Service Design Site Visit Report

Ohio Department of Mental Health & Addiction Services

Columbus, Ohio

Dates of Site Visit: March 24–26, 2014

◆ SBIRT ◆

Prepared by JBS International, Inc., under Contract No. HHSS283200700003I/HHSS28300002T

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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Exhibits

Ohio Department of Mental Health & Addiction Services

Grantee Name	Ohio Department of Mental Health & Addiction Services
Address	30 East Broad Street, Eighth Floor Columbus, OH 43215
Site Visit Dates	March 24–26, 2014
Program Name	Ohio SBIRT
Grant TI Number	TI 25113
SAIS Number	TA 3847
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Grantee Project Sites Visited	
Ohio Department of Mental Health & Addiction Services	30 East Broad Street, Eighth Floor Columbus, OH 43215
Gene Wright Community Health Center	441 East 8th Street Lima, OH 45804
New Carlisle Community Health Center	106 North Main Street New Carlisle, OH 45344

Executive Summary

The Ohio Department of Mental Health & Addiction Services (MHAS) is one of five State entities recently awarded a 5-year cooperative agreement for screening, brief intervention, and referral to treatment (SBIRT) by the Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of this grant program is to implement SBIRT services in primary care and community health settings for adults at risk for or diagnosed with substance use disorders. The program is designed to expand and enhance the State and tribal continuum of care for substance misuse services and reduce alcohol and drug consumption and its negative health impact, increase abstinence and reduce costly health care utilization, and promote sustainability of SBIRT services through the use of health information technology (HIT).

The Ohio SBIRT program, administered by Ohio MHAS, aims to reduce the morbidity and mortality caused by alcohol and illicit or prescription drugs use through an integration of SBIRT approaches into medical and behavioral health approaches. This goal will be achieved through the expansion of SBIRT services to community, primary care, and hospital settings throughout the State; enhancement of the use of current technological strategies to embed SBIRT as a clinical and business practice; and development of linkages and referral mechanisms to provide individuals at risk for or diagnosed with substance use disorders access to clinically appropriate services in the community. The program anticipates serving more than 133,000 individuals over its 5 years of funding.

Since the inception of the grant in August 2013, SBIRT has been integrated into primary care and behavioral health services at three federally qualified health centers (FQHCs) managed by the Health Partners of Western Ohio. These FQHCs, located in Lima, Kenton, and New Carlisle, were selected as implementation sites based on the rate of substance use and limited availability of SBIRT services in their respective communities, the FQHCs' use of electronic health records (EHRs) in their everyday practice, their ability to link to the State's health information exchange (HIE), and their readiness to assist with integration of primary care and behavioral health services. Practitioners at these sites are using the National Institute on Drug Abuse Quick Screen (known as NIDA Quick Screen) to prescreen patients, followed by the Alcohol Use Disorders Identification Test (AUDIT), the Drug Abuse Screening Test (DAST-10), and the Patient Health Questionnaire (PHQ-9) if a full screen is warranted. Two of the three implementation sites are providing brief treatment services on site, and the other refers patients to community services as needed.

Starting in the second year of the grant, Ohio MHAS will recruit 2 additional implementation sites via a request for applications process and will expand SBIRT practices to non-funded sites. Potential partners such as the Ohio National Guard, the Ohio Department of Health's Patient Centered Primary Care Collaborative, local teaching hospitals, and employee assistance programs are being pursued.

On March 24–26, 2014, the site visit team conducted an implementation site visit at Ohio MHAS to engage the grantee in discussions regarding the status of its SBIRT program, key program strengths, and challenges being experienced during implementation. The team also worked with the grantee to identify any potential enhancements that might be supported by technical assistance, as approved by SAMHSA. The team met with key project staff and State agency senior leadership, visited SBIRT implementation sites, met with administrative staff and service providers, and discussed plans for integration of SBIRT into EHRs and the State's HIE.

Grantee staff and Ohio MHAS leadership view SBIRT as an essential part of the State's health care delivery system, and they have achieved buy-in for the SBIRT program at all levels of the agency. Grantee staff have made a concerted effort to engage key community and State-level stakeholders and have successfully recruited representatives from these entities to participate on their policy steering committee (PSC). Committee members include individuals from the State's hospital association, veterans services and the National Guard, medical and behavioral health, Medicaid, consumer advocacy groups, and the State's HIE. The integration of primary care and behavioral health is a State priority, and efforts to this end have begun at the community level. The three FQHCs where SBIRT services are being implemented have adopted a team-based health care delivery approach that seamlessly integrates the delivery of primary care and behavioral health services to their patient population.

Although the grantee has successfully launched SBIRT services at the three initial practice sites, the fee-for-service model in place may pose challenges. While practitioners are being reimbursed for providing screening and brief intervention services, this model may adversely affect the grantee's capacity to provide universal screening, serve the projected number of patients, and meet followup requirements. Since there are no paid staff dedicated to implementing and evaluating SBIRT services at provider sites, day-to-day responsibilities and competing priorities may hinder efforts to fully integrate SBIRT into health care services. The grantee was encouraged to modify its SBIRT implementation model and having paid staff at each implementation site to support successful implementation, evaluation, and monitoring of SBIRT services. The site visit team was notified that subsequent to the site visit, the grantee has modified its funding strategy for practice sites.

Two areas of technical assistance identified in conjunction with grantee staff were brief treatment implementation and guidance on developing a HIT plan.

Grantee Overview and Environmental Context

MHAS is located on the eighth floor of an office building in downtown Columbus, Ohio.

The newly formed Ohio Department of Mental Health & Addiction Services (MHAS) is the single State authority for substance abuse for Ohio and is a Cabinet-level department within State government. The mission of the Ohio MHAS is to provide statewide leadership in establishing a high-quality mental health and addiction prevention, treatment, and recovery system of care that is effective, accessible, and valued by all Ohioans. As established by State charter, Ohio has State and county systems of government with public funding for behavioral health services passed through the county commissioner offices to county service boards based on a population formula. Contracts for community-level providers are in place within the county government. In special initiative contracts such as the SAMHSA SBIRT cooperative agreement, the State can offer a competitive procurement through a request for proposal (RFP) and contract directly with a community provider.

Ohio MHAS plans, initiates, and coordinates an extensive system of services, including the alcohol and other drug (AOD) services of the State department, criminal justice systems, law enforcement, legislature, local programs, and professional treatment/prevention. The department establishes standards for prevention and treatment programs in the State and provides funding and technical assistance to the publicly funded prevention and treatment system.

Ohio MHAS has established a strategic plan for behavioral health services with one of its strategic goals being "the integration and coordination of physical and behavioral health services through funding, research and policy to reduce disability and the early loss of life for those with addiction and mental illness." SBIRT dissemination throughout Ohio is viewed as a core element of this integration.

An essential stakeholder of the Ohio MHAS is the Ohio Health Information Partnership (OHIP). OHIP is a nonprofit entity whose mission is to assist physicians and other providers with the adoption and implementation of HIT throughout Ohio, specifically with the adoption and use of electronic health records (EHRs). OHIP is funded through the Office of the National Coordinator of HIT within the U.S. Department of Health and Human Services. The partnership is responsible for developing a technological infrastructure that will enable Ohio health care professionals to electronically share patient health records across the State, promote the use of EHRs through seven regional partnerships, and support physicians and allied health providers in the meaningful use of EHRs to improve patient care.

Environmental Context

Ohio is the seventh most populous State in the country with a census of approximately 11.5 million persons. Eighty-three percent of the population is White, 12.5 percent African American,

and 3.5 percent Hispanic. Geographically, Ohio encompasses approximately 44,000 square miles, with borders of 340 miles north to south and 300 miles east to west. The National Survey on Drug Use and Health conducted by SAMHSA ranks Ohio between 17th and 37th in relationship to the 50 States and Washington, DC, in various indicators related to past-year alcohol and drug abuse and/or dependence. Unintentional drug overdose is the leading cause of injury-related death in Ohio, ahead of motor vehicle traffic crashes, suicides, and falls.

Ohio has a publicly funded system that is State supervised and administered at the county level by Alcohol, Drug Addiction, and Mental Health Services (ADAMHS) boards and Alcohol and Drug Addiction Services (ADAS) boards. There are 47 ADAMHS boards, three ADAS boards, and three community mental health boards serving the 88 Ohio counties.

1. Site Visit Overview

The SBIRT State Demonstration Cooperative Agreement for Ohio is in its implementation phase. Implementation site visits are most successful when completed within the first 6–10 months of operation when most challenges tend to occur. The site visit team consisted of previously successful SBIRT implementers (or peer consultants) and staff from the technical assistance contract (JBS International, Inc., and Alliances for Quality Education). For this cohort of SBIRT grantees, an additional team member participated to discuss the HIT aspects of the initiative.

Gene Wright Community Health Center, Lima, Ohio

On March 24, 2014, the site visit team met with the Ohio SBIRT implementation staff and key stakeholders. The team discussed implementation, including the project's approach, sites and settings, key partners, and vision. The day ended with discussion about plans related to HIT, including SBIRT implementation within primary care EHRs, the interface between primary care and behavioral health care providers, and participation in the State's HIE.

On March 25, 2014, the site visit team finished discussions regarding HIT and clarified information from the first day's conversation. The team then traveled to and toured the Gene Wright Community Health Center in Lima and the New Carlisle Community Health Center in New Carlisle and addressed practice site implementation, strengths, and challenges. The afternoon concluded with a return to Columbus.

New Carlisle Community Health New Carlisle, OH

On March 26, 2014, the site visit team provided feedback on the grantee's organization and leadership, program implementation, practice site implementation, evaluation, and training and workforce development. SAMHSA Government Project Officer Kellie Cosby participated in a debriefing via conference call.

2. Program Vision and Design

The Ohio SBIRT project aims is to reduce morbidity and mortality caused by alcohol and illicit or prescription drug use through integration of SBIRT into medical and behavioral health approaches. The project anticipates serving more than 133,000 individuals over its 5 years of funding. Its population of focus is adults who receive medical services in primary care and other community settings. Specific subpopulations include the elderly, pregnant women, service members/veterans, and minorities. Exhibit 1 outlines the goals, objectives, and potential strategies for the project.

Exhibit 1. Goals, Objectives, and Strategies for Ohio SBIRT

Goal	Objectives	Strategies
Expand the use of SBIRT in hospital and primary health care settings.	• Establish a PSC composed of key stakeholders. • Create a comprehensive plan to implement, evaluate, and support expansion and continuation of SBIRT. • Support implementation of SBIRT guidelines in hospitals and private-sector physician offices.	• Develop a diverse Ohio SBIRT PSC to provide oversight for the program and assistance in policy and system changes such as developing a public/private partnership to achieve a cost-effective, sustainable, integrated care system that contributes to a healthy Ohio population. • Use performance assessments to examine SBIRT processes, make course corrections, and ensure optimum replication for future Ohio SBIRT sites. • Use Government Performance and Results Act (GPRA) outcome data to support decisions regarding new strategies.
Support clinically appropriate services for people at risk for or diagnosed with a substance use disorder.	• Provide training, technical assistance, and support to medical staff to deliver screening and brief intervention at hospital and primary care sites. • Develop and implement a system for referral to treatment for appropriate level of clinical intervention and for persons with co-occurring disorders.	• Provide training on all elements of the SBIRT intervention, motivational interviewing, and cultural competency.

Goal	Objectives	Strategies
Enhance and expand use of current technological strategies to embed SBIRT as a clinical and business practice.	• Develop screening modules for inclusion in EHRs. • Ensure mechanisms and policies are in place to support SBIRT implementation in HIEs.	• Use HIT to improve the continuity of care with the assistance of the Care, Coordination, and Technology (CCT) workgroup.
Identify and implement systems and policy changes to increase access to treatment in generalist and specialist settings.	• Develop linkages and referral mechanisms among medical and specialty treatment organizations that support care coordination.	• Garner the expertise of a health navigator to assist with linkages to specialty treatment and to facilitate integrated medical and behavioral health (Note: In Ohio, health navigators are persons employed within the Ohio MHAS who have extensive knowledge of county and community-based systems).
Expand the use of the Ohio Board of Pharmacy Prescription Management Program (OARRS) in conjunction with SBIRT to facilitate identification and intervention of potential misuse of prescription drugs.	• The use of OARRS will be expanded by supporting its use as part of SBIRT guidelines in hospital and private-sector physician offices.	

3. Grantee Leadership

Ohio SBIRT is administered by MHAS and conducted through a series of key partnerships statewide. The project management team acts under the guidance of executive management within the department and in cooperation with the Ohio SBIRT PSC. Ohio MHAS is responsible for grant management, reporting, fiscal operations, program planning, training, technical assistance, and implementation.

At the direction of Sanford Starr, principal investigator and deputy director of the Office of Quality, Planning and Research, Ohio SBIRT is directed by Stephen O'Neil with the assistance of Ellen Augspurger, the project's training officer. The team works in close cooperation with the evaluation contractor, the Office of Information Services, and Kettering Health Systems, a former SAMHSA SBIRT Medical Residency grantee, to support training and capacity-building efforts.

Membership of the Ohio SBIRT PSC includes representation from key organizations and State offices that are well positioned to support the implementation, dissemination, and sustainability of SBIRT (see exhibit 2). Grantee staff are recruiting representatives from the Ohio Department of Medicaid, the Governor's Office of Health Transformation, and a consumer advocacy group.

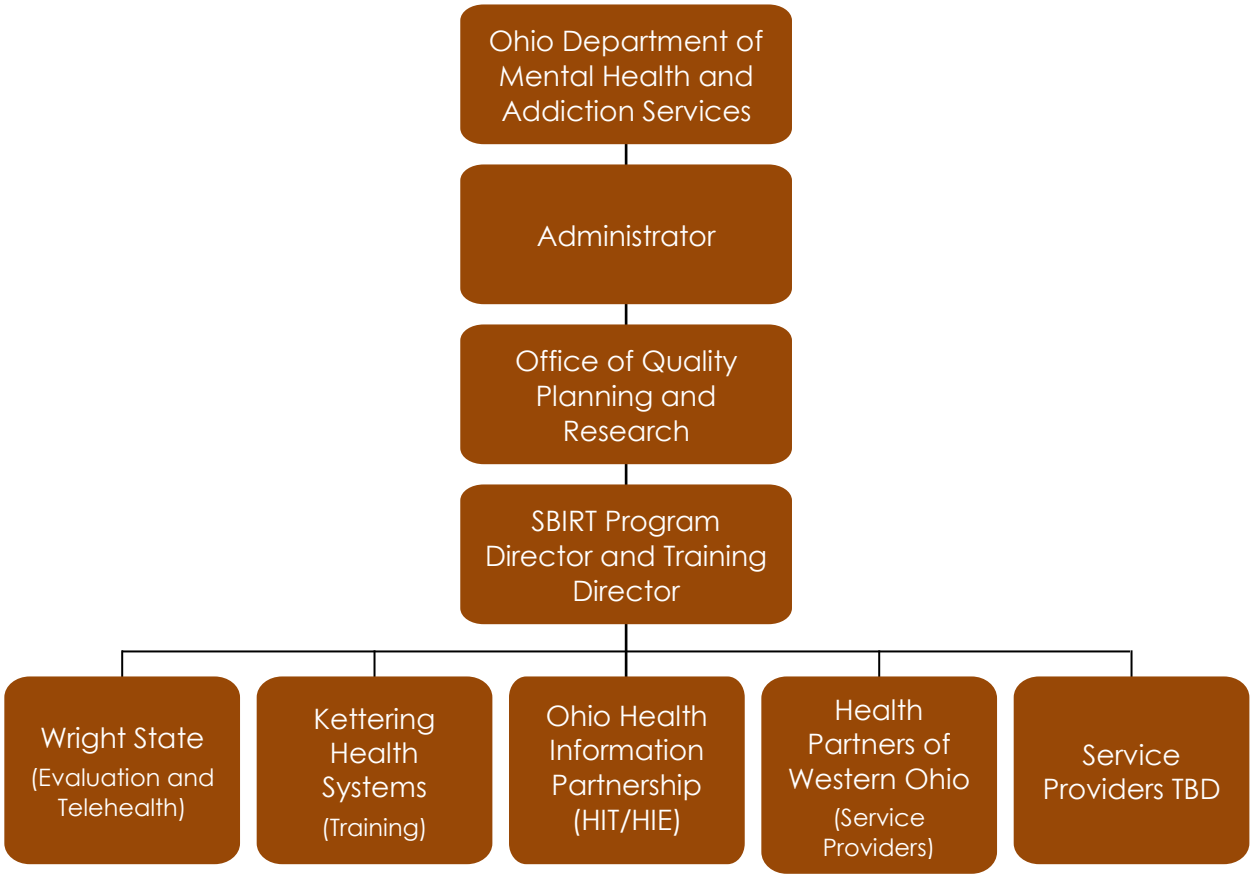
Exhibit 2. Membership of Ohio SBIRT Policy Steering Committee

Ohio SBIRT Policy Steering Committee	
Alcohol and Drug Abuse Prevention Association of Ohio	Drug Free Action Alliance
Equality Ohio	Interact for Health
Mental Health and Recovery Services of Allen, Auglaize, and Hardin Counties	Multiethnic Advocates for Cultural Competence
Ohio Alliance of Recovery Providers	Ohio Association of Community Health Centers
Ohio Association of County Behavioral Health Authorities	Ohio Commission on Minority Health
Ohio Council of Behavioral Health & Family Services Providers	Ohio Dental Association
Ohio Department of Aging	Ohio Department of Health
Ohio Department of Veterans Services	Ohio Health Information Partnership
Ohio Hospital Association	Ohio National Guard
Ohio Nurses Association	Ohio Osteopathic Association
Ohio State Medical Association	Urban Minority Alcoholism and Drug Abuse Outreach Program Federation
Westwood Behavioral Health	

In conjunction with grantee staff, the Ohio SBIRT PSC is charged with addressing issues surrounding implementation of SBIRT services at primary care and hospitals settings, SBIRT implementation in the Ohio National Guard, and health disparities. In support of dissemination and sustainability, the PSC works with health plans and provider systems to address issues of reimbursement, staff qualifications, and the development of viable clinical and business models.

Exhibit 3 depicts the Ohio SBIRT management and service delivery organization. This structure will expand over time as the grantee brings on additional direct service providers.

Exhibit 3. Ohio SBIRT Management and Service Delivery



4. Implementation Plan

Ohio SBIRT plans to implement services in the seven OHIP regional areas, beginning with the Health Partners of Western Ohio in the Dayton-West Central Ohio region. Additional sites will be added to reach new patients each year, while previously funded sites will continue to screen patients annually. Ohio SBIRT will also provide training and technical assistance statewide, beginning with the Ohio National Guard, as part of its dissemination plan.

Startup

In advance of hiring the project director and training officer in January 2014, Ohio MHAS senior staff completed necessary contractual agreements with the department and Wright State University, Kettering Health Systems, OHIP, and Health Partners of Western Ohio. As a result of having these contracts in place, the project was able to train direct service staff and initiate SBIRT services within 6 weeks following the hire of grantee staff.

Although St. Rita's Medical Center and the Family Care Center of Northwest Ohio were scheduled to implement SBIRT services in the first year of grant implementation, the agencies declined

participation in the first year because of internal organizational issues. The project plans to keep these partners involved and will offer an opportunity to join later. The decrease in the number of sites implementing SBIRT will affect the grant's first-year target numbers for individuals screened. In response, project staff are monitoring their numbers and have drafted action steps to address the deficit and enlist other provider organizations. The grantee has released an RFP for additional organizations to participate in SBIRT implementation. The grantee intends to recruit multiple provider organizations throughout the life of the grant.

Implementation Strategies

Ohio's implementation plan reflects recognized implementation strategies and lessons learned from previous SBIRT grantees:

- Clearly defined partners, roles, and responsibilities
- Leadership buy-in, including senior State leaders and providers
- Regular communication among partners to build relationships and address barriers
- Use of technology and common tools
- Participatory decisionmaking
- Ongoing training, technical assistance, monitoring, and coaching to support implementation and fidelity to the model
- Sensitivity to contextual conditions and the associated need for adaptation
- Incorporation of lessons learned from previously successful SBIRT grantees and leveraging of in-State assets of a previous SAMHSA grantee
- Close collaboration with the State IT data system, which was initially built by the State to address the data requirements for the Center for Substance Abuse Treatment's Access to Recovery initiative in Ohio and is now being enhanced to manage GPRA data for the SBIRT grant
- Partnering with OHIP to support embedding SBIRT into EHRs and the State's HIE
- Contracting with Wright State University (WSU) for program evaluation that includes GPRA followup and formative and outcome evaluation. The use of data helps to guide Implementation and identify challenges with startup
- Selection of implementation sites based on their capacity for HIT and their ability to participate in the State's HIE and embed SBIRT into patient clinical records

The grantee is using a staged implementation plan:

- Phase 1: Set up the project to begin offering SBIRT services at the selected hospitals and community health centers and collect GPRA data.
- Phase 2: Engage PSC and CCT workgroup members; start to establish training for SBIRT, evidence-based practices, GPRA, and HIE; begin collecting baseline data
- Phase 3: SBIRT will be ongoing; hold PSC and CCT meeting monthly; refine SBIRT services as barriers are encountered and expanded to other sites across the States; establish online SBIRT training for health care personnel at health care sites that will not directly participate in GPRA data collection.
- Phase 4: Address sustainability of SBIRT services after SAMHSA funding has ended.

Practice Site Implementation

The initial SBIRT implementation within practice sites focused on embedding the intervention within the existing clinical workflow and building staff's SBIRT skills. Moving forward, the program will address further refinement of the SBIRT intervention, staff integration into the practice sites, and adoption of integrated brief treatment. The grantee program director will seek technical assistance supporting implementation of evidence-based brief treatment.

The relationship between the SBIRT sub-recipient grantees and county-level community substance abuse treatment providers is not well defined. The site visit team advised supporting closer linkages between the primary care sites and community providers. For the upcoming RFP for primary care providers, the grantee was encouraged to require applicants to include at least one memorandum of understanding (MOU) between the primary care organization and a community substance abuse provider in support of referral to treatment. It was noted in the grant application that the State has a performance expectation that patients referred from the FQHCs to substance abuse treatment will be seen within 1 week of referral. Establishment of these relationships and the use of technology and improved workflows should assist providers in meeting this requirement.

Funding Model

The grantee initiated SBIRT services using a fee-for-service funding model akin to its previously successful SAMHSA Access to Recovery (ATR) program. Given the differences between ATR and SBIRT and the known challenges encountered by other SBIRT grantees seeking to implement this type of model, the team discussed concerns about implementing the model in practice settings. Alternative funding models were explored, including direct funding of staff to ensure GPRA followup activities. Shortly following the site visit, the grantee changed its funding strategy to address this concern.

Staffing Model and Workflow

The FQHC staffing model integrates support from front-desk staff, nursing staff, health educators, and behavioral health staff. The clinics operate on a physician-led team model, and each morning, the team "huddles" to review incoming cases for the day and identify those patients who will be prescreened for SBIRT services. Workflow at each site is tailored to that site's unique context. The sites use a prescreening protocol to screen inpatients at check-in. Trained SBIRT staff see screened inpatients that require a full screening, brief intervention, brief treatment, and/or referral to specialty treatment. They also collect required GPRA baseline and client locator data for followup. Practice sites are integrating SBIRT information into their EHRs. The initial implementation model designated behavioral health/social work staff to conduct the 6-month GPRA followup; however, upon discussion and review, this will likely change and become the responsibility of the health educator.

Training and Technical Assistance

The State has a comprehensive training approach that includes training direct service providers, allied health staff, and internal and external stakeholders in the SBIRT intervention, motivational interviewing techniques, and followup coaching and supervision. Leveraging existing in-State SBIRT capacity, Ohio SBIRT has partnered with Kettering Health Systems to provide training and coaching to SBIRT staff working in the practice sites.

Ohio SBIRT Health IT

Background

There are several activities underway in Ohio as the State plans for implementation of the Affordable Care Act, including improving the use of HIT for State agencies that purchase health care services. Representatives from MHAS have been participating in initiatives conducted under the auspices of the Governor's Offices of Health Care Transformation and Health Information Technology. These activities are focused mainly on State data system planning efforts, particularly regarding cross-agency data sharing, and they are not specific to how the HIT infrastructure improvements will affect the department or the behavioral health provider system.

Within the grant application, planning for SBIRT technology implementation addressed the integration of SBIRT screening and assessment data into the participating site's EHR but did not address the development of a strategic and technology-assisted approach to ensure effective identification and referral of potential clients when external treatment interventions are indicated. A strategy has been formulated for the Health Partners FQHC to automate as much of the data collection as possible, which has been the area of primary attention.

There is still significant work to be done to expand SBIRT to other locations as envisioned in the State's funding application. Grant implementations are never exactly as envisioned, and particularly when technology implementation in involved. Health Partners has a robust HIT infrastructure that will be a valuable resource as implementation efforts mature, although there will be a need for focused attention to behavioral health system adoption of interoperable health technologies. The grantee was encouraged to work with the State's county and behavioral health provider associations to collect baseline data to better understand the current capacity of community behavioral health providers.

Technology Implementation Progress With Partner Agency

The SBIRT screening data are incorporated into the Greenway EHR used by Health Partners, and plans are underway to conduct the screening by use of a tablet. It is worth further discussion with Health Partners as this plan evolves as the current direction requires the information be supplied by the patient but entered into the device by a screener. Having patients enter the information could be more time efficient and could yield better information regarding alcohol or substance use. The Health Partners IT vendor has created an "electronic sticker" that will be used to identify patients that need to be screened. Once a patient is screened, the sticker is removed, and if the screen is positive, a color code notifies staff to initiate an assessment.

Health Partners is still in the design phase with implementation of tablets, and it will be important to ensure the user interface is streamlined and easily understood by patients who want to use it. Tablet products are being selected, and work has begun to mock up screens. Discussions have also taken place with Greenway regarding how to create an interface so screening data can be imported into the EHR. It has been decided that information collected on the tablets will be uploaded to a dedicated server that will eventually facilitate information exchange between the EHR and tablet. The team suggested it would be helpful to carefully model how an efficient and effective workflow would operate using the tablet.

Health Partners is a participant in the Western Ohio HIE and is exchanging patient care information with three local hospitals, primarily laboratory results. In contrast, telephone and fax are being used for referral to behavioral health providers. It is significant that many of the behavioral health providers appear to be using noncertified EHRs without the ability to export or input clinical documents; in some cases they use paper systems.

An alternative intervention process has been initiated with WSU, which envisions using its telehealth capability funded by SAMHSA under the Technology-Assisted Care project. MHAS is seeking to ensure WSU can be brought on to the ClinicSync HIE in the near future.

MHAS is encouraged to use SBIRT implementation to address technology integration efforts that will increase as the Affordable Care Act creates incentives for organized networks of health and behavioral health providers. State behavioral health departments and their provider networks will be disadvantaged without responding to the transformation underway in the health care system and the increasingly important role HIT will play.

It is recommended the department respond to the policy and financing changes underway by developing a strategic plan that can assist leadership in charting a path for how technology use will ensure robust coordinated care, improve clinical outcomes, and inform policymaking. Anecdotal evidence suggests many behavioral health providers are unprepared for the significantly increasing capabilities of EHRs, participation in HIEs, financial risk under emerging Accountable Care Organizations, and collaboration needed to increase access to clinical information. Strategic planning will be needed to address how State psychiatric facilities will ensure they have a track to implement both certified EHRs and a means to participate in the HIEs across the State.

The SBIRT PSC can support the initiation of these needed State and local efforts by focusing on HIT for behavioral health and developing guidance on action steps needed for organizations to plan for and implement needed enhancements to their HIT infrastructure. The PSC has membership from the Governor's health and HIT offices, provider trade organizations, county boards, and State agencies—an optimal combination of stakeholders. The State's plan envisioned a CCT workgroup as an adjunct to the PSC, and this group will play a meaningful role in the success of the SBIRT project and in offering guidance to the larger systems of health and behavioral health in Ohio.

While behavioral health provider organizations often point to a lack of dedicated funding as a deterrent for HIT purchasing, the changing health care system and the reliance on data integration and exchange will necessitate developing strategies to best manage the cost issues. The department and the PSC need to be aligned in emphasizing the critical importance of HIT as integral to the viability of behavioral health organizations.

Frequently heard privacy and confidentiality concerns about exchanging information can be a deterrent for behavioral health providers planning to participate in information exchange. Patient consent to share information about substance abuse treatment has long been an issue for treatment providers and needs to be addressed between MHAS and the provider system. While such concerns are common, there are ways for information to be exchanged without violating 42 CFR, Part 2 requirements.

There are many opportunities to apply the lessons being learned by Health Partners about behavioral health and primary care integration efforts. Sharing experiences regarding workflows and technology use can be helpful to behavioral health providers as they seek to develop or improve integrated care and expand the use of HIT.

MHAS is advised to develop a strategic plan for information integration and exchange that will assist in guiding their efforts over the upcoming 5 years. Because it is difficult to predict the future in the rapidly changing landscape of HIT and health reform, it is critical to initiate a cross-functional effort to ensure a coordinated and regularly updated plan guides these efforts. BHAS has requested a template and potential technical assistance that can support and guide this process.

5. Community Linkages, Partners, and Participation

In the second year of grant implementation, MHAS will expand SBIRT services to new practice sites. The State is initiating an RFP to recruit these new sites. The grantee plans to partner with OHIOCARES, a collaboration of the Ohio Adjutant General of the Ohio National Guard, Ohio Departments of Mental Health and Veterans Services, Ohio Association of County Behavioral Health Authorities, Ohio Council of Behavioral Health and Family Service Providers, Veterans Service Centers, Department of Veterans Affairs, and others. OHIOCARES enhances the safety net of community behavioral health services available for military personnel and their families and complements the services offered to Ohio service members and veterans.

The Alcohol Reductions Workgroup of OHIOCARES recommended SBIRT be implemented by the military health provider conducting annual periodic health assessments. The grantee is particularly interested in SBIRT implementation within the Ohio Army National Guard. Information about other SBIRT grantees' efforts to implement within the Guard will be provided, and the grantee project director will host a conference call with two States currently implementing SBIRT within the Guard.

The grantee also intends to partner with the Ohio Department of Health and its Ohio Patient-Centered Primary Care Collaborative to implement SBIRT in primary care medical homes (PCMHs). These PCMHs will receive training on screening and motivational interviewing and access to the project's health navigators to assist with development of formal relationships with certified specialty AOD treatment services.

There appears to be limited linkages between community primary care and substance abuse treatment providers. Developing MOUs, Business Associate Agreements, and Qualified Services Organizational Agreements can help improve treatment referrals and coordination of care.

6. Client Outreach, Recruitment, and Referral

SBIRT services will be implemented with the population of patients served by participating hospitals and community health centers. Providers are recruited based on their use of EHRs, existing linkages with the State HIE, their readiness to assist with the integration of medical and behavioral health, and demonstration of need for SBIRT services in their communities.

Referral to treatment occurs between primary care sites and community substance abuse providers. In the new round of RFPs, the State will require applicants to include an MOU with a community substance abuse provider in support of a closer collaboration of care. In year 2, the grantee plans to adopt the SAMHSA/CSAT evidence-based brief treatment model and build capacity for integrated brief treatment within primary care practice sites.

7. Affordable Care Act Readiness

The grantee has initiated strategies in preparation for changes in the Ohio health care systems associated with implementation of the Affordable Care Act:

- Use of EHRs in all primary practice settings
- Participation in the State's HIE
- Embedding SBIRT procedures into EHRs
- Engaging essential stakeholder/policymakers on the PSC

Potential challenges with the integration of behavioral health and primary care were identified. Solutions to these challenges will likely involve the collaboration of Ohio MHAS, county behavioral health commissions, and community providers to support the enhanced collaboration between community behavioral health providers and primary care systems, including participation in PCMHs and ultimately within emerging Accountable Care Organizations.

8. Sustainability Planning

Ohio MHAS is using infrastructure funds to build SBIRT screening modules into EHRs of participating providers and is working with OHIP to ensure compatibility with the State's HIE. In support of broad SBIRT dissemination, the grantee will establish a learning community for training in SBIRT services, motivational interviewing, use of EHRs, linkage with the State HIE, performance management, reimbursement, and cultural competencies. The PSC will play an important role throughout the life of the grant in supporting dissemination and sustainability.

Medicaid and Medicare codes for screening and brief intervention are active in Ohio; however, efforts will be made to expand the licensing and credentialing of persons who can perform SBIRT services and are able to bill for reimbursement, and to develop viable business practice models for SBIRT within diverse practice settings.

9. Grantee Evaluation

Ohio MHAS has contracted with the Substance Abuse Resources and Disability Issues (SARDI) Program at WSU for evaluation services. To collect GPRA data, the grantee will use a preexisting, customized information system developed for the Ohio ATR Program Voucher Management System (VMS). The system is currently being updated to include SBIRT data fields. GPRA data will be uploaded through the VMS, and fidelity checks will be conducted to ensure all GPRA data are being collected consistently, accurately, and on time. Care coordinators at each implementation site are responsible for locating clients for followup. The VMS sends an electronic notification to assigned staff to indicate when a participant's 6-month followup GPRA interview window is open. The grantee had initially planned to have behavioral health/social work clinical staff complete this GPRA followup as part of their duties. However, the site visit team suggested the grantee consider dedicating other staff such as the care coordinators for this activity.

The grantee uses evaluation findings to support program implementation. As a result, an anomaly was identified in the screening process that will be addressed through technical assistance and training. The grantee intends to use the evaluation process to address outcomes beyond GPRA that may include cost-benefit/cost-avoidance studies.

Strengths and Considerations for Action

Program Vision and Design

STRENGTHS

- The State views SBIRT as an essential part of an overarching strategy that supports behavioral health and primary care integration.
- An integrated HIE is part of the State's vision.
- The grantee has included statewide dissemination of SBIRT in its overall program design.

CHALLENGES

- Primary care and behavioral health have been historically separated with limited integration. This separation is perpetuated by beliefs and policies that create challenges to integration.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The grantee is encouraged to enhance collaboration with county behavioral authorities and community providers in support of behavioral health and primary care collaboration and integration.	X		

Grantee Leadership

STRENGTHS

- There is a high level of senior leadership support for SBIRT.
- The grantee staff are highly experienced grant implementers.
- PSC membership includes broad essential stakeholder representation.

CHALLENGES

- Ohio has both a State and county system of government. The role of the county government in broad SBIRT dissemination and adoption is not well defined.
- Ohio is a large and complex system spanning a large geographical area.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The grantee is encouraged to engage with representatives from the county provider association to clarify the role of county systems in support of SBIRT dissemination. Once roles are clarified, the grantee might consider allocating resources to the county provider association to support these efforts.	X		

Grantee Leadership

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
2	The grantee may wish to expand staffing in support of effective practice site communication and implementation. As has proven successful with other grantees, the grantee might consider funding this position through the primary care association.	X		

Implementation Plan

STRENGTHS

- The grantee has engaged essential stakeholders in this project.
- The grantee has good training capacity.
- The grantee has implemented SBIRT services on time using a staged implementation process.
- The grantee effectively uses evaluation data to monitor and support project implementation.
- Practice sites have clearly determined workflow and use a team-based approach.
- SBIRT activities are being integrated into a tablet application that can be uploaded into EHRs.
- All primary care sites have EHRs that can work within the State's HIE.

CHALLENGES

- There is limited community-based substance abuse treatment capacity, with few Spanish-speaking clinicians and long waitlists at certain facilities. This will make it challenging for the grantee to meet its performance expectation of clients referred for treatment being seen within 1 week or less.
- The loss of two community primary care providers scheduled to implement SBIRT services in year 1 creates challenges for meeting performance targets.
- Community behavioral health providers appear to have a range of challenges with readiness and capacity related to use of EHRs and participation in the State HIE.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The grantee is encouraged to work with community AOD providers to improve access to treatment.	X		
2	The grantee is encouraged to build internal capacity for brief treatment to be provided within primary care sites.		X	

Implementation Plan

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
3	The grantee may wish to consider MOUs as a required part of the upcoming RFP for primary care providers.	X		
4	The grantee is encouraged to communicate proactively with the Government Project Officer to describe plans to address the shortfall in first-year performance targets.	X		
5	The grantee is encouraged to confirm a baseline understanding of community provider readiness and capacity for EHR and HIE participation.	X		
6	The development of an HIT plan will support the State's efforts toward HIT integration at the community, county, and State levels and can help guide allocation of resources. The grantee has requested an HIT plan template to help inform this planning process.		X	X

Community Linkages, Partners, and Participation

STRENGTHS

- The State is planning future SBIRT implementation within the Ohio Army National Guard.
- Partnering with Kettering Health Systems leverages existing in-State SBIRT capacity.
- WSU provides statewide telehealth as a safety net treatment response.

CHALLENGES

- There appears to be limited integration between the State's community primary care and behavioral health providers.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Developing MOUs, Business Associate Agreements, and Qualified Services Organizational Agreements between primary care and behavioral health providers can help improve treatment referrals and coordination of care.	X		

Client Outreach, Recruitment, and Referral

STRENGTHS

- The grantee is delivering population-based screening for substance use risks and depression.

CHALLENGES

- Accessing specialty treatment has been described as challenging because of limited provider capacity and waitlists for services.
- The grantee is not providing embedded brief treatment at all practice sites.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The grantee and primary care providers are encouraged to strengthen relationships with community treatment providers and to explore options for improving access to timely substance abuse treatment services.	X		
2	Following basic SBIRT implementation, the grantee is encouraged to move forward with developing brief treatment capacity at primary care sites.		X	

Affordable Care Act Readiness

STRENGTHS

The grantee has initiated strategies associated with the Affordable Care Act implementation:

- Use of EHRs in all practice settings that are capable of participation in the State's HIE
- Embedding SBIRT procedures into primary care sites' EHRs
- Engaging essential stakeholder/policymakers on the PSC to address issues related to the Affordable Care Act

CHALLENGES

- The current capacity and readiness of community behavioral health systems has been identified as a challenge.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	As previously described, the grantee is encouraged to engage and collaborate with county and community behavioral health systems to build capacity and support behavioral health and primary care integration.	X		

Affordable Care Act Readiness

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
2	As previously described, completion of a strategic plan for HIT will help guide the alignment of EHR/HIT systems and inform decisions for the allocation of resources.		X	X

Sustainability Planning

STRENGTHS

- The PSC will play an important role in supporting long-term sustainability.
- Medicaid and Medicare codes for screening and brief intervention are active in Ohio.

CHALLENGES

- The active Medicaid codes limit which providers can deliver services and under what circumstances.
- In support of long-term sustainability, practice sites will need to develop viable business practice models for SBIRT within diverse practice settings.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The grantee is encouraged to work with its PSC to pursue modification of current Medicaid language regarding SBIRT.	X		
2	Working with State provider associations, the grantee is encouraged to initiate discussion and planning in support of developing viable business practice models.	X	X	

Grantee Evaluation

STRENGTHS

- The grantee has contracted with an experienced evaluator to provide comprehensive evaluation services, including formative evaluation in support of implementation and GPRA baseline and followup activities.
- The grantee uses a sophisticated Web-based data reporting system created by the grantee.

CHALLENGES

- The grantee has considered using behavioral health staff to conduct GPRA followup.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The grantee is encouraged to dedicate time of other staff such as the care coordinators to conduct GPRA followup.			

Abbreviations and Acronyms

ADAMHS	Alcohol, Drug Addiction, and Mental Health Services
ADAS	Alcohol and Drug Addiction Services
AOD	Alcohol and other drugs
ATR	Access to Recovery
CCT	Care, Coordination, and Technology
CSAT	Center for Substance Abuse Treatment
FQHC	Federally qualified health center
GPRA	Government Performance and Results Act
HIE	Health information exchange
HIT	Health information technology
MHAS	Mental Health and Addiction Services
OARRS	Ohio Board of Pharmacy Prescription Management Program
OHIP	Ohio Health Information Partnership
PCMH	Primary care medical home
PSC	Policy steering committee
RFP	Request for proposals
SAMHSA	Substance Abuse and Mental Health Services Administration
SARDI	Substance Abuse Resources and Disability Issues
SBIRT	Screening, brief intervention, and referral to treatment
VMS	Voucher management system
WSU	Wright State University