



SBIRT

Implementation

Implementation Site Visit Report

**Cohort IV State
Grantee: Indiana SBIRT**

Cohort IV Implementation Site Visit



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: Indiana

Grantee Name	Indiana
Address	402 West Washington Street, Indianapolis, Indiana
Grant TI Number	TI023449
Date of Site Visit	May 8–9, 2012
Grantee Contact Person	Ruth Gassman, Ph.D.
Government Project Officer	Erich Kleinschmidt, M.S.W., LCSW
Site Visit Team Members	Carol Girard, M.A., Kevin Hylton, Ph.D., and Leslie McElligott, M.P.A.

Grantee Project Team Members Visited

Jon Agley, Ph.D., M.P.H., SBIRT Evaluation Director, Indiana Prevention Resource Center

Nina Engelhart, Ph.D., Clinical Program Coordinator, Midtown Primary Care

Jennifer Fillmore, M.S., LCAC, SBIRT Project Director

Ruth Gassman, Ph.D., Program Director, Indiana Prevention Resource Center

Kim Garrett, LPN, Clinic Manager, Cottage Corner Community Health Center

Russell McIntire, M.P.H., SBIRT Project Manager, Indiana Prevention Resource Center

Mendy Rosa, RN, Clinic Manager, Westside Community Health Center

David Tidd, SBIRT Evaluation Coordinator, Indiana Prevention Resource Center

Cindy Wilson, M.S.N., Clinical Nurse Manager, Midtown Primary Care

Jim Wolf, M.A., SBIRT Project Coordinator/Policy Steering Committee Coordinator, Indiana Prevention Resource Center

Introduction

The Cohort IV SBIRT State Demonstration Cooperative Agreement for the State of Indiana is in the project's implementation phase. Past experience has shown that most deviations from the expectations of the Request for Application (RFA) occur in the first year of implementation. To prevent similar missteps, 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 ("grantee mentors") and staff from the Technical Assistance contract (JBS International, Inc., and Alliances for Quality Education, Inc.). The teams are tasked with observing and reporting on grantee implementation progress, as well as providing technical assistance, when appropriate, as a means to enhance program success throughout the life of the grant.

Grantee Summary

Introduction

The site visit team traveled to Indianapolis, Indiana, and met with the Indiana SBIRT project director, project coordinator, clinical staff, evaluation team, and other appropriate project members on May 8–9, 2012, to learn about the program's current implementation strategies including, but not limited to, its organizational structure, implementation protocol, policy steering committee activities, workforce development, and evaluation efforts. Over the course of the visit, the SBIRT team also toured two clinics that are actively implementing SBIRT.



Figure 1: Cottage Corner Community Health Center

Day 1: On May 8, the site visit team met at the Cottage Corner Community Health Center (CCCHC) ([Figure 1](#)) to review the following items:

- Implementation structure and approach
- Activities of the SBIRT policy steering committee (PSC) and Integration of Primary and Behavioral Healthcare Workgroup (IPBHW)
- Workflow within the clinics, including a tour of the CCCHC and a discussion with a behavioral health specialist (BHS)
- Potential technical assistance opportunities, including support to conduct a cost-benefit analysis

Day 2: On May 9, the site visit team met at the Westside Community Health Center (WCHC) ([Figure 2](#)) to review the following items:

- Evaluation and data collection practices
- Dissemination activities
- Workforce development

The team also toured the WCHC and summarized its observations before engaging in a debrief conversation with Erich Kleinschmidt, the grantee Government Project Officer.



Figure 2: Westside Community Health Center

Grantee and Key Partners

The Indiana SBIRT project team consists of the following members:

Administrative Team:

- Jennifer Fillmore, M.S., LCAC, SBIRT Project Director—Formulates and disseminates project related policies and procedures, serves as a liaison between Indiana's Family and Social Services Administration's Division of Mental Health and Addiction (FSSA/DMHA) and other State and Federal agencies, and participates on the IPBHW
- Ruth Gassman, Ph.D., Program Director, Indiana Prevention Resource Center—Oversees support services provided by the Indiana Prevention Resource Center
- Jim Wolf, M.A., SBIRT Project Coordinator/Policy Steering Committee Coordinator, Indiana Prevention Resource Center—Coordinates and supports activities of the PSC and collaborating partner organizations
- Russell McIntire, M.P.H., SBIRT Project Manager/Training and Information Dissemination, Indiana Prevention Resource Center—Provides cost analysis, information dissemination, and training at the clinic level
- Barbara Walker, Ph.D., Training and Information Dissemination, University of Colorado, Denver

Evaluation Team:

Conduct data collection for performance assessments

- Jon Agley, Ph.D., M.P.H., SBIRT Evaluation Director, Indiana Prevention Resource Center
- David Tidd, SBIRT Evaluation Coordinator, Indiana Prevention Resource Center

Wishard/Midtown Administrative Team:

Support SBIRT implementation and staff development throughout the Health and Hospital Corporation network (Wishard Hospital CHC and the Midtown CMHC Network)

- Dean Babcock, LCSW, Wishard/Midtown Administration
- Nina Engelhart, Ph.D., Clinical Program Coordinator, Midtown Primary Care
- John Kunzer, M.D., Chief Medical Officer, Wishard Community Health Centers
- Cindy Wilson, M.S.N., Clinical Nurse Manager, Midtown Primary Care
- Kimberly Garrett, LPN, Clinic Manager, Cottage Corner Community Health Center
- Mendy Rosa, RN, Clinic Manager, Westside Community Health Center

Project Organization Chart

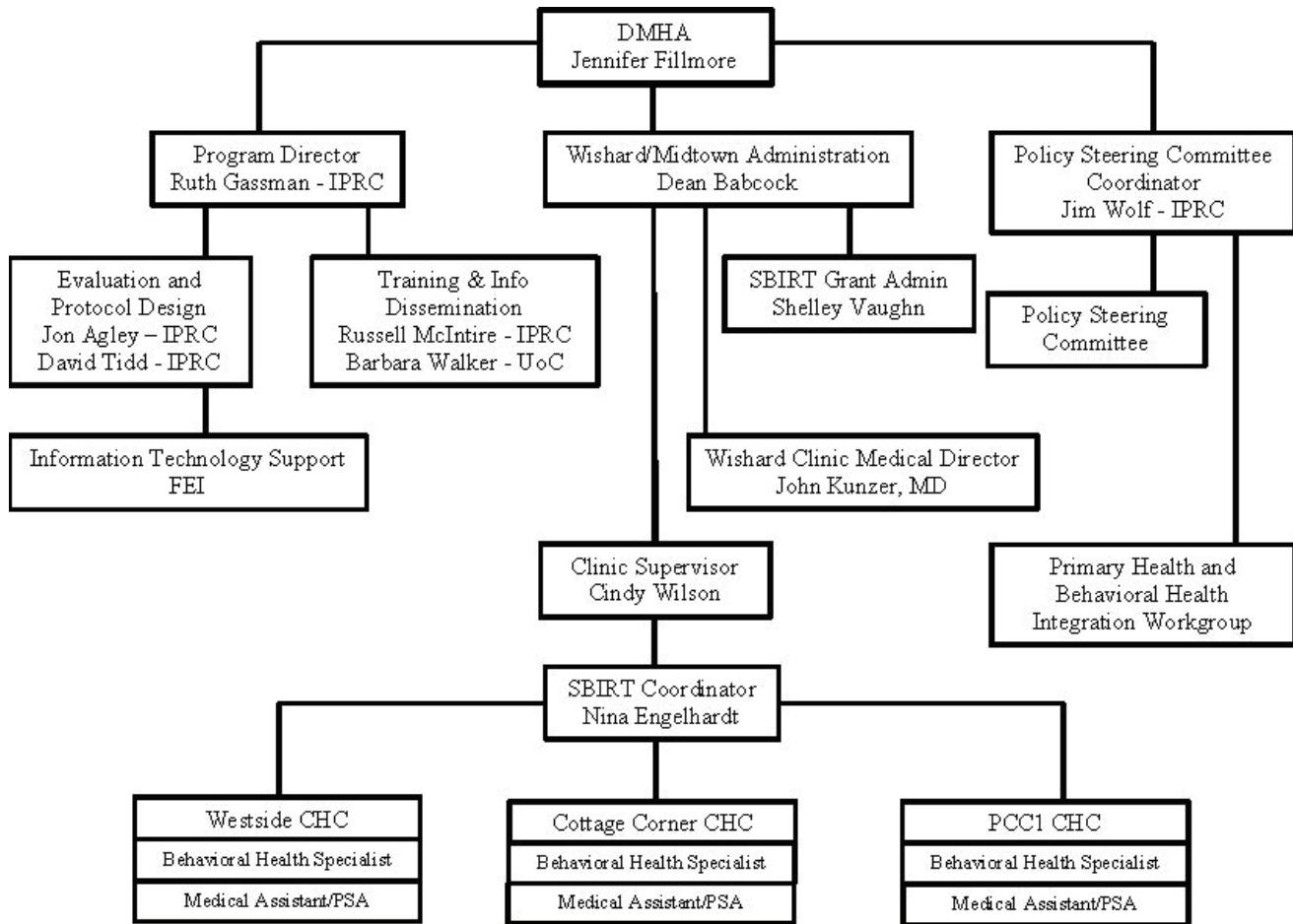


Figure 3: Indiana SBIRT Organizational Chart

Indiana SBIRT includes the following entities and their respective roles ([as outlined above in Figure 3](#)):
The Indiana FSSA/DHMA (Jennifer Fillmore)

- Grant management and contract oversight
- Budget tracking
- Point of contact with SAMHSA

The Indiana Prevention Resource Center in the Department of Applied Behavioral Health Science at Indiana University (Ruth Gassman, Jim Wolf, Russell McIntire, Jon Agley, and David Tidd)

- Project implementation
- Workforce development and training
- Reporting (i.e., GPRA, semiannual reports, and other data management functions)
- Program dissemination activities
- Coordination of local PSC activities and statewide participation in the IPBHW

The Health and Hospital Corporation

- Access to patients seen in the clinics
- Staff coordination (i.e., hiring BHS)
- Patient flow management, with assistance from clinic managers
- Data collection

Grantee Organization and Staffing

Strengths

- The project's key players and organizations (refer to Figure 3) are seamlessly integrated and communicate well. For example, the project team works closely with staff from the CHCs to support SBIRT implementation. They have identified several champions within the clinics to manage SBIRT processes and have effectively integrated SBIRT into routine practice.
- The project team is fully staffed. Its members work effectively together and exchange expertise.

Grantee Goals and Objectives

The Indiana SBIRT Initiative plans to launch SBIRT in 10 Wishard community health centers (CHC) and at least 1 Midtown community mental health center (CMHC) in Indianapolis within 3 years. Currently, SBIRT has been implemented at CCCHC and WCHC and will launch at Primary Care Center 1 (PCC1) in July 2012. The program anticipates reaching more than 100,000 adults in urban, suburban, and rural jurisdictions over the course of the 5-year grant. The project will largely utilize BHSs to deliver SBIRT services within clinic settings.

The Indiana SBIRT program mission is “to decrease barriers that deter providers in generalist settings from delivering alcohol and drug SBIRT services in Indiana.”

They have identified three project-related goals with corresponding objectives:

1. Establish infrastructure for training and adoption of SBIRT services in CHCs and CMHCs.
 - a. Increase the number of CHC and CMHC settings where SBIRT is provided
 - b. Increase CHC and CMHC level of readiness to adopt SBIRT services
2. Improve patient outcomes
 - a. Reduce alcohol or drug use by patients receiving SBIRT project services
 - b. Increase the number of patients with asymptomatic risky use or substance use disorders who receive treatment in each CHC or CMHC

- c. Improve self-assessment of overall health by patients receiving SBIRT project services
 - d. Decrease use of health services by patients receiving SBIRT project services
 - e. Decrease psychiatric symptoms precipitated by alcohol or drug use by patients receiving SBIRT project services
- 3.** Change local and statewide policies and practices that facilitate implementation of SBIRT in CHC and CMHC settings
- a. Provide treatment services within approved cost parameters for each treatment modality
 - b. Integrate patient's behavioral and physical treatment plans
 - c. Provide information to key stakeholders on the cost benefits of SBIRT services at their CHC or CMHC

Figure 4: SBIRT Indiana Project Logic Model

RESOURCES (Inputs)	PROGRAM COMPONENTS (Activities)	OUTPUTS (Objectives)	OUTCOMES (Goals)
People <p>Project Director Program Director</p> <p>Sub-recipient Administrators</p> <p>Coordinators at CHCs Behavioral specialists at each sub-recipient CHC</p> <p>PSC members (key stakeholders in the financing and delivery of primary care in Indiana)</p> <p>Evaluator</p> <p>Economic analyst</p>	<p>Develop administrative and clinical protocols</p> <p>Develop training materials</p> <p>Establish technical support system</p> <p>Build a collaborative learning network</p> <p>Develop tool to assess readiness to implement SBIRT in non-grant CHCs and CMHCs</p> <p>Administer readiness assessment to non-grant CHCs and CMHCs</p> <p>Implement SBIRT awareness-raising campaign targeting all CHCs and CMHCs in Indiana</p>	<p>By end of Yr1: All key staff in 3 CHC and CMHCs are trained in and provide SBIRT services. Trainings delivered and services provided in 3 sites per year thereafter.</p> <p>By end of Yr3: All CHCs and CMHCs in Indiana have received "readiness assessment."</p> <p>Beginning in Yr4: SBIRT training provided and services are implemented at non-grant sites that show "readiness."</p>	Workforce Development <p>Established infrastructure for training and adoption of SBIRT services in CHC (primary care) and CMHC settings</p>
Information Dissemination <p>Information dissemination specialist</p> <p>Education specialist</p> <p>Clinical trainer</p> <p>Partner Organizations</p> <p>Sub-recipient CHCs and CMHCs</p> <p>Non-grant primary care and substance abuse treatment providers</p> <p>Funds</p>	<p>Install sufficient number of behavioral health specialists in CHCs and CMHCs to deliver/sustain SBIRT services</p> <p>Automate system for GPRA data collection activities</p> <p>Link electronic health records</p> <p>PSC discusses policy and systems change</p> <p>Economic cost analysis of SBIRT services performed at each sub-recipient CHC and CMHC</p>	<p>An average 20,000 patients receive SBIRT services each year at CHCs and CMHCs.</p> <p>An average 500 patients referred from CHCs receive treatment for addiction/mental illness annually.</p> <p>By the end of year 4, the patient's behavioral and physical treatment plans are fully integrated.</p>	Patient Outcomes <p>Improved patient health outcomes</p>
			Policy and Systems Change <p>Changes in local and statewide policies and practices that facilitate implementation of SBIRT in CHC (primary care) and CMHC settings</p>

Target Population(s)

The Indiana SBIRT program focuses on patients involved in Indiana's extensive network of CHCs and CMHCs. SBIRT recipients in Wishard CHCs are typically urban, low-income, uninsured, and from diverse ethnic/racial backgrounds. Fifty-eight percent of patients are African American, 38 percent are Caucasian, 23 percent are Hispanic, and 4 percent are of Asian, mixed, or unknown race.

Alcohol is the most commonly consumed substance in Indiana, with incidences of past-month binge drinking reported by at least 30 percent of adults. Marijuana is the most common illicit substance, particularly among high school students. Patient use of opiates and benzodiazepines is believed to be underreported. It was noted that rates of depression are also particularly high.

SBIRT Implementation

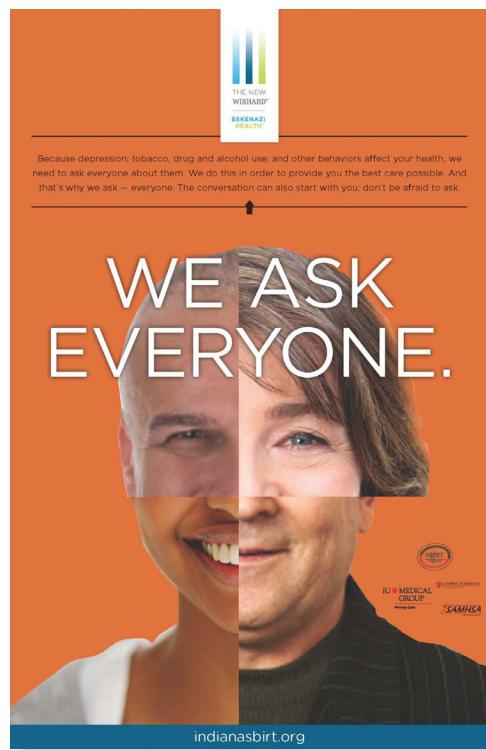


Figure 5: "We Ask Everyone" poster

PEOPLE AREN'T ASKED. THEY SHOULD BE. SBIRT IS AN EFFECTIVE WAY TO NOT ONLY INCREASE OUR ASKING, BUT TO IMPROVE ENTRY INTO RELATED CARE... IT'S ALSO VALUABLE AS A LAUNCHING PAD AND TESTING GROUND FOR CARE INTEGRATION...AND IT'S UNDERWAY...

—Behavioral Health Specialist Intermediate Training Session Training Manual, April 20, 2012

Participating clinics feature the “We Ask Everyone” marketing campaign (Figure 5). It serves as a reminder to both patients and medical professionals that SBIRT is a valued component of patient care. The campaign represents a collaborative partnership between Indiana SBIRT and the Indiana University medical residency grantee program.

Indiana's SBIRT implementation is guided by three principles:

1. Patient care should be the first priority.
2. Integration of SBIRT services into CHCs is the beginning of a new standard of care.
3. Meet all grantee requirements to the best of our abilities.

SBIRT is implemented with three goals:

1. Seamless integration of SBIRT into existing models of patient care at each clinic
2. Appropriate matching between staff expertise and difficulty/sensitivity of tasks
3. Modular structure that can absorb change without fragmenting

Sample material from the training curriculum provides a clear description of how SBIRT is incorporated into practice (a more comprehensive description is provided later in this section):

Screening: Pre-screening all patients (by the MA) will become part of the normal routine. Those with a positive pre-screen will be given a full screen (by the BHS) to identify the level of intervention required.

Brief Intervention: A 10–15-minute intervention is provided by the BHS when a full screen indicates moderate risk. BI involves using motivational interviewing (MI) and other techniques (1) to educate people at low-moderate risk about moderate drinking and health risks if limits are exceeded; and (2) to facilitate their setting one specific behavioral change goal in the session.

Brief Treatment*: After a screening result of moderate to high risk, BT involves using MI and other techniques to help patients recognize the need to brief treatment and accept a referral to a mental health therapist (MHP) at Westside to receive that treatment. It usually consists of several return visits by the patient.

Referral to Treatment: Following a screening result of high risk, RT is a discussion using MI and other techniques with the goal of helping them recognize the need for a specialized treatment program outside of Westside.

* In Indiana, as in many implementations of SBIRT, there is a fourth step not captured in the acronym. It is called Brief Treatment, and it involves a referral for multiple sessions. This is discussed greater detail later in the training guide.

Staffing Model

SBIRT implementation processes are specific to each site. The program's staffing model includes integrates support from front desk staff, medical assistants, nurses, and BHSs, with a protocol to suit the setting and its respective patient flow. In general, the BHS plays a primary role in delivering SBIRT (see below for the site specific models).

SBIRT Implementation in Practice Settings

The program has developed a simple, low-tech, approach to manage the SBIRT screening process using color-coded forms and stickers to track three things: (1) which patients need to be screened; (2) when their last screen occurred; and (3) whether the patient's previous SBIRT encounter was interrupted and requires followup.



Figure 6: Orange fast-track sheet

The "Stop" form (normally printed on orange paper and referred to as the "orange sheet") ([Figure 6 and in the Appendix](#)) alerts staff that a patient has received either a positive prescreen without having seen a BHS or a full screen without having completed their visit with a BHS during their last appointment. The orange sheet fast-tracks a patient through the process –when a patient arrives who has an orange sheet in his or her chart, and a BHS is notified immediately to meet with the patient in their specified exam room. Currently, 11.9 percent of patients receive an orange sheet. However, in the month of May, the number of 'active orange sheets' declined by 3, suggesting that the rate at which orange sheets are being created now is exceeded by the rate at which 'orange-sheeted' patients are completing SBIRT.

The team hopes to minimize the number of patients whose treatment is postponed until their next appointment.

PLACE PATIENT LABEL HERE (Name & DOB) Revised: May 24, 2012		
SBIRT INTAKE AND PRE-ASSESSMENT QUESTIONNAIRE		
Question #1: GENDER GENDER: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender <input type="radio"/> Refused <input type="radio"/> Other _____		
Question #2: RACE RACE: <input type="radio"/> Black/African-American <input type="radio"/> Caucasian/White <input type="radio"/> Asian <input type="radio"/> Native Hawaiian <input type="radio"/> Other Pacific Islander <input type="radio"/> Alaska Native <input type="radio"/> American Indian <input type="radio"/> Refused		
Question #3: ETHNICITY HISPANIC/LATINO <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused IF YES, ETHNICITY <input type="radio"/> Central American <input type="radio"/> Cuban <input type="radio"/> South American <input type="radio"/> Dominican <input type="radio"/> Mexican <input type="radio"/> Puerto Rican <input type="radio"/> Refused <input type="radio"/> Other _____		
Question #4: SOCIAL SECURITY NUMBER SSN (Last 4 Digits) _____		
Question #5: VETERAN STATUS Have you ever served in the Armed Forces, in the Reserves, or in the National Guard? /IF SERVED/ What area, the Armed Forces, Reserves, or National Guard did you serve? <input type="radio"/> Armed Forces <input type="radio"/> Reserves <input type="radio"/> National Guard <input type="radio"/> ONo <input type="radio"/> ORefused <input type="radio"/> ODon't Know		
Question #6: FAMILY VETERANS Is anyone in your family or someone close to you on active duty in the Armed Forces, in the Reserves, or in the National Guard or separated or retired from the Armed Forces, Reserves, or National Guard? <input type="radio"/> ONo <input type="radio"/> OYes, One <input type="radio"/> OYes, Multiple <input type="radio"/> ORF <input type="radio"/> ODK		
Question #7: ALCOHOL USE MEN: How many times in the PAST 12 MONTHS have you had 5 or more drinks in a day? _____ (record # of days of 5 or more drinks) 1 or more days is positive. WOMEN: How many times in the PAST 12 MONTHS have you had 4 or more drinks in a day? _____ (record # of days of 4 or more drinks) 1 or more days is positive.		
Question #8: SUBSTANCE USE How many times in the PAST 12 MONTHS have you used an illegal drug or used a prescription drug for nonmedical reasons? _____ (record number) Anything greater than 0 is positive.		
Question #9: MENTAL HEALTH Over the PAST 2 WEEKS, have you often been bothered by: 1. Little interest or pleasure in doing things? <input type="radio"/> O Yes <input type="radio"/> O No <input type="radio"/> O Refused 2. Feeling down, depressed, or hopeless? <input type="radio"/> O Yes <input type="radio"/> O No <input type="radio"/> O Refused <<"Yes" to either question is considered a positive prescreen>>		
PRESCREENING	<input type="radio"/> O REFUSED <input type="radio"/> O NEGATIVE <input type="radio"/> O POSITIVE	EXAM ROOM # <input type="radio"/> O LWBS (LEFT WITHOUT BEING SEEN) (Reason)
DISPOSITION	<input type="radio"/> O FOLLOW-UP REQUIRED	

Figure 7: Lavender prescreening form

If there is no orange sheet in the chart, staff check for a lavender sticker on the front of the chart that is dated to indicate when they were last prescreened. If the sticker is dated within 1 year, the patient will not receive SBIRT at their appointment. If there is no sticker, it means that the patient must be prescreened.

The prescreening form (normally printed on lavender paper and referred to as the "lavender sheet") ([Figure 7 and in the Appendix](#)) incorporates GPRA-A (sociodemographic questions 1–5), the single alcohol and drug questions, and PHQ-2 mental health assessment (questions 7–9). The lavender sheet was most recently updated on May 24th, 2012:

Alcohol:

"MEN: How many times in the PAST 12 MONTHS have you had 5 or more drinks in a day?"

(record # of days of 5 or more drinks)

1 or more days is positive.

"WOMEN: How many times in the PAST 12 MONTHS have you had 4 or more drinks in a day?"

(record # of days of 4 or more drinks)

1 or more days is positive.

Drug:

"How many times in the past year have you used an illegal drug or used a prescription drug for nonmedical reasons?"

Any number greater than 0 is considered a positive screen.

Mental Health:

"Over the past 2 weeks, have you often been bothered by:

(1) Little interest or pleasure in doing things?

(2) Feeling down, depressed, or hopeless?

A "yes" answer to either question is considered a positive prescreen.

Questions 7–9 on the prescreening form are asked by the MA/nurse while completing standard triage procedures (i.e., collecting blood pressure, weight, and height measurements) in a private intake area. When the lavender sheet is complete, a lavender sticker is filled out to indicate the date the prescreen occurred.

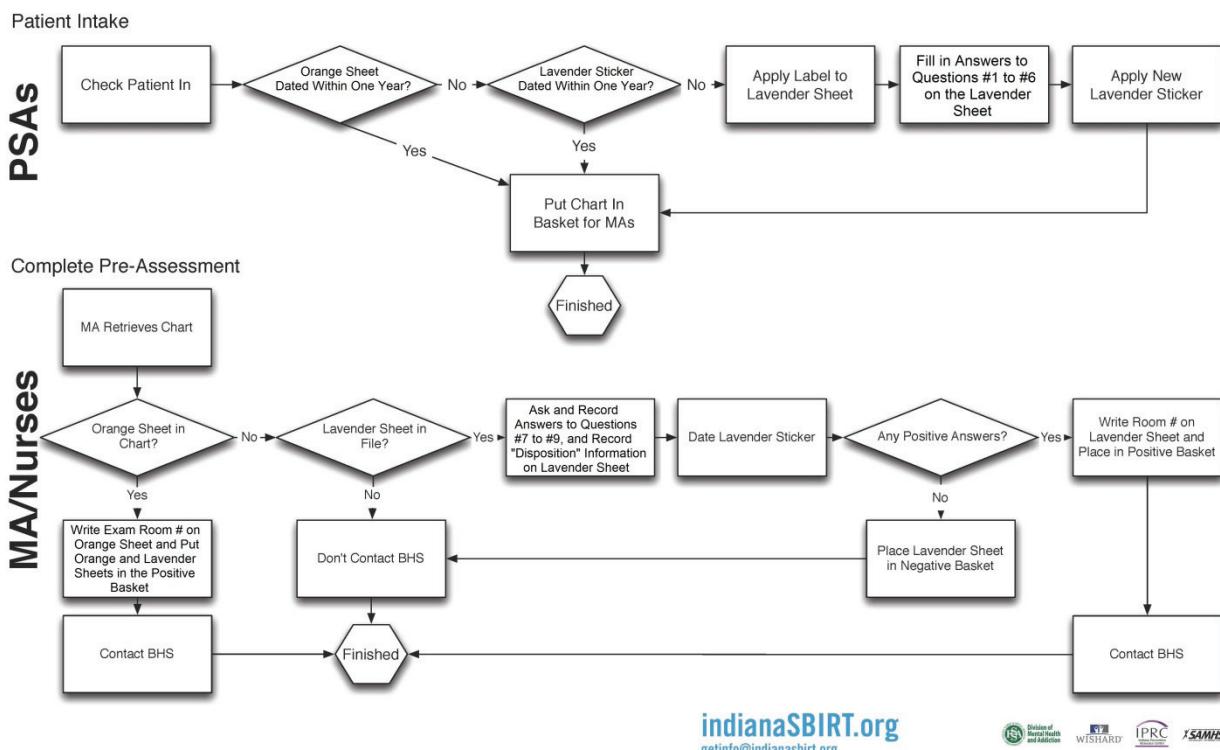
A basket labeled "positive" is for all patients who receive a positive prescreen and who need to see a BHS. Similarly, a basket labeled "negative" is for patients who receive a negative prescreen and do not require further activity. When needed, BHSs are contacted by walkie-talkie, and they will then collect the necessary paperwork from the positive basket and join the patient in their exam room.

Westside Community Health Center SBIRT Intake and Pre-Assessment Model



Reducing Substance Misuse Throughout Indiana

Westside Community Health Center
SBIRT Intake and Pre-Assessment Protocols
April 20, 2012



indianasbirt.org
getinfo@indianasbirt.org



Figure 8: WCHC SBIRT Intake and Pre-Assessment Model

WCHC is a large, high-volume clinic with an average yearly intake of 23,000–26,000 patients. It primarily serves adult populations, a large percentage of whom are Hispanic. WCHC has a bilingual BHS on staff to assist with non-English-speaking populations. The facility has approximately 30 exam rooms and 20 practicing physicians. Patients can access an onsite pharmacy and mental health support provided by Midtown therapists.

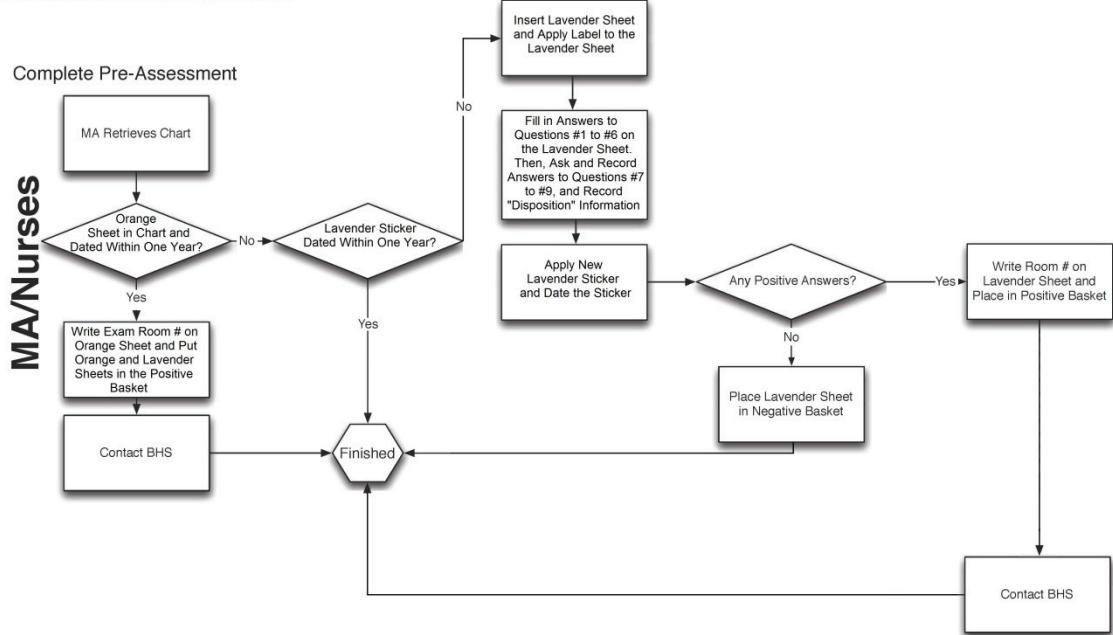
At WCHC, SBIRT begins at patient check-in. Front desk staff determine if the patient has received SBIRT by checking the chart for an orange sheet or a lavender sticker. Once the orange sheet is identified or the lavender prescreen is complete, the patient's chart is put into a basket for the MA/nurse. The MA/nurse will retrieve the chart and review its contents. An orange sheet alerts them that a BHS should be notified to conduct a full screen or BI (see BHS model, below). Completed forms are placed in either the “positive” or “negative” basket, and the BHS is contacted.

Cottage Corner Community Health Center Intake and Pre-Assessment Model



Reducing Substance Misuse Throughout Indiana

Cottage Corner Community Health Center
SBIRT Intake and Pre-Assessment Protocols
April 20, 2012



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Figure 9: CCCHC SBIRT Intake and Pre-Assessment Model

CCCHS, situated in a working-class neighborhood, provides care to some of the most at-risk patients in the community, many of whom come from a Scotch/Irish/Appalachian background and are very poor, low-educated, and demonstrate some of the highest need in the area, primarily due to a lifestyle with a lack of focus on preventative healthcare. The facility has approximately 16 exam rooms and 9 practicing physicians that can accommodate 11,000–15,000 patients each year. Patients have access to several onsite services including, but not limited to, WIC, a registered dietitian, and a pharmacy.

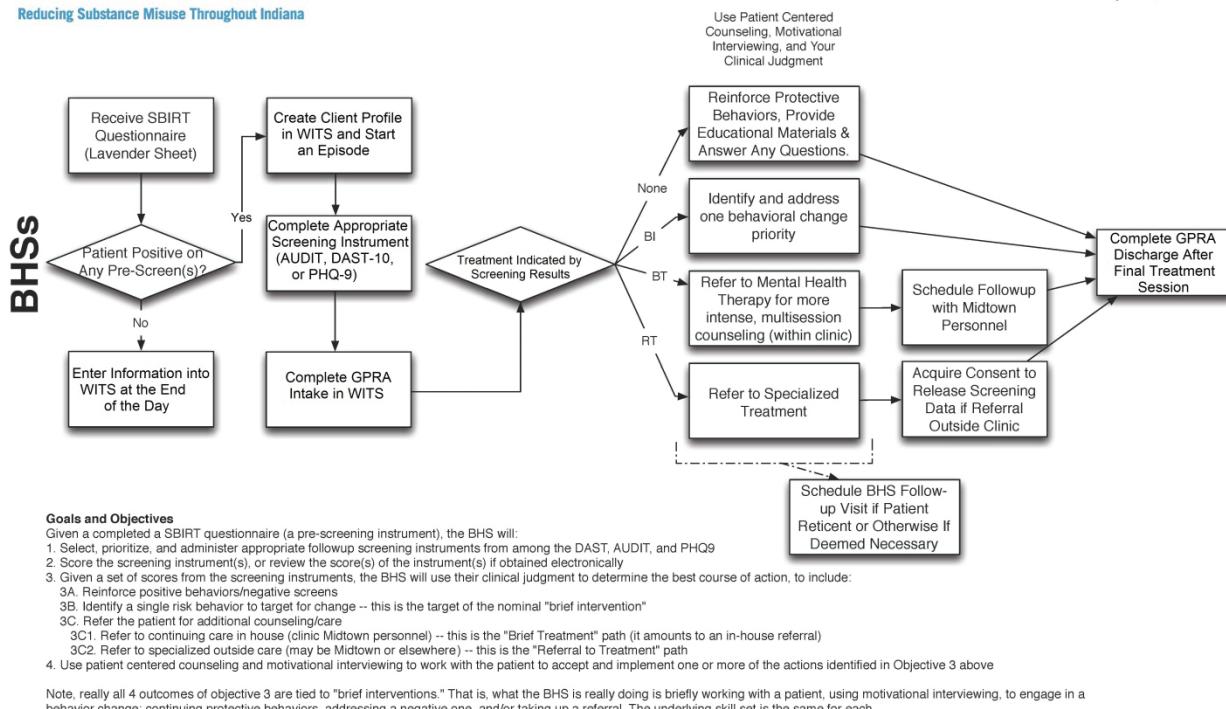
SBIRT is managed only slightly differently at CCCHS due to deviations in staffing. In contrast to the WCHC model, which utilizes front desk staff, SBIRT begins with the MA/nurse. First, the MA/nurse will check the patient chart for an orange sheet, which indicates that the BHS should be contacted. If a lavender prescreen form has not previously been completed, the MA will record the patient's answers and place the completed form in either the "positive" or "negative" basket, and the BHS is contacted.

Behavioral Health Specialist Workflow



Reducing Substance Misuse Throughout Indiana

Wishard Community Health Centers
SBIRT Intake and Pre-Assessment Protocols
April 20, 2012



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Figure 10: Behavioral Health Specialist Workflow

It is the BHS's responsibility to complete the following tasks when they meet with a patient who received a positive prescreen:

1. Administer the proper screening instrument (i.e., the AUDIT, DAST, and/or PHQ-9)
2. Review the scores from the full screen
3. Determine next steps using motivational interviewing techniques to:
 - a. Reinforce positive behavior when scores do not necessitate further action
 - b. Identify a single behavior to target for change during a brief intervention
 - c. Refer the patient to inhouse counseling/care (i.e., brief treatment) by onsite Midtown personnel
 - d. Refer the patient to specialized care outside of the clinic (i.e., referral to treatment)

Each BHS has a grant-issued netbook that allows them to enter data into the Web Infrastructure for Treatment Services (WITS) system when meeting with patients. The BHS creates a patient profile in the system to capture real-time data when administering the full screen. If there are Internet connection challenges, the BHS can access paper copies of all screening materials, which can be entered electronically at a later date. Based on the patient's score and the BHS's clinical judgment, the BHS will decide the appropriate level of intervention. If warranted, the BHS can schedule a followup visit with the patient (i.e., multi-session BI or another meeting to discuss BT or RT options).

Data from the lavender prescreen forms collected from patients who prescreen negative are entered into the WITS system at the end of each day. As a quality check, the BHS reviews the forms for accuracy to ensure that negative screens are correct.

Physicians are informed about SBIRT-related activities by way of a form that temporarily is appended to the patient chart. This form will eventually be migrated into the EMR.

BHS Interview

On a busy day, the BHS can see 12–15 patients, most of whom screen positive for depression ([Figure 11 and in the Appendix](#)). The BHS indicated that it takes approximately 15 minutes to complete a BI. For patients requiring more advanced care (i.e., BT or RT), an encounter may last 45 minutes (including completion of the full GPRA). Onsite therapists are available to meet with patients whose scores indicate that BT or RT may be necessary. The BHS will follow up with the patient to see if they have accessed treatment resources.

Due to the implementation protocol in place, few patients get through the door without seeing the BHS. In general, most patients who meet with the BHS fall into the BI range, but staff can consider offering BT if their judgment points them in that direction.

The BHS interviewed by the site visit team expressed several sentiments about conducting SBIRT in the clinics:

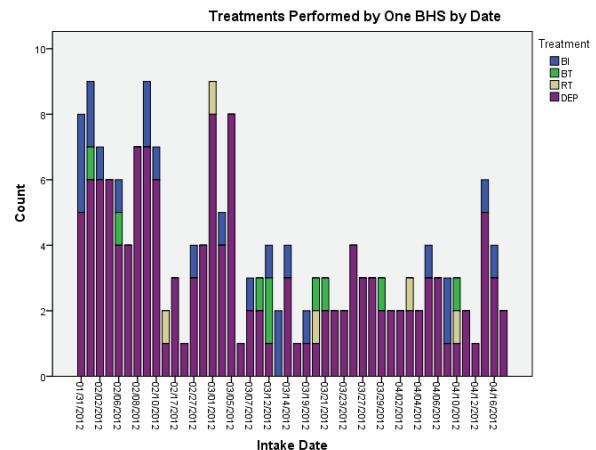
- Finds physicians great to work with: feels comfortable talking with them about their patients
- Enjoys being able to dialog with patients about their substance use and to help them understand the options within the community
- Believes it would be helpful to track positive feedback from patients to promote/motivate continued momentum

Challenges identified include:

- Establishing rapport with a patient in a short amount of time can be difficult: "You often have one shot with patients, so it needs to be compelling." Comprehensive training helps to ensure a successful encounter.
- Over time, staff turnover, although infrequent, disrupt momentum
- Determining how to address sensitive information with patients is challenging when someone else is in the room
- Discussing drug use with patients can be awkward. Some do not consider marijuana to be an illegal/harmful drug

Brief Treatment and Referral to Treatment

Midtown therapists, currently embedded in each Wishard CHC, will provide onsite BT (up to six sessions). BT options include MI, cognitive behavioral therapy, brief solution based therapy, medication management, and case management for needs such as housing, job skills, transportation, and daily living. A patient recommended for RT will receive care through the Midtown provider network or another provider of the patient's choice. Patients also can receive a referral to the state's Access to Recovery (ATR) program by means of Indiana's "Connect to Care" program.



Training

The Indiana SBIRT team has developed a comprehensive, multidisciplinary approach to training, featuring content on SBIRT fundamentals, how to ask the appropriate questions, and effective delivery strategies. Training is supported through use of a training curriculum, supplemental aids, and pamphlets (available upon request).

The Indiana SBIRT training options include:

- A day-long clinical MI training delivered by Dr. Barbara Walker (University of Colorado, Denver) consisting SBIRT fundamentals, how it fits into clinic settings, the spirit of MI, and various patient role play activities
- A two-part training on drug effects
- WITS system training on GPRA data collection (supplemented by a step-by-step user manual)
- SBIRT orientation for other clinical staff, as needed

Each clinical site provides annual education for its staff (i.e., department trainings, skills fairs, and e-learning opportunities). In addition, the SBIRT project team utilizes staff meeting time to provide brief training and updates. The project may wish to consider using skilled BHS staff to help train new staff (i.e., share their experience and best practices).

Workforce Development

The Indiana SBIRT project has been actively engaging in workforce development as part of sustaining SBIRT related services. The project's overall approach to workforce development has been broken down into three distinct periods:

First 3 years:

- Develop a training platform
- Use BHS staff to conduct SBIRT
- Use existing staff in a supporting capacity

Years 4 and 5:

- Train and disseminate to other sites
- Conduct organizational readiness assessments

Post grant:

- IPRC promotes SBIRT dissemination.
- Sustainability depends on funding priorities by the Family Social Service Administration.

The team is flexible in its approach to SBIRT delivery and has considered the possibility of deviations from the BHS model. A significant consideration in such a shift is ensuring that those trained can maintain fidelity to the model and that there is sufficient support staff to effectively implement the program and receive reimbursement for services.

Electronic Medical Records

The Regenstrief Institute (RI) maintains the EMR system for the Health and Hospital Corporation. Current EMR related projects include two components: (1) incorporating SBIRT outcomes into the EMR to allow physicians and researchers to monitor long-term outcomes; and (2) migrating processes from FEI's WITS system to a local system.

The Health and Hospital Corporation will unveil its new EMR system, entitled Gopher III, at WCHC in June 2012, with the intention of fully embedding SBIRT into the EMR. As a functional workaround until the electronic systems are fully integrated, the clinics have instituted a low-tech tracking system using color-coded sheets and lavender stickers (discussed above).

Of note: WITS was recently customized to become more user friendly. The program's evaluation team developed a 3-hour WITS training, accompanied by a detailed user manual. The project team identified some limitations in the WITS system around data entry processes, the most significant of which was: the inability to stop and resume entry at a later time. The team reported that challenges with Internet dead zones in clinics have largely been resolved.

Billing

Of the patients who have insurance, most of those who present at CCCHC or WCHC are covered by Medicare or Medicaid. Very few carry private insurance. Self-pay patients present an added challenge, particularly around how they are charged when a full screen is completed. There are also certain sensitivities associated with linking patients to codes attributed to alcohol or drug treatment.

Wishard policies do not currently allow billing for SBIRT services. Although SBIRT billing codes have been activated by Medicaid, they are not utilized. The Health and Hospital Corporation is working to implement policies and procedures to support use of the codes to support billing for SBIRT.

Dissemination Strategies

The Indiana SBIRT project team outlined the following dissemination strategy:

Dissemination Goals:

- Educate stakeholders
- Provide resources for SBIRT adoption and system changes
- Increase community and organizational readiness for adoption of SBIRT services
- Network for future SBIRT collaboration and to build systematic infrastructure

Activities for Dissemination:

- Produce reports (i.e., biweekly reports of pre/screening totals for the PSC, semiannual reports, etc.)
- Create Web site and social media presence (i.e., Facebook and Twitter)
- Create educational materials
- Reach out to statewide agencies, professional organizations, workgroups, and committees (i.e., Corner Stone—the largest CMHC provider in rural Indiana)
- Present at conferences (i.e., NAADAC and Indiana National Recovery Month Symposium)
- Publish articles
- Create an organizational readiness assessment

The project team is considering how to broaden implementation beyond CHC and CMHC settings to include FQHCs, as there are more than 80 in the area. Wishard is actively taking steps to meet FQHC requirements.

The project team is exploring SBIRT dissemination at a statewide level. They hope to conduct readiness assessments to determine prospective partners' willingness to implement SBIRT in their practice settings.

The Internet Technology (IT) Group was established to create a Website that will provide necessary information for community health centers to learn about SBIRT goals and objectives. The site also includes implementation tools for staff training purposes. The IT Group established www.IndianaSBIRT.org as the primary Web site to coordinate training and promotion content.

SBIRT Implementation

Strengths

- The project has developed a clear, strong trajectory for implementation within clinic settings.
- The project has carefully thought through patient screening and workflow in different clinic settings.
- The project uses an innovative approach to coordinate the prescreen process. Use of low-tech strategies, such as color-coded sheets and stickers, has been an effective approach to document when patients require a prescreen and/or more attention from the BHS.
- SBIRT has been championed by clinical staff at each site, including the clinical nurse managers.
- The project has integrated SBIRT into existing clinic operational practice, such as utilizing the basket system to relay screening results between MA and BHS staff.

Challenges

- Positive prescreen rates are much higher than expected; largely driven by self-reported patient depression screening results. Program staff are continuing to streamline protocol to ensure that depression is handled appropriately using BI, BT, or RT. At this time, BHS prioritize around alcohol and drug use. Patients who receive positive depression prescreens are more likely to receive an orange sheet, as time and resources available to address patient depression is limited.
- Drug use, particularly prescription varieties, is underreported. Program staff are working with clinic managers to identify strategies to address patient drug use more accurately.
- An important aspect of SBIRT sustainability hinges around reimbursement. The team is actively pursuing opportunities to promote billing through use of the activated codes. The grantee plans to experiment with test billing to inform code viability.
- Patient flow can be heavy, depending on the time or day. Fewer BHSs in the clinics could create backup and delay patient access to SBIRT services (as identified by orange sheets).
- Although minimal, there is the potential for transposing errors when information from the universal prescreening form is transferred to SBIRT-specific forms.
- As more moving parts go live, everyday tasks may become difficult to maintain. It will be important to ensure that processes are in place to handle the surge in activity.

Training/Workforce Development

Strengths

- A comprehensive training curriculum has been developed and is facilitated by a MI instructor (Barbara Walker).
- To ensure fidelity to the model, program staff are working with and training clinic managers, MAs, and other support personnel to develop best practices around administering prescreens accurately.

Cultural Competence

Strengths

- The Indiana SBIRT project understands patient demographics at the various sites and has tailored clinic services accordingly. For example, WCHC is staffed with a Spanish-speaking BHS to serve its large Hispanic population. Other translation services are available to patients through a translation provider, as needed.

Challenges

- Collecting sensitive patient demographic information and asking questions C through G as part of GPRA requirements can be difficult.

Policy Steering Committee

Indiana SBIRT has successfully formulated its PSC, which meets semi-monthly and whose local membership includes representatives from the DMHA, administrators from the Health and Hospital Corporation (Wishard and Midtown), and personnel from the Indiana Prevention Resource Center. The primary goals of the policy steering committee (PSC) are:

- Establishing an infrastructure for training and adoption of SBIRT services in primary health care settings by increasing the number of participating facilities (CHCs and CHMCs) and supporting community and organizational readiness to incorporate SBIRT into practice
- Improving patient health outcomes by increasing preventative care strategies and access to treatment services and by reducing AOD use among patients which, in turn, impacts more positive health consequences
- Promoting effective system changes needed to sustain SBIRT services by providing affordable treatment options, integrating primary and behavioral care, and encouraging key stakeholders to take note of the cost benefit of offering SBIRT

Participants meet biweekly. A major focus of the PSC is to identify opportunities within private and public financing systems that can impact policy and systems change, particularly around reimbursement practices for SBIRT services (billing is described further in the report).

Jennifer Fillmore and Jim Wolf actively participate in the Integration of Primary Care and Behavioral Health Workgroup (IPCBHW), a team assembled to develop bidirectional best-practice strategies for primary and behavioral healthcare integration across Indiana. The IPCBHW includes members

from the Office of Medicaid Policy and Planning (OMPP), Indiana State Department of Health (ISH), Indiana Primary Health Care Association (IPHCA), Indiana Council on Community Mental Health Centers (ICCMHC), primary care and behavioral health SAMHSA grant recipients, HRSA, and consumer and family representatives. The IPBHW reports directly to the Mental Health and Addiction Planning and Advisory Council (MHAPAC), whose membership consists of statewide agencies that support various facets of behavioral health policy.

The PSC identified several successes:

- Enthusiastic cooperation from Wishard/Midtown staff
- Excellent BI training available for primary care settings
- Successful initial launch of SBIRT in the first clinic
- BT facilitated by having mental health therapists in house
- Ready access to electronic health records likely when the new system is implemented

The PSC identified several challenges:

- The importance of informing health care providers before interacting with their patients has been learned.
- The Wishard “patient contract” policy to deter illegal drug use results in hardly any self-reported narcotics use.
- Patient flow issues get complex: if doctor interrupts SBIRT screening, patients sometimes leave without completing it.
- WITS limitations include issues such as stop-start and wireless dead zones.
- Very high rates of depression (PHQ9) result in far more referrals than reported in GPRA.

The site visit team attended a PSC meeting, during which the following items were discussed:

- Clinics involved in SBIRT integration in years 2 and 3 have been targeted. The committee would like to prioritize the clinics for rollout.
- The protocol for integrating SBIRT into CHCs—namely staffing (i.e., use of existing staff or BHS)—was discussed with GPO Erich Kleinschmidt. Use of existing staff may be a more sustainable practice.
- There is a need to improve communication and coordination of care among health providers. The PSC is working to integrate systems of care (i.e., primary and behavioral health).
- Indiana will request technical assistance to assist with a cost analysis of SBIRT services (see below).
- The team plans to interview staff to facilitate communication between physicians and patients as a means to close the loop around patient care.
- Patient preregistration will go live mid-May. Patients will be asked to complete demographic questions only in advance of their appointments.

Technical Assistance Opportunity

The Indiana SBIRT project is interested in conducting a cost-benefit analysis to demonstrate (1) the cost parameters within which SBIRT has been implemented, and (2) the cost benefits gained from integrating SBIRT into practice.

The team has plans to generate annual cost analysis reports for each health care provider performing SBIRT services. The analysis will be informed by cost data provided by Wishard and Midtown, GPRA followup data, and patient healthcare utilization rates. To date, the team has entered into a Business Associate Agreement (BAA) with Wishard that will provide access to the network's financial data. They have also met John Kuhn, chief financial officer for Midtown.

Program evaluators are working to develop a data plan to support data collection and evaluation efforts. The plan will include a comparison of SBIRT service costs to other or no treatments, a comparison of costs within specific Wishard/Midtown settings, and a strategy for disseminating data to appropriate stakeholders.

Policy Steering Committee

Strengths

- The local PSC is active and engaged, meeting every 2 weeks.
- Local PSC activity has been highly successful, as demonstrated by its membership, which includes the chief medical officer for Wishard Clinics and clinic managers from the active sites.
- The Indiana SBIRT project team has thought through the immediate and long-term needs of the program. The team is focusing not only on implementation considerations: it is also contemplating how to sustain activities beyond the grant's life.
- The Indiana SBIRT project has adopted a proactive approach to sustainability that complements implementation efforts.
- The PSC has engaged champions who will be able to help promote SBIRT in other practice settings.

Grantee Evaluation Findings

GPRA Plan

The Indiana SBIRT evaluation process is guided by the following principles:

- Use evaluation consistently as a process to improve program processes and outcomes.
- View the evaluative process as collaborative, never judgmental.
- Meet all grantee requirements to the best of our abilities.

The project's evaluation goals for Year 1 of the grant include:

- Master and apply techniques of GPRA data collection; fully integrate GPRA into clinical processes.
- Use GPRA data to inform systemic changes in the SBIRT project.
- Constantly monitor and verify the fidelity of GPRA data and collection processes.

Process

The evaluation team is actively engaged in tracking data on a daily basis to ensure that trends and errors are caught and that patients are discharged appropriately. The team provides biweekly data updates to the PSC ([Figure 12 and in the Appendix](#)) that demonstrate the program's progress toward meeting SBIRT targets.

Outcomes

To date, Indiana SBIRT has prescreened 3,493 patients. Approximately one in every three patients has prescreened positive for alcohol, drugs, and/or depression. The ratio of depression to alcohol/drugs is 1.75:1.

A large percentage of patients who receive a positive prescreen for alcohol actually receive negative scores on their full screen. The evaluation team believes that one reason for this outcome may be because prescreens and full screens are conducted by different levels of staff (i.e., MAs versus BHSs). The team has discovered that such discrepancies are related to the alcohol prescreening question.

Below ([Figure 13 and in the Appendix](#)) is a breakdown of reported substance use data extracted from the SBIRT Screening Results document. The program team believes that reports of "other illegal drugs," which include prescription opiates and benzodiazepines, is artificially low because

patients do not want to be caught in violation of the prescription contracts they signed to deter illegal use of medications. Medical professionals believe these substances are grossly misused and abused.

Total work capacity is a combination of time spent processing patient records and time spent treating patients. When examining BHS workload, it was determined that a BHS can enter at most 60 patient records into the WITS system in a single day (51 negative prescreens and 9 treatments). Additional BHS support would lower the number of orange sheets and ensure that patients can receive SBIRT services during their visit. As shown (below), depression screening accounts for a majority of BHS staff time, although this information is not reported to SAMHSA. As mentioned by the program team, "The burden of depression, alcohol use, and drug use might not always be proportional to patient intake volume."

SBIRT Screening Results			
Category	Number	Percentage of Total	Percentage of Subsample
Patients Prescreened (1/31-5/03)	3,493	n/a	n/a
Positive Alcohol Prescreens	345	9.88%	n/a
Positive Drug Prescreens	131	3.75%	n/a
Positive Depression Prescreens	951	27.23%	n/a
*Positive AOD Prescreens (total, non-repeating)	420	12.02%	n/a
Positive Depression Only	736	21.07%	n/a
Total Positive	1156	33.09%	
Treatment Modalities Used (for positive AOD prescreens)			
None	154	4.41%	36.67%
Brief Intervention	102	2.92%	24.29%
Brief Treatment	36	1.03%	8.57%
Referral to Treatment	24	0.69%	5.71%
Delayed Until Next Visit	104	2.98%	24.76%
Patients Prescreened Whose Treatment Was Delayed Until Their Next Visit			
AOD Positives	104		
Depression Only	371		
Total	475		
*Reported Substance Use			
Alcohol	81		
Marijuana/Hashish	48		
Cocaine/Crack	6		
Other Illegal Drugs	7		
Total	120		

Figure 12: SBIRT Screening Results document

Reported Substance Use		
Alcohol	81	
Marijuana/Hashish	48	
Cocaine/Crack	6	
Other Illegal Drugs	7	
Total	120	

Figure 13: Reported substance use rates from the SBIRT Screening Results document

GPRA Followup

Patients that participate in SBIRT receive a unique client record in the WITS database. The record consists of personal information (i.e., name and date of birth) as well as SBIRT-specific information (i.e., prescreen and full screen scores and GPRA data).

A random sample of 10 percent of patients requiring BI, BT, or RT is identified for followup. The WITS system is designed to randomly identify a new candidate for followup should someone opt out (to date, only one person has refused followup out of approximately two dozen). Patients sign a consent form to participate in GPRA followup which is also incentivized by \$20 for completing the interview. The first round of GPRA followup interviews is scheduled for June 2012.

The evaluation team has set up a Google calendar for all BHS staff to track patients for followup. A database program accessible through a web portal currently is in development to streamline the followup process. The team identifies clients that have not been followed up on and sends reminders to make contact. Approximately four clinical care coordinating staff will take over this function when the hiring process is complete.

Evaluation

Strengths

- The project has an active evaluation team whose members understand program implementation strategies and can interpret the data effectively in real time to determine if programming adjustments are necessary.
- The evaluation team has successfully remodeled the WITS database to accommodate SBIRT-specific data. The data have been integrated seamlessly with GPRA. The new and improved system allows for prescreening answers to be recorded and includes prompts to guide the BHS through the appropriate fields. This feature greatly reduces data entry errors and supports use of the correct treatment modalities.

Challenges

- Target numbers appear low, but that finding may be because SAMHSA counts treatment for alcohol and other drugs, not depression.
- GPRA data collection and reporting requirements may require a dedicated staff member to support the effort. Providing regular feedback to the BHS and support staff will help emphasize the importance of obtaining reliable contact information from patients for GPRA followup.

Appendix

Sources of Information Reviewed

- Training Materials (Drug Overview: SBIRT Providers, BHS Intermediate Training Session)
- WITS Database Manual
- Indiana SBIRT application and semiannual report
- Educational pamphlets
- PowerPoint presentations on implementation protocol, organizational overview, GPRA followup protocol, workforce development, PSC, evaluation, and cost analysis, and MI training
- SBIRT Intake and Pre-Assessment Questionnaire
- PSC meeting minutes from March 27, 2012

Documents Included in the Report

- Figure 6: Orange Fast-Track Sheet
- Figure 7: Lavender Prescreen Form
- Figure 8: Westside Community Health Center workflow
- Figure 9: Cottage Corner Community Health Center workflow
- Figure 10: Behavioral Health Specialist Flow
- Figure 11: Treatments Performed by One BHS By Date
- Figure 12: SBIRT Screening Results Document

AFFIX PATIENT LABEL HERE

(Name, Provider Name & DOB)



1. Please page Behavioral Health Specialist for SBIRT follow-up upon completion of pre-exam process.
2. Place STOP form in Positive SBIRT screening basket.

THANK YOU

Patient is located in exam room # _____.

PLACE PATIENT LABEL HERE

(Name & DOB)

Revised: May 24, 2012

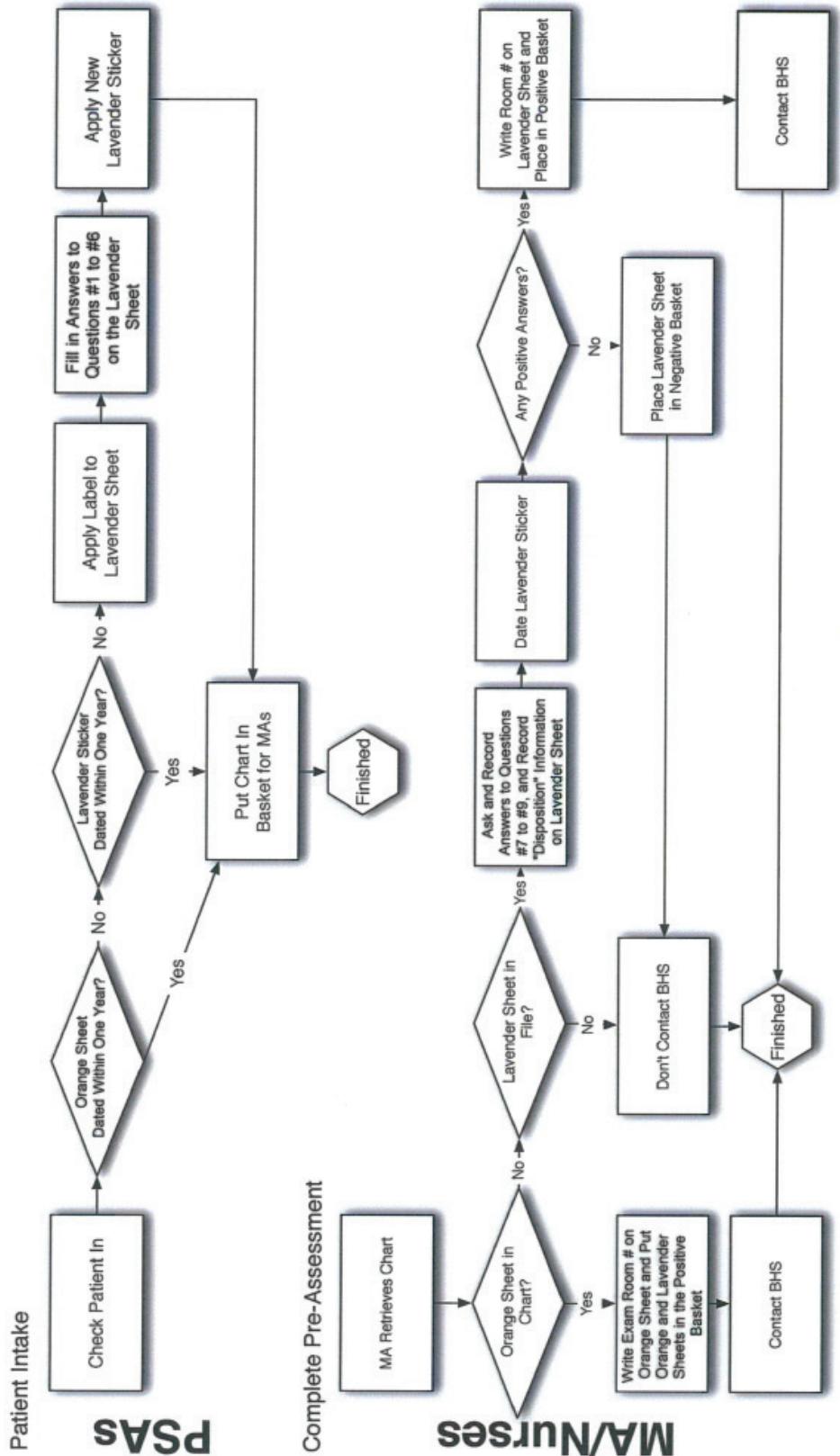
SBIRT INTAKE AND PRE-ASSESSMENT QUESTIONNAIRE

PRESCREENING	Question #1: GENDER				
	GENDER: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Transgender <input type="radio"/> Refused <input type="radio"/> Other _____				
	Question #2: RACE				
	RACE: <input type="radio"/> Black/African-American <input type="radio"/> Caucasian/White <input type="radio"/> Asian <input type="radio"/> Native Hawaiian <input type="radio"/> Other Pacific Islander <input type="radio"/> Alaska Native <input type="radio"/> American Indian <input type="radio"/> Refused				
	Question #3: ETHNICITY				
	HISPANIC/LATINO <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused IF YES, ETHNICITY <input type="radio"/> Central American <input type="radio"/> Cuban <input type="radio"/> South American <input type="radio"/> Dominican <input type="radio"/> Mexican <input type="radio"/> Puerto Rican <input type="radio"/> Refused <input type="radio"/> Other _____				
	Question #4: SOCIAL SECURITY NUMBER				
	SSN (Last 4 Digits) _____				
	Question #5: VETERAN STATUS				
	Have you ever served in the Armed Forces, in the Reserves, or in the National Guard? [IF SERVED] What area, the Armed Forces, Reserves, or National Guard did you serve? <input type="radio"/> Armed Forces <input type="radio"/> Reserves <input type="radio"/> National Guard <input type="radio"/> No <input type="radio"/> Refused <input type="radio"/> Don't Know				
Question #6: FAMILY VETERANS					
Is anyone in your family or someone close to you on active duty in the Armed Forces, in the Reserves, or in the National Guard or separated or retired from the Armed Forces, Reserves, or National Guard? <input type="radio"/> No <input type="radio"/> Yes, One <input type="radio"/> Yes, Multiple <input type="radio"/> ORF <input type="radio"/> ODK					
Question #7: ALCOHOL USE					
MEN: How many times in the PAST 12 MONTHS have you had 5 or more drinks <u>in a day</u> ? _____ (record # of <u>days</u> of 5 or more drinks) 1 or more <u>days</u> is positive.					
WOMEN: How many times in the PAST 12 MONTHS have you had 4 or more drinks <u>in a day</u> ? _____ (record # of <u>days</u> of 4 or more drinks) 1 or more <u>days</u> is positive.					
Question #8: SUBSTANCE USE					
How many times in the PAST 12 MONTHS have you used an illegal drug or used a prescription drug for nonmedical reasons? _____ (record number) Anything greater than 0 is positive.					
Question #9: MENTAL HEALTH					
Over the PAST 2 WEEKS, have you often been bothered by: 1. Little interest or pleasure in doing things? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused 2. Feeling down, depressed, or hopeless? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Refused <<"Yes" to either question is considered a positive prescreen>>					
DISPOSITION	<input type="radio"/> REFUSED <input type="radio"/> NEGATIVE <input type="radio"/> POSITIVE _____				
	EXAM ROOM # <input type="radio"/> LWBS (LEFT WITHOUT BEING SEEN) (Reason) _____				
	<input type="radio"/> FOLLOW-UP REQUIRED				

IndianaSBIRT

Reducing Substance Misuse Throughout Indiana

Westside Community Health Center
SBIRT Intake and Pre-Assessment Protocols
April 20, 2012

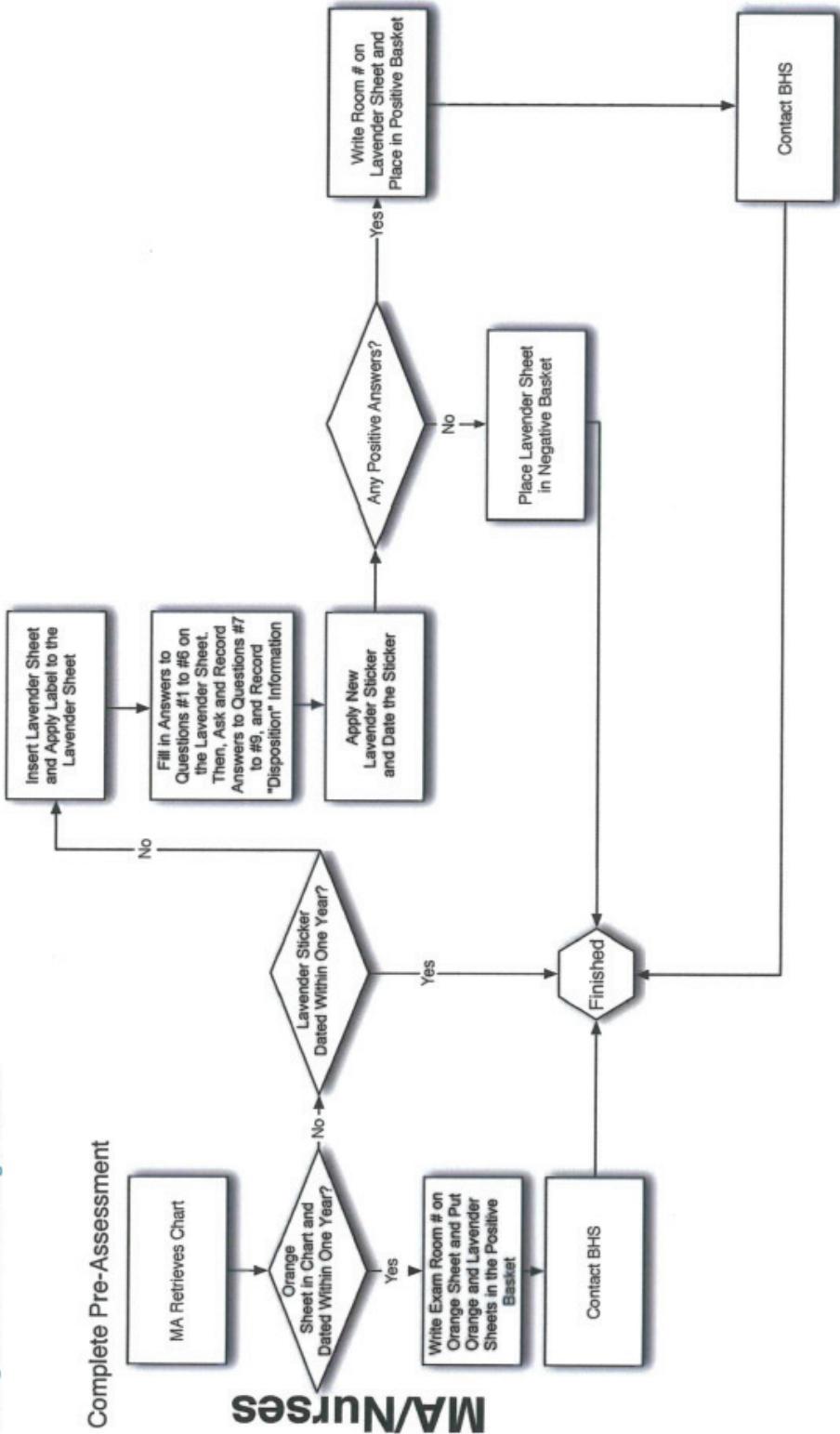


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IndianaSBIRT

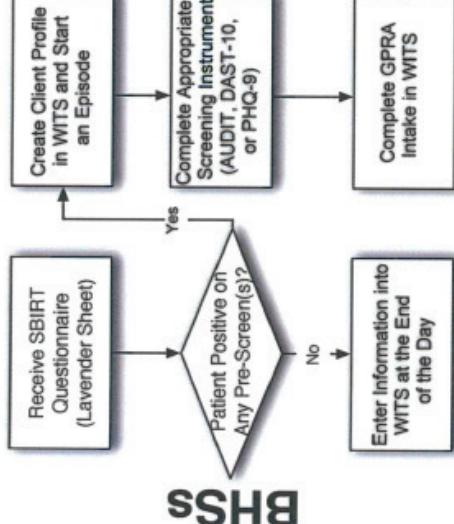
Reducing Substance Misuse Throughout Indiana

Cottage Corner Community Health Center
SBIRT Intake and Pre-Assessment Protocols
April 20, 2012



IndianaSBIRT

Reducing Substance Misuse Throughout Indiana



Goals and Objectives

Given a completed a SBIRT questionnaire (a pre-screening instrument), the BHS will:

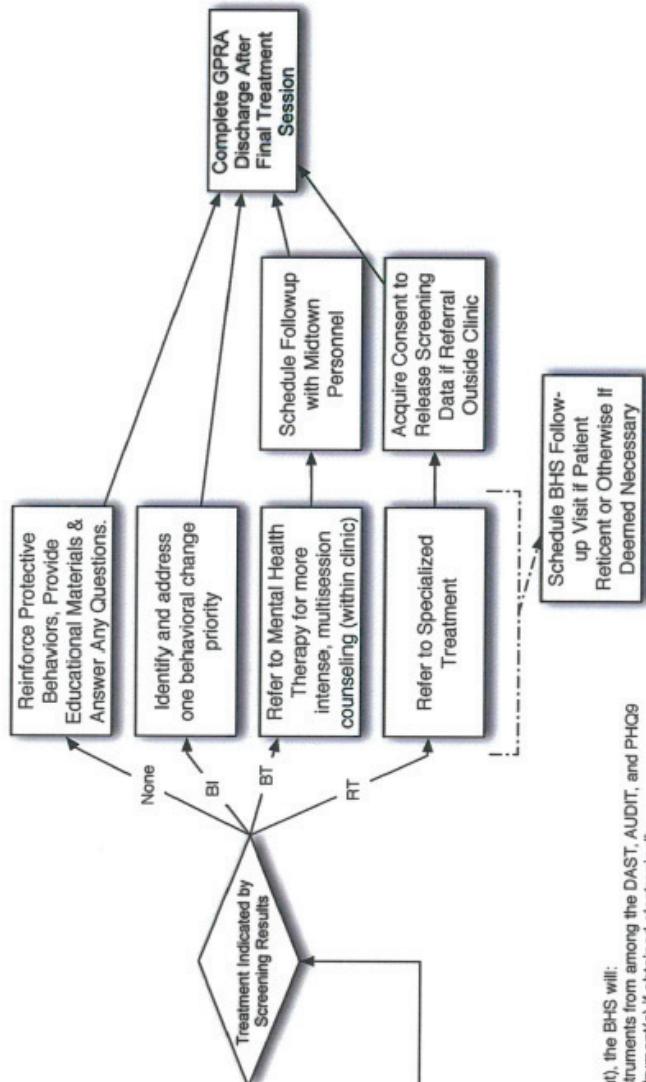
1. Select, prioritize, and administer appropriate followup screening instruments from among the DaST, AUDIT, and PHQ9
2. Score the screening instrument(s), or review the score(s) of the instrument(s) if obtained electronically
3. Given a set of scores from the screening instruments, the BHS will use their clinical judgment to determine the best course of action, to include:
 - 3A. Reinforce positive behaviors/negative screens
 - 3B. Identify a single risk behavior to target for change -- this is the target of the nominal "brief intervention"
 - 3C. Refer the patient for additional counseling/care
- 3C1. Refer to continuing care in house (clinic Midtown personnel) -- this is the "Brief Treatment" path (it amounts to an in-house referral)
- 3C2. Refer to specialized outside care (may be Midtown or elsewhere) -- this is the "Referral to Treatment" path
4. Use patient centered counseling and motivational interviewing to work with the patient to accept and implement one or more of the actions identified in Objective 3 above

Note, really all 4 outcomes of objective 3 are tied to "brief interventions." That is, what the BHS is really doing is briefly working with a patient, using motivational interviewing, to engage in a behavior change; continuing protective behaviors, addressing a negative one, and/or taking up a referral. The underlying skill set is the same for each.

Wishard Community Health Centers SBIRT Intake and Pre-Assessment Protocols

April 20, 2012

Use Patient Centered Counseling, Motivational Interviewing, and Your Clinical Judgment



IndianaSBIRT.org
getinfo@indianasbirt.org

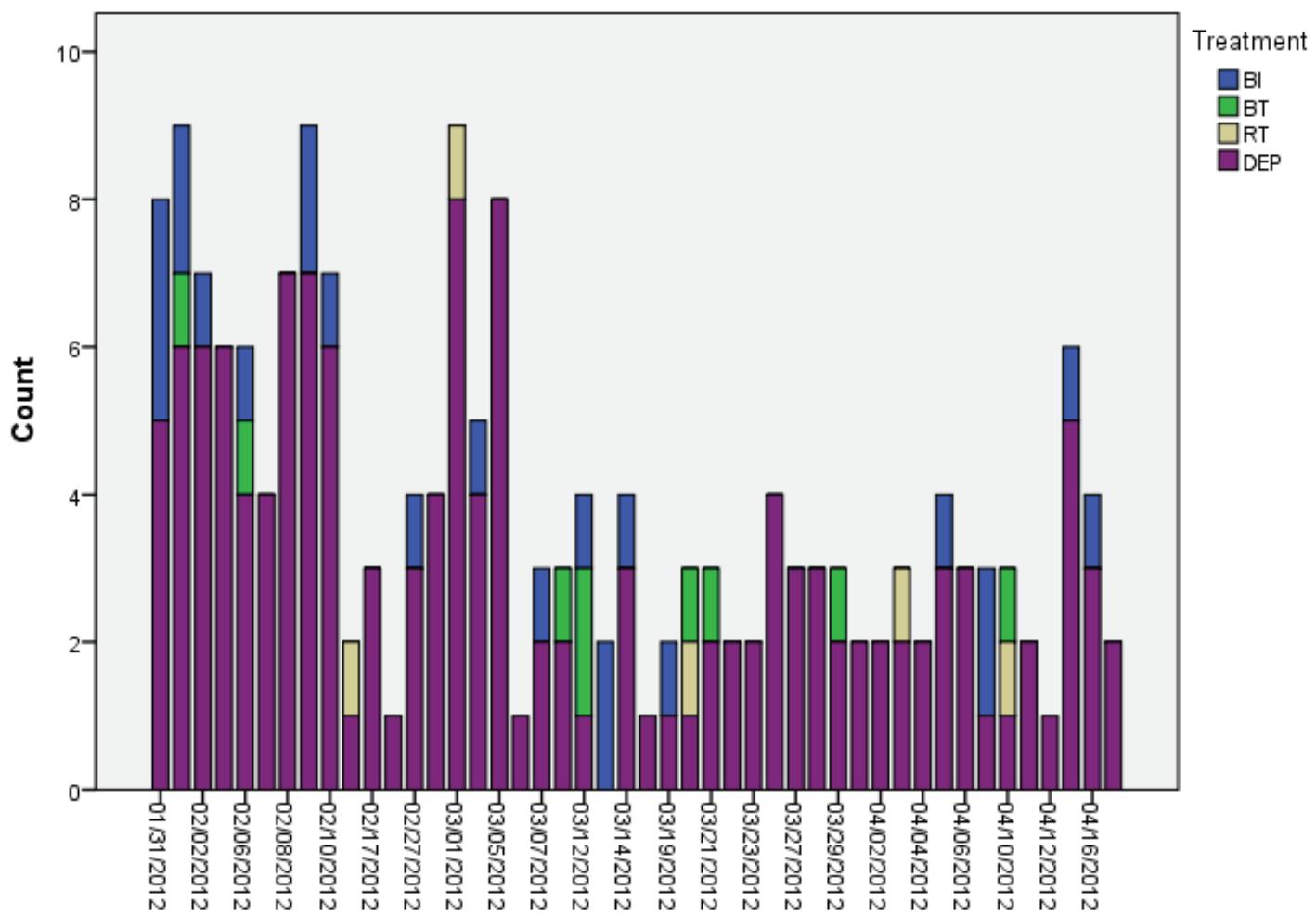


WISHARD



IPRC

Treatments Performed by One BHS by Date



SBIRT Screening Results

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Alcohol	81		
Marijuana/Hashish	48		
Cocaine/Crack	6		
Other Illegal Drugs	7		
Total	120		



The New WISHARD EKERSHAZI HEALTH

Depression, tobacco, drugs, alcohol, and risky behaviors affect your health. To provide you the best care possible, we need to ask about them. So we ask — everyone. The conversation can also start with you. We are here to help!

Deprimirse, fumar, consumir drogas y licor y comportarse en forma arriesgada, son factores que afectan su salud. Para que podamos brindarle la mejor atención que nos sea posible, debemos preguntarle acerca de estos factores. Por lo tanto, nosotros les hacemos estas mismas preguntas a todos. Usted también puede iniciar el tema de conversación. ¡Estamos aquí para servirle!

WE ASK EVERYONE.

Nosotros les hacemos estas mismas preguntas a todos.

A close-up photograph of a man and a woman's faces split vertically. The man is on the left, smiling broadly with his teeth showing. The woman is on the right, also smiling. They appear to be middle-aged.

