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Barriers and Facilitators to Sustaining SBIRT Services Post-SAMHSA Grant Funding

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Abstract

In 2003 the Substance Abuse and Mental Health Services Administration (SAMHSA) funded cooperative agreements with six States and one Tribal Council (Cohort 1) to implement SBIRT services. One objective of SAMHSA's independently funded cross-site evaluation was to examine the sustainability of SBIRT services post-SAMHSA grant funding. Data collection methods included semi-structured telephone interviews conducted with 34 key contacts (e.g., administrators, grantees' evaluators, SBIRT service providers) in six of seven Cohort 1 grantees. In addition, observational site visits and in-person interviews were conducted with three of the grantees. Qualitative analyses indicated the presence of several primary themes: program champions, funding, systemic change, and SBIRT provider/model. Reported facilitators of sustained service delivery after SAMHSA funding ended included the presence of a champion to promote SBIRT services and provider buy-in, continued internal and/or external funding to support service delivery, and adaptations to the model such as the inclusion of a universal prescreening. The primary barrier to sustaining services was the lack of continued funding. Other barriers included post-grant funding dissolution of interagency partnerships and internal reorganization, loss of champion and reduced provider buy-in, reduction of capacity, and decreased coordination for delivering SBIRT. Implications for these findings are discussed.

Screening, Brief Intervention, and Referral to Treatment (SBIRT) Grants

- Screening, Brief Intervention, and Referral to Treatment (SBIRT) has been identified as an effective public health approach for identifying and treating individuals who use alcohol and/or other drugs at risky levels
- In 2003, SAMHSA funded cooperative agreements with six States and one Tribal Council (Cohort 1) to implement SBIRT services in medical settings
- Cohort 1 grantees received funding for 5 years (2003 to 2008), with some grantees obtaining no-cost extensions to extend the funding period
- The overall objective of SAMHSA's SBIRT program is to expand the continuum of care available for substance misuse and use disorders. Specific SBIRT program objectives include:
  - add substance use services in general medical and other community settings
  - support clinically appropriate treatment services for nondependent and dependent substance users
  - improve linkages among generalist community agencies performing SBIRT
  - identify systems and policy changes needed to increase and sustain access to substance abuse treatment in generalist and specialist settings
- SAMHSA also funded a cross-site team to evaluate the SBIRT program

Sustaining SBIRT Service Delivery Post-SAMSHA Grant Funding

- Sustaining effective programs and services beyond the initial funding period is a critical issue and a growing concern for many grant programs
- For Cohort 1 of the SBIRT grant program, SAMHSA focused on sustainability from the outset, requiring:
  - a discussion of sustainability planning in grant proposals
  - updates on the status of plans and implementation of strategies related to sustainability in all progress and final reports and
  - collaboration with SAMHSA during the final 3 months of funding to facilitate the transition to local control and to help sustain the system changes achieved by the project

Sustainability Literature

- Cross-study comparisons are difficult with no common definition or time point set for achieved sustainability, but the literature has identified some factors related to sustainability
- Past research (Shediac-Rizkallah & Bone, 1998; Scheirer, 2005; Bernstein, et al., 2009) has identified several factors that influence sustainability:
  - Overall project design and implementation
  - Program can be modified over time
  - Presence of a "champion"
  - Program fits with its organization's mission and procedures
  - Benefits to staff members and/or clients are readily perceived
  - Broader community environment, including developing and maintain referral network
  - Support and sustainability planning from the beginning from key stakeholders
  - Marketing of the project as a value-added service

Cross-Site Sustainability Evaluation

- As part of the SAMHSA-funded cross-site evaluation, the sustainability of Cohort 1 SBIRT services post-SAMHSA grant funding was examined
- The goals of the sustainability evaluation were to:
  - examine whether SBIRT services were maintained at the original sites and/or implemented in new settings
  - determine the sources of funding for sustained programs
  - identify barriers and facilitators to sustainability
- This poster describes the barriers grantees encountered in their attempt to sustain services as well as factors that facilitated the maintenance or expansion of SBIRT service provision. Specific activities that enabled grantees to sustain services after their SAMHSA grants ended are also explored

Methodology

Semi-Structured Telephone Interviews

- Covered select sites across six of seven Cohort 1 grantees
- Included 1-hour interviews (n=34) with key program personnel including:
  - 7 key stakeholders
  - 4 direct service delivery staff
  - 17 administrators
  - 6 previous SBIRT grantee evaluators
- Conducted between March 2010 and May 2010

Observational Site Visits

- Observed a total of 23 service delivery sites across 3 grantee locations
- Conducted each observation over 2–3 days at each site
- Conducted between June 2010 and August 2010

Qualitative Analysis

Data Preparation

- All interviews were transcribed by professional transcriptionist
- Members of the cross-site team cleaned and reviewed transcripts, and entered them into ATLAS.ti (qualitative data software)

Data Coding

- Six trained and experienced team members coded the text narrative in ATLAS.ti
- Team members used 21 qualitative descriptive codes that were based on a deductive framework

Data Analysis

- Three teams of two coders independently extracted and organized relevant text passages for the analysis
- Using this text, they conducted an inductive, grounded, theory-based, qualitative analysis to identify and synthesize themes

Results

Qualitative analysis of interviews yielded **451 Quotes**

(Quotes coded as both Barriers and Facilitators: **43**)

Quotes About Facilitators: **214**

+

Quotes About Barriers: **237**

Analyzing these quotes using an inductive qualitative analysis approach identified:

4 Primary Factors that Influence Sustainability	
• Champions	• Provider/Model
• Systemic change	• Funding

4 Primary Factors that Influence Sustainability	Facilitator Examples	Barrier Examples
Champions	• Continued involvement of existing champions • Recruiting of new SBIRT advocates	• Loss of program champions due to personnel changes
Systemic change	• Early planning to secure funds to continue SBIRT services • Submission of proposals for grants • Preparation at the State level for activating administrative billing codes • SBIRT staff formed relationships with community treatment agencies to improve service linkage post-grant	• Decreased service linkage • Limited treatment options and long waits for individuals who need substance abuse treatment
Provider/Model	• Use of more flexible program models created buy-in as service delivery was adapted to suit organizational needs • Medical staff buy-in occurred when screening and assessment for additional risk factors (e.g., mental health) were combined with SBIRT components • Prescreening by medical staff increased the amount of time that SBIRT staff devoted to direct service delivery • Retention or re-hiring of existing SBIRT staff post-SAMHSA grant funding • Training SBIRT providers received during the grant built a foundation for service delivery and increased sustainability • Hiring of staff members who were a good fit with SBIRT model and target populations	• Number of staff positions cut due to loss of grant funds • Loss of trained SBIRT staff • Difficulties maintaining consistency in service delivery across sites (e.g., difficulties with communication and cross-training) • Lack of knowledge about the SBIRT model • Resistance to the harm reduction model • Discomfort delivering services
Funding	• Billing through private insurance • Use of the Medicaid codes • Use of existing grant funds (e.g., block grants) to continue SBIRT service delivery	• Unsuccessful attempts to obtain organizational, local, state, or federal funding • State/Tribal organization did not activate CPT-4 codes • Limitations on providers qualified to bill under CPT-4 codes • Limited applicability of CPT-4 and Medicaid codes to population served (e.g., income above threshold) • Funds no longer available to maintain brief intervention, brief treatment, and/or referral to treatment services

Conclusions

- Sustainability does not appear to be an issue with a one size fits all solution
- Selected SBIRT sites included in this sustainability study sustained their services by modifying their programs under grants to meet their specific healthcare facility needs
- Specifically, grantees made adaptations in SBIRT components, modified their SBIRT model, accessed multiple funding sources, and worked to maximize facilitators and overcome barriers
- In some instances, model flexibility facilitated program buy-in at the organizational level, particularly when SBIRT elements were combined with additional risk factor screening programs or were modified to address community or organizational needs
- Program champions and the retention of SBIRT trained staff were key sustainability factors across the various programs
- Early and continuous planning for post-grant funding facilitated program continuation in a number of sites

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