SBIRT

Implementation

Implementation Site Visit Report

Cohort IV State Grantee: North Carolina SBIRT

Cohort IV Implementation Site Visit

Final Report

State of North Carolina

Prepared by JBS International, Inc., and Alliances for Quality Education, Inc.

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Implementation Site Visit: North Carolina

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Grant TI Number	TI023453
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Introduction

Overview

On June 20 and 21, 2012, the SBIRT site visit team met with the State of North Carolina SBIRT implementation team. The purpose of the site visit was to engage the State grantee in a discussion to identify the current status of its 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 directors, core senior faculty, key partners, project evaluator, project coordinator, and State agency senior leadership
- Reviewing curriculum components and materials
- Visiting SBIRT implementation sites and interviewing site staff
- Reviewing materials
- Meeting with key implementation partners
- Meeting with the Policy Steering Committee (PSC) representative

On June 20, 2012, the site visit team met first with the North Carolina implementation team. After introductions, the team received a project overview and discussed the service delivery model. The team discussed the role of the PSC; project implementation including the implementation approach; sites and settings; evaluation; and GPRA. In the afternoon, the team traveled to Winston-Salem for interviews with local coordinating staff and to tour the Community Care Center.

On June 21, 2012, the team toured the Wake Forest Baptist Health Family and Community Care Center and discussed SBIRT implementation, including successes and challenges, with Center staff. In the afternoon, the site visit team returned to Raleigh-Durham for final meetings at the Governor's Institute. Prior to the full debrief with project staff, the co-project directors were debriefed and possible technical assistance was discussed. The afternoon concluded with debriefing the SAMHSA/CSAT project officer via teleconference.

Grantee Goals

Organization

The Division of Mental Health, Developmental Disabilities, and Substance Abuse Services (DMHDDSAS), is part of the North Carolina Department of Health and Human Services (DHHS) and is the designated Single State Authority (SSA) for mental health, developmental l disabilities, and substance abuse services in North Carolina.

DMHDDSAS provides general oversight and is accountable for this initiative. In addition, it is responsible for the initiative's development, implementation, and program management. The section head of Community Policy Management of DMHDDSAS co-directs the project with the executive director of the Governor's Institute for Substance Abuse.

Key Partners

The North Carolina SBIRT initiative (NC SBIRT) is a partnership among the DMHDDSAS, the Governor's Institute on Substance Abuse, Community Care of North Carolina (CCNC), and Local Management Entities (LMEs) and their contracted Critical Access Behavioral Care agencies.

The Governor's Institute, through a contract with DMHDDSAS, is responsible for overall project implementation, employing both the project coordinator and co-project director. The Institute provides training for primary care staff of CCNC practices, LMEs, and provider agencies on brief intervention and brief treatment techniques.

Grantee Goals

The overall purpose of NC SBIRT is to reduce alcohol and drug misuse and addiction through integration of grant-funded staff, including "Care Ambassadors" and Licensed Clinical Social Worker/Licensed Clinical Addiction Specialists (LCSW/LCASs) at selected primary care practices to provide substance abuse screening, brief intervention, brief treatment, and referral to treatment as appropriate. The Care Ambassador is a new position that assists patients with the SBIRT process and with access to services.

Throughout the 5 years of the grant, North Carolina proposes to screen and serve 37,808 patients. In the original proposal, the State ambitiously proposed implementing SBIRT in 20 sites in the first year. This number of sites has been amended to 6 sites in the first Year.

The State proposes making a series of changes in systems infrastructure strategies in support of SBIRT diffusion statewide, including the following:

- Provide training on brief intervention and treatment to providers in primary care settings
- Facilitate and strengthen bidirectional linkages between primary care and specialist behavioral health settings
- Fully embed and institutionalize the delivery of SBIRT services in the selected sites
- Sustain the SBIRT model developed by NC SBIRT in primary care settings
- Identify and address systems and policy changes that support a sustainable SBIRT practice in primary care
- Identify and resolve barriers in SBIRT implementation
- Broadly disseminate use of SBIRT across the State

SBIRT Implementation Plan

Overview

NC SBIRT plans to implement SBIRT into highly diverse settings and geographic locations serving diverse sectors of the State's population. Geographic locations include a family practice clinic associated with a large teaching hospital and a true "free clinic" serving indigent and uninsured adults—many of whom are urban Black and Hispanic immigrants. Other sites include a suburban primary care practice, a rural health center, and a center serving a large Native American population. All sites are contracted through CCNC.

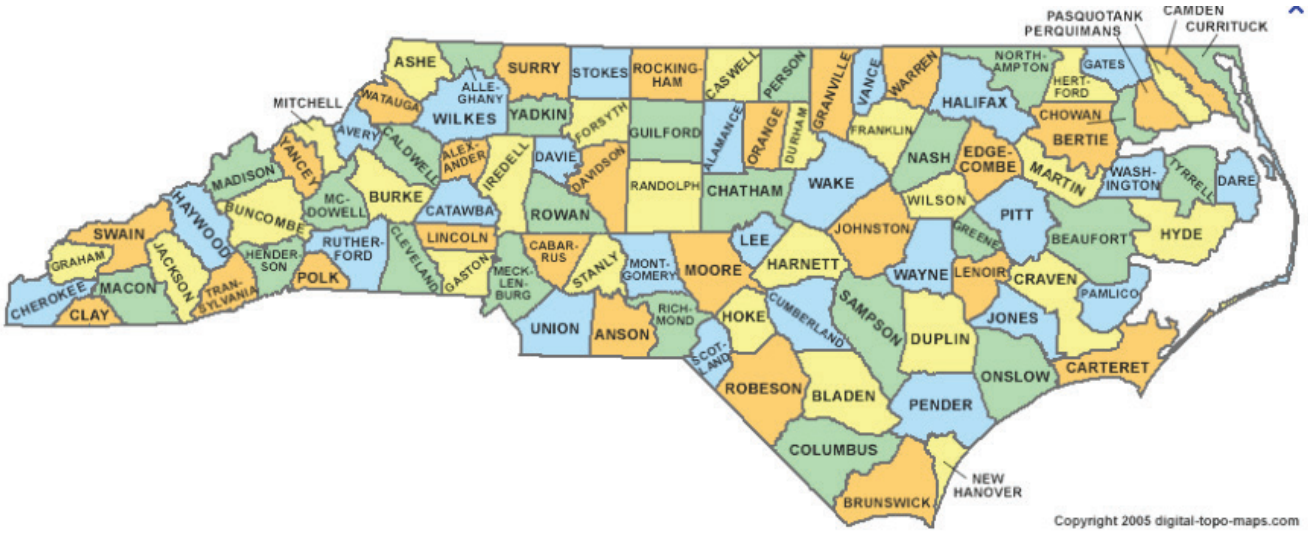
Contextual Conditions

North Carolina has been highly progressive in supporting integrated behavioral health and primary care approaches for more than 20 years. The State has funded multiple integrated care pilots including SBIRT pilots, supported creation of the North Carolina Center of Excellence for Integrated Care, launched an initiative in support of "Safer Opioid Prescribing," and has long supported physician training in addictions medicine.

The Governor's Institute on Substance Abuse, which opened in 1986, was convened to make recommendations about an organizational strategy to make the health care professions, particularly physicians, more involved in preventing, identifying, and treating substance abuse. The Governor's Institute provides networking opportunities, research, and educational programs that support North Carolina professional organizations, clinics and hospitals, treatment facilities, consumer groups, and the substance abuse field.

The North Carolina SBIRT initiative builds on this history of public and private partner collaboration in support of service integration.

North Carolina spans a large geographic area, more than 550 miles east to west and 150 miles north to south, and is the 10th most populated State with more than 9.6 million residents. The State spans urban, suburban, and rural areas, coastal communities, and remote areas in Appalachia. The significant distances among SBIRT implementation sites was viewed by the site visit team as posing challenges for communication, planning, relationship building, and training.



Through statute, North Carolina operates LMEs that are responsible for managing, coordinating, facilitating, and monitoring the provision of mental health, developmental disabilities, and substance abuse services in the area they serve. State law authorizes the LMEs to provide service authorizations, utilization review, and utilization management for all clients. These LMEs are transitioning to become local managed care organizations as the State prepares for changes in health care insurance and service delivery. The LMEs play a dual role in providing clinical staff to the implementation sites as well as assisting patients to access specialized services when needed.

These contextual conditions of distances, State infrastructure, diverse practice settings, and populations all contribute to a higher level of complexity in grant implementations. Two areas of concern that were identified during the site visit are: (1) face-to-face communication is more

challenging; and (2) knowledge of which entity (State, LME, or practice site) makes specific decisions regarding implementation and operations. Technology mediates these challenges to a certain degree but cannot replace the value of necessary live meetings during startup, as these complex issues are being discussed and resolved.

Population(s) Served

North Carolina is home to a diverse population, and NC SBIRT seeks to serve a cross section of the North Carolina population.

The State's racial composition as of the 2010 Census is:

- White: 68.5 percent
- Black or African American: 21.5 percent
- Hispanic or Latino (of any race): 8.4 percent
- Asian: 2.2 percent
- Native Hawaiian and Other Pacific Islander: 0.1 percent
- Some other race: 4.3 percent
- Two or more races: 2.2 percent

The residents of the State also include a significant migrant labor population and more than 20 State-recognized Native American Tribal organizations.

The grantee describes the important roles that faith organizations serve in North Carolina, ministering to the health and social needs of the community. NC SBIRT has committed to build capacity within the faith communities of North Carolina for screening and brief intervention and to strengthen linkages among faith communities, primary care, and behavioral health care.

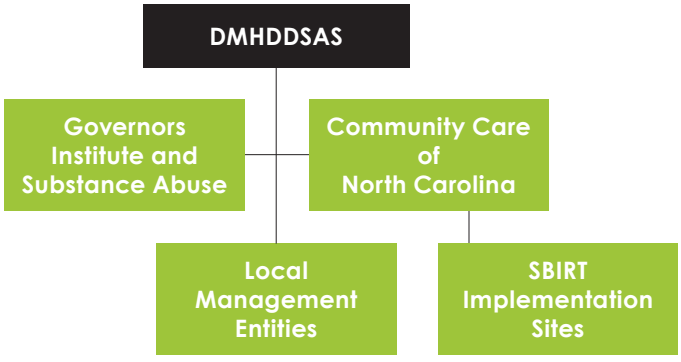
North Carolina is home to the nation's third largest military population, with the State estimating that nearly one third of all North Carolina residents are active duty uniformed services, Army National Guard (ANG), Army or Air Force Reserves, retired, or family members. Through DMHDDSAS, the State has sponsored and funded a number of programs in support of the military (www.veteransfocus.org), including a current pilot of SBIRT with the ANG.

Project Management

NC SBIRT operates in a multi-tiered management structure that reflects the existing State system.

DMHDDSAS is the fiscal and administrative entity in behalf of the State. The SSA for substance abuse and the executive director for the Governor's Institute are co-project directors. The LMEs act as the DMHDDSAS agent at the community level and CCNC coordinates services with the primary care sites. The Governor's Institute provides training and evaluation services for the grant.

North Carolina SBIRT Table of Organization



Staffing

DMHDDSAS provides for staff (in-kind) as part of the SBIRT management team. The team includes: Flo Stein, M.P.H., co-project director; Maria Fernandez, Ph.D., and Joan Kaye, LCSW, co-project managers; and Adolph Simmons, M.S., GPRA coordinator and business manager. Through the GI, Sara McEwen, M.D., M.P.H., serves as co-project director and Matthew Prentice, M.S.W., as project coordinator.

DMHDDSAS contracts with the selected LMEs (Centerpoint and Sandhills). Centerpoint and Sandhills contract with the Critical Access Behavioral Health Agencies (CABHAs) as well as the CCNC Networks to implement NC SBIRT in a total of 6 sites in the first year. The LMEs will monitor the CABHAs to ensure fidelity to the SBIRT model. The oversight provided by LMEs builds their capacity for further integration of early identification and treatment of tobacco, alcohol, and other drug misuse in their continuum of services as these organizations transition into State-approved managed care organizations (MCOs) for publicly funded services.

Budget and Funding

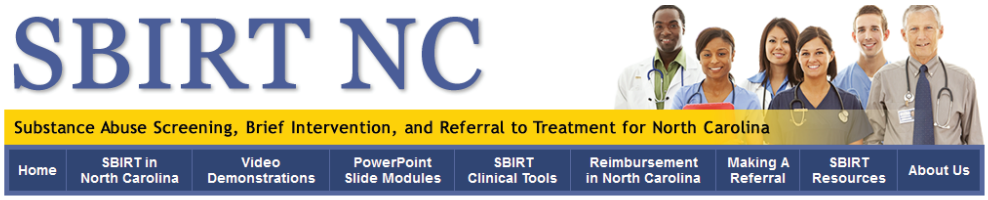
Using SBIRT grant funds, DMHDDSAS funds LMEs to contract with three Critical Access Behavioral Heath Agencies (Daymark, Robeson Health Care Corporation, and Partnership for Drug Free North Carolina) to hire eight LCSW/LCASs to be outplaced at the practices where the grant project will implement SBIRT. The LCSW/LCASs will serve patients who screen positive for alcohol or drug misuse and the LCSW/LCASs may provide mental health screening (depression and anxiety), brief intervention, brief treatment, and referral to treatment as appropriate. The Critical Access Behavioral Health Agencies are State- and Medicaid-designated local organizations that ensure that the core services are available in their communities, including:

- Screening, assessment, and referral
- Emergency services
- Service coordination supporting an integrated service delivery model
- Comprehensive array of services
- Consultation, prevention, and education

CCNC is a primary health care case management plan for a majority of State Medicaid recipients. CCNC creates and supports community health networks to achieve long-term patient care quality, service access, and service utilization objectives. The CCNC Networks (CC of the Sandhills and Northwest CCN Network) will each hire four Care Ambassadors at the primary care sites to provide screening and assist with GPRA and other data collection. Both of the CCNC networks will hire one SBIRT Network Coordinator each to assist with project implementation, fidelity, GPRA, and other data collection. These Network Coordinators will also supervise the Care Ambassadors.

Training and Workforce Development

The Governor's Institute has been contracted to provide training and technical assistance in support of SBIRT adoption and dissemination. The Governor's Institute has trained direct service staff at the two operating practice sites as well as staff within the associated LMEs. Other community presentations have been conducted to build interest and awareness. Training of Wake Forest-affiliated staff has been ongoing for at least 3 years, as their residency program is part of the Mercer University/SECAT SAMHSA SBIRT Medical Residency grant. Training for health care providers outside Wake Forest has been limited. The grantee has launched a highly informative public Web site that provides quality informational resources to their practice sites and to the community (http://www.sbirtnc.org/).



Curricula

NC SBIRT has developed a three-part core SBIRT training that is used for provider training. The training includes the following:

- Module 1 includes an introduction to SBIRT, including a discussion of the prevalence of substance use issues, the concepts supporting universal screening and brief intervention, core intervention components, clinical evidence for effectiveness, and challenges to implementation.
- Module 2 addresses screening for substance use issues, including prescreening and full screening using the AUDIT and DAST screening tools.
- Module 3 provides an orientation to brief intervention and a primary introduction into the use of Motivational Interviewing (MI) strategies used in brief intervention. Further resources in support of SBIRT strategies are described at the end of this training. Staff members within the LMEs are recognized as playing a defined role in monitoring intervention fidelity. However, at this time, they do not have monitoring tools such as proficiency checklists or adherence tools to support monitoring, supervision, and coaching. The site visit team provided feedback regarding access to these monitoring tools.

North Carolina has significant training capacity to support workforce skills development in areas of MI with four Motivational Interviewing Network Trainers (MINTs) working within the State. These MINT trainers are currently developing plans for a flexible strategy to build MI skills within SBIRT while recognizing that there are significant differences in skills among the direct service workforce.

The grantee was encouraged to develop an overall training strategy that might include use of

trainer of trainers to support further dissemination as well as building peer mentoring in support of skill development. The grantee was encouraged to take every available opportunity to present to the project in order to help build awareness and buy-in from both internal and external stakeholders.

NC SBIRT may be seeking technical assistance in the future regarding the "business side" of SBIRT. Insurance codes are active in North Carolina; however, there has been limited adoption and use of this capacity in the field. The State is seeking to build its capacity to provide training and technical assistance in support of these business practices.

SBIRT Implementation in Practice Setting

In Year 1, NC SBIRT plans to implement in 6 practice sites. At the time of the site visit, two sites were operational and three others were scheduled for implementation in the near future. The two sites visited by the team were the Community Care Clinic and the Family Medicine Clinic of Wake Forest Medical Center. Both sites are located in metropolitan Winston-Salem.

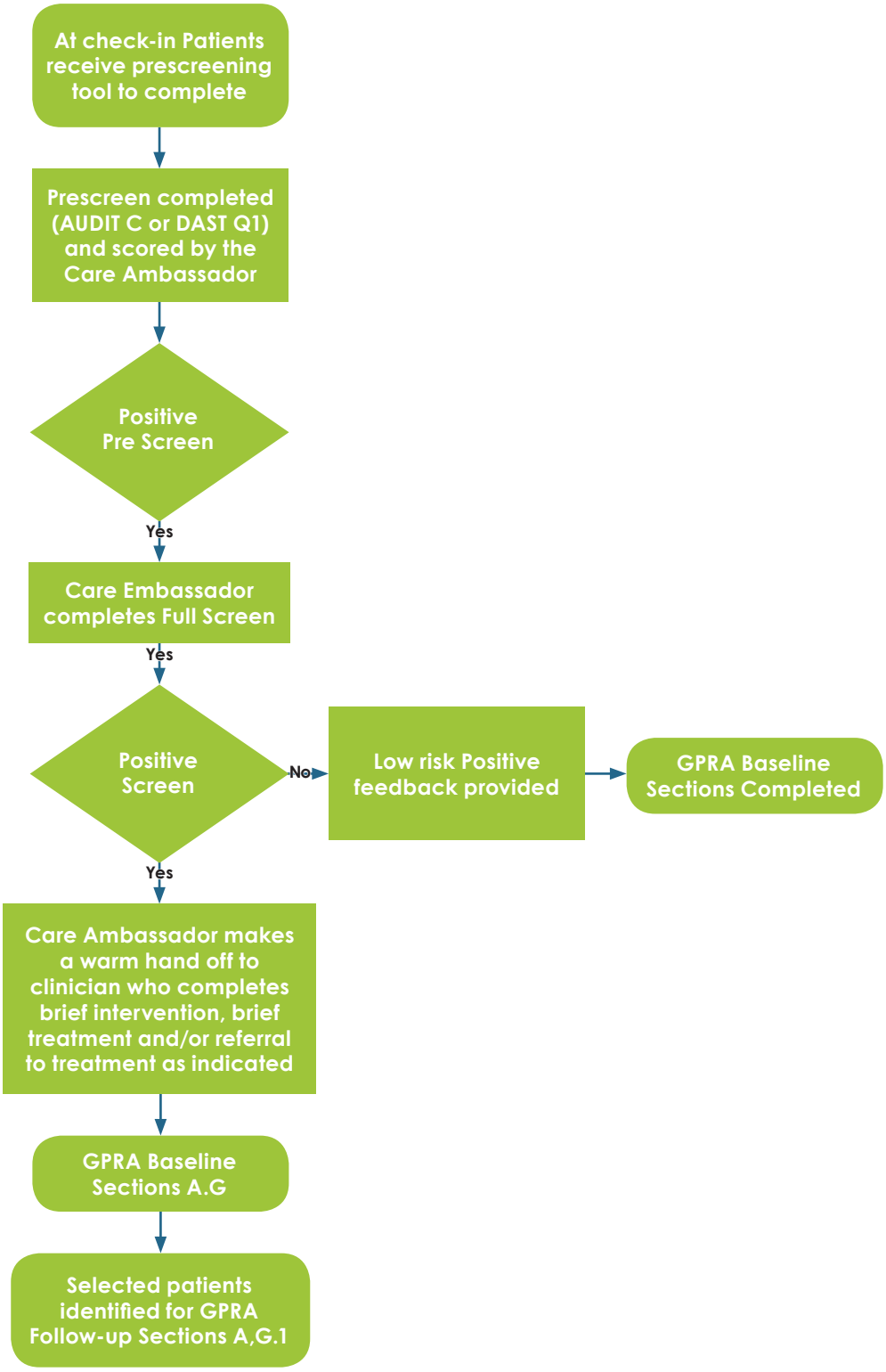
The Community Care Clinic Northwest, serving the Winston-Salem area, was the first site visited. The Community Care Clinic is a private, nonprofit, community-based organization that provides medical care at little or no charge to low-income, uninsured, and underinsured persons through the use of volunteer health care professionals and partnerships with other health providers. The clinic services are provided exclusively by volunteer health care professionals serving in the clinic's facility. Lay volunteers also perform a variety of administrative and clerical tasks keeping overhead costs low. When touring this site, JBS team members interviewed staff who described the unique culture of the organization. As the operations are maintained by a largely volunteer staff, some of the commonplace operations in medical practices do not exist in this setting. Staffing patterns change from day to day, depending on the schedule of volunteers. On some days, the physician will have a medical assistant as a support, and other times the physician will providing all the services including height, weight, and blood pressure. Patients are seen on a first-come first-served basis. Patients are provided a number when entering the facility and are seen when their number is called.

Family Medicine Clinic
of Wake Forest Medical Center

The SBIRT clinician is funded through the grant and is placed at the site. This clinic is the highest volume free clinic in North Carolina serving a largely minority population. There are far more patients seen in a given day than the SBIRT clinician has time to screen and as a result, universal screening is not possible in this location at this time. The SBIRT health prescreen is distributed to patients while they wait for their medical appointment. Prescreen scoring, full screening, and brief intervention are conducted either before or after the medical appointment. Documentation of services is transcribed into the patient "paper" record, as a significant percentage of this population is transient and will likely be challenging in 6-month followup.

The Family Medicine Clinic of Wake Forest Medical Center was the second practice site visited. This site builds on a history of SBIRT activities within the Wake Forest Medical Center. Staff are highly supportive of SBIRT and easily adopted it into the new setting. Staff members of the Family Medicine Clinic describe a clearly defined SBIRT workflow for the delivery of the SBIRT intervention that is illustrated below.

Clinic Workflow



Site visit staff had an opportunity to meet with the coordinating team members and other staff from Wake Forest to discuss startup implementation successes and challenges. The staff described how this initiative builds on previous experiences and successes with SBIRT, and they have a clear understanding of what needs to take place for successful implementation. There is ample access to training and coaching internally, and they described a high level of buy-in and strong champions within the medical staff. They identified concerns regarding communication, timeliness of decisions, and a need to clarify where decisions will and can be made in the multi-tiered system of this project. The site visit team viewed these concerns as common communication and decisionmaking processes often worked through in the startup phase of any new and complex venture. Feedback was provided to the participants and they were encouraged to have more frequent communication with project leadership to work through these issues—preferably in person—during this startup period.

Referral/Relationship With ATOD Treatment

Clinicians funded by the grant will provide brief treatment services when appropriate, and will facilitate referral to specialty treatment in the community when indicated. These clinicians are collocated at the practice site allowing for a "warm handoff" referral to treatment.

Role of Electronic Medical Records (EMR)

The Family Medicine Clinic at Wake Forest uses an EMR, and SBIRT services are entered into this electronic record. At this time, Community Care Clinic does not have an EMR. Information on other practice sites was not available at the time of this site visit.

Insurance Billing

Insurance codes are activated in North Carolina. However, billing for SBIRT has not occurred. The grantee identifies billing and other areas of business practice as topics for future technical assistance in support of long-term sustainability.

Grantee Evaluation

North Carolina has developed a comprehensive Quality Management Plan that includes patient GPRA initial and followup data information, process, and outcome evaluation. North Carolina is using the FEI/WITS system for the Web-based management and transmission of GPRA data.

The Quality Management Plan will monitor the progress in achievement of grantee goals including: infrastructure goals such as strengthening early intervention and referral capacity between primary care and ATOD treatment services and enhanced information sharing though use of EMRs; and sustaining the North Carolina SBIRT model that is developed through this initiative, meeting all grant requirements, including numbers of patients served and meeting all GPRA followup requirements. The grantee is also considering at least two studies associated with this initiative: a North Carolina-specific study of the health-related cost benefits using the CCNC's existing health informatics system, and a study of the impact of SBIRT on substance abuse treatment engagement and retention.

GPRA Plan

NC SBIRT has an organized system for GPRA initial and followup data collection. At the practice sites, the Care Ambassadors ensure that all the necessary information for GPRA Part A has been collected. They initially enter this BPRA information onto a paper form. For patients who receive a full Screen and brief intervention, the clinician administers the appropriate additional sections of the GPRA form. Following the conclusion of the patient encounter, The Care Ambassador uploads

the information into the WITS system. Patients who are selected for a 6-month followup additionally complete a consent form and a client locator form. The patients are informed that their Care Ambassador may periodically check in with them following up on this current session. The SBIRT Network Coordinator quality checks staffs' work at the practice sites, monitors 6-month follow-up schedules and interview completion, and then completes the discharge forms.

GPRA Followup

At the time of this site visit, no GPRA followup interviews had been conducted. In support of completing required followup interviews, the grantee described an organized system for patient tracking and followup activities. The grantee completes a comprehensive client locater form at the time of followup enrollment and makes several contacts with followup patients in advance of the 6-month interview.

Process Evaluation

The grantee is collecting process data to monitor successful implementation and adherence to model fidelity. Data collected are used by the grantee leadership team in support of process improvement and are submitted periodically to the PSC for review and discussion.

Outcomes Evaluation

North Carolina has identified a series of outcome objectives associated with the grant. These include patient outcomes that will be measured primarily through GPRA followup and outcomes regarding State infrastructure. The grantee has also set a series of systems infrastructure objectives. These objectives include: strengthened linkages and coordination of efforts between primary care and behavioral health providers; better utilization of SBIRT insurance billing codes; policy changes in support of improved access and SBIRT adoption; and a sustained and "institutionalized" SBIRT model in practice settings.

Policy Steering Committee

The site visit team viewed the North Carolina PSC as a significant strength of NC SBIRT. The PSC builds on the 25 plus-year work within the State and in the Governors Institute supporting behavioral health and primary care integration. The PSC membership is made up of the following key State stakeholders and decisionmakers:

- DMHDDSAS
- LMEs
- CCNC
- The Governor's Institute
- The Division of Medical Assistance (Medicaid)
- Department of Rural Health
- Office of Rural Health and Community Care
- Faith-Based Organizations
- American Indian Health Board

- Commission on Indian Affairs
- State Consumer and Family Advocacy Council
- NC Federation of Addiction Professionals
- NC Chapter of American Society of Addiction Medicine
- NC Psychiatric Association
- Blue Cross and Blue Shield of North Carolina

Key goals for the PSC include the following:

- Sustainability planning
- SBIRT marketing and training in non-SBIRT sites
- Identifying and resolving policy and funding barriers
- Policymaking and advising regarding the grant implementation

The PSC meets monthly this first year of operations and will meet quarterly in Years 2–5. The PSC reviews and approves all semiannual reports sent to SAMSHA.

Grantee Performance: General

- **Staffing:** Grant-funded positions for coordination and management and direct service positions have been filled for the current implementation sites. As new sites become active, those direct service positions will be filled.
- **Training:** Staff has been trained on the GPRA/SAIS system, and direct service staff has been trained on the SBIRT intervention, including use of screening tools and brief intervention. Wake Forest medical staff members have been trained previously, as they are part of the SAMHSA SBIRT Medical Residence program.
- **Sites:** The grantee has two sites that are currently operational and four others that are opening in the next few months. The grantee has experienced some delays in site startup.
- **Patients:** A total of 218 individuals have been served to date.
- **GPRA:** No 6-month followup contacts have been initiated to date.

Summary Analysis of Grantee Performance

Organization and Leadership

Strengths

- North Carolina has been proactive in supporting primary care/behavioral health integration for more than 25 years, including physician training within the State's medical schools and primary care specialty groups, piloting SBIRT using State resources, and founding the North Carolina Center of Excellence for Integrated Care.
- The Governor's Institute on Substance Abuse is the co-administrator for NC SBIRT. The Institute was founded in 1991 to support an organizational approach to getting health care professionals, particularly physicians, involved in preventing, identifying, and treating substance abuse.
- The North Carolina DMHDDSAS has formed strategic alliances with Community Care of North Carolina, the Governor's Institute on Substance Abuse, statewide faith organizations, and local organizations to collaborate in SBIRT implementation.
- DMHDDSAS senior leadership has actively promoted SBIRT adoption statewide.

Challenges

- The NC SBIRT is a complex initiative that involves State, county, and local entities.

Potential Enhancements		Grantee	May Request TA From CSAT	Information Requested
1.	Maintaining responsive systems of communication and decisionmaking will be important elements of infrastructure to support implementation and to avoid delays.	X		

Policy Steering Committee

Strengths

- The NC SBIRT PSC includes representation from all key State offices, including the Division of MHDDSAS, the Division of Medical Assistance, the Office of Rural Health, Blue Cross Blue Shield of North Carolina, the North Carolina American Indian Health Board, physicians, addiction and mental health professions, and consumers.
- The PSC has responsibility for policy development, sustainability planning, and supporting marketing of SBIRT statewide.

Challenges

None noted

Practice Site Implementation

Strengths

- The grantee has currently implemented SBIRT at two sites, the Community Care Center (a free clinic in Winston-Salem) and the Family Medicine Clinic at the Wake Forest University Medical Center. Two additional sites are scheduled to begin in July, and the remaining two sites are scheduled to begin in September.
- The grantee will be selecting eight unique practice sites, including a Federally Qualified Health Center, spanning the State. Sites include rural and urban locations; sites serving middle-class and indigent populations; sites serving diverse populations, including Latino adults, many with limited English proficiency; and at least two sites that will serve a significantly high proportion of the Lumbee tribe.
- Through other resources, the grantee will be piloting SBIRT within the North Carolina ANG.
- The Family Medicine Center at Wake Forest has a clearly defined SBIRT workflow that is embedded within the clinic process supporting universal screening for patients served in the clinic.
- The Community Care Center clinic serves a vital role in the community by serving uninsured and indigent persons.

Challenges

- The Community Care Center is primarily operated by a largely volunteer medical staff and does not have the supportive infrastructures, such as defined workflow patterns, support staff, and consistent staffing patterns, of a traditionally structured and funded clinic setting.
- As staffing patterns change frequently, developing a clearly defined SBIRT workflow that is embedded within the clinic process is challenging and makes universal screening difficult.
- Staff from the two provider sites described periodic challenges with timely decisionmaking that impeded their implementation process.

Potential Enhancements		Grantee	May Request TA From CSAT	Information Requested
1.	The grantee is encouraged seek and/or provide technical assistance to the Community Care Center to support successful SBIRT integration.	X	X	
2.	In support of efficient operations, it will be important for the grantee and practice sites to clarify what decisions are made at the local level by the community provider and what decisions are made by the grant administrators.	X		
3.	Despite the inconveniences associated with travel, the grantee and sites are encouraged to have more frequent in-person meetings in order to communicate and make decisions supporting successful implementation.	X		

Sustainability

Strengths

- North Carolina has fully activated Medicaid and Medicare SBIRT insurance billing codes, and through the Governor's Institute and the North Carolina Center of Excellence for Integrated Care, has developed supportive guidance documents for SBIRT coding and billing in primary care.
- The medical director of BCBSNC (North Carolina's largest private insurer) sits on the PSC and is committed to working toward implementation.
- The practice sites are Community Care of North Carolina Medical Homes and have the infrastructure and disease-management focus that supports preventive care and care for chronic conditions.
- The PSC has an essential role in sustainability planning.

Challenges

- Community providers are unfamiliar with the business practices associated with SBIRT, including coding and billing and integration and documentation of SBIRT in EMRs.

Potential Enhancements		Grantee	May Request TA From CSAT	Information Requested
1.	Community providers will need technical assistance in the business practices associated with SBIRT, including coding and billing and integration and documentation of SBIRT in EMRs.	X	X	

Evaluation

Strengths

- The grantee is effectively using data to monitor and support performance. These data are being used to support analysis and performance improvement for successful implementation.
- The grantee has contracted with FEI/WITS for electronic GPRA data collection and reporting to SAMHSA.

Challenges

- Very preliminary data indicate that the number of patients prescreening as "positive" was well below the anticipated 12 percent to 20 percent for positive prescreens.

Potential Enhancements		Grantee	May Request TA From CSAT	Information Requested
1.	The grantee is encouraged to continue using evaluation data to support successful implementation.	X		
2.	The grantee is encouraged to use process evaluation to support implementation in the very different practice sites. This information may include important lessons learned for future SBIRT dissemination.	X		
3.	The grantee may want to review how prescreening questions are administered. Prescreen questions embedded into a routine wellness survey consistently yield higher "positive" results than standalone substance use prescreens.	X		

Training and Workforce Development

Strengths

- The Governor's Institute is contracted to provide statewide SBIRT training and builds on a foundation of previous SBIRT training/technical assistance and primary care training in addiction medicine.
- The grantee has strong internal capacity for physician training and MI.
- The grantee has launched a highly informative SBIRT informational Web site: www.sbirtnc.org.

Challenges

- SBIRT training for practice sites and for medical providers outside of Wake Forest has been limited.
- The grantee describes challenges with engaging primary care providers.
- Practice sites may need technical assistance to support successful implementation.
- Systems to support fidelity of implementation were not evident across sites.

Potential Enhancements		Grantee	Will Request TA From CSAT	Information Requested
1.	The grantee is encouraged to take all available opportunities to conduct SBIRT training throughout the State. This measure supports improved community and provider awareness and acceptance.	X		
2.	In followup to initial training, the grantee is encouraged to build provider capacity through ongoing technical assistance for practice sites supporting successful implementation.	X		
3.	To build primary care physician buy-in, the grantee may wish to groom and recruit Physician Champions, perhaps first through Wake Forest Medical Center. These physicians can be used as champions within the broader medical community.	X		
4.	SBIRT practitioners will benefit from monitoring tools, such as a proficiency checklist, to maintain fidelity of implementation.	X		

Cultural Competence

Strengths

- North Carolina is seeking to implement SBIRT serving highly diverse populations and cultures including Native Americans, Latinos, rural communities, and faith communities.
- The PSC has engaged consumers, faith communities, rural health, and Indian Health Service representation on the committee.
- A cultural competence plan is under development in North Carolina, and the SBIRT project will be integrated into the plan.

Challenges

- The approach to SBIRT and its delivery may require adaptation in order to successfully serve these diverse populations.

Potential Enhancements		Grantee	Will Request TA From CSAT	Information Requested
1.	The grantee is encouraged to monitor implementation with these diverse settings and populations and to identify if/when adaptation appears to be indicated and to seek consultation if needed. Documentation of adaptations is encouraged, as this information is valuable both for this and other grantees.	X