

## YSBIRT CLINICAL SITE- ORGANIZATIONAL SELF-ASSESSMENT

### What is an Organizational Self-Assessment?

The Organizational Self-Assessment (OSA) is designed for health centers interested in implementing sustainable and effective SBIRT practices into their services delivery. This includes but is not limited to changing policies, procedures, and the social environment and even the physical layout of the environment to reflect the core components and resources needed for SBIRT implementation. It is designed to serve as a performance improvement tool to increase awareness of the key components of SBIRT and to engage staff in a self-reflective process that assists them in identifying that they need to: 1) reinforce what to keep doing, 2) identify what to stop doing and, 3) prioritize new approaches to start doing, in order to advance their efforts in SBIRT implementation.

### Instructions

In order to implement SBIRT effectively and sustainably in your organization, you will need to seek input from diverse perspectives that each team member brings. Just as one person alone cannot implement a new process throughout an entire agency, neither should one person alone complete this OSA.

Your CIT likely includes administrators, primary care providers, behavioral health practitioners, clinical support staff, front-office personnel, billing/finance staff, IT staff and those responsible for outcomes tracking and quality improvement.

The OSA will inform the type and scope of the technical assistance provided and ensure that your CIT has a common understanding from the outset of where the different aspects of your organization stand in the implementation process.

While some questions are straightforward, others require additional consideration and discussion. Record the answer that best reflects your consensus. Where there is significant dissent from your answer, please note the differing opinions and their sources, in the Notes section.

#### 1. Health Center Name

#### 2. List names and titles of individuals involved in completing this assessment.

Indicate as best you can, the degree to which the following standards describe your organization on a five-point scale, ranging from 0 to 4:

0 = we don't meet this standard at all

1 = we minimally meet this standard

2 = we partially meet this standard

3 = we mostly meet this standard

4 = we are exemplary in meeting this standard

\*A score of 4 means you have expertise in this area that may be of help to other health centers interested in improving their performance around this standard.

**3. Secure commitment from key leaders in the organization whose support is critical in effecting changes needed to achieve success. Ensure allocation of time and resources necessary for effective, sustainable SBIRT implementation.**

- 0 = we don't meet this standard at all
- 1 = we minimally meet this standard
- 2 = we partially meet this standard
- 3 = we mostly meet this standard
- 4 = we are exemplary in meeting this standard

**Additional Comments:**

**4. Engage policymakers to support SBIRT, as needed. For example, the state Medicaid Director may need to activate the SBIRT billing codes and intervene if there is difficulty securing reimbursement for SBIRT services. State or local elected officials may need to approve budget allocations or changes in statutes.**

- 0 = we don't meet this standard at all
- 1 = we minimally meet this standard
- 2 = we partially meet this standard
- 3 = we mostly meet this standard
- 4 = we are exemplary in meeting this standard

**Additional Comments:**

**5. Select and empower a Core Implementation Team made up of representatives from key organizational units who will be impacted by SBIRT (e.g., administrators, primary care providers, behavioral health practitioners, clinical support staff, front-office personnel, billing/finance staff, IT staff and quality improvement). These champions from across the organization meet regularly to review implementation processes and data and support other staff members.**

- 0 = we don't meet this standard at all
- 1 = we minimally meet this standard
- 2 = we partially meet this standard
- 3 = we mostly meet this standard
- 4 = we are exemplary in meeting this standard

**Additional Comments:**

**6. Establish an operational plan which includes a workflow of tools, targets, tasks and roles for providing SBIRT services. The operational plan is regularly reviewed and modified as needed.** 0 = we don't meet this standard at all

- 1 = we minimally meet this standard
- 2 = we partially meet this standard
- 3 = we mostly meet this standard
- 4 = we are exemplary in meeting this standard

**Additional Comments:**

**7. Establish training process for all staff who have a role in SBIRT delivery. Training plan includes competency assessment and onboarding of new staff.**

- 1 = we minimally meet this standard
- 2 = we partially meet this standard
- 3 = we mostly meet this standard
- 4 = we are exemplary in meeting this standard

**Additional Comments:**

**8. Establish frequency, source and methodologies for collecting, analyzing and sharing data. Align with required quality metrics. Include SBIRT in continuous quality improvement processes to provide feedback on a frequent and routine basis and to communicate value.**

- 1 = we minimally meet this standard
- 2 = we partially meet this standard
- 3 = we mostly meet this standard
- 4 = we are exemplary in meeting this standard

**Additional Comments:**

**9. Universal screening process in place for all adults at least annually using a standardized tool and documented in the electronic record.**

- 1 = we minimally meet this standard
- 2 = we partially meet this standard
- 3 = we mostly meet this standard
- 4 = we are exemplary in meeting this standard

**Additional Comments:**

**10. Brief intervention process in place for all patients who screen positive for risky use. BI is provided at the same visit as screening and is documented in the electronic record.**

- 1 = we minimally meet this standard
- 2 = we partially meet this standard
- 3 = we mostly meet this standard
- 4 = we are exemplary in meeting this standard

**Additional Comments:**

**11. Referral process in place for all patients who score positive for high risk use and receive a brief intervention. Referral may be to internal team member (behavioral health, case manager, care coordinator, other) to carry out referral to specialty services or external provider if partnership is established.**

- 1 = we minimally meet this standard
- 2 = we partially meet this standard
- 3 = we mostly meet this standard
- 4 = we are exemplary in meeting this standard

**Additional Comments:**

**12. Additional resources identified for full implementation, such as partnerships with treatment programs or other specialty care and community services, expanding services for Medication Assisted Treatment, peer recovery specialists, etc.**

- 1 = we minimally meet this standard
- 2 = we partially meet this standard
- 3 = we mostly meet this standard
- 4 = we are exemplary in meeting this standard

**Additional Comments:**

**13. Develop materials to encourage patient engagement with SBIRT. These may include posters, communication campaigns and other educational resources.**

- 1 = we minimally meet this standard
- 2 = we partially meet this standard
- 3 = we mostly meet this standard
- 4 = we are exemplary in meeting this standard

**Additional Comments:**

**14. Develop protocols to include required screening, interventions, referrals, documentation and follow-up. Also procedures for continual monitoring of processes, outcomes, and costs. Integrate SBIRT protocols within existing processes and procedures so that SBIRT becomes an integral part of service delivery, not an add-on service.**

- 1 = we minimally meet this standard
- 2 = we partially meet this standard
- 3 = we mostly meet this standard
- 4 = we are exemplary in meeting this standard

**Additional Comments:**

**15. Regular review of costs and reimbursement for providing substance use care (screening, assessments, brief counseling, care management) including use of codes for billing and tracking.**

- 1 = we minimally meet this standard
- 2 = we partially meet this standard
- 3 = we mostly meet this standard
- 4 = we are exemplary in meeting this standard

**Additional Comments:**

**CHARLES INGOGLIA, MSW, President and CEO** | **JEFF RICHARDSON, MBA, LCSW-C. Board Chair**