



SBIRT

Implementation

Implementation Site Visit Report

**Cohort IV State
Grantee: Illinois SBIRT**

Cohort IV Implementation Site Visit

State of Illinois



Prepared by JBS International, Inc., and Alliances for Quality Education, Inc.
Prepared for the Department of Health and Human Services,
Substance Abuse and Mental Health Services Administration,
Center for Substance Abuse Treatment



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Implementation Site Visit: Illinois

Grantee Name	Illinois SBIRT II
Address	100 West Randolph, Suite 5-600, Chicago, Illinois, 60601
Grant TI Number	TI023455
Date of Site Visit	June 7–8, 2012
Grantee Contact Person	Danielle Kirby, M.P.H.
Government Project Officer	Erich Kleinschmidt, M.S.W., LCSW
Site Visit Team Members	Joe Hyde, LMHC CAS, Leslie McElligott, M.P.A., Brie Reimann, M.P.A.

Grantee Project Team Members Visited

Theodora Binion-Taylor, Th.D., M.Div., CADC, Director Center

Maria Bruni, Ph.D., Deputy Director

Seth Eisenberg, M.D., Medical Director

Danielle Kirby, M.P.H., Project Director

Richard E. Sherman, Ph.D., Project Evaluator

Introduction

The Cohort IV SBIRT State Demonstration Cooperative Agreement for the State of Illinois is in the project's implementation phase. The site visit teams consist of previously successful SBIRT implementers (grantee mentors) and staff from the Technical Assistance contract (JBS International, Inc., and Alliances for Quality Education, Inc.). The teams are tasked with observing and reporting on grantee implementation progress, as well as providing technical assistance, when appropriate, as a means to enhance program success throughout the life of the grant.

Grantee Summary

The site visit team traveled to Chicago, Illinois, and met with the Illinois SBIRT II project directors, medical director, evaluator, and clinic staff on June 7-8, 2012, to learn about the program's current implementation strategies, which include its organizational structure, implementation strategy, Policy Steering Committee activities, workforce development plans, and evaluation efforts. Over the course of the visit, the SBIRT team also toured two clinics that are actively implementing SBIRT.



Figure 1: Ashland Family Health Center

Day 1: On June 7, the site visit team met at the Illinois Department of Human Services Division of Alcoholism and Substance Abuse (IDHS/DASA) office in downtown Chicago to review the following:

- Organizational structure and approach
- Policy Steering Committee activity
- Service delivery model
- Project implementation
- Project evaluation

The team then toured ACCESS Community Health Network's Ashland Family Health Center in South Chicago and met with clinic staff to discuss SBIRT implementation.



Figure 2: Chicago Heights Community Health Center

Day 2: On June 8, the site visit team met at the administrative office for Aunt Martha's Youth Service and Health Center, Inc., in Chicago Heights to review the following:

- SBIRT integration
- Successes and challenges
- Technical assistance opportunities

The team toured Aunt Martha's Chicago Heights Community Health Center and met with clinic staff. The team then summarized its observations before debriefing with Government Project Officer Erich Kleinschmidt and the Illinois SBIRT II project staff.

Illinois is a returning SBIRT grant recipient, having been awarded the Cohort I State SBIRT grant in 2003 and the most recent Cohort IV State SBIRT grant in 2011. During the first award, the Illinois SBIRT I Initiative partnered with the Cook County Health and Hospital System (CCHHS), which included SBIRT service delivery in three general hospitals and three community-based health clinics. The project completed 97,500 screens, brief interventions, brief treatment referrals, or other specialty referrals. Over the course of the grant, 1,865 6-month followup interviews were completed, representing an impressive 92.8 percent followup rate. Data show that patients who received SBIRT services reported statistically significant improvements in their perceived health status, problems in functioning due to substance use, involvement in the criminal justice system, and levels of substance use. Among patients who received brief treatment and referral to treatment, there was a significant reduction at followup in patient-reported stress and emotional problems. Fewer patients characterized their health as fair or poor. Most importantly, patients who received brief intervention, brief treatment, or referral to treatment reported a significant reduction in past 30-day use of alcohol and illicit substances like cocaine, marijuana, and heroin.

The Illinois SBIRT II Initiative's cooperative agreement originated with the State of Illinois, Office of the Governor, and is administered by the Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (IDHS/DASA). Unlike Cohort I, the Illinois SBIRT II project will expand service away from CCHHS and will instead focus on federally qualified health centers in the metropolitan Chicago area. The project's goals and objectives are explained in further detail later in the report.

Grantee Staffing and Key Partners

All grant-funded positions have been recruited at this time. The Illinois SBIRT II project is supported by the following members:

Illinois SBIRT Administrative Team:

- Theodora Binion-Taylor, Th.D., M.Div., CADC—Director of IDHS/DASA, provides overall project oversight and program updates to the Illinois Office of the Governor and the IDHS Secretary.
- Maria Bruni, Ph.D.—Deputy Director and Performance Assessment Manager, provides project oversight and participates on the Policy Steering Committee.
- Seth Eisenberg, M.D.—IDHS/DASA Medical Director (specializing in addiction and child psychiatry), provides medical services oversight and training.
- Jim Giganti—IT Coordinator, oversees the Illinois SBIRT II voucher system development and maintenance.
- Danielle Kirby, M.P.H.—Project Director, manages grant activities.
- Richard E. Sherman, Ph.D.—Evaluator, directs performance assessment activities.
- Joseph Tracy—Financial Contact, provides fiscal oversight.

Partnering Organizations:

- Access Community Health Network (ACCESS) is the nation's largest federally qualified health center network that provides preventive and primary healthcare services in Chicago and suburban Cook and DuPage counties. ACCESS operates the Ashland and Southwest Family Health Center SBIRT sites.

- ▣ Aunt Martha's Youth Service Center and Health Center, Inc., is a long-standing network of community health centers that provides a full range of primary care, dental, and behavioral health services to children, youth, and families throughout the State of Illinois. Aunt Martha's operates the Chicago Heights and Kankakee Community Health Center SBIRT sites.
- ▣ Illinois Treatment Alternatives for Safe Communities (TASC) is a non-profit organization that provides behavioral health recovery management services for individuals with substance use and mental health disorders. TASC provides SBIRT services to felony probationers and other adults participating in Cook County criminal justice diversion programs.
- ▣ Great Lakes Addiction Technology Transfer Center (GLATT) provides training and technical assistance support services. GLATT collaborates on primary care activities, including strategies to engage key partners and primary and behavioral healthcare integration.
- ▣ Lighthouse Institute (a division of Chestnut Health Systems) focuses on substance abuse and mental health services research. Lighthouse manages GPRA followup activities.
- ▣ Caritas is a non-profit intake center that conducts physical examinations and psych-social evaluations and laboratory tests at no cost for approximately 70 IDHSA/DASA-funded treatment programs. Caritas also provides interim methadone services for individuals awaiting access to long-term treatment.
- ▣ Brief Treatment is offered at the following facilities:
 - Aunt Martha's Youth Service Center and Health Center, Inc., provides Substance Abuse Treatment services in an outpatient setting. They help individuals achieve permanent changes in their alcohol and drug-using behavior.
 - Family Guidance Centers, Inc., is a non-profit organization that provides priority access to specialized programming for unique and high-risk populations.
 - Healthcare Alternative Systems, Inc., (HAS) is a non-profit organization that provides a continuum of multicultural and bilingual (English/Spanish) behavioral care and social services that empower individuals, families, and communities. Specifically, HAS provides outpatient services for individuals who have substance abuse symptoms, are medically stable, and are not in need of detox or residential services, and who can be expected to remain substance free. Residential treatment services and other specialized assistance are available.
 - Pilsen Wellness Center, Inc., is a non-profit organization that provides outpatient methadone treatment services throughout Chicago, including intensive detoxification services, individualized assessment and treatment planning, psychiatric interventions, medication management and followup, individual and group counseling, and support services referrals.
 - The Women's Treatment Center is a non-profit organization established to provide comprehensive family-based treatment assistance for women battling addiction.

Grantee Organization and Staffing

Strengths

- The State of Illinois was a Cohort I SBIRT grant recipient. The team is able to draw from lessons learned during the previous award period to inform current implementation strategies and other service delivery activities. The program can also collaborate with the SBIRT Medical Residency cohort affiliated with ACCESS' network of FQHCs.
- The Illinois SBIRT team consists of tenured Federal grants managers with extensive experience managing large and sometimes complicated grants.
- A high-level champion is essential to program sustainability because of champions' unique expertise and ability to motivate change (i.e. policy, systems, etc.). The project is fortunate to have the backing of the Illinois Single State Authority for Substance Abuse Services' Associate Director and IDHS/DASA Director, Dr. Theodora Binion-Taylor. Dr. Binion-Taylor guided implementation of the first Illinois SBIRT grant and provides regular updates on SBIRT progress to the Illinois Office of the Governor and IDHS Secretary. The program is also championed by IDHS/DASA Medical Director, Dr. Seth Eisenberg, who actively trains staff at participating sites.

Challenges

- The project team described a need to further mobilize support from participating sites. The relationship between the State and ACCESS is still evolving and will require continued attention to effectively integrate SBIRT into these practice sites.
- DASA requires each SBIRT practice site to develop a site-specific protocol for staffing patterns and patient flow, including staff ability to (1) complete the screening, (2) secure space to deliver BI, and (3) make and track referrals, as needed. Training on such policies has varied by site, as has staff and leadership willingness to champion SBIRT.

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

Grantee Goals and Objectives

The Illinois SBIRT II project team has committed to serving at least 40,000 Chicago-area adult patients over the course of the 5-year grant, including adults involved with the criminal justice system at non-correctional community settings. Due to implementation challenges, the project has deviated slightly from its original plan and has expanded its partnership to include ACCESS Community Health Network and Aunt Martha's Youth Service Center and Health Center's facilities. The project will utilize medical assistants (MAs) and physicians within these centers to deliver screening and feedback ($n=30,000$), brief intervention ($n=6,000$) and referral to treatment services ($n=1,600$). Brief treatment ($n=2,400$) will be provided by clinical staff affiliated with the facilities described above (i.e., Aunt Martha's Youth Service Center, Family Guidance Centers, Inc., Healthcare Alternative Systems, Inc., Pilsen Wellness Center, Inc., and The Women's Treatment Center).

The project will achieve its goals using CSAT SBIRT funds (\$1.6 million each year) in conjunction with State General Revenue funds, Substance Abuse Prevention and Treatment (SAPT) Block Grant funds, and Medicaid funds. A portion of CSAT funding will be allocated to support interim outpatient methadone treatment services.

The Illinois SBIRT II project has divided itself into three operating phases:

- Phase I: Project planning and startup (4 months)—hiring staff, establishing partnerships, convening a policy steering committee, adjusting work plans, and preparing sites for implementation
- Phase II: Operations (4.5 years)—delivering SBIRT services at participating sites, documenting SBIRT progress, and identifying sustainable practices (i.e. financing strategies and systems change)
- Phase III: Phase-out (90 days)—implementing sustainability plans and finalizing SBIRT reports

The Illinois SBIRT II project has identified the following goals and objectives:

Goal 1: *Expand levels of SBIRT services that are available to adult patients of ACCESS Community Health Network health centers within the Chicago area and to adult criminal justice clients at non-correctional community settings in this same area*

- Develop and support a project steering committee that will provide ongoing input and direction to Illinois SBIRT II
- Finalize the Illinois SBIRT II implementation plan and revise as needed throughout the course of the CSAT cooperative agreement
- Identify, hire, and retain IDHS/DASA and contractual partner organization personnel required to effectively administer, manage, and deliver the expanded SBIRT services
- Provide substance use disorder screening, brief intervention, brief treatment, and referral to treatment services to the following numbers of adult patients of selected Access Community Health Network health centers by project year: Year 1—3,060; Year 2—5,610; Year 4—5,610; Year 5—5,610
- Provide substance use disorder screening, brief intervention, brief treatment, and referral to treatment services to the following numbers of adult criminal justice clients at non-correctional community settings by project year: Year 1—540; Year 2—990; Year 3—990; Year 4—990; Year 5—990
- Provide interim outpatient methadone treatment services to the following numbers of adult patients referred through Illinois SBIRT II by project year: Year 1—70; Year 2—80; Year 3—80; Year 4—80; Year 5—80

Goal 2: *Achieve Illinois State system policy and financing changes designed to support both the sustainability of SBIRT services supported through this cooperative agreement and the further diffusion of SBIRT within Illinois*

- Develop and implement a plan that identifies needed policy and financing changes, includes strategic action steps and responsibilities, and contains methods for progress monitoring
- Develop interim and final reports of the results of efforts to achieve identified system policy and financing changes that support SBIRT services

Goal 3: Provide training, technical assistance, and public information activities that ensure the quality and appropriateness of delivered SBIRT services and increase the awareness of Illinois SBIRT among key stakeholder groups

- Finalize the Illinois SBIRT II training plan and make revisions as indicated throughout the course of the cooperative agreement
- Develop interim and final reports of the results of efforts to achieve identified system policy and financing changes that support SBIRT services
- Develop and disseminate public information materials, and support presentations on SBIRT-related topics by IDHS/DASA and Illinois SBIRT II service organization personnel, Project Steering Committee members, and other stakeholder partners

Goal 4: Conduct a performance assessment that includes compliance with CSAT GPRA data collection and reporting requirements for SBIRT cooperative agreements

Population(s) Served

The Illinois SBIRT program provides service to adult residents in northwest Illinois (Cook County). It is estimated that 1,025,000 individuals over the age of 12 in this jurisdiction are in need of treatment for alcohol or drug use/abuse. A report released by the Drug Abuse Warning Network (DAWN) and the Arrestee Drug Abuse Monitoring (ADAM) program stated that heroin prevalence is particularly high in the Chicago Metropolitan area. Moreover, the Cook County Jail has the country's highest percentage of detainees who tested positive for heroin.

The average patient receiving SBIRT services, to date, is female (63.3 percent) and approximately 37.9 years of age. Fifty-six percent of patients identify their race as African American and 30.9 percent identify their ethnicity as Hispanic.

SBIRT Implementation

SBIRT is active in four clinic sites (i.e., ACCESS' Southwest and Ashland Family Health Centers and Aunt Martha's Chicago Heights Community Health Centers) and in non-correctional community settings:

ACCESS' Southwest Family Health Center launched SBIRT in January 2012. The facility completes 700 medical visits per month and has two SBIRT physicians on staff. Ashland Family Health Center launched SBIRT in March 2012. It provides 900 medical visits per month and has three SBIRT physicians on staff. At the time of the site visit, ACCESS had screened 1,000 patients at its two health centers. Screening results identified multiple patients requiring referrals to mental health and tobacco cessation programs and interventions for substance use/abuse.

Aunt Martha's Chicago Heights Community Health Center is a relatively new addition to the Illinois SBIRT project (launched in May 2012) and screening data were not available at the time of the site visit. Aunt Martha's clinics see a large number of low-income, Medicaid-insured patients, many of whom suffer from chronic health conditions. Note: Aunt Martha's Kankakee Community Health Center site is expected to launch SBIRT in August 2012.

The program has also proposed implementing SBIRT within the Illinois Department of Children and Family Services (DCFS) and the Cook County Juvenile Court Assessment Project (JCAP) to assist with parents whose children are involved in the juvenile court system.

Illinois Office of the Governor
Illinois Department of Human Services, Division of Alcoholism and Substance Abuse
CSAT Funded Illinois SBIRT II Initiative Cooperative Agreement Logic Model

Illinois SBIRT II Initiative Service Expansion and Policy/System Change Goals:

- 1) Expand levels of SBIRT services that are available to adult patients of ACCESS Community Health Network health centers within the Chicago area and to adult criminal justice clients at non-correctional community settings in this same area.
- 2) Achieve Illinois State system policy and financing changes designed to support both the sustainability of SBIRT services supported through this cooperative agreement and the further diffusion of SBIRT within Illinois.
- 3) Provide training, technical assistance, and public information activities that ensure the quality and appropriateness of delivered SBIRT services and increase the awareness of Illinois SBIRT among key stakeholder groups.
- 4) Conduct a performance assessment that includes compliance with CSAT GPRA data collection and reporting requirements for SBIRT cooperative agreements.

If Community Primary Health Care Patients and Adult CJ Clients Experience...	And is ISI Secures the Necessary Resource and Support Capabilities that Include...	And if ISI Service Expansion and Policy/System Change Activities are Implemented to/that...	Then... (Evidence of SBIRT Patient/Client and System Impacts)
<ul style="list-style-type: none"> • Standard screening protocols that are often insufficient to identify non-dependent SUD among primary care patients and non-incarcerated adults involved in the criminal justice system. • Standard screening protocols that also often miss the opportunity to identify potential mental health disorders among these groups. • Lack of access to BI and BT services for persons with non-dependent SUD. • Lack of access to needed outpatient methadone treatment services. • Involvement in primary care and criminal justice systems that are characterized by policies that do not take advantage of the clinical and cost savings benefits of SBIRT services. 	<ul style="list-style-type: none"> • Hiring a full-time SBIRT Project Director. • Execution of contracts with sub-recipients. • Initiation of PSC meetings. • Securing of offsite licensure exceptions for BT providers. • Hiring/identification of SBIRT health counselors and SUD treatment staff. • Finalization and implementation of SUD and mental health screening protocols. • Finalization and implementation of BI and BT protocols. • Finalization of GPRA data collection, reporting, and management procedures. • Implementation of training and TA activities and supports. • Finalization of SBIRT voucher and transaction system. • Establishment of administrative and logistical supports needed to implement SBIRT at health centers and community settings 	<ul style="list-style-type: none"> • At least 25,500 adult primary care patients will receive expanded SUD screening/feedback services. • At least 4,500 CJ involved adults will receive expanded SUD screening/feedback services. • At least 5,100 adult patients will receive expanded BI services. • At least 900 CJ involved adults will receive expanded BI services. • At least 2,040 adult patients will receive expanded BT services. • At least 900 CJ involved patients will receive expanded BT services. • At least 1,360 adult patients will receive expanded RT services. • At least 240 CJ involved adults will receive expanded RT services. • At least 390 adults will receive expanded interim OMT services. • Implement strategies to achieve policy and financing changes that support further diffusion of SBIRT. • Implement strategies to sustain SBIRT II services following end of CSAT funding. 	<p>The following patient/client outcomes will be evident among participating primary care patients and CJ involved adults:</p> <ul style="list-style-type: none"> • Increased levels of alcohol and illicit substance abstinence. • Decreased involvement in CJ system and criminal behavior. • Improved personal, family, and societal relationships. • Improved physical and mental health functioning. • Decreased use of primary health care resources. <p>The following sustainability and broader Illinois financing and policy system changes will result:</p> <ul style="list-style-type: none"> • The expanded SBIRT services will be sustained in the participating health centers and community settings. • System policy changes that support diffusion of SBIRT. • System financing changes that support SBIRT reimbursement

Universal pre-screening and full-screening tools (if warranted) are used on all patients who present at the above settings. The responses given by a patient on a pre-screen will determine whether the appropriate full screen is delivered. The project utilizes the following screening instruments: the Alcohol Use Disorders Identification Test—Consumption (AUDIT-C), the full screen AUDIT, a single question drug use pre-screen, and the Drug Abuse Screening Test (DAST-10). Mental health assessments are completed using the Patient Health Questionnaire (PHQ-2 and PHQ-9). Patients are also asked about tobacco use.

The program operates with an intent-to-treat model, meaning that a patient's designation to receive brief intervention, brief treatment, or referral to treatment depends on his or her screening score regardless of acceptance/refusal of referral services. Project members indicated that some patients may need to warm up to the prospect of treatment through "wellness coaching," or brief intervention, before they feel comfortable with the idea of seeking additional care.

At ACCESS sites, screening is conducted as part of the routine patient triage process. Scoring is completed by medical assistants when they check patient vitals. Results are recorded in the medical record. If a patient receives a positive screen, the provider will see a notation in the record and will conduct a brief intervention during the visit. If more extensive care, like brief treatment or referral to treatment, is necessary, a case manager will coordinate the appropriate next steps. Any positive screen for drug use results in assignment to brief intervention, brief treatment, or referral to treatment. Patient admission of opioid use results in a referral to treatment. Providers are expected to follow up with patients at their next visit.

At Aunt Martha's sites, GPRA questions are completed during patient registration using an electronic tablet system. Medical assistants are responsible for delivering screens and documenting scores in the patient record. If necessary, the provider will conduct a brief intervention or make a recommendation for brief treatment or a referral for specialty treatment. Patients requiring brief treatment can make an appointment to meet with an onsite therapist. Additionally, Aunt Martha's is permitted to administer suboxone and can link patients to methadone services.

Each year, approximately 800 individuals are referred by judges, Department of Children and Family Services (DCFS) staff, and others to complete a substance abuse assessment at juvenile court. Staff from Caritas complete the assessments and make referrals, when appropriate. TASC staff members have recovery coaches onsite to facilitate the referral process. There are, however, approximately 200 individuals a year who do not meet the diagnostic criteria for abuse and dependence when assessed and, consequently, do not receive assistance. TASC has identified an opportunity to reach this population and deliver SBIRT services, but the opportunity has not yet been implemented.

Brief Treatment and Referral to Treatment

The Illinois SBIRT project provides time limited counseling for individuals who screen within a specific range on the AUDIT-C or DAST. Patients can receive up to six brief treatment sessions, which are patient centered and rooted in motivational interviewing principles (but is not considered formal motivational enhancement therapy). Services may be delivered as individual therapy, group therapy, or a combination of both. Documentation requirements align with the brief therapy clinical model and Rule 2060 documentation exemptions. Brief treatment providers must participate in regularly scheduled supervision, technical assistance sessions, and training.

Five licensed treatment providers have the capacity to deliver brief treatment to patients whose screening scores suggest that more targeted care is needed: Aunt Martha's Youth Service Center and Health Center, Inc., Family Guidance Centers, Inc., Healthcare Alternative Systems (HAS) Inc., Pilsen Wellness Center, and the Women's Treatment Center (TWTC). Caritas can also be engaged, if the patient is in need of methadone treatment. As mentioned above, Aunt Martha's Chicago Heights and Kankakee locations have a substance abuse treatment program onsite to facilitate a warm hand-off among patients who require brief treatment or referral services.

If the patient's screening score indicates need for behavioral health services, the provider can research available sites through SAMHSA's mental health service locator Website. Patients requiring assistance for tobacco use can access the Illinois quitline.

Curriculum and Training

SBIRT training is led by Dr. Seth Eisenberg, Medical Director of the Illinois Division of Alcohol and Substance Abuse (DASA) since 2002 and Board Certified in General Psychiatry, Addiction Psychiatry, and Child and Adolescent Psychiatry. Dr. Eisenberg is an experienced trainer in such topics as treatment of co-occurring disorders, mental health diagnosis, medication assisted treatment (MAT), motivational enhancement, brief interventions, recovery oriented care, and problem gambling.

The Illinois SBIRT training curriculum consists of three modules:

- An overview of enrollment procedures including patient flow, screening tools, and paperwork (2 hours)
- GPRA training (3 hours)
- Brief intervention training (2 hours)

Everyone is required to complete the trainings; however, the module on paperwork is geared toward case managers, as they are responsible for collecting and reporting patient data. Brief Intervention training is centered on the FRAMES (Feedback, Responsibility, Advice, Menu, Empathetic, and Self-Efficacy) model.

Over the past 6 months, 82 people have been trained. Dr. Eisenberg has delivered booster trainings, and Rafael Rivera (GLATTC) has completed followup GPRA trainings.

Electronic Medical Records

Plans are in place to add screening questions to the electronic medical records (EMRs) at participating Aunt Martha's and ACCESS sites. As mentioned previously, slower than expected SBIRT implementation at ACCESS sites has delayed integration of SBIRT screening questions into the EMR.

In addition to building SBIRT into EMRs, the project plans to conduct a feasibility study with BT providers to determine the utility of automated approaches like text messaging, email, and telephonic/Web-based counseling. Results will inform future plans to launch enhanced automated services.

Billing

Currently, SBIRT is a reimbursable service for pregnant women only. There is not a direct incentive to bill Medicaid for SBIRT largely because FQHCs receive a bundled, pre-determined monthly rate for providing services. Therefore, the activation of SBIRT codes does not increase funding for FQHC sites. The project is, however, pursuing turning on the SBIRT Medicaid codes for other non-FQHC settings. Team members are working with providers to demonstrate that incorporating SBIRT into practice as a preventative strategy outweighs retroactive treatment costs.

Dissemination Strategies

A primary focus of the Illinois SBIRT program is the expansion of SBIRT services within designated practice settings, including ACCESS, Aunt Martha's, and non-correctional community settings (i.e. Cook County criminal justice system).

SBIRT Implementation

Strengths

- The project has formed a partnership with TASC, a non-profit that offers SBIRT services to felony probationers and others involved in the Cook County criminal justice system. This unconventional opportunity extends SBIRT's reach to a unique and hard-to-reach population. The Juvenile Court Alternative Program (JCAP), for example, screens approximately 600-700 parents of youth who are engaged in the juvenile court system.

Challenges

- SBIRT implementation within ACCESS sites has been challenging as a result of a reduction in the number of originally planned service sites (from six to two clinics), conflicting organizational priorities, and staff resistance to take on additional responsibilities. Moreover, changes in ACCESS' organizational leadership have caused a shift in support around SBIRT adoption.
- SBIRT will be delivered by JCAP staff to clients who have been identified as high risk after completing the American Society of Addiction Medicine (ASAM) assessment tool; therefore, clients who fall into low- to moderate-risk categories are often overlooked.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1.	The sites indicated an interest in receiving additional training for medical assistants and case managers in order to administer SBIRT screening tools with fidelity.	X		
2.	The grantee is interested in expanding SBIRT training to address substance abuse issues for women of childbearing age. Brie Reimann mentioned sharing samples of Colorado's training materials and intervention strategies for this population.			X
3.	TASC may wish to consider universally administering the brief screen or AUDIT/DAST/PHQ9 to its JCAP clients in order to capture those at low to moderate risk.	X		
4.	TASC representatives expressed interest in receiving a copy of the CRAFFT screening tool.			X

Practice Site Implementation

Strengths

- ❑ SBIRT has been implemented in three high-volume clinics in and around the Chicago metropolitan area. There is great potential to reach large numbers of at-risk patients at these sites.
- ❑ Aunt Martha's Chicago Heights Clinic has designated office space for staff to coordinate SBIRT paperwork, make calls, and fax daily reports.
- ❑ Aunt Martha's has a longstanding history of caring for patients with substance abuse issues. Its locations offer onsite services for patients in need of BT and RT. Although ACCESS has limited onsite support for patients in need of more extensive care, it is working to build onsite capacity, where possible, to address substance abuse.

Challenges

- ❑ BI is provided during the patient's first visit, but it appears that subsequent opportunities to receive BI are not readily available or pursued.
- ❑ Currently, patients are screened only if a physician is available to offer BI assistance. Diversifying SBIRT skills among clinic staff will help to ensure that patients in need of a BI do not slip through the cracks.
- ❑ There appeared to be a lot of negative or low-risk screening results. However, when speaking with providers at Aunt Martha's, it seemed like there was more substance use/abuse occurring among patients than is being identified through the screening process.
- ❑ Each site has adapted SBIRT to match the clinic's unique workflow and culture. Coordinating workflow among clinicians, medical assistants, and case managers who participate in SBIRT delivery can be challenging until roles and responsibilities are better clarified.
- ❑ Discretionary services are not currently provided. Medical assistants and providers do not have a lot of flexibility when delivering SBIRT screens. At times, there may be a conflict between the patient's screening score and the level of care that ought to be provided. Allowing the medical assistant or provider to deviate from the scoring criteria, when appropriate, may help capture a broader patient population in need of additional support.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1.	The grantee may wish to provide ongoing SBIRT training, preceptor support, and/or coaching to clinic staff so that they feel confident and prepared to provide services beyond those suggested by the screening results.	X		
2.	Delivery of multiple BI may be necessary to support behavior change in patients. The grantee is encouraged to expand this capacity.	X		
3.	The grantee may wish to consider training medical assistants, in addition to providers, on how to perform BI on patients. Expanding SBIRT service provision among other key staff will increase the number of the patients who receive assistance and support overall program sustainability.	X		
4.	It may be beneficial to develop a system to train and monitor the quality of BI delivered by physicians (and non-physician staff if BI is expanded to medical assistants). Regular coaching and feedback, using motivational interviewing techniques, is recommended.	X		
5.	The grantee may wish to consider connecting with the State's Medical Assistant Association to discuss medical assistants' role in the SBIRT model and to explore training opportunities.	X		

Training and Workforce Development

Strengths

- IDHS/DASA Medical Director Dr. Seth Eisenberg is actively engaged in facilitating SBIRT training. Dr. Eisenberg's extensive experience in addiction psychiatry helps to elicit buy-in from other providers.
- ACCESS, in conjunction with the Department of Labor, offers a career ladder program for its medical assistants to support retention and professional development. They are empowered to address multiple health concerns, including smoking, substance use/abuse, and diabetes.

Challenges

- It is unclear what quality improvement processes are in place to ensure that training is delivered with fidelity, and what followup support will be provided to ensure fidelity to the intervention model.
- Based on a preliminary review of Addiction Technology Transfer Center (ATTC)-developed SBIRT materials, an understanding of SBIRT as a public health approach to address substance use did not seem to be fully understood.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1.	Dr. Eisenberg is interested in adopting the Brief Negotiated Interview—Active Referral to Training (BNI-ART) training approach.			X
2.	Great Lakes Addiction Technology Transfer Center (GLATTC) may benefit from reviewing SBIRT training materials that are publicly available to support their training efforts. The grantee is encouraged to request assistance in this area if they choose.		X	
3.	The grantee may wish to use an SBIRT core competency checklist as a quality assurance tool to support workforce development. Colorado provided a copy of their core competency tool to use as a reference.	X		

Cultural Competence

Strengths

- The practice sites employ a diverse workforce that reflects the populations they serve.
- Bilingual support staff members are present onsite. Telephonic translation services are available, as needed.

Challenges

- None noted

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

Policy Steering Committee

The Policy Steering Committee (PSC) consists of membership from key State level government agencies, healthcare and substance abuse treatment sectors, professional organizations, and local communities.

Policy Steering Committee Goals

The primary goals of the PSC include:

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

An important function of State of Illinois leadership and the PSC is to identify financing systems to sustain SBIRT services and to promote SBIRT adoption within FQHCs and non-correctional community settings throughout the State. The PSC has identified the following sustainability goals to address during the first year of operation:

Annual Sustainability Plan – Grant Year 1

Sustainability Goal 1: Establish a campaign to educate stakeholders and the public about SBIRT and promote SBIRT as a key element of successful models for bi-directional integration of primary health and substance abuse treatment services:

- Continue to provide training and ongoing technical assistance to staff at all levels of partner organizations, as well as ongoing briefings for organizational leadership regarding the integration of SBIRT in opportunistic settings
- Develop and support feedback loops to demonstrate the efficacy of SBIRT services to organizational leadership, stakeholders, and other decision makers; Conduct analyses and provide information on cost savings, changes in patient outcomes, and service utilization to support institutionalizations of SBIRT practices within partner organizations

Sustainability Goal 2: Expand the levels of screening and brief intervention services that are available among SBIRT-II partner organizations by making SBIRT principles and practices part of ongoing operations throughout these organizations:

- Develop and disseminate public information materials and activities highlighting the successes of Illinois SBIRT II and its diffusion projects to increase awareness of Illinois SBIRT among key stakeholder groups
- Develop special publicity projects, whereby partners with SBIRT projects can celebrate successes and answer questions for potential stakeholders
- Design and implement an ongoing Illinois SBIRT presence, such that there is designated staff and information available to support SBIRT expansion, including a clearinghouse and support Website, referencing, and collaborating with other States' projects when relevant

Sustainability Goal 3: Expand the levels of SBIRT services that are available in medical settings (hospitals, primary care, and FQHCs) and other opportunistic (community-based) settings within Illinois

- Provide orientation, training, and ongoing technical assistance to key stakeholder groups, first to increase awareness of Illinois SBIRT among State-level leadership; then to train and assist trainers to ensure SBIRT implementation at those sites
- Develop and support special diffusion projects, whereby stakeholders in medical and other opportunistic settings will design patient/client flow, train staff, and begin SBIRT projects in order to inform further implementation
- Identify and describe systems and policy changes that will ensure the continuation of SBIRT services in Illinois. Educate decisionmakers and other stakeholders on necessary systems and policy changes needed to support continuity of SBIRT services

Policy Steering Committee

Strengths

- The PSC consists of representatives from behavioral health organizations and senior leaders from State agencies, including the Illinois Department of Children and Family Services, Illinois Department of Public Health, and the Illinois Department of Insurance.
- PSC members appear to be frequently engaged in SBIRT discussions. The project hosts bimonthly conference calls in addition to email/phone exchanges, as needed. Members receive monthly service reports detailing project successes, challenges, and opportunities.

Challenges

- There are few primary healthcare representatives on the PSC.

Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1. Fostering champions within primary care systems will support further adoption of SBIRT. The grantee may wish to (1) look within the health centers (like ACCESS and Aunt Martha's) to identify potential champions, (2) confer with other States regarding strategies for garnering physician champions, and (3) consider primary care representation. Broadening the PSC to include members from consumer groups, large purchasers of insurance, the chamber of commerce, health-related business groups, and Chicago Metropolitan, among others, may further enhance SBIRT reach and, in effect, promote sustainability.	X		
2. The grantee is encouraged to initiate SBIRT sustainability planning discussions early in the work of the PSC.	X		

Sustainability

Strengths

- ❑ SBIRT is implemented in high-volume FQHC (ACCESS) and FQHC “look-alike” (Aunt Martha’s) facilities. Such venues complement the spirit of SBIRT by supporting the integration of primary care and behavioral health services for patients.
- ❑ Aunt Martha’s has committed to a “cross-integration” healthcare approach by aligning primary care, behavioral health, and social services among participating sites. Aunt Martha’s also works closely with local hospital systems to manage patient overflow and to keep patients out of the emergency department. They have introduced care managers to help special needs patients access (and remain engaged in) service.
- ❑ The project utilizes existing staff within practice sites to implement SBIRT. Physicians, medical assistants, and case managers have been trained to deliver SBIRT as part of their routine healthcare delivery model. Promoting SBIRT as an integral part of medical culture and requiring active staff involvement will lend itself well to sustainability.
- ❑ The grantee is actively working to integrate SBIRT into the electronic health record systems at its practice sites (NextGen Healthcare software [Aunt Martha’s] and EPIC [ACCESS]). At Aunt Martha’s facilities, the project would like to sync SBIRT with its pre-consultation screening and registration tablet system, Freesia.
- ❑ Aunt Martha’s has an active, progressive IT department; its team is able to develop electronic tools that can easily capture and transfer patient information to providers.
- ❑ SBIRT is built into the Unified Data Systems (UDS) reporting requirement for FQHC reimbursement, which may help to leverage support for SBIRT within FQHCs. Currently, SBI must be reported annually in order to meet Medicaid funding criteria

Challenges

- ❑ Significant cuts to the State’s Medicaid budget and increased eligibility requirements impede reimbursement opportunities.
- ❑ Reimbursement for SBIRT is challenging because providers may only bill for a single service during a visit, and there is little financial incentive to bill for SBIRT.
- ❑ Expansion of the Medicaid codes will help support sustainability. Currently, SBIRT codes are only open to pregnant women; however, the program team would like to open the codes across the board to all SBIRT recipients.
- ❑ Illinois Administrative Rule Code 2060 provides specific guidance (developed by the Joint Commission) on licensure requirements for providers delivering substance abuse treatment services. Several rules conflict with the principles of BT and require SBIRT providers to seek an exception. The grantee would like to incorporate BT into the administrative rules so that providers who wish to deliver BT will not be blocked by licensure prohibitions.
- ❑ BT is a new service in Illinois and is completely funded by project grant dollars. Currently, there is not a mechanism for providers to bill the Department’s Automated Billing and Tracking System (DARTS) for BT. Establishing BT as a standalone service would expand billing opportunities.
- ❑ There are compatibility challenges associated with using different electronic health record systems at ACCESS and Aunt Martha’s.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1.	Aunt Martha's utilizes health economists, as needed, to develop cost and outcome projections. They may wish to consider tracking SBIRT outcomes to plead the case for SBIRT sustainability.	X		
2.	The grantee may wish to view the archived Webinar on improving billing practices conducted by Joseph Hurley, Revenue Cycle Manager from Oregon Health and Sciences University.			X
3.	The grantee may wish to consider merging SBIRT screening questions into general health and wellness screens at all sites	X		
4.	The grantee requested assistance with the following: (1) integrating screenings tools and reporting into EHRs at FQHCs, (2) developing e-therapy strategies (i.e., bringing treatment to the individual), (3) developing billing/reimbursement strategies for FQHCs and other settings, and (4) overcoming barriers to SBIRT integration into FQHCs.		X	

Grantee Evaluation Findings

GPRA Plan

As previously mentioned, at least 40,000 unduplicated adult patients will receive SBIRT services over the course of the 5-year grant. Patient enrollment across sites has occurred more slowly than originally expected.

A review of GPRA data (as of June 4, 2012) reported 1,952 unduplicated SBIRT screens. Among patients who were screened, 92.9 percent (n=1,813) received a screening but required no further action because their scores fell into a no- or low-risk category, 5.4 percent (n=105) received a brief intervention, 1.0 percent (n=20) received a referral to brief treatment, and 0.7 percent (n=14) received a referral to other specialty treatment.

Process

The Daily Client/Patient Service Report form (see Appendix) is a monitoring tool developed by program staff to track SBIRT services delivered at participating sites. The Excel-based worksheet documents the GPRA data that were collected as well as SBIRT services performed during each patient encounter. Completed forms are emailed or faxed to the Lighthouse Institute, where they are reviewed for discrepancies and/or missing information before the finalized data are entered into the GPRA system. An edit report is created if errors are identified. To date, 29 edit reports have been developed; Lighthouse has calculated an 18.8 percent error rate when additional sections of GPRA are required. To reduce errors, a quality assurance checklist was developed to assist staff with capturing the correct information (see Appendix), and technical assistance is offered, as needed.

SBIRT-2 Data Collection Flowchart

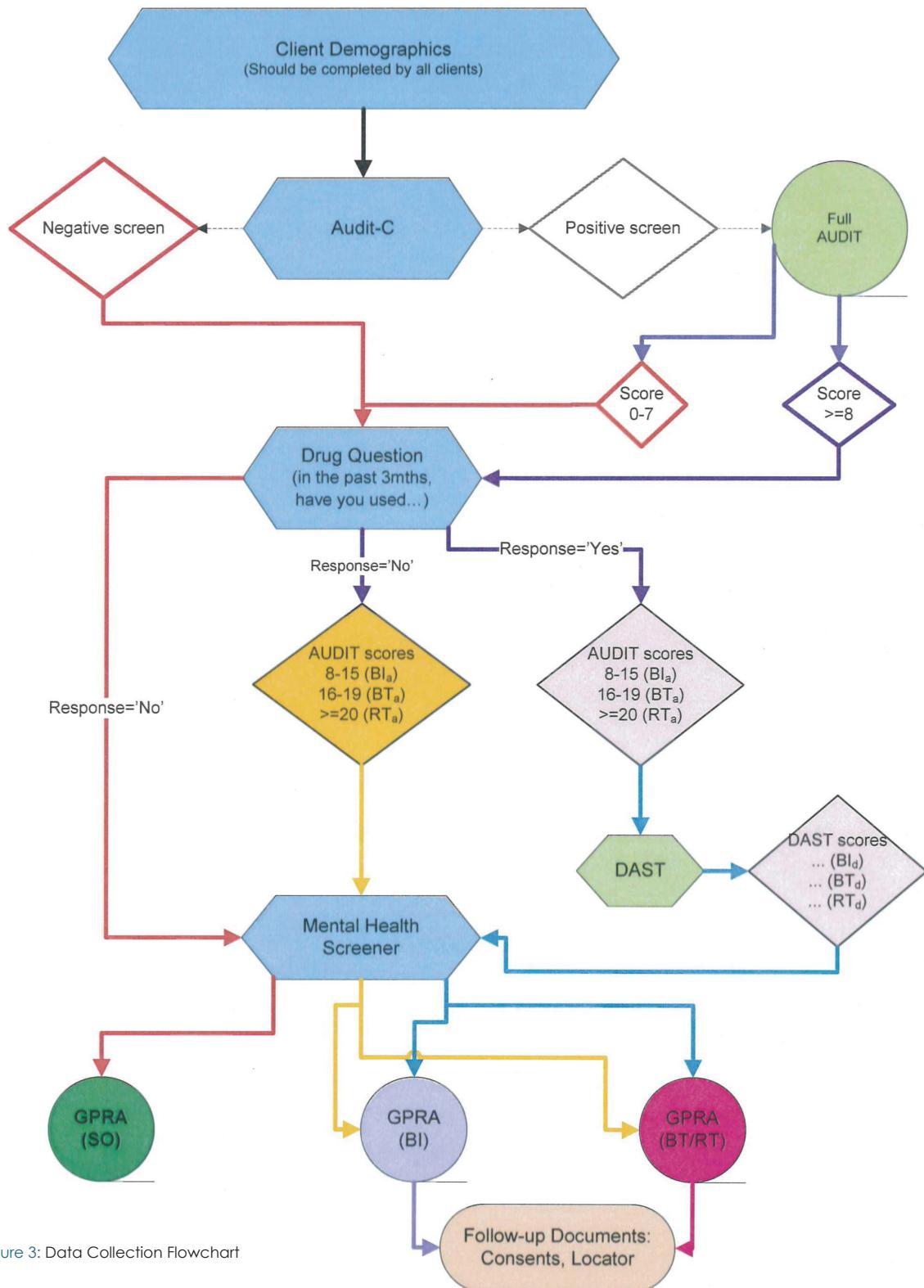


Figure 3: Data Collection Flowchart

Evaluation

Strengths

- The grantee has a clearly defined plan for evaluation, including processes for GPRA collection, GPRA followup, and process evaluation.
- The evaluation team employs a comprehensive (and well recognized) patient followup model, developed by Dr. Chris Scott of the Lighthouse Institute. The model utilizes comprehensive and creative strategies to track patients. Staff persistence and reliable locator information have consistently yielded followup rates in the 90th percentile.
- The evaluation team has a quality assessment review process in place to ensure that baseline GPRA information is completed correctly before it is entered into the Services Accountability Improvement System (SAIS). Each site submits a daily patient/client enrollment report for review. Edit requests are created in cases where enrollment information is found to be incomplete or inaccurate.

Challenges

- The project has not met its monthly screening goal of 680 patients because of initial implementation challenges at proposed sites. Its recent partnership with Aunt Martha's may help boost screening numbers.
- The evaluation team opted not to use an electronic data submission system because of complicated contract bidding processes within the State of Illinois purchasing system and concerns of it being too time consuming.

Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1. ACCESS requested that Lighthouse Institute shadow its case managers and provide feedback to help strengthen onsite data collection efforts.	X		

Each site is required to complete a monthly report (see Appendix) that summarizes all SBIRT services delivered over the course of the month. Sites must include the number of SBIRT, mental health, and tobacco screens completed as well as a detailed description of how grant dollars were used.

GPRA Followup

The Illinois SBIRT program is required to collect GPRA data at intake, at the 6-month followup point, and again at discharge. Followup data are required for 10 percent of clients who receive services in each of the following categories: screening and brief intervention, screening and referral to treatment, and screening and referral to other types of treatment. As of May 31, 2012, 19 SBIRT recipients have been enrolled for followup. All 19 were enrolled by TASC, and all were in the brief intervention service category. Clients will be eligible for followup on June 25, 2012.

Appendix

Sources of Information Reviewed

- Illinois SBIRT application and semiannual report
- Educational pamphlets
- PowerPoint presentations on project overview, PSC, evaluation, screening/flow, and training
- SBIRT screening tools
- PSC meeting minutes
- Sustainability goals and objectives
- GPRA data collection protocol

Documents Included in the Report

Attachment A: Daily Patient Enrollment Report

Attachment B: GPRA Quality Assurance Checklist

Attachment C: Monthly Report Worksheet

Illinois SBIRT II GPRAs Quality Assurance Checklist

Patient/Client ID:

1. Form Management	Reviewer's Initials	If Incomplete, Action Taken
a. Patient/client SBIRT documentation consists of the following completed forms; AUDIT screen, DAST screen, PHQ-2, Tobacco screen, and GPRAs tool version that applies to the patient's/client's SBIRT service category. b. Each page in a patient/client record has the Full SBIRT ID and is numbered. c. The enrollment date on the GPRAs, the enrollment date on the Daily Client/Patient Service Report, the subject line of the email, and the filename of the Daily Client/Patient Service Report all match each other. d. The Daily Client/Patient Service Report is emailed before faxing GPRAs. e. The faxed GPRAs have a cover page that indicates the number of pages in the transmission. f. The number of pages sent matches the number of pages on the fax transmission cover page.		
2. Screening Results <ul style="list-style-type: none"> a. The most severe AUDIT or DAST 10 screening results match the selected service category and the enrollment log. b. If AUDIT or DAST 10 screening results in BI service category, BI was offered. c. If BI is conducted, the initials (in CAPS) of the staff person who provided the BI services are in the Daily Client/Patient Service Report (2nd page). The date of the BI services matches the date of the Daily Report. 		
3. GPRAs Sections and Items <ul style="list-style-type: none"> a. The most recent version of the GPRAs tool was used. b. The version of the GPRAs tool matches the service category determined by the screening results. c. The version of the GPRAs tool has the correct number of pages: SO (6); BI (8); BT/RT (18). d. All questions on GPRAs tool are completed unless skip instructions apply (check for blanks and justify them). e. Whenever the "Other" response is selected for an item, a narrative response must be recorded in the "Specify" space that is available for that item (i.e., A (Planned Services), A1, A2, B2i, C1, D1, D3, D4g, G5). f. For those items for which a "Yes" response is followed by a request to quantify that response, either a number must be recorded in the accompanying blank field, or one of the available options must be checked to explain why a number was not provided (i.e., F2a-c, and G1-3). g. If the PHQ-2 is conducted, the co-occurring screen question on the GPRAs section A (1) is marked "Yes." h. If the PHQ-2 result is positive (> 0), the positive co-occurring screen question on the GPRAs section A (1a) is marked "Yes." i. The AUDIT and DAST 10 screening scores for the patient/client match Section A (page 2) of the participant's GPRAs tool. j. All GPRAs demographic questions (Pages 4, 5, and 6) including A3 should be completed unless instructed to skip (A2 group, A5a, A5b, A6a, A6b, A6c). k. If B1a is non-zero, B1b1 and B1b2 must be asked. l. The sum of B1b1 and B1b2 cannot be greater than B1a. m. If both B1a and B1c are non-zero, B1d must be asked. 		

SBIRT2 ACCESS Monthly Report

Site: _____

Representative: _____ Phone: _____

Email: _____

Service Month and Year: _____ Date Submitted: _____

- 1.) Report of Services:** Please indicate the number of enrollments this month and for the grant year-to-date in the table below. Ensure that numbers reconcile with the Daily reports for the given month.

	SO	BI	BT	RT
This Month				
Grant Year-to-Date				

- 2.) Positive Screens:** Please list the number of positive mental health and tobacco screens, indicated by acceptance of a referral, using the table below.

	Positive Screens
Mental Health	
Tobacco	

- 3.) Description:** Please provide a brief description of how the SBIRT2 funding was used this month. Include any recommendations, concerns and examples or success stories.

Please contact the DASA SBIRT2 Project Manager (Danielle.Kirby@illinois.gov) with any questions. The request is due within 30 days of the end of the service month.

Please send completed requests, including responses to each question 1-3, on or before the due date, to:

Danielle Kirby

Illinois Department of Human Services/Division of Alcoholism and Substance Abuse

James R. Thompson Center

100 West Randolph Street

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Chicago, Illinois 60601

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