

# Service Design Site Visit Report

Governor's Office for Children,  
Youth and Families  
Phoenix, Arizona



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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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# Governor's Office for Children, Youth and Families

<b>Grantee Name</b>	Governor's Office for Children, Youth and Families
<b>Address</b>	1700 West Washington Street, Suite 230, Phoenix, AZ 85007
<b>Site Visit Dates</b>	June 4–7, 2013
<b>Project Name</b>	Arizona Screening, Brief Intervention, and Referral to Treatment (SBIRT)
<b>Grant TI Number</b>	TI23457
<b>Grantee Contact Person</b>	Tonya Hamilton, SBIRT Project Director
<b>Government Project Officer</b>	Walker Reed Forman, M.S.W.
<b>Site Visit Team Members</b>	Karl White, Ed.D., Steve O'Neil, M.A., and Beth Cohen, M.P.H.

Grantee Project Team Members	
Teresa Bertsch, M.D.	Chief Medical Officer, Northern Arizona Regional Behavioral Health Authority
Jeanne Blackburn, M.A.	Program Administrator, Governor's Office for Children, Youth and Families
Trever Davis, M.Ed., LAC	Director of Recovery and Adult Services, Northern Arizona Regional Behavioral Health Authority
Jane Dowling, Ph.D.	Wellington Consulting Group, Ltd.
Cynthia Dodge, Ph.D.	Chief Clinical Officer, Northern Arizona Regional Behavioral Health Authority
Tonya Hamilton	SBIRT Project Director, Governor's Office for Children, Youth and Families
Melody Hicks, M.C., LPC	SBIRT Coordinator, Northern Arizona Regional Behavioral Health Authority
Samantha Martin, Ph.D.	Wellington Consulting Group, Inc.
Alexandra M. O'Hannon, M.S.W., CPHQ	Office of Health Care Development and Grants Management, Arizona Department of Health Services/Division of Behavioral Health Services
Tammy B. Paz-Combs	Acting Director, Governor's Office for Children, Youth and Families

Grantee Project Sites Visited	
Northern Arizona Regional Behavioral Health Authority Office	1300 South Yale Street, Flagstaff, AZ 86001
Flagstaff Medical Center	1200 North Beaver Street, Flagstaff, AZ 86001
Encompass Health Services	463 South Lake Powell Boulevard, Page, AZ 86040
North County HealthCare	2920 North 4th Street, Flagstaff, AZ 86001

# 1. Site Visit Overview

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The SBIRT State Demonstration Cooperative Agreement for the State of Arizona is in its implementation phase. Past experience has shown that most changes from the expectations of the Request for Application (RFA) occur in the first year of implementation. To support grantee success and to address any challenges early, implementation site visits are being completed within 7 to 10 months of the first year of operation. The site visit teams consist of previously successful SBIRT implementers (“peer consultants”) and staff from the technical assistance contractors (JBS International, Inc., and Alliances for Quality Education). The teams are tasked with observing and reporting on grantee implementation progress and providing technical assistance when appropriate as a means to enhance program success through the life of the grant.

On June 4–7, 2013, the SBIRT site visit team met with the Arizona SBIRT (AZ-SBIRT) program leadership and implementation staff. The purpose of the site visit was to engage the State grantee in a discussion to identify the status of its SBIRT program, its strengths, and the challenges being experienced during implementation. An additional purpose was to work with the grantee to identify any potential enhancements that might be supported by technical assistance, as approved by SAMHSA. The site visit process included several components such as the following:

- ▶ Meeting on site with the principal investigator/project director, core senior staff, key partners, project evaluator, project coordinator, and State agency senior leadership
- ▶ Reviewing grant implementation activities to date
- ▶ Visiting SBIRT implementation sites and interviewing staff
- ▶ Reviewing materials
- ▶ Meeting with key implementation partners
- ▶ Meeting with the Policy Steering Committee

On June 4, 2013, the site visit team met with members of the Policy Steering Committee and participated in its bimonthly meeting. The grantee staff then provided the team with an overview of the project and activities undertaken during the first year of the grant. This was followed by a discussion of the staffing structure and the role of each entity involved in administration of the grant. The day ended with a presentation from the grantee on the various sites where SBIRT is currently being implemented and the challenges each site faces.

On June 5, 2013, the grantee gave a presentation on program implementation barriers, which was followed by a discussion of potential strategies for addressing these barriers. The team then visited Flagstaff Medical Center where SBIRT services will soon be implemented. The team met with several staff members and discussed their concerns around data collection and patient privacy concerns.

On June 6, 2013, the team traveled 3 hours north of Flagstaff to Page, Arizona, to visit Encompass Health Services, a small community clinic that is implementing SBIRT services. The team took a tour of the facility and met with staff members to discuss successes and challenges when providing SBIRT services to their client population.



**Encompass Health Services**



**North Country HealthCare**

On June 7, 2013, the team started out the day at North Country HealthCare, a community health center in Flagstaff that is implementing SBIRT services. A meeting was held with the staff providing SBIRT services to discuss implementation strategies, data collection methodologies, and current challenges. This was followed by a presentation by the grantee evaluation staff and a discussion of data

collection challenges. The site visit concluded with a debriefing on findings, recommendations, and potential next steps.

## 2. Program Vision and Design

The AZ-SBIRT program aims to reduce the substance-related mortality and prevalence of substance abuse disorders in Northern Arizona by expanding and enhancing the State's system of behavioral healthcare to include SBIRT services. Table 1 outlines the goals and objectives for the State.

**Table 1. Goals and Objectives for the State**

Goal	Objectives
Reduce rate of alcohol-induced and drug-induced deaths per 100,000 individuals for five northern Arizona counties.	<ul style="list-style-type: none"> <li>• Increase the percentage of substance abuse behavioral health service recipients who are referred from medical settings in Northern Arizona to behavioral health services.</li> <li>• Increase the mean annual enrollment in services provides by the Northern Arizona Regional Behavioral Health Authority (NARBHA).</li> <li>• Increase the number of medical provider organizations, including emergency departments, community health centers, and primary care sites that universally prescreen patients for substance abuse in Northern Arizona.</li> <li>• Increase the mean abstinence from alcohol 30 days after brief intervention.</li> <li>• Increase the mean abstinence from illicit drugs 30 days after brief intervention.</li> </ul>

Decrease the mean overall monthly cost per patient for physical and behavioral health care services combined.

- Demonstrate cost savings for members who are AHCCCS enrolled and Title XIX eligible, in an episode of care with NARBHA.
- Decrease the numbers of emergency department visits and inpatient hospital related discharges per year where alcohol abuse/dependence is the first listed diagnosis.

### 3. Grantee Leadership

The Governor's Office for Children, Youth and Families (GOCYF) is the recipient of the Arizona SBIRT cooperative agreement. GOCYF provides resources, promotes citizen engagement, and leads innovative projects to strengthen and empower families and communities. GOCYF acts as a catalyst for overall systems changes. Their commissions advise and monitor policy initiatives and grant programs. GOCYF convenes numerous commissions, councils and task forces which include:

- ▶ Arizona Parents Commission on Drug Education and Prevention
- ▶ Arizona Substance Abuse Partnership
- ▶ Arizona Juvenile Justice Commission
- ▶ Governor's Commission to Prevent Violence Against Women
- ▶ Governor's Commission on Service and Volunteerism
- ▶ Governor's Youth Commission

The GOCYF, as the recipient of the SBIRT cooperative agreement, contracts with the Arizona Department of Health Services (ADHS), the single State agency on substance abuse in Arizona, to ensure collaboration with ADHS's regional behavioral health authority in northern Arizona. ADHS provides oversight, coordination, planning, administration, regulation, and monitoring of all facets of the public behavioral health system in Arizona. ADHS contracts with four regional behavioral health authorities (RBHAs) and three tribal RBHAs to provide a full continuum of services for individuals with behavioral health conditions, including substance use disorders. As part of the SBIRT grant, ADHS contracts with the Northern Arizona Regional Behavioral Health Authority (NARBHA) to provide programmatic oversight and management. NARBHA is a nonprofit organization that serves approximately 18,362 members who receive publicly funded behavioral health services throughout northern Arizona. NARBHA's geographical service area covers more than 62,000 square miles, approximately half the State, and includes the counties of Mohave, Yavapai, Coconino, Navajo, and Apache. Despite enormous geographic distances and sparsely populated communities, NARBHA has established, and continues to expand and enhance, a full continuum of covered behavioral health services to meet members' needs. In addition to implementation oversight, NARBHA establishes and monitors the contracts with the provider sites implementing SBIRT in the community.



The AZ-SBIRT management team consists of the following members:

#### **Governor's Office for Children, Youth and Families**

- ▶ Tammy Paz-Combs, Acting Director
- ▶ Tonya Hamilton, SBIRT Project Director
- ▶ Jeanne Blackburn, Program Administrator

#### **Arizona Department of Health Services**

- ▶ Alexandra O'Hannon, Division of Behavioral Health Services, Office of Health Care Development and Grants Management

#### **Northern Arizona Regional Behavioral Health Authority**

- ▶ Teresa Bertsch, Chief Medical Officer
- ▶ Trever Davis, Director of Recovery and Adult Services
- ▶ Cynthia Dodge, Chief Clinical Officer
- ▶ Melody Hicks, SBIRT Coordinator

SBIRT services are currently being implemented at four sites throughout Northern Arizona:

- ▶ **Encompass Health Services:** Encompass Health Services provides both behavioral health services and comprehensive medical services to residents of Northern Arizona. Services include counseling, crisis intervention, family medicine, chiropractic services, maternal and child health care, and substance abuse recovery. SBIRT services were implemented in November 2012 at their community clinic located in Page, Arizona.
- ▶ **North Country Health Care:** North Country HealthCare is the only publicly supported community health center in the area. In 1996, the clinic transitioned from a volunteer organization into a State and federally recognized community health center. It has since expanded services to 13 communities across Northern Arizona. North Country was the first to implement SBIRT services on October 31, 2012.
- ▶ **Verde Valley Guidance Clinic:** Verde Valley Guidance Clinic (VVGCC), founded in 1965, is Northern Arizona's oldest community behavioral health clinic. In addition to behavioral health, VVGCC offers two family practices: Valley Medical Center, a family medicine and pediatric practice, and Verde Valley Connections Primary Care. VVGCC is contracted through NARBHA to provide services to Coconino, Navajo, Yavapai, Apache, and Mohave counties. SBIRT services were implemented at both the behavioral health and primary care clinics in December 2012.

- ▶ **West Yavapai Guidance Clinic:** West Yavapai Guidance Clinic (WYGC) is contracted through NARBHA to provide a wide range of behavioral health services for Coconino, Navajo, Yavapai, Apache, and Mohave counties. WYGC recently opened a primary care practice to provide closely coordinated care between primary and psychiatric health care providers, help patients achieve improved health care outcomes, intervene early with regard to chronic conditions, and improve patients' overall quality of life. SBIRT services were implemented at the clinic in November 2012.

## 4. Implementation Plan

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### Contextual Conditions

The AZ-SBIRT program serves individuals in the five northernmost counties in Arizona, including Apache, Coconino, Mohave, Navajo, and Yavapai. These counties are primarily composed of White, Hispanic, and Native American individuals, including 10 tribal nations and a large population of people who speak languages other than English at home. Median incomes in these counties are lower than the State, and four of the five counties have higher poverty rates than the State average. These counties also have high substance-abuse-related morbidity and mortality rates and fewer resources to address these issues than other areas of the State.

The region served by the grant is considered a medically underserved area. Access to health services in Northern Arizona is significantly affected by the geographic distances residents must travel to reach available resources and the lack of transportation in the area. These issues are often exacerbated by less than favorable weather conditions in the winter, which often prevent individuals from traveling outside their community.

### Startup

Most of the first year of the AZ-SBIRT program was dedicated to planning and startup preparation, which included establishment of agreements with the administering agencies of the grant, GOCFY, ADHS, and NARBHA; hiring of the NARBHA SBIRT coordinator; development of operational policies and procedures; and training of grantee staff on SBIRT protocols. Grantee staff began the process of developing data collection procedures and systems to be used across provider sites. A contract was established with FEi Systems to develop an Arizona specific version of the Web Infrastructure for Treatment Services (WITS) system. Grantee staff participated in several trainings on the WITS system and GPRA data requirements. To promote consistency across provider sites, staff developed tools and resources to assist providers with understanding the GPRA forms and how the data collected relates to SBIRT, along with a guide on how to use the WITS data collection system. The grantee is currently in discussions with FEi Systems regarding establishment of an interface between the WITS system, the various electronic medical records systems used by the provider sites, and the SAIS system.

In preparation for implementation of SBIRT services at provider sites, grantee staff developed the *Arizona SBIRT Clinical Practices Guidelines Manual* based on SBIRT protocols approved by the Substance Abuse and Mental Health Services Administration (SAMHSA). Educational materials were also created for providers' use with those clients who choose to participate in a brief intervention. These materials are customized for each provider site, depending on cultural interests and needs. Templates of consent forms for data collection and compliance with 42 CFR Part 2 were also distributed.

The grantee recently submitted a change of scope request to SAMHSA, including the following:

- ▶ Increased number of sites to achieve maximum numbers of services and screenings over the 5 years of the program and to respond to an increased interest among providers
- ▶ Use of a two-question prescreening tool for alcohol and drug use to standardize clinical and data forms and flows and simplify the prescreening process
- ▶ Changed the PSC meeting frequency from monthly to bimonthly to give more time for program implementation and facilitate a more robust dialogue at the meetings
- ▶ Changed several goals and objectives as stated in the original grant application in order to implement the AZ-SBIRT program with the greatest impact.

## Practice Site Implementation

As of June 2013, five provider sites had begun the process of implementing SBIRT at their facilities. These providers, composed of emergency room departments and community health clinics, are part of NARBHA's network and have established contracts with them to provide behavioral health services to the target population. Currently, SBIRT services at the provider sites are being administered by existing staff. Although NARBHA provides ongoing guidance and support to the sites, grant funds have not been used to place personnel exclusively dedicated to implementing SBIRT at each site.

At this time, providers are administering only screenings and brief interventions (BIs). If brief treatment is needed, clients are referred to an outside entity to receive this service. Providers are reimbursed through the grant for full screens and BIs using codes established for SBIRT services for Medicaid programs nationwide.

Several new provider sites have been identified to implement SBIRT with their client populations in the next few months. Services are scheduled to begin at Yavapai Regional Medical Center and Canyonlands Healthcare in July 2013 and at Kingman Regional Medical Center in January 2014. Medical providers and emergency department staff at all sites will be trained on SBIRT protocols, and institutional policies will be developed to prescreen all patients and adhere to the SBIRT process.

## Training/Workforce Development

The NARBHA SBIRT coordinator provides trainings to staff at implementation sites, primarily on motivational interviewing. The project does not currently have a standard training curriculum or a regular training schedule for their providers. There is no system in place to train new staff following the initial training or to monitor fidelity to the SBIRT model with existing staff. The primary training resource for providers is the *Arizona SBIRT Clinical Practices Guidelines Manual*, provided as staff begin the implementation process.

## 5. Long-Term Business Plan

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The AZ-SBIRT project established its Policy Steering Committee (PSC) during the first few months of the grant. Members include representatives from NARHBA, ADHS, GOCYF, the Arizona Health Care Cost Containment System, and two provider sites. The purpose of the PSC is to develop and guide State-level policy changes and to address any programmatic issues and identify potential strategies for overcoming challenges. The PSC is charged with developing an annual sustainability plan and working toward the activation of the State Medicaid SBIRT codes. The initial meeting of the PSC was held in December 2012 and occurs on a bimonthly basis.

In addition to the PSC, the grantee established the Northern Arizona Network of Contracted SBIRT Primary Care Providers. This group, consisting of providers involved in the provision of SBIRT services in the community, meets monthly to discuss implementation successes and challenges.

Grantee staff have made an effort to educate the community at large about the AZ-SBIRT program. A summary of grant activities was presented to numerous medical and behavioral health providers, city and county officials, law enforcement, and human service agency staff at meetings throughout Northern Arizona and to State agency staff, community partners, and Federal agencies at the Arizona Substance Abuse Partnership meeting.

## 6. Grantee Evaluation

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The grantee has a subcontract with Wellington Consulting Group to conduct evaluation of grant activities. Wellington provides the staff with a monthly SBIRT data snapshot, which includes the number of clients who received prescreens, full screens, BIs, brief treatment, referral to treatment, and 6-month followup. The report also includes a cumulative year-to-date snapshot of all services provided. Additional data being captured include the numbers and types of services administered by each provider site, demographic information of clients by service provided, number of clients discharged before completion of SBIRT services by provider site, and the number of clients who completed SBIRT services by provider site. Regarding process data, evaluators are looking across sites at SBIRT implementation protocols and training

policies, the level of integration and coordination activities, and the environment in which services are being provided.

Providers are using the FEi WITS system to collect data and administer the GPRA data collection. There is currently no interface between the electronic medical records (EMRs) used by providers and the WITS system. This leads to duplicate entries of patient and encounter data. Because providers are referring clients to external agencies for brief treatment, they are unable to complete GPRA requirements until all SBIRT services are administered.

As of June 2013, no followups have been conducted. The program does not have a system for randomly selecting clients to participate in followup. Currently, the NARBHA SBIRT coordinator is reaching out to clients to inquire about their interest in participating in the 6-month followup. Geographic distances and transportation issues are two primary barriers that have hindered staff efforts to conduct followup. The grantee has proposed the use of telemedicine and telephonic followup interviews to encourage participation.

# Appendix A

## Considerations for Grantee Actions

### Grantee Organization and Leadership

#### STRENGTHS

- Senior leadership and program staff appear committed to adopting SBIRT within primary care and other systems throughout Northern Arizona.

#### CHALLENGES

- Grantee staff involved in management and implementation of the SBIRT program are located at three different agencies: GOCYF, ADHS, and NARBHA. This presents challenges with oversight and management of grant activities, decisionmaking, communication, and coordination.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Clear delineation of the management structure, decisionmaking, and lines of communication among the three primary agencies involved in implementation would improve capacity to meet grant requirements.	X	X	
2	Convening frequent face-to-face meetings with leadership staff from GOCYF, ADHS, and NARBHA would facilitate ongoing communication, planning, and decisionmaking.	X		

## Grantee Program Implementation

### STRENGTHS

- Program staff appear committed to working with implementation sites throughout Northern Arizona to fully adopt SBIRT.

### CHALLENGES

- The grantee currently uses a fee-for-service model of SBIRT implementation. This adversely affects grantee capacity to provide universal screening, serve the target number of patients, and meet followup requirements.
- There are no paid or unpaid staff dedicated to implementing SBIRT at provider sites. As a result, providers are overwhelmed with day-to-day responsibilities and competing priorities and do not have adequate incentives or resources to fully implement SBIRT.
- While some screenings and brief interventions are being provided at the sites, clients are referred offsite for treatment. Many clients are therefore lost to the program before services can be provided and appropriate GPRA data can be collected.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The grantee is advised to seek technical assistance to develop a significantly revised implementation plan with dedicated staff at each site paid with grant funds to provide SBIRT services and collect appropriate GPRA data.		X	

## Policy Steering Committee

### STRENGTHS

- The Policy Steering Committee (PSC) consists of senior State agency leadership from GOCYF, ADHS, and NARBHA; local providers implementing SBIRT; and a representative from the Arizona Health Care Cost Containment System.
- In addition to quarterly PSC meetings, the grantee facilitates a monthly provider committee meeting to discuss successes and challenges related to implementing SBIRT.

### CHALLENGES

- There is no representation on the PSC from external agencies, professional organizations, or other State agencies.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The grantee is encouraged to recruit additional PSC members, including relevant community and State agencies, primary care organizations, nursing associations, and appropriate allied health professional groups.	X		
2	The grantee is encouraged to convene a PSC workgroup to support activation of State Medicaid codes and to encourage implementation of SBIRT throughout Northern Arizona.	X		



## Practice Site Implementation

### STRENGTHS

- SBIRT services are currently being implemented at four provider sites in Northern Arizona. Providers at the sites, specifically Encompass Health Services and North Country HealthCare, strongly support the SBIRT model and are committed to successful implementation with their client populations.
- Grantee staff, specifically the NARBHA SBIRT coordinator, have established good working relationships with the various SBIRT providers. The coordinator provides ongoing guidance and support to the providers and assists them with overcoming implementation challenges.

### CHALLENGES

- Financial and personnel resources are limited at the provider sites; sites are unable to dedicate necessary time and staff to effectively implement SBIRT.
- Many of the sites have competing priorities that prevent them from fully implementing SBIRT with their client populations.
- Universal screening is not occurring at implementation sites.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Placement of dedicated, paid SBIRT staff at each site would be the most effective use of grant funds for successful implementation of SBIRT services.	X		
2	The grantee is advised to develop a plan specific to each site to redesign implementation and workflow with a goal of universal prescreening, full implementation of SBIRT services, and appropriate GPRA data collection.	X	X	
3	The grantee is encouraged to adopt process evaluation strategies to monitor and support practice site performance.	X		

## Sustainability/Long-Term Business Plan

### STRENGTHS

- Practice sites are committed to implementing SBIRT.
- The Governor's Office is actively involved with SBIRT implementation in Northern Arizona.

### CHALLENGES

- Medicaid codes are not currently activated in Arizona.
- There appears to be limited stakeholder Involvement and buy-in of SBIRT.
- The grantee does not currently have a written plan that clearly delineates goals, objectives, strategies, leadership, and decisionmaking in support of SBIRT dissemination.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	<p>The grantee is advised to work with its regional partner to identify and engage organizations and local opinion leaders who may play a visible role in supporting and implementing SBIRT.</p> <ul style="list-style-type: none"> <li>• The grantee is advised to develop individualized strategies for key stakeholder engagement.</li> <li>• The grantee might seek technical assistance on crafting effective messages and presentations targeted to specific stakeholder such as payers, administrators, and physicians.</li> <li>• The grantee is encouraged to conduct regional trainings to raise awareness for providers and other key stakeholders on the effectiveness of the SBIRT model and the benefits of early intervention.</li> </ul>	X	X	

## Training and Workforce Development

### STRENGTHS

- The SBIRT program coordinator provides motivational interviewing training to staff at all provider sites.

### CHALLENGES

- The grantee does not have a standard training curriculum or a regular training schedule. There is no system to train new staff hired after the initial training has been provided or to monitor fidelity of SBIRT implementation with existing staff.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The grantee is encouraged to seek technical assistance to implement existing curricula for SBIRT, motivational interviewing, brief treatment, and cultural competency.		X	
2	<p>The grantee is advised to work with its regional partner to identify and engage organizations and local opinion leaders who may play a visible role in supporting and implementing SBIRT.</p> <ul style="list-style-type: none"> <li>The grantee is advised to develop individualized strategies for key stakeholder engagement.</li> <li>The grantee might seek technical assistance on crafting effective messages and presentations targeted to specific stakeholder such as payers, administrators, and physicians.</li> <li>The grantee is encouraged to conduct regional trainings to raise awareness for providers and other key stakeholders on the effectiveness of the SBIRT model and the benefits of early intervention.</li> </ul>	X	X	
3	The grantee is encouraged to expand training capacity in support of SBIRT dissemination, including implementation of a train-the-trainer model.	X		

## Program Evaluation

### STRENGTHS

- NARBHA has developed a data collection system that enables aggregation and production of reports on client demographics and services provided throughout the catchment area.

### CHALLENGES

- The grantee would like to improve the interface between the various electronic medical record systems (EMRs) being used by providers, their data collection system (FEi WITS), and the Services Accountability Improvement System (SAIS) to eliminate duplicate entries and facilitate more efficient use of personnel resources.
- The target numbers in the grantee application were based on the population of the catchment area the grant serves rather than the population of clients that visit the clinics where SBIRT is being implemented. Followup is voluntary and not being conducted.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The grantee may wish to discuss revised target numbers with SAMHSA as part of a revised implementation plan.	X	X	
2	Standard procedures should be established for GPRA followup, including recruitment of clients, use of patient locator and consent forms, and effective followup strategies. Grant-salaried and dedicated staff are appropriate to conduct GPRA followup.	X		
3	Grantee staff may want to consider participating in a GPRA training offered by SAMHSA or requesting technical assistance to assist with meeting GPRA requirements.	X		
4.	Appropriately deployed full-time staffing at practice sites will ease this data entry burden.	X		
5.	The grantee may also wish to use grant resources to pay for the interface with their data collection system, the EMRs being used by the providers, and the SAIS system. The grantee may wish to discuss this enhancement with the Government Project Officer prior to committing any resources given the planned release of a new system that will replace SAIS in approximately 18 months.	X		