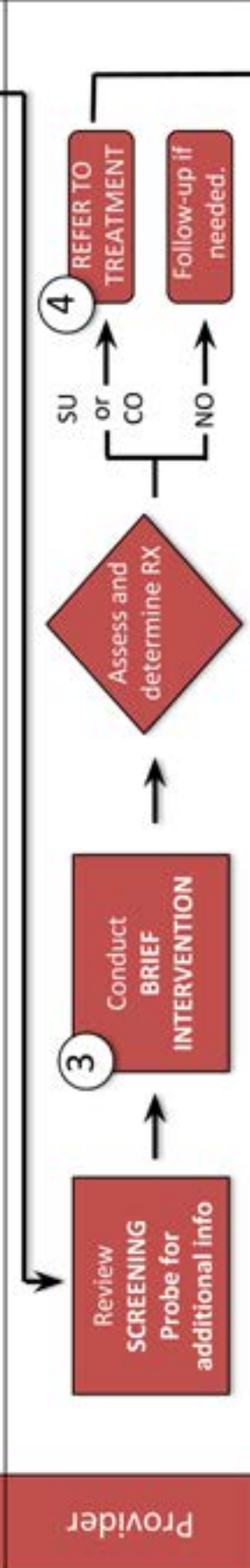
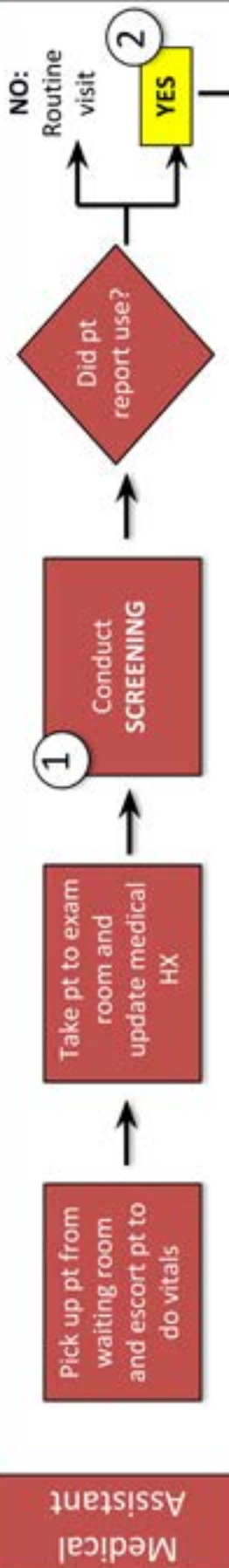
### Mental Health

A mental health provider conducting the brief intervention is an alternative to a medical provider and can be beneficial since the mental health provider can identify co-occurring disorders. Challenges that may arise include disconnect from the traditional SBIRT model and a missed opportunity to integrate SBIRT with all other existing medical patient visits.



# SBIRT Workflow

## Provider Re-screen



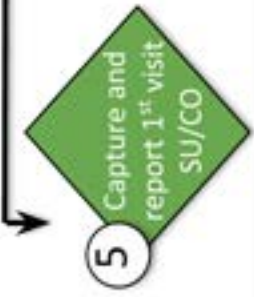
# SBIRT Workflow

## Medical



# SBIRT Workflow

## Mental Health



# Resources

**Substance Abuse and Mental Health Services Administration (SAMHSA)** is the agency within the U.S. Department of Health and Human Services that leads public health efforts to advance the behavioral health of the nation. SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

<https://www.samhsa.gov/sbirt>

**SAMHSA-HRSA Center for Integrated Health Solutions (CIHS)** promotes the development of integrated primary and behavioral health services to better address the needs of individuals with mental health and substance use conditions, whether seen in specialty behavioral health or primary care provider settings. CIHS provides training and technical assistance to community behavioral health organizations, community health centers, and other primary care and behavioral health organizations.

<https://www.integration.samhsa.gov/clinical-practice/sbirt>

**UCLA Integrated Substance Abuse Programs (ISAP)** conducts research, provides research and clinical training, and arranges treatment for substance use disorders in coordination with the UCLA Department of Psychiatry and Biobehavioral Sciences and in affiliation with community-based treatment providers.

<http://www.uclaisap.org/slides/presentations-sbirt-trainings.html>

**Pacific Southwest Addiction Technology Transfer Center (Pacific Southwest ATTC, HHS Region 9)** offers an online learning center designed to enhance knowledge and expertise in substance use disorder treatment and recovery by disseminating clinical and research information.

[https://psattcelearn.org/courses/4hr\\_sbirt/](https://psattcelearn.org/courses/4hr_sbirt/)

**Institute for Research, Education and Training in Addictions (IRETA)** is an independent 501(c)3 nonprofit located in Pittsburgh, PA. IRETA is a nonprofit geared toward improving individual and system-level responses to addiction.

<https://ireta.org/?s=SBIRT>

**School-Based Health Alliance** works to improve the health of children and youth by advancing and advocating for school-based health care.

<https://www.sbh4all.org/>

**HealthKnowledge** is an online learning portal that offers a wide variety of courses in the areas of improving health and healthcare services. Each HealthKnowledge course offers a free Certificate of Completion once you have passed the course requirements. Continuing Education (CE) credit are available for most courses offered. HealthKnowledge is managed by The Collaborative to Advance Health Services at the University of Missouri-Kansas City School of Nursing and Health Studies.

<http://healthknowledge.org/course/search.php?search=SBIRT>



# Resources

**Kognito** is a health simulation company that offers interactive role-play simulation where health professionals build and assess their skills in conducting substance use Screening & Brief Intervention (SBI) with adolescent patients and providing referrals to treatment when appropriate. Developed in collaboration with NORC at the University of Chicago and adopted by more than 40 schools of health professions and state agencies, this online, CE-certified solution helps improve patient-provider communication and supports the integration of substance use SBI in primary care settings. Products available for purchase.

<https://kognito.com/products/behavioral-health>

# Glossary

**Adult Allies** - An Adult Ally (AA) is a school staff (teacher, administrator) that helps lead Student Advisory Boards (SABs) on a SBHC school campus. AAs can help coordinate trainings, presentations, and assist in the planning and production of student campaign events.

**Clinic Manager** - An SBHC Manager works to ensure the smooth running of an SBHC and takes on administrative duties, that includes managing SBHC staff and overseeing day-to-day management operations.

**Electronic Medical Record (EMR)** - Also known as an Electronic Health Record (EHR) is the systematized collection of patient electronically-stored health information in a digital format. These records can be shared across different health care settings.

**Environmental Scan** - An environmental scan helps identify factors that currently exist to inform what direction a project should follow. It helps to determine strengths and opportunities to support and facilitate what currently exists and what is needed. The practice is important because different sites require different approaches, and in order to succeed, a project should strive to personalize its organization, information, and implementation of the objectives.

**Federally Qualified Health Centers** - FQHCs are community-based health care providers that receive funds from the Health Resources and Services Administration (HRSA) Health Center Program to provide primary care services in underserved areas.

**Key Informants** - Key Informants are people who know first-hand what is going on in their school or SBHC community. The purpose of key informant interviews is to collect information from a wide range of people, including SBHC staff, school administrators, or mental health professionals who have firsthand knowledge about the community.

**Memorandum of Understanding** - A memorandum of understanding (MOU) is a nonbinding agreement between two or more parties outlining the terms and details of an understanding, including each parties' requirements and responsibilities. An MOU is often the first stage in the formation of a formal contract.

**Provider** - Providers are doctors and other medical staff at the School-Based Health centers. They are usually the health professionals that conduct the SBIRT screening during a visit.

**Student Advisory Board** - A Student Advisory Boards (SABs) are students who join in an effort to promote health campaigns at their schools and help connect students to services available at the SBHC.

**Screening Brief Intervention Referral to Treatment** - Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol, marijuana, and other drugs.

**Student Campaigns** - Student campaigns are health awareness campaigns that can educate, promote services, or simply help engage their peers with information that can simply enlighten them with tools and information to make better health choices and encourage them to seek vital services at their school-based health center.

# Notes