



## **SBIRT**

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## **Implementation**

### **Implementation Site Visit Report**

### **Cohort IV State Grantee: Colorado SBIRT**

# Cohort IV Implementation Site Visit

## Final Report

### State of Colorado



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# Implementation Site Visit: Colorado

<b>Grantee Name</b>	State of Colorado
<b>Address</b>	136 State Capitol, Denver, Colorado
<b>Grant TI Number</b>	TIO23456-01
<b>Date of Site Visit</b>	August 13 and 14, 2012
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## Grantee Project Team Members Visited

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# Introduction

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On August 13 and 14, 2012, the SBIRT site visit team met with the State of Colorado SBIRT implementation team. The purpose of the site visit was to engage the State grantee in a discussion to identify the current status of their SBIRT program implementation, its strengths, and possible challenges. An additional purpose was to engage the grantee in identifying any potential enhancements that might be supported by technical assistance, as approved by SAMHSA. The site visit process included the following components:

- Meeting onsite with the principal investigator/project director, core senior staff, key partners, project evaluator, project coordinator, State agency senior leadership, and staff from implementation sites
- Reviewing curriculum components and supportive materials
- Visiting SBIRT implementation sites and interviewing site staff
- Orientation to the Colorado SBIRT database and data dashboards
- Meeting with key implementation partners
- Meeting with the Policy Steering Committee (PSC) co-chair
- Meeting with the evaluation team

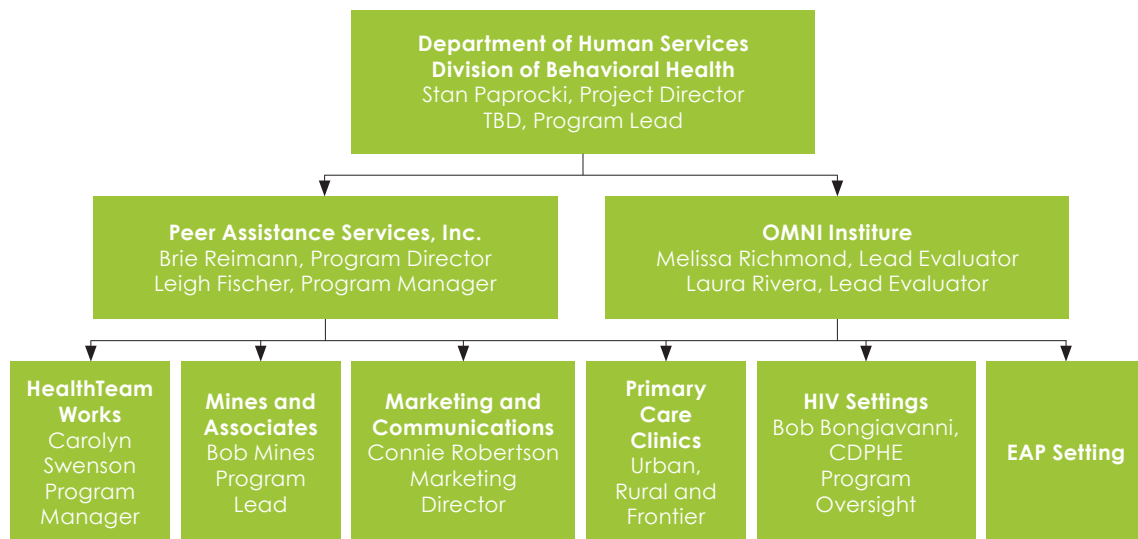
On August 13, 2012, the site visit team met first with the Colorado implementation team. After introductions, the team received a project overview and discussed project implementation to date and their service delivery model. In the afternoon, the team traveled to Colorado Springs to one of the implementation sites, the Peak Vista Community Health Centers. The team toured the facilities and discussed SBIRT implementation, including successes and challenges, with health center staff. On August 14, 2012, the team traveled to the Denver Health Systems, where they interviewed staff, toured its primary care site and dental clinic, and witnessed a demonstration of its electronic health record and the facility's patient tracking system, "EMISIS." Over a working lunch, the team met with the evaluation team from Omni Institute to discuss the evaluation plan and participated in a demonstration of the database and the Data Dashboard. Topics included GPRA and other data collection, the Web-based reporting system, protocols for GPRA enrollment followup, and use of data to support quality improvement activities. In the afternoon, the site visit team engaged in discussion with the PSC. The afternoon concluded with debriefing the Colorado SBIRT Team and the SAMHSA/CSAT project officer via teleconference.

## Overview

The Colorado Division of Behavioral Health (DBH) administers the SBIRT grant on behalf of the Office of the Governor and is the Single State Authority (SSA) for substance abuse. The director of Prevention and Early Intervention provides leadership and administers the contract for the State.

The DBH contracts with two key organizations, Peer Assistance Services for overall grant implementation and management and the Omni Institute, to conduct evaluation activities including GPRA followup reporting. The table of organization below, developed by Colorado SBIRT, details all the participating partners. Notable subcontractors to Peer Assistance Services include HeathTeamWorks, Inc., which provides training and technical assistance, and Mines and Associates, which coordinates specialty treatment and brief treatment services through a network of public and private providers.

## Colorado SBIRT Table of Organization



## Grantee Goals and Objectives

Building on its success as a previous grantee, Colorado SBIRT plans to further disseminate SBIRT to primary care and community settings that have not been reached and to institutionalize the Colorado SBIRT model as a standard of care. The grantee proposes serving 78,000 people through life of project—15,600 annually.

## SBIRT Implementation Plan

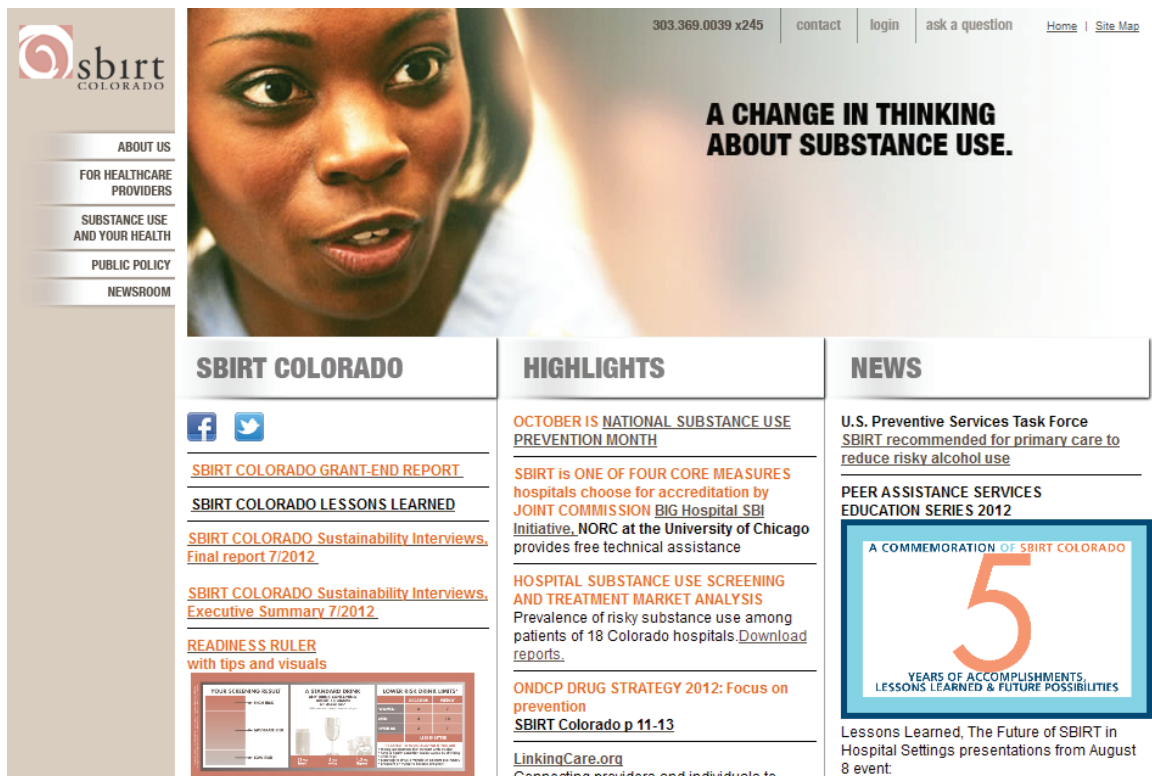
The Colorado team approaches implementation using a defined approach informed by their previous success as a Cohort 2 grantee. The grantee implementation includes a series of essential elements including the following:

- ▣ Peer Assistance and Omni Institute are the primary contractors working on behalf of the State. They conduct all grant implementation, management, data collection, and reporting activities while the State functions as the oversight and fiscal agent for this cooperative agreement.
- ▣ With Leadership buy-in supporting operations, including State policymakers and practice site champions, Colorado SBIRT builds on nearly 6 years of successful experience with SBIRT implementation. The State substance abuse authority, Medicaid, health care provider associations, and behavioral health systems all appear to be active supporters of SBIRT in Colorado.
- ▣ Building on its years of previous operations, SBIRT staff members describe a realistic plan for implementation. They have identified specific practice sites with a realistic assessment of the number of patients served through these sites annually. They work with the practice site to define an SBIRT workflow that fits within the setting and provide ongoing training and coaching to support implementation fidelity. In addition, the team developed the capacity to assist with referrals to specialty treatment through contracting with a statewide



organization that assists with treatment referrals. Omni Institute operates Web-based data systems that support required GPRA data collection as well as other grantee performance data that aid in grantee monitoring.

- The grantee works with all sites to clarify workflow and operations. In addition, the grantee supports the use of technology for data collection and reporting and uses common screening and brief intervention tools across sites. The grantee also requires all practice sites to integrate SBIRT into their electronic health record systems as a condition of contracting.
- At the practice sites, the grantee provides a robust training program for staff. Staff members are trained in the use of substance abuse screening tools, brief intervention, and motivational interviewing. Further, they provide ongoing technical assistance and coaching to support implementation and fidelity to the model. The grantee maintains a highly informative informational Web site with tools, video clips, training materials, and links to other SBIRT informational sites.



A significant challenge facing Colorado is the lengthy delay at startup to effect new contracts with the core partners for this initiative. Consequently, practice site startup is delayed by more than 6 months and the grantee is operating far behind its service target numbers of persons screened for this first year.

## Population(s) Served

Colorado's population is primarily Caucasian (88 percent), with 20 percent identified as of Hispanic origins and 4 percent identified as Black (US Census update, 2011). The population served by SBIRT is primarily composed of patients at rural and urban health centers and a public dental clinic. Persons served in the public clinics are of lower socioeconomic status and represent a greater percent of racial and linguistic minorities than the general population. Colorado SBIRT has also prioritized

screening for pregnant women and women of child bearing age as part of a Fetal Alcohol Spectrum Disorder prevention effort.

## Contextual Conditions

The State of Colorado encompasses more than 100,000 square miles of territory, much of which is rural and frontier. One of the practice sites in Durango is 340 miles from Denver, 6.5 hours' travel by car.



Social acceptance of marijuana use in Colorado is well recognized and the State is currently considering a constitutional amendment to legalize recreational marijuana use. The current campaign has [bipartisan support](#) as well as backing from [the medical industry](#) and [law enforcement](#). A recent public opinion poll indicates that the amendment has a good chance of passing (<http://www.care2.com/causes/3-reasons-colorado-should-legalize-marijuana.html#ixzz29T8OqU93>). Its impact for SBIRT has been demonstrated, with some practice sites reporting that up to 19 percent of adult patients acknowledge marijuana use.

## Project Management

### Staffing

Management staffing is through contractual agreement with Peer Assistance Services and the Omni Institute. Peer Assistance Services also contracts with an organization that facilitates specialty treatment referrals.

Each practice site has a grant-funded staff position of “health educator,” who conducts the SBIRT intervention and uploads intake GPRA data.

### Curriculum and Training

As a subcontractor to Peer Assistance Services, HealthTeamWorks, Inc., provides training on SBIRT



skills, screening for depression, and other topics for health educators at sites and other primary care and community-based organizations. Further, health educators are trained on patient confidentiality, data collection protocols, enrolling patients in followup, administering GPRA, utilizing the Omni Institute electronic database, and other evaluation protocols.

Staff members from Peer Assistance Services and OMNI Institute are developing updated training for health educators and clinical settings on SBIRT protocols, billing and documentation, partnering with behavioral health providers, documentation in patient charts, pharmacology, working with peer advocates, screening pregnant women, and other topics necessary for successful implementation.

## **Budget and Funding Allocations**

Primary contracts for services are made to Peer Assistance Services and to Omni Institute. In turn, Peer Assistance contracts with HealthTeamNetworks, Inc., for training and technical assistance; Mines and Associates for referrals; and brief treatment services and health educators at the practice sites.

## **Policy Steering Committee (PSC)**

Currently, the Colorado SBIRT Strategic Implementation Team is serving the function of the PSC and includes the Colorado Division of Behavioral Health; Peer Assistance Services; OMNI Institute; Colorado Department of Public Health and Environment; Colorado Providers Association; HealthTeamWorks, Inc.; Mines and Associates; Advocates for Recovery; Colorado Community Managed Care Network; and Denver Health Foundation. Decisionmakers from other State agencies, including the governor's office, the State legislative branch, foundations, universities, and others will be joining the PSC at a future date. The grantee is also planning to outreach and engage the State's Medicaid office on the committee. The Strategic Implementation Team meets monthly and the full PSC meets quarterly.

PSC is primarily focused on grant startup and implementation and has yet to focus its attention on sustainability planning. PSC members are monitoring for Medicaid utilization of SBIRT codes as an important element of long-term sustainability.

## **SBIRT Implementation in Practice Settings**

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### **Startup**

As previously mentioned, the grantee experienced significant delays in startup due to time required in State contracting with Peer Assistance Services. As a result, practice site implementation was also delayed. At the time of the site visit, 800 patients had been screened out of the 15,000 anticipated. The grantee was encouraged to monitor its utilization trends closely and consider engaging an additional high-volume practice site if the existing sites do not have adequate numbers of patients for screening.

### **Practice Site Locations**

The grantee has contracted with two systems as SBIRT practice sites, the Denver Health System and Peak Vista Community Health Centers. Denver Health is a comprehensive safety net hospital system providing services regardless of ability to pay. Twenty-five percent of all Denver residents, or approximately 150,000 individuals, receive their health care at Denver Health. In addition to inpatient services, Denver health operates eight community health centers and a dental clinic.

Peak Vista Community Health Centers provides a healthcare home for more than 65,000 people each year and is the safety net for (rural) El Paso and Teller County residents who otherwise would have little to no access to medical and dental care, pharmacy, and laboratory services. Between the two organizations, a total of six sites have been identified as practice sites.

### Denver Health Systems



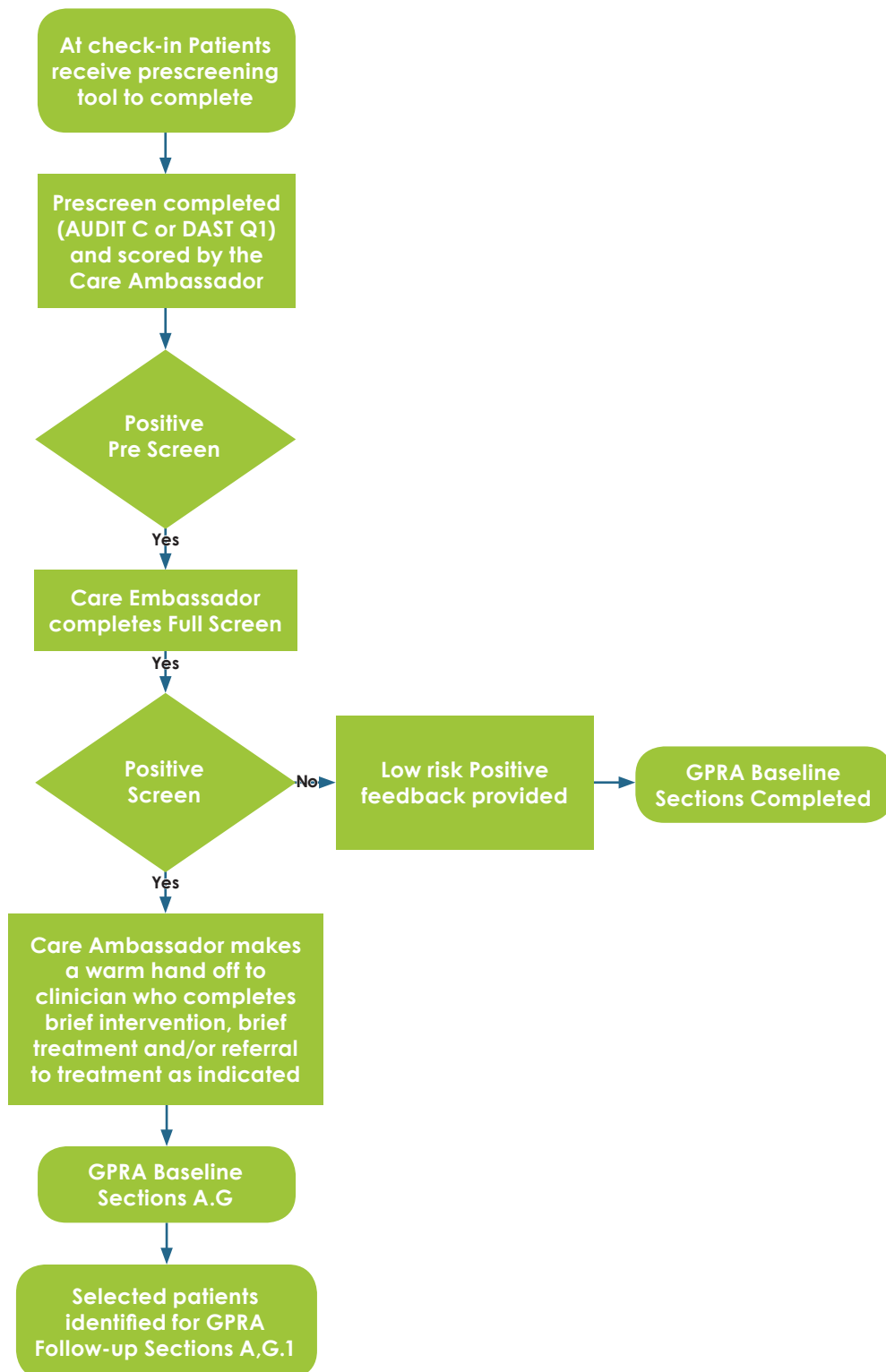
### Peak Vista Community Health Centers



The site visit team had the opportunity to tour both organizations and to interview staff. Peak Vista staff described an efficient workflow for prescreening, screening, brief intervention, and referral to treatment services. Some of the Peak Vista sites have outplaced mental health staff from the county behavioral health authority, providing an easy opportunity for integrated care onsite. Negotiations are underway regarding payment for substance abuse services between the grantee and the county. The grantee was supported by the site visit team regarding the success of these negotiations as integrated care capacity provides the grantee with a readymade opportunity for "warm hand off treatment referrals" and an opportunity to compare the relative effectiveness warm hand off to routine referral processes.

The grantee reports not having a clearly defined brief treatment protocol currently, they have consulted with an in-state expert on brief treatment and have initiated discussion with the Massachusetts SBIRT project regarding their brief treatment protocol.

## Patient Process Flowchart



## Referral/Relationship With ATOD Treatment

The grantee has mobilized the use of technology and has contracted with Mines and Associates to support access to Specialty ATOD treatment services. All health educators have access to a Web-based treatment resource data system, [LinkingCare.org](http://LinkingCare.org), which is supported by Colorado DBH.



## Billing

At the conclusion of the Colorado SBIRT (Cohort 2) grant in the fall of 2011, the State was successful with activation of its Medicaid SBIRT billing codes. The grantee describes limited use of the codes to date and voiced some concern that if there is little code utilization, its availability to providers may be called into question. The grantee reports monitoring code utilization closely through members of the Strategic Implementation Team and plans to initiate capacity-building efforts supporting increased provider use of the codes.

## Grantee Evaluation

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### GPRA Plan

The grantee has a well-organized plan for collecting GPRA data at intake and at 6-month followup. Collecting GPRA intake information has been made part of the routine workflow of the Health Educator (HE), who has the capacity to collect and directly enter data into a laptop computer for later uploading. The HE will also follow up on GPRA contacts.

### GPRA Followup

The grantee has a well-organized system for GPRA followup that includes collecting multiple points of the patient contact information gathered at the initial session. This step is followed by structured and periodic contact following the brief intervention and concludes with the completion of the 6-month followup GPRA. GPRA completion is further incentivized with a gift card given to all patients completing the 6-month followup.

### Process Evaluation

The evaluation team has developed protocols and tools to support implementation fidelity and to document any adaptations made to the intervention over time. No 6-month GPRA followup activities have been performed to date.

# Grantee Performance: Synopsis

## Staffing

All grant-funded positions have been recruited at this time.

## Training

All direct service staff have been trained.

## Sites

Six practice sites have been engaged, and a site champion has been identified at each site. All sites have initiated the SBIRT intervention.

## Patients Served

As of August 2012, approximately 800 patients have been screened across the 6 sites.

# Summary Analysis of Grantee Performance

Grantee Organization and Leadership				
<b>Strengths</b> <ul style="list-style-type: none"> <li>Colorado SBIRT staff members are highly experienced grant administrators who have clearly defined relationships among the partnering organizations: the Department of Behavioral Health, Peer Assistance Services, and the Omni Institute.</li> <li>Senior State leadership is highly committed to adopting SBIRT within primary care and other systems.</li> <li>Colorado SBIRT builds and expands upon the foundation created as a previous SAMHSA SBIRT grantee.</li> </ul> <b>Challenges</b> <ul style="list-style-type: none"> <li>Medicaid reimbursement codes and protocols for SBIRT are operational in Colorado at this time. However, billing providers for the services are limited, and there appear to be issues between providers and Medicaid regarding coding and billing, as well as significant differences between expected levels of compensation and actual compensation received.</li> </ul>				
Potential Enhancements		Grantee	May Request TA From CSAT	Information Requested
1.	<p>In support of long-term sustainability, the grantee is encouraged to carefully monitor this service delivery and reimbursement process issue, and to engage a representative from the State's Medicaid office as a member of the PSC to support process improvement.</p> <p>The grantee may wish to seek technical assistance in support of improving billing and reimbursement processes by SBIRT providers.</p>	X		

## General Grantee Program Implementation

### Strengths

- The implementation model addresses organizational structure, workflow process, context, and culture. Colorado SBIRT recruits and nurtures practice champions at each implementation site who support and guide implementation into the site.
- The SBIRT program builds upon a foundation of prior implementation in primary care settings, collaboration among the participating organization, and in-depth content knowledge among the Colorado SBIRT partners.
- Colorado SBIRT uses a sophisticated data system to support and monitor operations.

### Challenges

- Colorado SBIRT experienced significant delays in program startup due to contracting delays with Peer Assistance and Omni Institute. As a result, some clinic sites have only been operational for 6 weeks at the time of this visit. Colorado has contracted with CSAT to deliver SBIRT services to 15,000 patients in the first year of the grant and anticipates falling short of this number by at least 12,000 in this first year. The Colorado SBIRT team has discussed this issue with their CSAT Project Officer and has developed a strategy to make up the contractually agreed-upon 12,000 plus screened patients.

Potential Enhancements		Grantee	May Request TA From CSAT	Information Requested
1.	The Colorado SBIRT team is encouraged to monitor utilization closely each month, and if patient numbers are not trending appropriately and at an acceptable rate in order to make up the first year shortfall, the grantee is encouraged to bringing on an additional higher-volume practice site and to maintain close communication with their project officer.	X		

## Policy Steering Committee

### Strengths

- The Colorado PSC, known as The Strategic Implementation Team, includes senior leadership from State government, representatives from the medical community, behavioral health, senior project leadership, and the recovery community.
- The Strategic Implementation Team provides input to project leadership, addresses policy issues, and supports sustainability and implementation statewide.

### Challenges

- Currently, representatives from payers such as Medicaid and the State primary care provider association, *Colorado Community Health Network (CCHN)*, are not included on the Strategic Implementation Team.

Potential Enhancements		Grantee	May Request TA From CSAT	Information Requested
1.	To support SBIRT dissemination statewide, Colorado SBIRT is encouraged to expand membership on its Strategic Implementation Team to include representation from the State Medicaid office and the State primary care provider association.	X		



## Practice Site Implementation

### Strengths

- ▣ Each practice site adapts SBIRT implementation to the clinic's unique workflow and culture.
- ▣ Each practice site has an identified SBIRT champion who supports the onsite HE and program implementation.
- ▣ The grantee established as a contractual obligation that all implementation sites will integrate SBIRT into their electronic health record.
- ▣ The grantee has integrated SBIRT into a Fetal Alcohol Spectrum Disorder prevention initiative.
- ▣ The grantee is implementing SBIRT into a dental practice.

### Challenges

- ▣ The practice site in Colorado Springs has a relatively stable patient population and it is anticipated that all patients will have been screened by mid-contract. This creates potential challenges for the grantee achieving its target number of patients served.
- ▣ Timely access to community-based substance abuse treatment is often described as challenging.
- ▣ One practice site in Colorado Springs has behavioral health services onsite funded through the county behavioral health organization. However, contractual issues must be resolved before Colorado SBIRT patients with substance abuse disorders can access these services.
- ▣ Colorado SBIRT does not have a defined brief treatment model; however, they have entered into discussions and are reviewing the model developed by Massachusetts SBIRT.

Potential Enhancements		Grantee	May Request TA From CSAT	Information Requested
1.	The grantee is aware of this potential and is encouraged to monitor performance at the Colorado Springs site and to make appropriate adjustments if indicated.	X		

## Sustainability

### Strengths

- ▣ The grantee has the support and commitment from senior State agency leadership through its PSC.
- ▣ Medicaid codes are activated in Colorado.

### Challenges

- ▣ The grantee currently uses a Health Educator staffing model for its SBIRT implementation, posing possible challenges within insurance billing and reimbursement because these workers are usually unlicensed, must operate as a "physician extender," and have limited capacity to bill for other services.

Potential Enhancements		Grantee	May Request TA From CSAT	Information Requested
1.	The grantee will need to address staffing models and credentials required for SBIRT reimbursement within public and private payer systems.	X		

## Evaluation

### Strengths

- ▣ The grantee has a clearly defined plan for evaluation, including GPRA collection, GPRA followup, and process evaluation.
- ▣ The grantee has comprehensive monitoring tools to assess SBIRT implementation and fidelity.
- ▣ The grantee uses a Web-based system for collecting GPRA data.
- ▣ The grantee has a comprehensive strategy for client identification to support GPRA followup.

### Challenges

None noted

## Training/Workforce Development

### Strengths

- ▣ Colorado SBIRT has significant training capacity to support SBIRT implementation.
- ▣ The grantee has developed a comprehensive SBIRT training.
- ▣ The grantee has a highly informative Web site.
- ▣ The grantee has systems in place to monitor fidelity of implementation within the practice site and to provide ongoing coaching to HEs, supporting and strengthening their practice skills.

### Challenges

- ▣ The HE workforce is not credentialed, creating potential future challenges with health insurance reimbursement.

Potential Enhancements		Grantee	Resources To Be Used	May Request TA From CSAT	Information Requested
1.	Previously described in sustainability section				

## Cultural Competence

### Strengths

- ▣ The practice sites employ a diverse workforce that reflects the populations served within the health clinics.
- ▣ The grantee provides cultural competence training as part of SBIRT training.

### Challenges

None noted



