SBIRT

Implementation

Implementation Site Visit Report

Cohort IV State Grantee: New York SBIRT

Cohort IV Implementation Site Visit

Final Report

State of New York

Prepared by JBS International, Inc., and Alliances for Quality Education, Inc.
Prepared for the Department of Health and Human Services,
Substance Abuse and Mental Health Services Administration,
Center for Substance Abuse Treatment

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Implementation Site Visit: New York

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Date of Site Visit	May 15–17, 2012
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Schedule of Activities

The SBIRT site visit team met with grantee and implementation site visit staff May 15, 2012, through May 17, 2012. On May 15, the staff toured the Central Harlem STD Clinic and interviewed clinic and OASAS staff. Staff then traveled to Albany, and on May 16, the team interviewed OASAS staff, the evaluation team, and members of the Policy Advisory Committee (PAC). On the afternoon of May 16, the team traveled to Watertown, New York and, on May 17, toured the Samaritan Hospital and Carthage Hospital emergency departments, interviewed staff, and then concluded the visit meeting at the Alcohol and Substance Abuse Council of Jefferson County.

Grantee Goals

Within the grantee's proposal to CSAT, the following were identified as the grantee goals and objectives:

- "Establish a State policy Advisory committee (PAC) to promote, monitor, assist, and assess the implementation of SBIRT services in the State's primary care, community health, and specialist settings to decrease the impact of SUDs on the health of all New Yorkers."
- "Demonstrate a successful SBIRT program in two large, high-need, culturally and ethnically diverse but systemically different systems: NYC public STD clinics, and multiple hospitals/ clinics targeting the veteran population in Jefferson County, NY (Ft Drum).
  - The PAC will develop health policy recommendations specific to SBIRT coverage for active duty troops, veterans, and their families and for the public health systems statewide to improve services for 1 million members of the New York State military community and 524,900 individuals who use the various public health centers in New York City annually."
- The grantee proposes to disseminate "the Fort Drum and STD clinic models to additional providers serving the military community and county public health systems across the State during the second half of NYSBIRT."

Overview

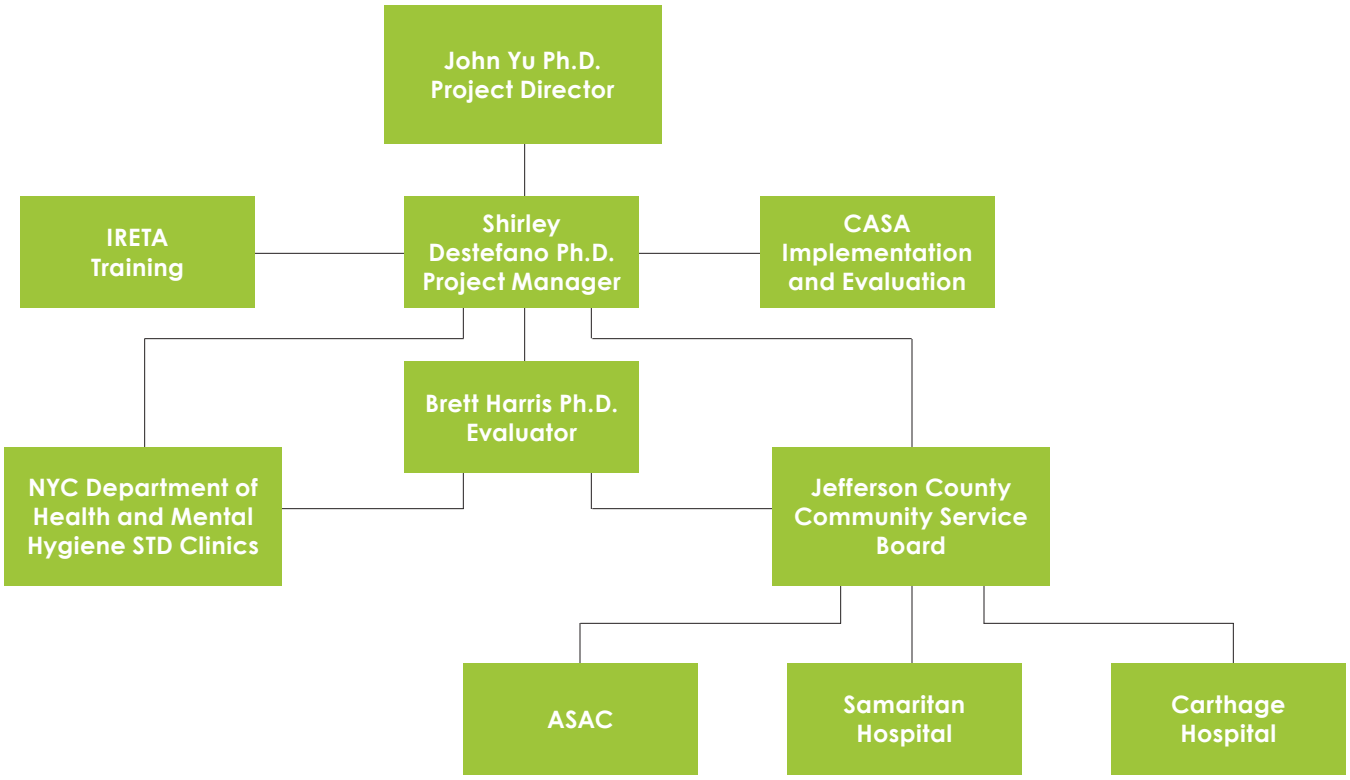
The New York Office of Alcohol and Substance Abuse Services (OASAS) is the Single State Authority (SSA) for substance abuse and responsible for the coordination of State-Federal relations in the area of substance abuse prevention and treatment services. OASAS provides funding for ongoing services to counties (Local Government Units (LGU)), direct providers, and the New York City Department of Health and Mental Hygiene (DOHMH) on the basis of statute and historical allocations. The LGUs and DOHMH, in turn, award grants to providers in their catchment areas. The SSA director is commissioner reports directly to the Office of the Governor.

Key Partners

OASAS has enlisted multiple partners in the NYSBIRT. Site implementation partners include: New York City Department of Health and Mental Hygiene, the City STD Clinics, the Jefferson County Community Services Board (LMU) who in turn contracts Samaritans Hospital Emergency Department, Carthage Hospital Emergency Department and the Alcohol and Substance Abuse Council of

Jefferson County. Providing training, technical assistance, staffing and evaluation partners include: The Addiction Technology Transfer center/IRETA, CASA at Columbia University, and the Research Foundation for Mental Hygiene.

Table of Organization



SBIRT Implementation Plan

The grantee implementation plan includes a series of unifying elements:

- Clearly defined partners and associated roles
- Strong leadership buy-in at the state and county level supporting program implementation
- Defined systems for regular communication among partners
- Protocols for program operations, including common sets of screening tools
- Ongoing training and monitoring to support implementation
- Sensitivity to unique contextual conditions at the practice sites and the associated need for adaptation

Goals

The NYSBIRT seeks to implement SBIRT within two very different settings seeking to address the needs of two different populations. In the Fort Drum area, 'NYSBIRT will work closely with the Jefferson County Community Service Board and experienced community providers including Samaritan and Carthage Hospital systems, to implement SBIRT service that are unique and sensitive to veterans, active duty troops, and their families'. In New York City, SBIRT services will be delivered in six STD clinics. Over the five-year grant period, NYSBIRT will screen 277,460 individuals, provide brief intervention to 26,946, and refer 2,692 to substance abuse treatment. In support of long term sustainability, State of New York has active SBIRT insurance codes and NYBRT will work with providers to develop financing mechanisms to build the capacity and to sustain the service.

Contextual Conditions

Multiple contextual conditions effect NYSBIRT implementation. Within the state structure there are statutorily defined Local Management Units through which resources from OASAS pass through to community providers creating additional levels of administrative structure. As well the implementation sites serve very different populations from very different cultures; the STD clinics serving a largely racial and linguistic minority population and the Watertown Hospitals serving uniformed service personnel and their families. These cultural (and other) factors may be influencing patient self reporting in the SBIRT screening processes that will be described in another part of this report.

Population(s) Served

With 19.5 million residents, New York ranks third in population behind California and Texas. More than 42 percent of the State's population resides in New York City, and an additional 23 percent reside in the six counties closest to New York City. New York's diverse population is 73.4 percent White, 17.3 percent Black, and 7 percent Asian; 16.7 percent are of Hispanic origin. New York has a 0.6-percent Native American population that includes seven sovereign Indian nations.

Statewide on all measures of past-month substance use including alcohol consumption (55.2 percent), binge drinking (23.3 percent), and illicit drug use (9.1 percent), New Yorkers report somewhat higher levels of consumption than the Nation as a whole. (NSDUH State Estimates of Substance Use and Mental Disorders from the 2008-2009).

NYSBIRT has targeted two primary populations for service within this initiative: adults served within Harlem STD Clinics in New York City and Army personnel at Fort Drum in Watertown, New York. Both target populations are recognized as experiencing higher levels of substance use risk.

OASAS in cooperation with IRETA has developed standardized trainings for SBIRT intervention. Practice sites are supported in developing site specific implementation strategies that fit within the unique workflow and protocols of each setting. GPRA data collection and reporting is conducted by grant funded staff under the supervisor of the project evaluator.

Project Management

Staffing

The NYSBIRT involves collaboration of three primary entities, OASAS, the Ney York City Department of health and Mental Hygiene and the Jefferson County Community Service Board. Additionally, the Addition Technology Transfer Center serving New York and CASA at Columbia University provide training and evaluation and research supports. At implementation sites, interventionists and behavioral counselors are funded to deliver the SBIRT intervention.

Curriculum and Training

NYSBIRT has a 12 hour standardized SBIRT Curriculum that all SBIRT interventionists are trained in. Complementation of the training is required for reimbursement for SBIRT services through NY Medicaid. The OASAS SBIRT training includes the following learning modules:

1. Statistics/Data on Effectiveness of SBIRT.
2. Rationale for support of SBIRT by federal, state and local governments and public insurance.
3. Continuum of use of alcohol including rates of non-use, low risk use, risky use and dependent use in the US.
4. Overview of SBIRT major components, Screening, Brief Intervention and Referral to Treatment.
5. OASAS approved Screening instruments.
6. Review of the procedural guidelines in the NYS DOH Medicaid Update.
7. Discussion of risky and harmful limits daily and weekly (i.e. greater than 14 for males, 7 for females and adults older than 60, per week).
8. Pre-screening /screening questions required related to alcohol and drugs (specifically injection drug use) and optional pre- screening questions related to tobacco and mental health when using a pre-screening model.
9. Practice approved screening tools to include age-specific (i.e. adolescent, elderly) and life stage specific tools (i.e. pregnancy) and compare and contrast the differences between the tools.
10. Review Stages of Change theory.
11. Define and demonstrate brief interventions either through role play or other multi-media resources.
12. Review FRAMES (Feedback, Responsibility, Advice, Menu, Empathy, Self efficacy).
13. Overview of motivational interviewing theory and techniques related to SBIRT (REDS – Roll with Resistance; Empathy; Develop Discretion; Support Self Efficacy).
14. Define, demonstrate and discuss the concept of Change Talk and using tools such as the readiness ruler.
15. Define, demonstrate and discuss establishing goals for follow up brief intervention visits – reduction to within safe limits, abstinence or motivate for referral to treatment as indicated and appropriate.
16. Define, demonstrate and discuss techniques for brief intervention - refusal skills, problem solving, accessing treatment and self-help groups and other support for low risk guidelines or abstinence.

17. Define limits of the number of brief intervention sessions related to DOH Medicaid Guidance document.
18. Review billing codes and related information related to Medicaid, Medicare and private insurance.
19. Identify and review SBIRT resources.
20. Review OASAS SBIRT certification processes through grand parenting and four or twelve hour OASAS approved training.

As of May 2012, limited training had been provided to physicians and to substance abuse treatment providers. Future training will support further buy in by physicians and allied health providers. Building capacity for continued supervision and perceptions was identified as an helpful strategy to support fidelity of the intervention.

Budget and Funding Allocations

Grant funding supports direct service staff at all practices sites, evaluation and GPRA support, program management and training supports. Grant funding to the practice sites passes through the City of New York and the Watertown Community Service Board. All OASAS staff are in-kind on the project.

Policy Steering Committee

The NYSBIRT Policy Advisory Committee (PAC) provides overall project oversight and its mission is to expand SBIRT and make it an integrated part of primary care in the State. Membership in the PAC is wide-ranging and includes representatives from the Veterans Administration, Albany Medical Center, the Greater New York Hospital Association, the Association of Community Behavioral Healthcare, the Association of Substance Abuse Providers, New York City Department of Health, New York State Academy of Family Physicians, the public and private insurers, the Medical Society of New York, OASAS and others. It was noted that noted that representatives from community health centers were not part of the committee and OASAS staff said that efforts would be made to engage the health center state association.

The State of new York recognizes substance abuse as a critical public health problem and is focusing on changing clinical practices working with the health care and managed care industry to build prevention and clinical care into each part of State. The State has initiated a Medicaid redesign initiative and ASAS staff as well as PAC members is part of this process.

One PAC meeting has been held to date and the second meeting is scheduled for June 2012. At the upcoming PAC meeting the primary task includes forming workgroups including financing and billing, and marketing. The site visit team encouraged the grantee to also form a PAC sustainability planning workgroup early in the life of the grant.

SBIRT Implementation in Practice Setting

NYSBIRT has chosen two very different settings for practice site implementation including STD clinics in the city of New York and services primarily targeting military personnel and their families from Fort Drum in Watertown, New York. NYSBIRT will initially be implemented in three high volume STD clinics, and, starting the second year, NYSBIRT will be expanded to the additional three. In the Fort Drum area, OASAS is collaborating with providers with expertise serving the military population. Local providers, as well as, hospitals collaborate in NYSBIRT.

Practice Site Locations

The site visit team toured and interviewed staff at sites at the Central Harlem STD Clinic at 2238 Fifth Avenue and 137th Street in New York City, Carthage and Samaritans Hospital in Watertown NY and the Alcohol and Substance Abuse Council of Jefferson County New York.

The Central Harlem STD Clinic operates in attractive and newly renovated facilities. The Central Harlem Clinic and the other five clinics that will eventually be fully operational are funded "free clinics' operated by the New York City Health Department. These clinics provide services to STD Services patients presenting symptoms or at risk of exposure to STDs, Emergency Contraception, HIV Counseling and Rapid Testing. Three sites are currently operational and the other sites are scheduled to implement SBIRT in the future. Through City resources and a SAMHSA HIV targeted capacity Expansion grant here clinics had previously implemented pilot screening and brief intervention programs and the Samaritan Medical Center is a 287-bed acute care hospital facility, The hospital provides medical, surgical and emergency care, including medical/surgical beds, critical care services, pediatrics, maternity, and an emergency department. The hospital also provides inpatient psychiatric services. SBIRT Services are being implemented within the emergency department at the hospital.

Carthage Area Hospital is a 78-bed acute care hospital located in Jefferson County. It is federally designated as a Sole Community Provider. Therefore, the facility serves as the primary source of primary and acute healthcare delivery within the immediate communities of eastern Jefferson, northern Lewis and southern St. Lawrence Counties. This hospital is nearest in proximity to Fort Drum and is routinely used by soldiers. A Fort Drum Liaison is stationed at the hospital.

The Alcohol and Substance Abuse Council of Jefferson County, Inc. (ASAC) provides substance abuse prevention and intervention services within Jefferson County and is funded to provide staffing support for NYSBIRT and is delivering SBIRT services through its EAP.

Practice Site Implementation Model and Staffing Profile

New York City and Watertown represent two distinctly different cultures, practice sites, and implementation models.

New York City

Staff had the opportunity to tour the central Harlem Clinic and to interview site staff. The Central Harlem STD Clinic serves an average of 40 patients daily with average ages of 20 to 35. Very few persons under twenty are served at the clinic. Other STD clinics serve up to 100 patients daily. Most patients are described as using alcohol, marijuana and cocaine. Few intravenous drug users (IDU) are served at this site. A greater percentage of IDUs are served at other locations. The clinic is staffed with two full time physicians and allied health staff. NYSBIRT funds 2 fulltime interventionists at this site, a certified substance abuse counselor and a clinical social worker.

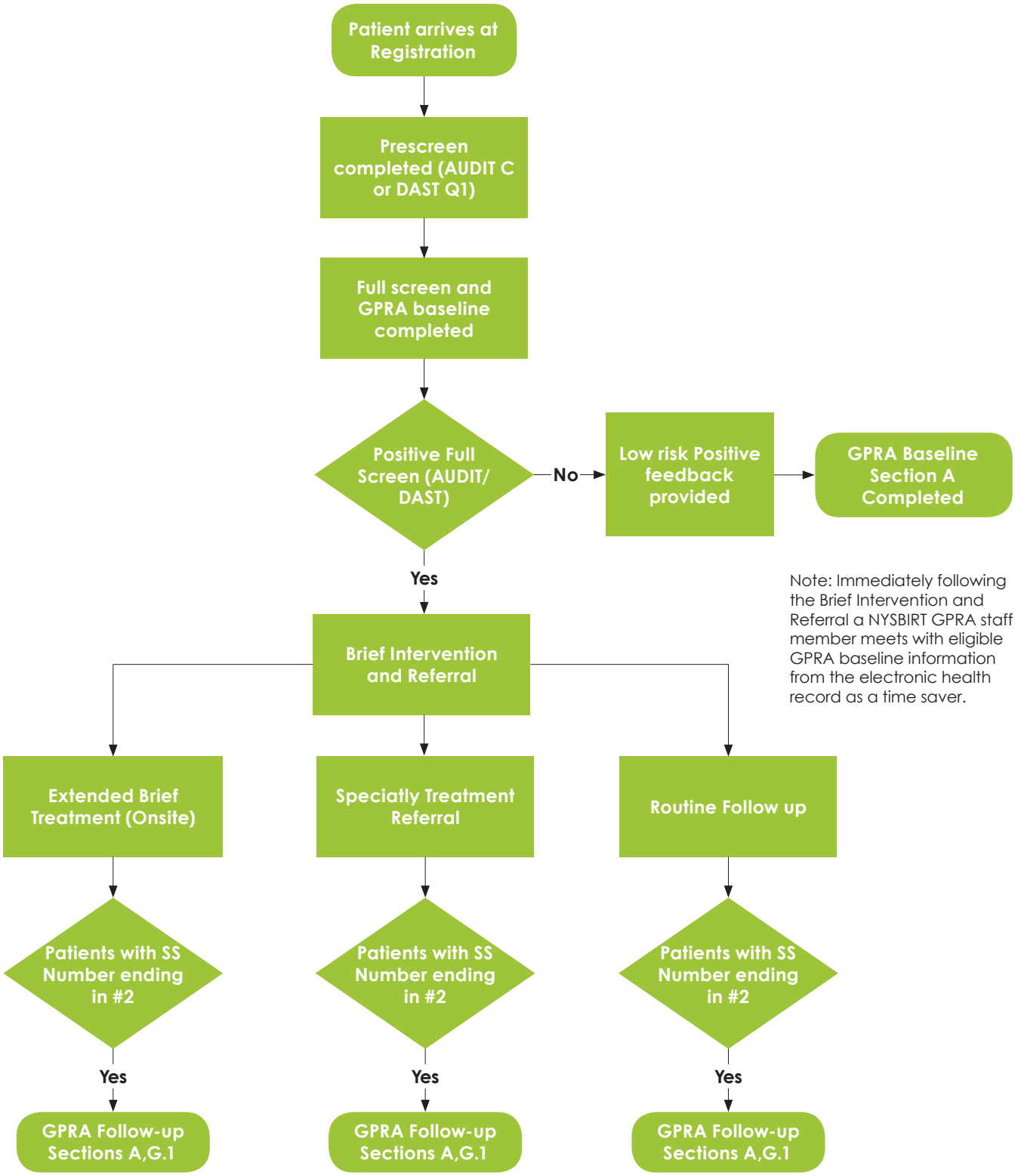
During triage a four question prescreen (AUDIT C and the single question drug screen) is delivered universally to all patients. A brief screen for depression is also being employed. Patients complete the prescreen, or if needed registration staff will assist. Positive prescreens are flagged by triage staff and the full screen and brief intervention is conducted with patients are waiting for their appointments and during the 30 minutes following testing while they wait for test results. The clinic and NYSBIRT staff have developed a workflow that integrates well within the overall clinic processes. Its principal shortcoming that is identified by NYSBIRT staff and site visitors is the limited integration of physician staff in the process. The implementation was described as successfully "co-located" but not fully integrated within the clinic practice. NYSBIRT staff expect as physicians better become oriented and trained in the SBIRT process and its positive outcomes on patient care, that the physicians will become more engaged in the processes.

Patient identification in the NYSBIRT implementation has been notably different from the previous experiences within the New York TCE initiatives. In the TCE approximately 25% of patients screened positive and received brief intervention and/or referral to treatment. In the NYSBIRT implementation 45% of patients have prescreened as positive and other those prescreened positive 75% are confirmed positive on completion of the full audit or DAST. The difference in response is accounted for due to use of different screening tools, the CAGE or the AUDIT as the AUDIT screens with a higher level of sensitivity than the CAGE. This has proven to be a challenge as staff loading at the clinic sites was projected on screening and brief intervention services for 25% of the patient population and not 45%. Within the current staff configuration, staff are challenged to deliver brief intervention and extended intervention to all eligible patients. Several options were discussed with NYSBIRT staff.

Clinic Workflow

The STD clinics have developed what was described as a "home grown" electronic medical record that was specifically developed for their purposes and in which SYBIRT services are documented. Extracting data from this system and interoperability with other systems is described as highly challenging.

In support of fidelity of implementation and intervention deliver, the NYSBIRT evaluation team has developed and uses an implementation proficiency checklist that is completed following each encounter. This tool monitors and supports implementation and staff clinical supervision.


Patient arrives at Registration
Prescreen completed (AUDIT C or DAST Q1)
Full screen and GPRA baseline completed
Positive Full Screen (AUDIT/ DAST)
No
Low risk Positive feedback provided
GPRA Baseline Section A Completed
Yes
Brief Intervention and Referral
Note: Immediately following the Brief Intervention and Referral a NYSBIRT GPRA staff member meets with eligible GPRA baseline information from the electronic health record as a time saver.
Extended Brief Treatment (Onsite)
Specialty Treatment Referral
Routine Follow up
Patients with SS Number ending in #2
Patients with SS Number ending in #2
Patients with SS Number ending in #2
Yes
Yes
Yes
GPRA Follow-up Sections A,G.1
GPRA Follow-up Sections A,G.1
GPRA Follow-up Sections A,G.1

Watertown New York

Site visiting staff had the opportunity to tour the Samaritan and Carthage Hospital Emergency Departments, the office of the Alcohol and Substance Abuse Council of Jefferson County. The team interviewed interventionists and were fortunate to have the opportunity to interview the behavioral health Director of Samaritans Health Systems and the Nursing Supervisor and the Emergency Department Medical Director, Dr. Troy Johnson at Carthage Hospital. Dr. Johnson was formerly the medical director at Fort Drum and offered candid observations regarding issues of substance use and active duty Army service personnel.

Both sites are full service emergency departments with NYSBIRT staff not fully available to screen all 168 hours each week. As a result universal screening is not possible, however staff are maximizing their availability during peak utilization hours. The Samaritan Emergency Department and behavioral health staff are supportive of NYSBIRT. However, they describe pressing other hospital priorities have limited their time for more active engagement. The Carthage Hospital Emergency Department staff demonstrate a high level of engagement and support. The Nursing Supervisor and Medical Director have been champions for SBIRT at the facility.

Despite insurance codes being available to reimburse for SBIRT at this time, there appears to be limited utilization of the codes within these medical settings. Education and technical support appears to be needed to assist the facilities to fully maximize these revenue sources. NYSBIRT staff may request technical assistance in the future to support this capacity building.

The Interventionist and the Dr. Johnson described their experiences and impressions working with service personnel within the hospital setting. Additionally, Dr. Johnson shared perceptions based on his years of experience serving as an Army Medical Officer. The data coming from the Watertown sites illustrates some of their observations. At Samaritan out of all positive prescreens, 40% screen full positive and 60% screen full negative and at Carthage Hospital 70% full screen negative. These findings diverge dramatically from experiences in other settings. The causal factors for this appear to be that active service personnel are concerned about the negative impact on their careers if a substance use issue is identified and if information is shared with the base. Confidentiality and privacy of health care information is a privilege not afforded to service personnel and identification of a substance use issue can result in loss of security clearance, consequences for career advancement and separation from service. At the Emergency Departments, active military personnel are often escorted to the hospital and have limited privacy. These soldier concerns are even further heightened by the Department of Defense intention to reduce enlisted service personnel by 80,000 over the next few years.

Dr. Johnson described the application of the Army's policies regarding substance use as highly variable and driven by the interpretation of Army Policy by the Commander in charge. Some commanders endorse an intervention strategy while other will more readily pursue a soldier's separation from service. Non commissioned soldiers are mostly aged 18 to 35 and their substance use behaviors (primarily alcohol) are likely to at least that of their same aged peers in the community. Unfortunately there is a perception of adverse consequences, if a soldier discloses and seeks help.

Grantee Performance (May 2012)

Staffing

The grantee project is fully staffed at this time. The NYC Site is currently in the process of hiring for one vacancy – a Behavioral Health Specialist

Training

The grantee has engaged two training contractors and has trained all NYSBIRT project staff. Physicians and allied health staff have not yet been trained at the practice sits. Further training is scheduled for the summer and fall of 2012. The grantee has a core curriculum that has been approved and is required for SBIRT insurance reimbursement.

Sites

The grantee has initiated SBIRT at three STD clinics in New York City and in two emergency rooms and the ASAC Employee Assistance Program and Department of Social Services in Watertown, New York.

Patients served

As of April 27, 2012, the grantee has served the following:

- Screened—6,791 patients
- Positive pre-screens—2,472
- Total full screen—1,403
- Brief Interventions—858
- Brief Treatment—98
- Referral to Treatment—18

GPRA

The grantee is successfully collecting and uploading GPRA data into the SAIS system.

Analysis

Grantee Organization and Leadership

STRENGTHS

- The grantee team members are experienced grants administrators.
- The grantee has a long history of partnering with New York City Department of Health and Mental Hygiene.
- The grantee is collaborating with hospitals in Watertown, New York, to serve the military community in Fort Drum/Watertown.
- The grantee staff members are part of the State's Medicaid redesign team and advocate use of SBIRT throughout the Medicaid system.

CHALLENGES

- The grantee implementation involves large complex government and organizational systems, including city government systems in New York City, county systems, and hospital systems in Watertown.

Grantee Grantee Program Implementation

Strengths

- New York State has successfully implemented the SBIRT program in three locations.
- New York State is successfully collecting and uploading GPRA data.
- The OASAS implementation model seeks to address organizational structure, context, and culture at each site.
- The SBIRT program builds upon a foundation of prior successful SBIRT implementation in STD clinics in New York City.

Challenges

- The grantee has chosen two very geographically different locations, cultures, and practice settings for SBIRT implementation. The implementation strategies are understandably different.
- Communication with the army commander at Fort Drum has been limited. There has been communication with the army medical and substance abuse services on the base.

Potential Enhancements		Grantee	May Request TA From CSAT	Information Requested
1.	The grantee is encouraged to outreach to the army commander at Fort Drum to provide education about SBIRT and to initiate ongoing communications.	X		

Policy Advisory Committee

Strengths

- Membership in the New York PAC is wide-ranging and includes the Veterans Administration, Albany Medical Center, the Greater New York Hospital Association, the Association of Community Behavioral Healthcare, the Association of Substance Abuse Providers, New York City Department of Health, the New York State Academy of Family Physicians, the Medical Society of New York, and private and public insurers.

Challenges

- The association that represents federally-qualified health centers is not currently part of the PAC. However, OASAS staff members are making outreach efforts to engage their participation.

Potential Enhancements		Grantee	May Request TA From CSAT	Information Requested
1.	The grantee is encouraged to designate a specific workgroup to address planning for sustainability.	X		

Practice Site Implementation

New York City

Strengths

- The SBIRT intervention is embedded into the routine at all three locations.
- Universal screening is being conducted at the STD clinics.
- GPRA data are being successfully collected and reported.
- New York Medicaid has fully activated the SBIRT procedure codes.
- The clinics have electronic medical records (EMRs) developed for their purposes.
- Staff members are trained and are knowledgeable of the SBIRT process.
- The program has a system in place to monitor and support fidelity of implementation and model adherence.

Challenges

- Approximately twice the number of patients screen positive than were originally anticipated. This discrepancy has implications on finite staff resources and for the clinics' capacity to screen and deliver BI to all patients in a single visit.
- A review of initial data determined that approximately 45% of all STD clinic patients pre-screen positive for substance abuse. Staff are not prepared to handle this patient volume.
- Given NYS laws that prohibit billing for STD-specific testing services, the STD clinics have not historically and do not currently bill for STD services. Staff are not trained medical billers.
- At this time, the SBIRT process is described as co-located within the medical practice. There is limited involvement with the clinics' primary care and allied staff.
- The STD clinic EMR is a home grown system and cannot interface with other primary care EMRs. The STD clinic sites are unfamiliar with insurance billing.
- At this time, the SBIRT process is described as co-located within the medical practice. There is limited involvement with the clinics' primary care and allied staff.
- At this time, the STD clinic EMR cannot interface with other primary care EMRs

Watertown/Fort Drum

Strengths

- The SBIRT intervention has been successfully implemented into two hospital emergency rooms, an employee assistance program, and the Department of Social Services.
- Staff members are trained and are knowledgeable of the SBIRT process.
- SBIRT staff members appear to be well-received by the hospital staff.
- GPRA data are being successfully collected and reported.
- The program is prioritizing services to active duty service personnel.
- The program has engaged Fort Drum's medical and behavioral health staff to support coordination of efforts and to find an acceptable balance between the army's need to be informed regarding soldiers' involvement in treatment and readiness for duty versus the soldiers' need for privacy and to not experience negative career consequences for seeking help for a substance use problem.

Challenges

- Approximately twice the number of patients screen positive than were originally anticipated. This discrepancy has implications on finite staff resources and for the clinics' capacity to screen and deliver BI to all patients in a single visit.
- A review of initial data determined that approximately 45% of all STD clinic patients pre-screen positive for substance abuse. Staff are not prepared to handle this patient volume.
- Given NYS laws that prohibit billing for STD-specific testing services, the STD clinics have not historically and do not currently bill for STD services. Staff are not trained medical billers.
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- At this time, the SBIRT process is described as co-located within the medical practice. There is limited involvement with the clinics' primary care and allied staff.
- At this time, the STD clinic EMR cannot interface with other primary care EMRs

Potential Enhancements		Grantee	May Request TA From CSAT	Information Requested
1.	The grantee is encouraged to use the single question alcohol screen rather than the AUDIT C, as the single question screen does not have the same level of sensitivity and should reduce the numbers of false positives.	X		
2.	The grantee may wish to seek technical assistance to support practice sites developing their capacities for successful billing, as this is essential for long-term sustainability.		X	
3.	The grantee is encouraged to train and build capacity within primary care and allied staffs in support of SBIRT, and once trained, to engage allied staff in the pre-screening processes. This measure will further extend the reach of the programs in these busy/high-volume sites	X		
4.	The grantee is encouraged to build physician support in all its sites.	X		

Sustainability

Strengths

- The PAC includes all levels of State government, including payers of services.
- Senior leadership within State and New York City government are supporters and advocates for SBIRT.
- The SBIRT billing codes have been activated within the New York Medicaid system, and a system for training and certifying workers has been developed and implemented.

Challenges

- A number of the implementation sites have limited insurance billing experience.
- There appears to be limited physician involvement with SBIRT at this time.

Potential Enhancements		Grantee	May Request TA From CSAT	Information Requested
1.	Engaging the PAC early in sustainability planning will support long-term success.	X		
2.	The grantee may wish to seek technical assistance to build a strategy for provider insurance billing.		X	

Evaluation

Strengths

- The grantee has a well-organized strategy for the collection and reporting of GPRA data.
- The grantee is effectively using data to support successful implementation and to identify atypical activity, such as the high percentages of positive screens in New York City and the higher percentage of negative full screens among service personnel in Watertown.

Challenges

- The grantee is currently using a labor intensive "paper and pencil" and a desktop database to manage its GPRA data prior to uploading into the SAIS system.

Potential Enhancements		Grantee	May Request TA From CSAT	Information Requested
1.	At some point, the grantee may want to consider using a Web-based reporting system for GPRA data.	X		

Training/Workforce Development

Strengths

- The grantee has a defined training curriculum to certify workers to deliver the SBIRT intervention.
- The grantee has two training contractors to deliver the SBIRT training.
- The grantee has trained all grant-funded staff in the SBIRT intervention.

Challenges

- Limited training has been provided to physicians and allied health staff at this time. It is noted that physician trainings are being scheduled for the summer and fall of 2012.

Potential Enhancements		Grantee	May Request TA From CSAT	Information Requested
1.	Physician and allied heath staff training will be important to support further SBIRT integration into practice sites.	X		
2.	Training of substance abuse treatment staff will be important for their understanding of the difference in approaches between SBIRT, a public health approach, and the traditional substance abuse treatment approach.			
3.	The grantee is encouraged to take advantage of all opportunities to deliver trainings on SBIRT in multiple venues as part of its dissemination strategy.			

Cultural Competence

Strengths

- The grantee is serving highly diverse populations, including racial, ethnic, and linguistic adults.
- The grantee is servicing a military population that has unique cultural attributes.
- Screening documents are available in Spanish and English, and language translation is available for patients requiring screening and intervention in other languages.

Challenges

- The military has norms and culture that are important to understand in order to effectively engage and serve its personnel.

Potential Enhancements		Grantee	May Request TA From CSAT	Information Requested
1.	The grantee might consider staff training that addresses military culture in order to increase provider understanding and sensitivity. The grantee may want to request technical assistance in curricula development.	X