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INTRODUCTION

Health care service settings are often hesitant or have concerns about change when implementing a new practice or protocol. Having the right tools to effectively communicate in these situations is critical to practice transformation success. The **National Council for Mental Wellbeing**, with funding from the **Conrad N. Hilton Foundation**, developed this guide to offer primary care agencies resources and tools for communicating the importance and impact of implementing **Screening**, **Brief Intervention** and **Referral to Treatment** (**SBIRT**) for adolescents. The guide includes answers to basic SBIRT questions and recommendations for how to communicate with a range of stakeholders for engagement.

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FREQUENTLY ASKED QUESTIONS

Both internal and external stakeholders will have questions about what SBIRT is and how it may be effective in the clinical setting. Here are some suggested answers to basic questions you may hear when you first propose implementation.

What is SBIRT?

 Screening, Brief Intervention and Referral to Treatment is an evidence-based approach to identify, reduce and prevent problematic substance use or dependence.

How is SBIRT administered?

- Screening quickly assesses the severity of substance use and identifies the appropriate level of treatment.
- Brief Intervention focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change.
- Referral to Treatment provides those identified as needing more extensive treatment with access to specialty care.

What is the goal of SBIRT implementation?

 To prevent development of substance use disorders among youth through early identification and intervention of misuse.

How does SBIRT affect patients?

 SBIRT prevents unhealthy consequences of alcohol and drug use among those who may not have yet developed a substance use disorder and helps those with a possible substance use disorder enter into and sustain treatment services.

What are the benefits of SBIRT?

- · Reduces health care costs (Gentilello et al., 2005).
- Decreases emergency department volume (Bray et al., 2011).
- Curtails injuries and accidents related to substance use (Gentilello, 1999).



- Reduces severity of drug and alcohol use (Madras et al., 2009).
- · Diminishes risk of trauma (Gentilello, 1999).
- Increases the number of at-risk patients who access specialized substance use treatment (Gentilello, Ebel, Wickizer, Salkever, & Rivara, 2005).

Is SBIRT Expensive?

 Every \$1 spent on SBIRT results in a savings of almost \$4 in health care costs — which can mean up to \$2 billion in hospital savings every year (Gentilello, et al., 2005).

FREQUENT REACTIONS TO SBIRT AND HOW TO RESPOND

Organizational change can be challenging. Be prepared to answer staff questions in a way that assists them in moving from a place of resistance to engagement.



"We can't do SBIRT because we don't have providers to refer patients to for substance use treatment."

The primary objective of SBIRT is to identify and address substance misuse early, before it advances to substance use disorder. Research demonstrates that the vast majority (approximately 70 percent) of patients will screen low to moderate risk and will not necessitate referral to specialty treatment.

To prepare for implementation, examine existing internal service lines that can support adolescent needs across a continuum of substance use as well as in common comorbid areas such as emotional health and social determinants of health. Outreach to the community can help to make the connections necessary for successful referral workflows. Improving community partner knowledge will help educate staff on the types of services available and identify the types of services you should be advocating for.

Partnership for Drug-Free Kids and the Family Resource Center maintain a variety of resources to help patients and their primary care providers locate a range of services that are available for reducing or ceasing alcohol use. These tools emphasize that no one path fits for everyone and include guidance on assessment that can help individuals determine what type of treatment options and psychosocial supports might best address their substance use.

"We already ask our clients about substance use."

An organization that already acknowledges the important connection between substance use and physical health and wellness is in a more advanced stage of readiness toward establishing an SBIRT practice. SBIRT provides an opportunity to standardize and scale the way substance use is addressed and equips staff with additional information to inform service delivery and provide higher quality care.



FREQUENT REACTIONS TO SBIRT AND HOW TO RESPOND

"I don't have enough time."

SBIRT can be flexibly applied to fit within existing clinical and operational best practices. Successful clinics will map a typical patient encounter, identify associated staff roles and tasks, then test the workflow to include SBIRT. Screening efficiencies become more apparent through small tests of change and staff input. With practice, providers can become adept at having brief conversations about substance use and health, just as they do for other health risks and concerns. The primary care provider has an opportunity to use their influence as a positive impact on patients, families and communities.

"I am not an expert on substance use.""

You don't need to be an expert on substance use to use SBIRT effectively. Because it is an early intervention and upstream approach, the most important aspect is increasing patient awareness of substance use as a health risk. Proper training and onboarding help all levels of staff understand their role in delivering screening, brief intervention and referral to treatment. Because primary care providers understand the chronic care experience, and because most patients seek health care through a medical provider, it is important that primary care staff be proactive and able to address substance use risk. As with all health topics, ongoing training and education enhances the primary care team's ability to respond to questions and stay current on latest evidence.

COMMUNICATING FOR ENGAGEMENT: CONCISE AND TAILORED MESSAGING

When communicating for engagement, it is important to put forethought into messaging. Do this by composing a concise elevator pitch and developing a communications strategy that will be effective with a variety of audiences.



DEVELOPING AN ELEVATOR PITCH

What is an elevator pitch?

An elevator pitch is a brief summary of your initiative used to highlight why your work is important. The goal of an elevator pitch is to convince your audience, with a concise and compelling message, that SBIRT is critical to quality care, and that they have a role in its implementation. This may be given face-to-face or in an email or mailing.

WHAT MAKES A GOOD ELEVATOR PITCH?

- · Tell a Story
- · Make it Personal and Actionable
- · Keep it Short
- · Keep it Simple

(See Resources for Elevator Pitch resources.)

Why does it matter for this work to continue?

The opportunities to talk about your work are endless. Adopting SBIRT involves engagement from many different audiences. Even if SBIRT is a familiar framework at your clinic, community members, clients, funders, community partners and even your own staff may not fully understand why they should care about this work.

Who might you give an elevator pitch to?

Anyone! The teams we work with use their pitches to bring in organizational leadership, staff members, clients, community members and partners and potential funders, to name a few.

(See Appendix A, Elevator Pitch Brainstorming Exercise, for a template on elevator pitch development.)

TAILORING YOUR MESSAGE TO THE AUDIENCE

Not only is it important to have a concise explanation for what SBIRT is and why your organization is implementing the practice, it is imperative to tailor your message to address the unique needs and interests of each audience. Develop a communications plan that includes strategies for messaging to each stakeholder group. (See Appendix B, Communicating for Engagement, for a template on developing stakeholder messaging.)



DEVELOPING AN SBIRT VISION STATEMENT

One of the most important steps for an agency's SBIRT implementation team is to develop a shared vision for your organization's SBIRT practice. A clear sense of direction through a shared vision will help to facilitate change. Visioning requires the creativity to see possible futures. The goal is to articulate a vision that is so clear that it fits on one page and takes less than a minute to share.

Some questions to consider:

- What do we want our new SBIRT practice to look and feel like?
- 2. What does our organization need to keep doing, stop doing and start doing to effectively integrate and sustain SBIRT?
- 3. How can we tie our SBIRT vision statement to or agency's mission?
- 4. What is the best way to make the vision a reality?
- 5. What key values and principals are we reflecting through this statement?

Frame Works Institute created a communications playbook with evidence-based framing strategies to discuss adolescent substance use and its prevention. This resource may provide additional support when crafting your vision statements or gaining engagement from colleagues.

RESOURCES

Family First Substance Use Poster. (n.d.). Family First Health.

SBIRT Policy. (2018). Community Health of South Florida, Inc.

Substance Use 101 Template. (n.d.). National Council for Mental Wellbeing.

ELEVATOR PITCH RESOURCES

5 Do's and Don'ts for Your Elevator Pitch. (2017). The Balance Small Business.

How to Write an Elevator Pitch. (2009). Harvard Business Review.

APPENDICES

APPENDIX A

ELEVATOR PITCH BRAINSTORMING EXERCISE

Instructions: As a team, address the following prompting questions. Then, draft your elevator pitch. Then, give your pitch to the rest of the group and they will provide feedback.

Who is your audience?	
What is SBIRT and why is it important, generally?	
Why is SBIRT important to your organization?	
Why is SBIRT important to your audience? What is the audience's problem that you are attempting to solve?	
Is there any language that you should avoid? What will turn the audience off?	

Outline your pitch. List your three key points to convey in your pitch:

1.

2.

3.

APPENDIX B

COMMUNICATING FOR ENGAGEMENT

Instructions: Fill out this chart for each stakeholder group. Stakeholders may include service recipients, frontline staff, supervisory/managerial staff, support/administrative staff, executive staff/board members and community partners.

Stakeholder Group: <i>Insert Group Name</i> .							
Stakeholder Perspective	Message	Messenger(s)	Value (Time, Place, Duration)	Expected Outcome Measurement	Follow-Up Activities		
What are the shareholders' needs, concerns and wants?	What key SBIRT points are likely to align with the needs, concerns and wants of the shareholder?	Who is involved in delivering the message?	What venue works best? When is optimal timing? How long is the initial communication?	How do you know that the message had the desired effect? Survey following the message? Surveys conducted at various points in time? Interviews? Focus groups?	What will your follow-up activities entail? Ongoing encounters and communication? Regularly occurring forums or meetings to reinforce the message? Special educational events?		
1.	1.	1.					
2.	2.	2.					
3.	3.	3.					
4.	4.	4.					
5.	5.	5.					

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