



Crucial Linkages: Cross-Training Sexual & Reproductive and Behavioral Health Providers for Integrated Care and Improved Outcomes through the Link Study

Methods

Altarum conducted 1.5-day interactive cross-trainings for Sexual and Reproductive Health (SRH) and Behavioral Health (BH) providers, which included evidence-based Substance Use Disorder (SUD) screening tools; information on motivational interviewing; and the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model.¹ After the trainings, Altarum provided six months of technical assistance to participating providers, including assistance with data sharing through electronic health records (EHR) systems.

Altarum conducted evaluation activities to measure changes in provider knowledge, self-efficacy, and screening and referral for services. Pre- and post-training surveys were administered to assess knowledge and self-efficacy, and screening and referral data were collected from participating providers before the training, three months post-training, and six months post-training.

Results

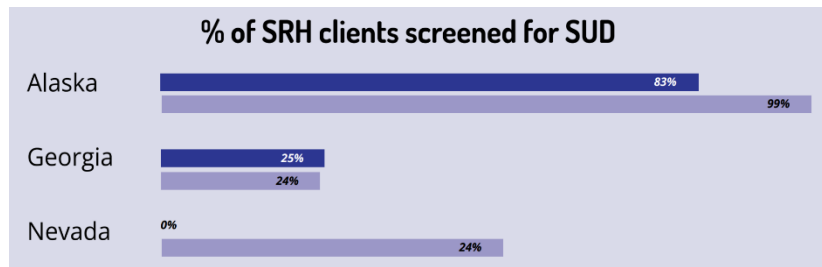
Altarum trained three pairs of SRH and BH organizations in three states (NV, GA, AK) for a total of 35 provider participants.

Post-training survey results indicated the following findings:

- ❖ Increased knowledge of SRH and SUD services available within their communities
- ❖ Increased and sustained SRH and SUD provider relationships
- ❖ Increased knowledge and self-efficacy related to screening and referral for over 90% of participants

¹ Screening, Brief Intervention, and Referral to Treatment (SBIRT) is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.

- ❖ Increased SUD screening rates by 50% or more for two out of three provider pairs



- ❖ Slight improvement in referral rates: Only 1 of 3 sites provided referral data at two timepoints, this site only showed slight improvement; 0% of clients referred to SUD services at baseline, 2% at 3 months, and 3% at 6 months.

Results from post-study focus groups with participants indicated that participants felt the training activities were interactive and encouraged open dialogue with SRH and SUD healthcare providers and clinic staff. Cross-training participants also appreciated having the opportunity to learn from each other and generate ideas collaboratively. All sites found it beneficial to have another provider in their local area to whom to refer clients in need of services.

“My goal was just a way to connect the two [SRH and SUD services] comfortably to where you can easily transition from one to the other during visits.”

-Link Study Participant

Conclusion

Both family planning and SUD providers increased their knowledge and confidence with screening and referring for each other’s services through the provider cross-training. Providers also appreciated the interactive elements of the training. Other considerations resulting from the cross-training include:

- ❖ Training across disciplines can improve screening for both SRH and SUD services.
- ❖ Although providers did increase their screening substantially, we did not see a meaningful improvement in referrals. Part of this was due to the inability to send and track referrals through the providers’ electronic health records (EHR) systems.
- ❖ Providers greatly appreciated the linkage with each other and are continuing to have conversations about ways to better serve their clients.
- ❖ Providers mentioned a need for additional local resources and links to more than one provider in their community.

- ❖ With rates of substance use continuing to rise, processes and lessons learned from studies like this one will be critical to help improve health outcomes for clients with substance use needs.

Recommendations

- ❖ To be able to observe a meaningful increase in referrals, more work can be done to ensure that provider EHRs are able to “talk to one another.”
- ❖ Materials and local resources for SUD services could improve awareness and use of these services by providers, clients, and families.
- ❖ Additional research is needed on methods for encouraging providers to follow up on screening and referrals and having conversations with clients about their readiness for and engagement in both SRH and SUD services.