Service Design Site Visit Report

South Carolina Department of Alcohol and Other Drug Abuse Services

Columbia, South Carolina

Dates of Site Visit: April 2–4, 2014

◆ SBIRT ◆

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

Prepared for the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment

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South Carolina Department of Alcohol and Other Drug Abuse Services

Grantee Name	South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS)
Grantee Address	2424 Bull Street, Columbia, SC 29201
Grantee Phone Number	(803) 896-7387
Site Visit Dates	April 2–4, 2014
Program Name	South Carolina Screening, Brief Intervention, and Referral to Treatment (SC SBIRT)
Grant TI Number	TI 025112-01
SAIS Number	TA 3847
Grantee Contact Person	Samantha Collins, M.A., LPC, NCC, CACII
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Grantee Project Team Members	
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Samantha Collins, M.A., LPC, NCC, CACII	Project Director, SC SBIRT
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Beatrice Smith, LMSW	Project Manager, SC SBIRT
LaKisha Wheeler	Project Coordinator, SC SBIRT
Carl Kraeff	Management Consultant, DAODAS
Frankie Long	Treatment Coordinator, DAODAS

Grantee Project Sites Visited	
DAODAS	2414 Bull Street, Columbia, SC 29201
Healthwise Family Medicine	154 Wren Street, Barnwell, SC 29812
Barnwell Family Medicine	86 Wren Street, Barnwell, SC 29812
Axis 1 Center of Barnwell	1644 Jackson Street, Barnwell, SC 29812

Executive Summary

The South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) is one of five State entities recently awarded a 5-year cooperative agreement for screening, brief intervention, and referral to treatment (SBIRT) by the Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of this grant program is to implement SBIRT services in primary care and community health settings for adults at risk for or diagnosed with substance use disorders. The program is designed to expand and enhance the State and tribal continuum of care for substance misuse services, reduce alcohol and drug consumption and the associated negative health impacts, increase abstinence, and reduce the costs of health information technology (HIT).

The South Carolina SBIRT program plans to implement SBIRT practices in five counties across the State. The program will address alcohol, tobacco, and drug use among adult clients at 10 federally qualified health centers (FQHCs), 1rural health clinic (RHC), and 1 internal medicine clinic. The focus will be on patients who use FQHCs for their primary medical care. Most patients will be low income and uninsured.

Since the grant was awarded in August 2013, SBIRT has been integrated into six FQHCs, one RHC, and one internal medicine clinic in Barnwell, Greenville, Georgetown and York Counties. Barnwell County's FQHC population is primarily elderly and rural; Greenville County's FQHC is in an urban hospital setting; and York County's FQHC serves a diverse, growing population on the North Carolina border. The project plans to implement SBIRT in Horry County in May 2014, with three additional sites to follow.

On April 2–4, 2014, the site visit team conducted an implementation site visit to South Carolina DAODAS to discuss with the grantee the status of its SBIRT program, key program strengths, and challenges experienced during implementation. The team worked with the grantee to identify potential enhancements that might be supported by technical assistance, as approved by SAMHSA. While on site, the team met with key project staff and State agency senior leadership, visited SBIRT implementation sites and met with administrative staff and service providers, and discussed plans for integration of SBIRT into electronic health records and the State's health information exchange.

Grantee staff and South Carolina DAODAS leadership view SBIRT as an essential part of the State's health care delivery system, and buy-in for the SBIRT program has been achieved at all levels of the agency. Grantee staff have made a concerted effort to engage key community- and State-level stakeholders. The South Carolina SBIRT Policy Steering Committee is composed of representatives from the South Carolina Hospital Association, South Carolina Department of Mental Health, South Carolina Department of Health and Environmental Control, South Carolina Department of Health and Human Services, South Carolina Office of Research and Statistics, Behavioral Health Services Association of South Carolina, Faces and Voices of

Recovery South Carolina, South Carolina Medical Association, and the South Carolina Primary Health Care Association.

Although the grantee has launched SBIRT services at eight initial practice sites, implementation is still new, and several sites need additional assistance. The grantee may want to consider delaying implementation at the remaining sites for several months and focus instead on full implementation at the initial eight locations, using them as prototypes. The grantee identified several areas for potential technical assistance including creating a strategic plan for HIT, integrating brief treatment within practice sites, and developing viable SBIRT business practice models in support of long-term sustainability. An issue involving Government Performance and Results Act data collection and reporting was identified, and the grantee has followed up with the SBIRT Program Area.

Grantee Overview and Environmental Context

The South Carolina Department of Alcohol and Other Drug Abuse Services is located in Columbia, South Carolina.

The South Carolina Department of Alcohol and Other Drug Abuse Services (DAODAS) is the single State authority for alcohol and other drug abuse programming. The department reports directly to the Governor and is responsible for advising the executive branch, general assembly, and State agencies on alcohol and other drug abuse issues. DAODAS is the designated administrator for the SAMHSA cooperative agreement and works with contractors providing evaluation services, data collection and reporting, and training. DAODAS also works in collaboration with the State health information exchange (HIE) and county alcohol and drug abuse authorities.

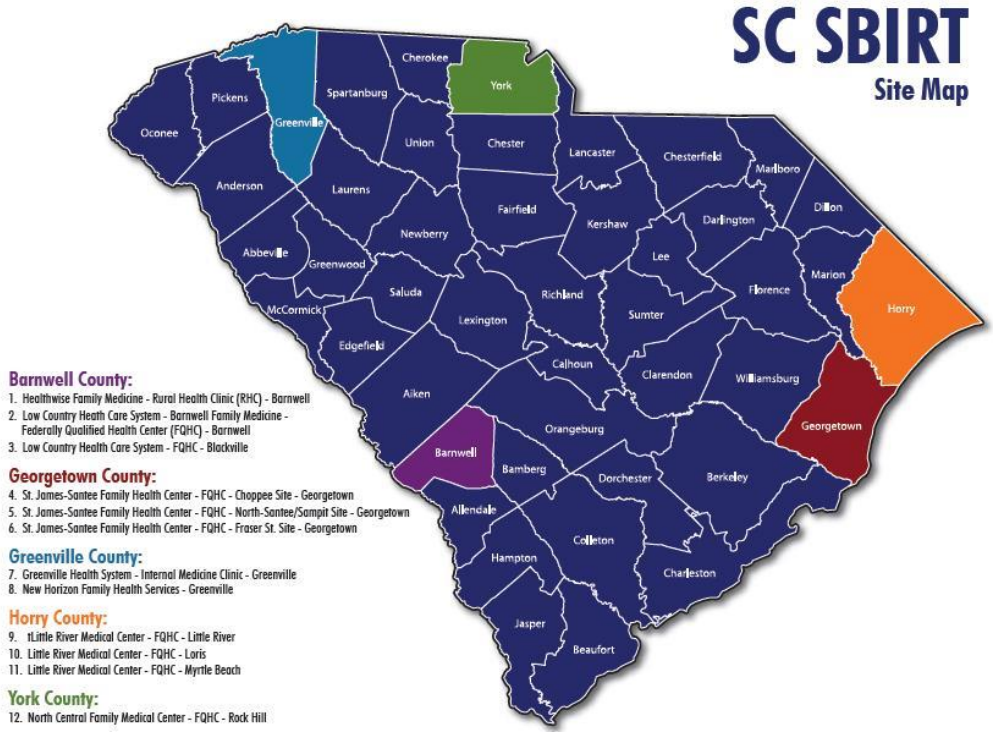
DAODAS's mission is to ensure the availability and quality of substance abuse prevention, treatment, and recovery services in South Carolina, thereby improving the health status and quality of life of individuals, families, and communities. DAODAS plans, initiates, and coordinates an extensive system of services. The department establishes standards for prevention and treatment programs in the State and provides funding and technical assistance to the public prevention and treatment system.

DAODAS oversees 33 alcohol and drug abuse authorities serving the State's 46 counties; these authorities receive public funding for services based on a population formula. The county authorities have organized to form the Behavioral Health Service Association of South Carolina. SAMSHA funding for health educators and patient navigators in designated screening, brief intervention, and referral to treatment (SBIRT) primary care sites is made available through the county authorities. South Carolina SBIRT (SC SBIRT) will be implemented in 10 federally qualified health centers (FQHCs), 1rural health clinic (RHC) , and 1 internal medicine clinic in 5 counties (Barnwell, Georgetown, Greenville, Horry, and York). The sites are located in urban communities and small rural towns (see exhibit 1, next page).

South Carolina has a population of approximately 4.6 million. Thirty-one of the State's 46 counties (67 percent) are designated as rural. DAODAS is committed to reducing health disparities and ensuring access to services in poor and rural communities. The target population for SC SBIRT is underserved due to low socioeconomic status and lack of health insurance and access to services. The population is estimated to be 36 percent female, 64 percent male, 52 percent white, 41 percent African American, and 10 percent Latino/Hispanic.

South Carolina and its counties are committed to building and supporting successful working relationships. They agreed to purchase one certified electronic health record (EHR) system to be used in all county substance abuse treatment systems, which will save resources due to economies of scale while enhancing information sharing.

Exhibit 1. SC SBIRT Locations



1. Site Visit Overview

On April 2–4, 2014, the SBIRT team conducted a site visit to South Carolina DAODAS. The purpose was to identify the status of SBIRT program implementation and its strengths and possible challenges. An additional purpose was to identify potential enhancements that might be supported by technical assistance, as approved by SAMHSA. The site visit included several components:

- Meeting with the principal investigator/project director, core senior staff, key partners, project evaluator, project manager, and State agency senior leadership
- Reviewing grant implementation and materials
- Reviewing current capacity and plans regarding health information technology (HIT), including EHRs, the interface between primary care and behavioral health care providers, and participation in the State HIE
- Reviewing project evaluation, quality improvement, and GPRA reporting and followup
- Visiting three SBIRT implementation sites (see exhibits 2–4, next page) and interviewing staff
- Meeting with the SC SBIRT Policy Steering Committee (PSC) and providing feedback on the site visit (SAMHSA Project Officer Kellie Cosby participated via conference call)

Exhibit 2. Healthwise Family Medicine

Exhibit 3. Low Country Health Care System/ Barnwell Family Medicine

Exhibit 4. Axis 1 Center of Barnwell/Barnwell County Commission on Alcohol and Drug Abuse

2. Program Vision and Design

South Carolina will implement SBIRT in FQHCs and other primary care clinics in five counties. The project will focus on low-income and uninsured patients who use FQHCs as their primary access to medical care. An estimated 25 percent have a substance use disorder. By focusing on FQHCs and primary care practices, SC SBIRT will support the integration of physical and behavioral health services.

DAODAS has a strategic plan for substance abuse services. A primary objective involves planning and facilitating SBIRT adoption as a vital part of a continuum of care that supports population-level health and the integration of behavioral health and primary care. South Carolina has been building capacity for SBIRT since 2009 with the initiation of statewide SBIRT training for providers and payers and a targeted SBIRT program for pregnant and postpartum women to improve birth outcomes.

3. Grantee Leadership

SC SBIRT is administered by DAODAS and managed through a series of key partnerships including county alcohol and drug abuse authorities; Tidwell Associates, the evaluation contractor; Alan Lyme, a training contractor; and CareScope, a technology vendor (see exhibit 5). DAODAS is responsible for grant management, reporting, fiscal operations, program planning, training, technical assistance, and implementation.

SC SBIRT is directed by Samantha Collins with the assistance of Beatrice Smith, project manager, and Lakisha Wheeler, project coordinator. The treatment coordinator is Frankie Long. The project management team acts under the guidance of DAODAS executive management in cooperation with the PSC. The PSC includes representation from key organizations and State offices that are well positioned to support the implementation, dissemination, and sustainability of SBIRT (see exhibit 6).

Exhibit 5. SC SBIRT Organizational Chart

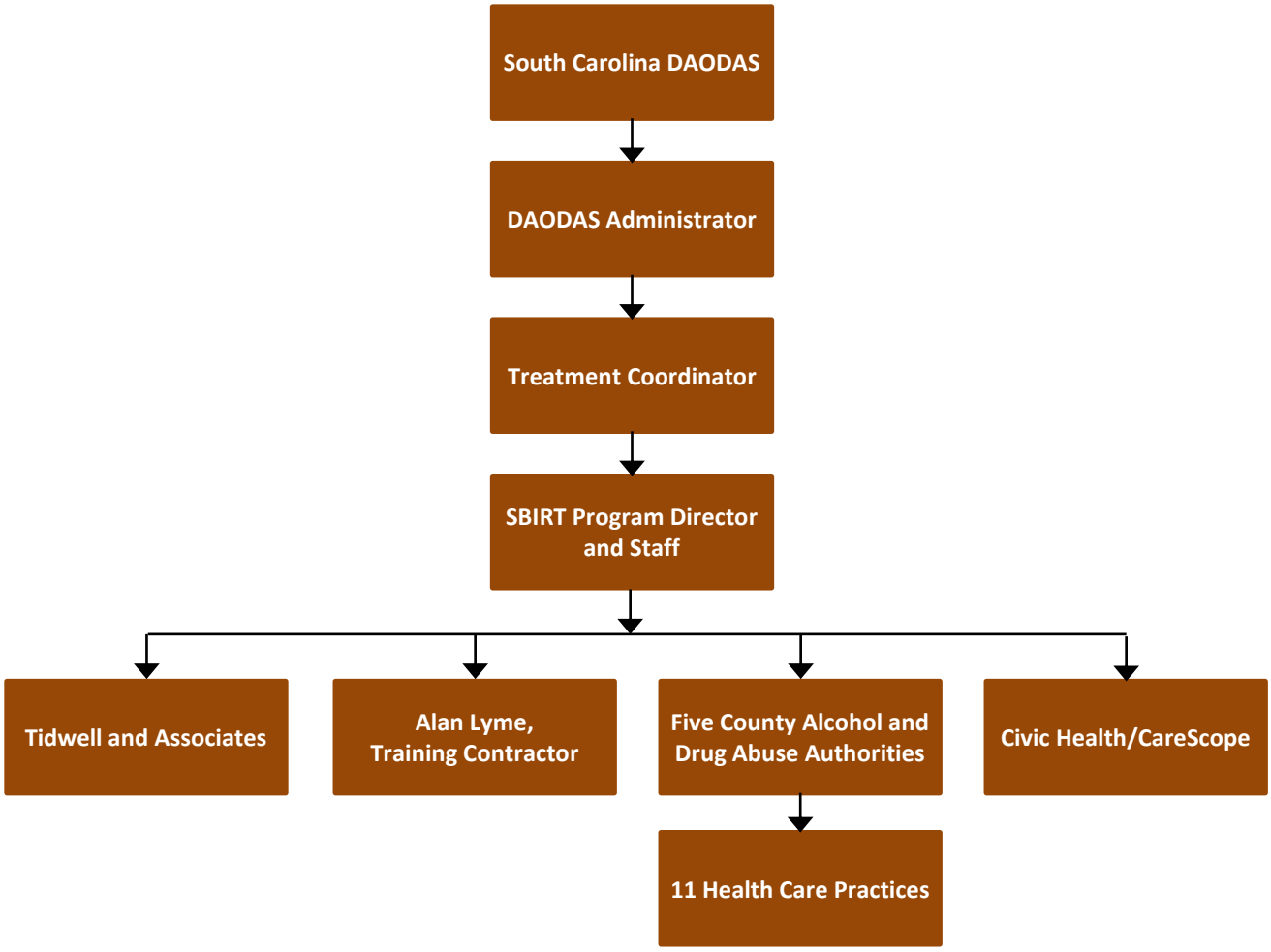


Exhibit 6. SC SBIRT Policy Steering Committee Membership

SC SBIRT Policy Steering Committee	
Samantha Collins	DAODAS
Robert Toomey	DAODAS
Frankie Long	DAODAS
LaKisha Wheeler	DAODAS
Beatrice Smith	DAODAS
Adriane Able	Executive Director, South Carolina Health Information Exchange (SCHIEx)
James Head	South Carolina Hospital Association
Lathran Woodard	Primary Health Care Association
Dr. Katy Wynne	South Carolina Department of Health and Environmental Control
Todd Atwater	South Carolina Medical Association
Dr. Bryan Amick	South Carolina Department of Health and Human Services (Medicaid)
Allison Lukacic	South Carolina Department of Health and Human Services (Medicaid)
Dr. Pam Imm	Tidwell and Associates
Ritchie Tidwell	Tidwell and Associates
Bobby Markle	Tidwell and Associates
Sarah Crawford	South Carolina Office of Research and Statistics
Janet Martini	Behavioral Health Services Association and Keystone Substance Abuse Services
Geoff Mason	South Carolina Department of Mental Health
Bonnie Pate	Faces and Voice of Recover South Carolina
Dr. James Bradford	South Carolina Department of Health and Human Services (Medicaid)

4. Implementation Plan

The implementation of SC SBIRT is guided by a detailed implementation plan. Following the hire of grant-funded project management staff, DAODAS confirmed subcontracts with the five county alcohol and drug abuse authorities. Memoranda of agreement, business associate agreements, and qualified services organizational agreements were executed between the county authorities and selected health care sites. The CareScope Web-based data management system was customized to meet GPRA reporting requirements. Startup technical assistance was provided to the health care practice sites to facilitate SBIRT adoption. Health educators and patient navigators were hired and trained in SBIRT skills, motivational interviewing, grant

reporting, and evaluation. An SBIRT/motivational interviewing trainer provides monthly clinical supervision to health educators. Approximately $20,000 is provided annually to the health care sites to defray administrative expenses.

To help make SBIRT a standard of care in South Carolina, SC SBIRT convened the PSC. The PSC and its care coordination and technology workgroup will address key system and policy issues including revisions to Medicaid, support for health care sites in developing viable business practice models, SBIRT integration into EHRs, and information exchange. The project plans to host a statewide SBIRT conference in the coming year.

SC SBIRT has begun implementation at eight sites. The site visit team toured two of the health care sites and the county substance abuse treatment provider in Barnwell County. The team identified issues concerning program integration, workflow, and staff buy-in, which are common during startup. The two health care sites demonstrated significant differences in capacity. One site has a single health care provider, uses a paper patient record, and serves a largely elderly population. The other site has multiple providers; uses an EHR; and serves children, adults, and seniors.

The practice site staffing model integrates support from front desk staff, nursing staff, health educators, and patient navigators, with the workflow tailored to each site. Both sites visited by the site visit team described a common SBIRT workflow. Patients complete a prescreen (part of a wellness survey) at the check-in desk, either alone or with help from a medical assistant. Patients who screen negative for substance use risks receive no further services and continue with their appointment. Results for patients who screen positive are provided to the primary care clinician for review. The health educator completes a full screening using the Alcohol Use Disorders Identification Test (AUDIT) and/or Drug Abuse Screening Test (DAST-10) and provides brief intervention and referral to treatment as indicated. The full screening takes place before or after the medical visit, depending on the doctor's schedule.

When a patient is referred to treatment, the patient navigator facilitates this process. As the two Barnwell health care sites are within walking distance of each other, the team suggested that the patient navigator come to the clinic and participate in a "warm handoff" referral. Staff said some patients leave before completing the full screen; in those cases, staff try to schedule a return visit. GPRA baseline data and client locator information are entered into the CareScope system. There is no current capacity to provide brief treatment at the sites. The site visit team discussed this issue as an area for future technical assistance and program enhancement.

A significant area of concern was identified concerning GPRA reporting. The grantee said it had been instructed by another contractor not to report any "prescreen negative" patients and, as a result, has been significantly underreporting its performance. The site visit team advised the grantee that these patients are eligible to be counted within the GPRA category of "screening and feedback only." Reed Forman, the SAMHSA SBIRT Program Area Lead, confirmed this following the site visit. The grantee is working to capture and report previously uncounted cases.

The site visit team suggested adding staff resources to expand supervision and monitoring at the sites. The team also suggested slowing further expansion by several months and using the eight current locations as pilot sites to gain experience and inform further program expansion. A supervision and monitoring position funded through the South Carolina Primary Health Care Association could bring added value by expanding buy-in and support for health centers. The grantee might also consider developing a written SC SBIRT implementation guide to support future implementation and conserve resources by reducing redundancy.

The South Carolina Health Information Exchange (SCHIEx) is expected to play an important role in sharing patient information across providers and systems. The SC SBIRT sites are at varying stages of readiness to participate in SCHIEX; one recently joined the exchange. SCHIEx is sustained through a subscription model with different pricing for physician practices, hospitals, and State agencies.

SBIRT screening data are collected and stored in the CareScope data repository for public and private health care and behavioral health care providers. Providers can purchase a subscription to the system, which has some reporting capabilities. The system documents positive and negative SBIRT prescreens, full screens and related scores, treatment referrals, care coordination for patients referred for treatment , demographic data, and other elements. The system could be streamlined with improved skip patterns and prefilling capabilities. The system is reportedly capable of data exchange with SCHIEx, although that functionality is not yet in place for SC SBIRT. CareScope data are currently not integrated into any EHRs; integration may require upgrades or adaptations..

The substance abuse treatment system in South Carolina has implemented a single EHR, Qualifacts, for all 33 providers. Provider onboarding to Qualifacts is very recentso much work remains before the system is fully operational. The use of a single system makes efficient use of resources and will facilitate data exchange and continuity of care. DAODAS should document and monitor the implementation process and use the lessons learned to inform future efforts. The mental health treatment system in South Carolina uses multiple proprietary systems, which complicates connections with primary care at the patient level and adds to the complexity of connecting to SCHIEx.

At present, none of the substance abuse treatment providers participates in SCHIEx because of the recent selection of the EHR and provider concerns about privacy and confidentiality. DAODAS should encourage their participation and emphasize its commitment to patient confidentiality and improved continuity of care. SCHIEx uses an opt-out consent approach. While most users of behavioral health services consent to share their information, individuals must have the ability to request that certain information is not shared. In addition, SCHIEx will need to ensure that only patient-approved entities and individuals can access information.

SCHIEx has a data warehouse feature that offers potential for population health management. Whether this feature is integrated with CareScope or DAODAS develops a standards-based

repository of clinical data, the data could prove a valuable resource for improving outcomes. Medicaid also maintains a claims database with a "viewer" portal; however, it is not integrated into SCHIEx at present and cannot provide access to data for analytic and decision support purposes. The PSC and the care coordination and technology workgroup could guide policymakers in connecting the various repositories in the State to inform population health management strategies.

Most of the SBIRT technology funding has been used for the CareScope system. DAODAS should develop a plan to leverage funding for other purposes related to SBIRT expansion, integration with health care provider organizations, technology and information management, and use of data to support clinical and policy decisionmaking. A detailed technology plan will help streamline workflow and identify and share best practices. For example, the current process requires that the screening tool be printed out and then scanned into a PDF file for uploading into the EHR. Scanned information is not optimal for decision support and is often missed by the primary care team. A workgroup could be established to address workflow issues.

5. Community Linkages, Partners, and Participation

The county alcohol and drug abuse authorities hire, train, and place health educators and patient navigators and provide brief treatment and specialty treatment to existing patients. They are represented on the PSC and the care coordination and technology workgroup. The South Carolina Department of Mental Health will provide coordination and treatment for clients with co-occurring mental disorders and serves on the PSC. SC SBIRT refers patients to the South Carolina Tobacco Quit Line for tobacco cessation support.

6. Client Outreach, Recruitment, and Referral

All adult patients at the SC SBIRT sites will be prescreened for alcohol, tobacco, and other drug use. Patient navigators will provide support, care coordination, and followup for patients in need of treatment.

7. Affordable Care Act Readiness

The grantee has initiated strategies in preparation for the Affordable Care Act:

- Use of EHRs with embedded SBIRT procedures
- Participation in SCHIEx
- Engagement with essential stakeholders and policymakers on the PSC

The successful integration of behavioral health and primary care will require the collaboration of DAODAS, the State mental health authority, county authorities, community providers, patient-centered medical homes, and emerging accountable care organizations.

8. Sustainability Planning

Sustainability of SC SBIRT is a priority for the PSC. Medicaid and Medicare codes for screening and brief intervention are active in South Carolina; however, policy enhancements must be made to expand the licensing and credentialing of persons who can perform SBIRT services and bill for reimbursement. Health care providers will likely need assistance in developing viable business practice models for SBIRT within diverse practice settings. Keystone Substance Abuse Services in York County plans to carry out a billing pilot for SBIRT services, and the results will be disseminated to the rest of the SC SBIRT sites.

Discussions are underway with the Medicaid agency regarding telehealth reimbursement. DAODAS leadership and the PSC should make recommendations for using telehealth to support engagement and care coordination and improve behavioral health outcomes.

9. Grantee Evaluation

SC SBIRT has contracted with Tidwell Associates for evaluation, including GPRA requirements. The CareScope system will likely be updated to include negative prescreens. The grantee uses evaluation findings to support program implementation and performance monitoring. For example, the evaluation team found that a significant number of patients who prescreened positive did not receive a full screen. This issue will be addressed through continued monitoring, technical assistance, and training. The grantee intends to use the evaluation to address outcomes beyond GPRA, such as successes and challenges noted in quarterly reports.

Summary

The Affordable Care Act and the growth of HIT will bring significant changes for the health care system. The success of SC SBIRT will require coordinated approaches to policy, technology, and clinical workflow. The PSC and care coordination and technology workgroup will need strong support from senior leadership, and technology integration and expansion should be a priority throughout the grant. A HIT strategic plan and governance process will support decisionmaking for treatment providers and optimize the use of data to inform and improve care. The grantee expressed interest in technical assistance to support the development of a HIT strategic plan.

As the Qualifacts system is implemented, workflow issues should be managed and best practices shared in a timely manner. It may be useful to use the current sites as prototypes; once SBIRT integration has been fine-tuned at those sites, it can be fully implemented at the remaining sites.

Strengths and Considerations for Action

Program Vision and Design

STRENGTHS

- The State views SBIRT as essential to behavioral health and primary care integration.
- An integrated HIE is part of the State's vision.

CHALLENGES

- Behavioral health and primary care services have been historically separate.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Collaborate with State and county authorities and communities to support behavioral health and primary care integration.	X		

Grantee Leadership

STRENGTHS

- There is a high level of senior leadership support for SBIRT.
- Grantee staff are highly experienced.
- The evaluation will support leadership decisionmaking.
- The PSC includes essential stakeholders.

CHALLENGES

- The role of county governments in long-term SBIRT dissemination and adoption will require further definition.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Continue discussing the future role of county systems in the dissemination and adoption of SBIRT and the integration of behavioral health and primary care.	X		

Implementation Plan

STRENGTHS

- SC SBIRT has capacity to provide training in SBIRT and motivational interviewing at the practice sites.
- SC SBIRT effectively uses evaluation data to monitor and support implementation.
- Nearly all primary care sites have EHRs capable of participation in the State's HIE.
- The State and counties have collaborated to purchase a single EHR for use by all substance abuse treatment providers.
- The State has most of the essential elements for an integrated data system for patient care.
- SC SBIRT is using a touch screen convertible tablet to collect and report SBIRT information.

CHALLENGES

- Practice sites are in the early phases of implementation and are experiencing challenges with workflow, fidelity, and staff buy-in.
- Primary care sites are just beginning to participate in the HIE.
- The CareScope system does not have the capacity to exchange information with primary care, substance use services, or the HIE.
- The substance abuse treatment providers are just starting to use an EHR. Their system has the capacity to exchange information with other systems but does not currently do so.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Consider adding a position to support practice site implementation with funding from the State primary care association, as other grantees have done successfully.	X		
2	Develop a strategic plan to support HIT integration at the community, county, and State levels and guide allocation of resources. The grantee has requested technical assistance and a plan template.	X	X	

Community Linkages, Partners, and Participation

STRENGTHS

- SC SBIRT has engaged key stakeholders in its PSC including Medicaid and the State Office of Research and Statistics.
- SC SBIRT has good working relationships with the State's primary care association and behavioral health provider association.

CHALLENGES

- None noted.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
	None noted.			

Client Outreach, Recruitment, and Referral

STRENGTHS

- The project uses health educators to provide full screenings and brief interventions at the practice sites.
- The project uses patient navigators to support clients referred to treatment.

CHALLENGES

- The grantee does not currently have capacity for brief treatment at health care sites.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Seek technical assistance for brief treatment implementation.	X	X	
2	Have patient navigators assist with warm handoffs for treatment referrals when possible.	X		

Affordable Care Act Readiness

STRENGTHS

- EHRs are in use at most SC SBIRT sites. SBIRT is being embedded into EHRs.
- Sites will participate in the State's HIE.
- Essential stakeholders and policymakers, including Medicaid, participate on the PSC.

CHALLENGES

- There has been limited integration among primary care, substance abuse, and mental health services.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Collaborate with State and county substance abuse and mental health systems to support behavioral health and primary care integration.	X		
2	Develop a strategic plan for HIT.		X	

Sustainability Planning

STRENGTHS

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

CHALLENGES

- Medicaid codes limit the providers that can deliver SBIRT services and the circumstances under which services can be delivered. SBIRT is not part of the FQHC bundled Medicaid rate.
- Practice sites will need to develop viable business practice models for SBIRT within diverse practice settings. This is particularly true for FQHCs that operate using bundled rates for services.

	Potential Enhancements	Grantee Resources To Be Used	May Request TA From CSAT	Information Requested
1	Work with the PSC to pursue Medicaid changes regarding SBIRT and bundled rates.	X		
2	Work with State primary care and behavioral health provider associations to develop viable business practice models.	X	X	

Grantee Evaluation

STRENGTHS

- SC SBIRT has an experienced evaluator.
- SC SBIRT uses a Web-based data reporting system.

CHALLENGES

- The project is not meeting GPRA screening targets.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The evaluation team is encouraged to work closely with the project team and CareScope to address the issue of uncounted "screening negative" patients.	X		

Abbreviations and Acronyms

AUDIT	Alcohol Use Disorders Identification Test
CSAT	Center for Substance Abuse Treatment
DAODAS	Department of Alcohol and Other Drug Abuse Services
DAST	Drug Abuse Screening Test
EHR	electronic health record
FQHCs	federally qualified health centers
GPRA	Government Performance and Results Act
HIE	health information exchange
HIT	health information technology
PSC	policy steering committee
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	screening, brief intervention, and referral to treatment
SCHIEx	South Carolina Health Information Exchange