Service Design Site Visit Report

New Jersey Division of Mental Health and Addiction Services

Trenton, New Jersey

◆ SBIRT ◆

Prepared by JBS International, Inc., under Contract No. HHSS2832007000031/HHSS28300002T

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

Table of Contents

New Jersey Division of Mental Health and Addiction Services 1

1. Site Visit Overview 3

2. Program Vision and Design 4

3. Grantee Leadership 5

4. Implementation Plan 5

- Contextual Conditions 5
- Startup 6
- Project Management 7
- Staffing Model at Practice Sites 7
- Budget and Funding Allocations 7
- Implementation Plans/Strategies 7
- SBIRT Implementation in the Practice Setting 9
- Staffing Profile/Model 9
- Workflow Within Heath Centers 9
- Referral to Alcohol, Tobacco, and Other Drug Treatment 10
- Third-Party Billing 10
- GPRA Followup 10
- Training/Workforce Development 10
- Use of Electronic Medical Records/Information Technology 11
- Budget and Funding Allocations 11
- Policy Steering 11

5. Community Linkages, Partners, and Participation 12

6. Patient/Client Outreach, Recruitment, and Referral 12

7. Affordable Care Act Readiness 12

8. Sustainability/Long-Term Business Plan 12

9. Grantee Evaluation 13
GPRA Plan..... 13
Process and Outcome Activities 13
Summary..... 13
Strengths and Considerations for Action 14
Abbreviations and Acronyms 19
Attachment 1. Sources of Information Reviewed 20

Figures

Figure 1. New Jersey SBIRT Organizational Structure 4
Figure 2. New Jersey SBIRT Project Team Members 5
Figure 3. Summary of Grantee Performance as of September 1, 2013 12

New Jersey Division of Mental Health and Addiction Services

Grantee Name	New Jersey Division of Mental Health and Addiction Services (DMHAS)
Address	222 South Warren Street, Trenton, NJ
Site Visit Dates	September 12–13, 2013
Grant TI Number	TI023460-01
Grantee Contact Person	Kathleen Russo, Program Coordinator
Government Project Officer	Kellie Cosby
Site Visit Team Members	Joseph Hyde, Denise Stockton, Angela McKinney Jones, Steve O'Neil, and Kellie Cosby

Grantee Project Team Members	
Lynn Kovich, DMHAS Assistant Commissioner	Screening, Brief Intervention, and Referral to Treatment NJ (SBIRT) Project Director
Suzanne Borys, DMHAS Assistant Division Director, Office of Planning, Research, Evaluation, Information Systems and Technology	NJ SBIRT Evaluation and IT Coordinator
Roger Borichewski, DMHAS Assistant Division Director, Office of	NJ Grant Administrator
Donald Hallcom, DMHAS Director, Office of Prevention and Early	NJ SBIRT Liaison
Kathleen Russo, DMHAS Office of Prevention and Early Intervention	NJ SBIRT Program Coordinator
Sherry Dolan, DMHAS Office of Planning, Research, Evaluation, Information Systems and Technology	NJ SBIRT Data Manager
Elizabeth Conte, DMHAS Office of Treatment and Recovery	NJ SBIRT Training Coordinator
George Stokes, Chief Executive Officer, Henry J. Austin Health Center, Inc. (HJAHC)	THT Board Member
Kemi Alli, Chief Medical Officer, HJAHC	SBIRT Project Director Administrator, Trenton Health Team (THT)
Andrew Peterson, Associate Professor, Rutgers University School of Social Work	SBIRT Project Director (Evaluation)
Kristen Powell, Research Associate, Rutgers University School of Social Work	SBIRT Project Manager (Evaluation)
Anita Porbeni	THT, SBIRT Project Coordinator

Grantee Project Team Members	
Ruth Perry, Executive Director	THT
Greg Paulson, Deputy Director of Programs and Operations	THT
Christy Stephenson, Executive Vice President for Strategic and Clinical Transformation, St. Francis Medical Center	THT
Robert Remstein, Vice President for Medical Affairs, Capital Health System	THT

Grantee Project Sites Visited	
New Jersey DMHAS	222 South Warren Street, Trenton, NJ
HJAHC	321 North Warren Street, Trenton, NJ
HJAHC Chambers Manor Family Medical Practice	317 Chambers Street, Trenton, NJ

1. Site Visit Overview

The Screening, Brief Intervention, and Referral to Treatment (SBIRT) State Demonstration Cooperative Agreement for the State of New Jersey is in its implementation phase. Past experience has shown that most departures from the expectations of the request for application (RFA) occur in the first year of implementation. To support grantee success and address challenges early, implementation site visits are being completed within 7 to 10 months of project initiation. The site visit teams consist of previously successful SBIRT implementers (grantee mentors) and technical assistance contract staff (JBS International, Inc., and Alliances for Quality Education). The teams observe and report on grantee implementation progress and provide technical assistance, when appropriate, to enhance program success through the life of the grant.

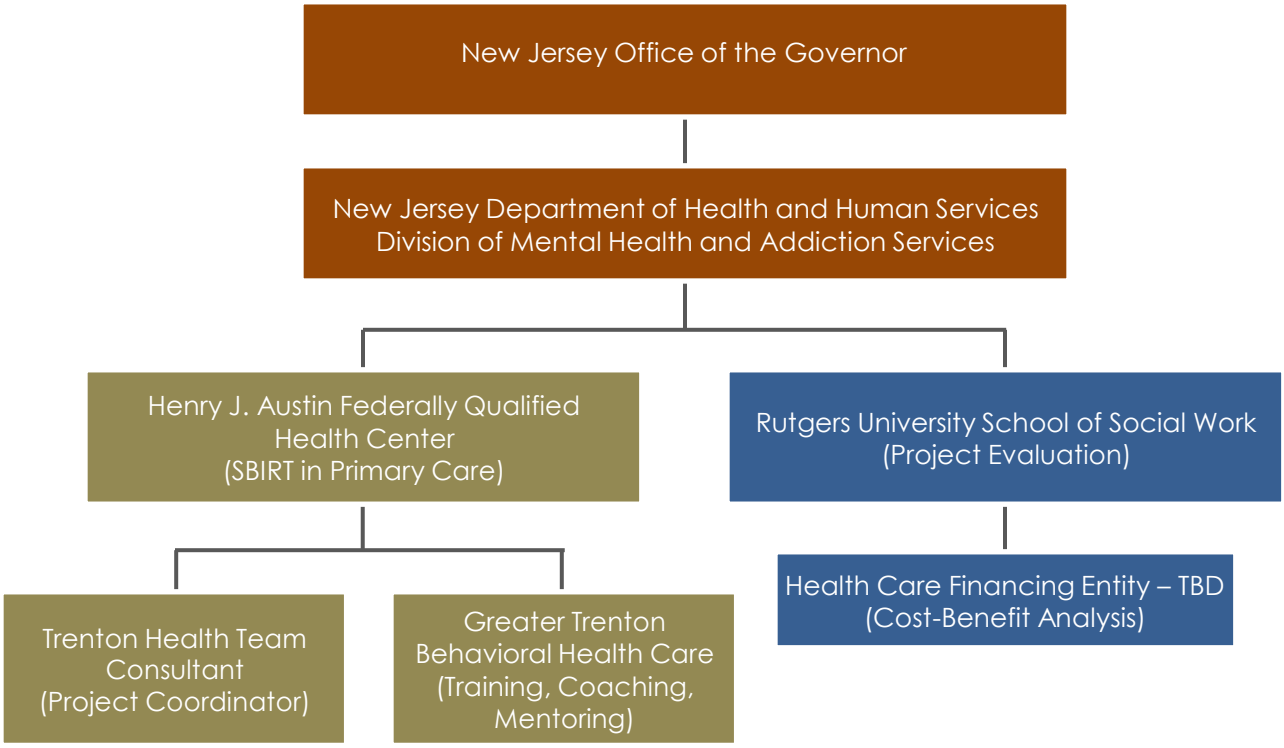
On September 12 and 13, 2013, the SBIRT site visit team met with the State of New Jersey SBIRT implementation team. The purpose of the site visit was to discuss with the State grantee the status of its SBIRT program implementation, its strengths, and its possible challenges. An additional purpose was to engage the grantee in identifying potential enhancements that might be supported by technical assistance, as approved by the Substance Abuse and Mental Health Services Administration (SAMHSA). The site visit process included the following:

- Met onsite with the principal investigator/project director, core senior staff, key partners, project evaluator, project coordinator, and State agency senior leadership
- Reviewed grant implementation activities to date
- Visited SBIRT implementation sites and interviewed staff
- Reviewed materials
- Met with key implementation partners

On September 12, 2013, the site visit team met with New Jersey SBIRT project implementation staff and selected key stakeholders. After introductions, the team received a project overview and discussed the service implementation model and progress to date. The team discussed project implementation, including the implementation approach, sites and settings, key partners, and overarching vision for the project. That afternoon, the team visited the Henry J. Austin Health Center, Inc. (HJAHC) Warren and Chambers Manor Family Medical Practice project sites.

On September 13, 2013, the team met with the evaluation contractor from Rutgers University School of Social Work. The team addressed key program areas including grantee organization and leadership, grantee program implementation, practice site implementation, evaluation, training and workforce development, and current and future contracting. The visit concluded with a debriefing addressing strengths, challenges, possible technical assistance, and suggested action steps. Figure 1 details the New Jersey SBIRT organizational structure.

Figure 1. New Jersey SBIRT Organizational Structure



2. Program Vision and Design

The State of New Jersey considers SBIRT an essential element in its vision of a public health model for substance use services that includes primary prevention, early intervention (SBIRT), treatment, and recovery services.

The State's central partner is the HJAHC along with two (2) of HJAHCs affiliated members of the Trenton Health Team (THT) (Capital Health System and St. Francis Medical Center). THT is undergoing significant planning to become an accountable care organization supported by multiple patient-centered medical homes. The visions of the State and THT are not incompatible, but they are different in levels and scope. THT is in the midst of a multiorganizational systems change, while the New Jersey initiative is focused on integration of SBIRT and behavioral health services within primary care and community health settings. The State will need to clarify and negotiate common ground and expectations for SBIRT and integrated behavioral health care services within the emerging THT system.

The goals for the State of New Jersey include the following:

- Goal 1: Positively affect statewide implementation of SBIRT in primary care and other community settings.
- Goal 2: Expand and enhance the continuum of care for substance misuse services.

3. Grantee Leadership

The New Jersey Division of Mental Health and Addiction Services (DMHAS) is the State administrative authority for the contract. DMHAS subcontracts with HJAHC as the principal subcontractor/fiduciary for primary care and community health practice sites. The subcontract supports administrative and full-time staff, including health educators/behavioral health therapist, serving each site. The contract and subcontract also support transportation costs, when necessary, and treatment costs, including clinical services and Government Performance and Results Act (GPRA) followup costs such as patient incentives. Through a memorandum of understanding (MOU), Rutgers University provides project evaluation, cost-benefit analysis and GPRA follow-up data collection. Figure 2 outlines the grantee project team members.

Figure 2. New Jersey SBIRT Project Team Members

New Jersey DMHAS Executive Management	DMHAS SBIRT Management Team
Lynn Kovich, Assistant Commissioner	Kathleen Russo, Office of Prevention and Early Intervention—SBIRT Program Coordinator
Roger Borichewski, Assistant Division Director	Elizabeth Conte, Office of Treatment and Recovery Support—SBIRT Training Coordinator
Donald Hallcom, Director, Office of Prevention and Early Intervention	Sherry Dolan—SBIRT Data Manager
Suzanne Borys, Assistant Division Director	

4. Implementation Plan

Contextual Conditions

Trenton is the capital of New Jersey and is the designated community for initial implementation. It is the seventh largest city in New Jersey, with a population of approximately 85,400, and accounts for 23 percent of the population of Mercer County. Trenton's population is relatively young compared to the overall population in the county and State, with 57 percent of residents in the 25–44 age bracket and approximately 25 percent under 18 years of age. The community is highly diverse—46 percent African American, 19 percent Latino, and 40 percent White. The unemployment rate is high at 9

percent, and 37 percent of the community lives below the federal poverty level. Trenton has high levels of substance abuse and crime.

In the fall of 2012, multiple events converged creating challenging conditions for the startup and implementation of New Jersey SBIRT, including Hurricane Sandy devastating many areas of New Jersey and creating a statewide public health and safety crisis. State resources and attention were focused on regions devastated by the storm and the rescue and rebuild efforts that followed. The storm arrived on the eve of the 2012 SBIRT new grantee orientation meeting. Transportation along the eastern corridor was shut down and the New Jersey team was unable to participate in the orientation. Simultaneously, the former New Jersey Division of Addiction Services was conducting a merger with the New Jersey Division of Mental Health Services to form what is now the Division of Mental Health and Addiction Services (DMHAS). During this change process, State agency director and SBIRT champion Raquel Jeffers left her position, and several other key personnel left or assumed new positions. Another implementation challenge emerged when a review of the State's winning proposal revealed a calculation error—the proposed number of patients to be served was based on a duplicate count of patients served by THT, while the award explicitly called for an unduplicated count. This miscalculation left the State several thousands short in patients to be screened and required the grantee to reconfigure the numbers and practice sites to be part of New Jersey SBIRT.

Startup

As a result of state procurement issues in having selected the THT without a bidding process, the State's initial startup task was to quickly issue an RFP, and HJAHC, the sole bidder, was selected as the principal subcontractor. HJAHC began program implementation of services very quickly; however, the State had to work creatively through HJAHC, as the lead cognizant agency, to engage other potential partner agencies, and there is still a need to engage additional organizations beyond THT to participate.

The State initiated a round of SBIRT training with HJAHC staff that allowed for project startup, and Rutgers University was engaged for project evaluation and GPRA followup. Several errors in reporting and followup were identified by the site visit team (counting all prescreened patients), and correction of these issues will enable significant improvement in overall performance and adoption of appropriate strategies for 6-month GPRA followup.

Because of delays in startup and low performance, New Jersey was placed on "high risk" and required to provide SAMHSA with a corrective action plan. At the time of the site visit, New Jersey had not yet completed and submitted the plan.

Project Management

Senior department leadership strongly supports the SBIRT initiative and is supportive of the program coordinator. The program coordinator is currently .8 full-time equivalent. She is part of a new and complex management structure within DMHAS in which her position is located in one unit, data and IT systems in another, specialty treatment services in another, and training and fiscal in different units. Other funded positions, including training coordinator and data coordinator, are allocated part-time. HJAHC is the principal subcontractor for services and is the fiduciary entity for other participating partners. Communication, decisionmaking, and management of HJAHC and its subcontractors have been challenging. The program coordinator expressed uncertainty as to the degree to which DMHAS has review and guidance authority for elements of the grantee's efforts including subcontractors' scope of work and staff hiring. The program coordinator was encouraged to review provide input into all agreements, including scopes of work, and the project management team was encouraged to more actively support successful practice site implementation.

Staffing Model at Practice Sites

SBIRT implementation processes are being tailored to each site. The program's staffing model integrates support from front desk staff, medical assistants, and funded health educator/behavioral health staff with protocols to suit the setting and patient flow. Workflows are being fine-tuned to support optimal integration of SBIRT procedures and staff into the clinics' workflow. At one practice site, the SBIRT staff member was located on a different floor from triage services which gave an impression of the SBIRT component being separate. Staff at that site were encouraged to meet and interview patients in the triage rooms to create a more seamless integration of SBIRT in the patient experience, as compared to meeting patients in triage or the waiting room and escorting the patient to another floor for the interview. Further, staff were advised that not all patients are required to complete written consents. The sites and DMHAS team were provided clarification as to which patients require signed consents and when.

Budget and Funding Allocations

DMHAS has negotiated a subcontract with HJAHC for services and an MOU with Rutgers University for evaluation, cost-benefit analysis and followup. The site visit team discussed with DMHAS expanding the scope of the Rutgers MOU to include provision of training and technical assistance. The team suggested the State training coordinator work closely with Rutgers staff to develop an overall training and technical assistance plan.

Implementation Plans/Strategies

SBIRT is implemented under the leadership of DMHAS and uses project funds in conjunction with in-kind contributions to provide SBIRT services. Project funds provided through this

cooperative agreement support startup and SBIRT implementation costs at practice sites and support infrastructure, notably evaluation and training.

SBIRT implementation at practice sites is supported through project funds for operation of a community health center and payment for treatment services at substance use agencies when indicated. SBIRT funding supports health educators/clinicians who provide screening, brief intervention, brief treatment, and referral services.

Project funds support a consulting project coordinator who manages practice implementation at the HJAHC clinics. The three sites currently operating are the Henry J. Austin Clinics at Warren, Ewing, and Chambers Streets. Staff received an initial SBIRT orientation training but do not appear to have received indepth training in SBIRT procedures or motivational interviewing. Recently, HJAHC contracted with a Motivational Interviewing Network Trainer to provide staff training and consultation. Despite the challenges at startup, the three sites are now operating and delivering services.

Rutgers University School of Social Work provides evaluation services including formative and outcome evaluation and GPRA followup. Training is managed directly by the State's training coordinator who oversees all DMHAS training. The training coordinator appears to be an experienced trainer; however, she has limited experience with SBIRT training and implementation. Data collection and reporting are managed within the DMHAS IT department using a sophisticated Web-based data system to support SBIRT implementation. There is no data interface between the State's IT system and the practice sites, and the State IT staff is cautious at having a data interface with providers because of concerns regarding the quality of data received from sites. A data interface between HJA's EHR and the New Jersey Substance Abuse Monitoring System (NJSAMS) is beyond the scope of this project. However, HJA staff enter data directly into the NJSAMS web-based SBIRT module, that captures all the Federal GPRA reporting requirements for this project.

DMHAS staff are keenly aware that even with full implementation through the HJAHC and other member organizations of the THT, these sites will likely fall short of the agreed upon performance targets. Internal discussions are underway regarding an additional procurement of practice sites. The State's primary care association is initiating an SBIRT "learning collaborative" to support capacity building and SBIRT implementation within the State's health center system,

and the State was encouraged to actively assist and support this effort.

At the time of the site visit, the State was in the process of completing its SAMHSA-required corrective action plan to address how it will meet its performance targets and other grant requirements.

SBIRT Implementation in the Practice Setting

Eight months after grant award, HJAHC began startup activities with its sites. Staff were hired and trained and an initial SBIRT workflow within the practice sites was developed. Sites continue to fine-tune implementation procedures as they become more proficient in the SBIRT process and further imbed SBIRT into primary care practices. Initial GPRA data is collected at the sites at time of service; however, a complete plan for the required GPRA followup and the relationship between the practice sites and the evaluation team is still in formation. Several misunderstandings regarding GPRA reporting, consenting of patients, and GPRA followup were identified and actions between the State, practice sites, and evaluators are underway to determine appropriate evaluation and reporting procedures.

Staffing Profile/Model

Each site is staffed with a grant-funded clinician/health educator who performs the SBIRT-related functions. All sites use a prescreening protocol that is completed at patient check-in. The prescreen tool asks substance use questions only, and (not surprisingly) positive screens are below what is expected. Grantees are encouraged to imbed the prescreening tool into their routine health and wellness screen, as this normalizes the screening process and other sites have experienced improved response rates and less resistance to this approach. Those requiring full screening and further services are served by the SBIRT staff. The HJAHC clinic has integrated SBIRT screening into its electronic health record (EHR), and when a patient screens positive at the prescreen the SBIRT staff member is notified of the positive results and completes a full screen with the patient. Currently, the EHR only notifies SBIRT staff member of the positive screen but does not inform the staff member of the prescreening results. Thus, the staff member conducts full screens for both alcohol and drugs regardless of need. SBIRT practice site staff were routinely consenting all full-screened patients because they misunderstood the consenting requirements and extent to which screening was required.

The staff appeared to be highly motivated and committed to serving the clinics' patients. Staff are still developing their skills in SBIRT screening and brief intervention procedures and adoption of motivational interviewing skills.

Workflow Within Heath Centers

The workflow within the clinics is still developing as the sites gain more experience and move toward imbedding SBIRT into the primary care workflow, moving from a colocated service to an integrated practice. The clinics, state project staff, and evaluators are working to determine

how best to perform necessary GPRA intake, consenting, and followup, including completion of sampling protocols for followup, engaging and selecting patients, and collecting patient locator data for followup.

Referral to Alcohol, Tobacco, and Other Drug Treatment

DMHAS has agreements in place with Trenton-area treatment centers that applied to and were accepted into the DMHAS Fee-for-Service (FFS) SBIRT Specialty Treatment Network and has allocated grant resources for use as the payer of last resort for patients referred for specialty care. Treatment services are provided offsite and the clinics provide referrals. Additional grant resources have been allocated for patient transportation to treatment appointments. Brief treatment services are colocated within two (2) of the three practice sites; patients from the third site are offered transportation to the sites with colocated BT service, as needed.

Third-Party Billing

Medicaid SBIRT and other insurance codes have not yet been activated in New Jersey. FQHC practice sites question the likelihood of code activation for Medicaid recipients because they currently operate within a bundled encounter rate. An alternate funding approach can be adopted in which SBIRT is included in the bundle of services and a higher rate is negotiated.

GPRA Followup

Misunderstandings regarding the selection and enrollment of patients into GPRA followup were identified during the site visit. The grantee was advised to select patients based on the last two digits of their social security number (50–59) and to enroll all patients in this group in followup. Patients selected for GPRA followup should be engaged during their first encounter. The necessary GPRA followup information should be collected and the patient should sign a consent for followup form. Patient locator information should be collected and patients should be offered an incentive for participating. GPRA information collected at the practice sites should be sent to the evaluator team conducting the followup calls. No data was available for reporting at the time of the site visit because patients were just entering the 6-month followup window.

Training/Workforce Development

Initial SBIRT training for clinicians/health educators has been completed and motivational interviewing training has begun. The grantee was encouraged to develop a comprehensive training and technical assistance plan for internal and external audiences. The grantee may expand its relationship with Rutgers University to include a training contract working in cooperation with the State's training coordinator to develop a comprehensive training plan. The site visit team agreed to provide New Jersey with the SAMHSA core curriculum, when it becomes available, and access to the SBIRT online training program.

Use of Electronic Medical Records/Information Technology

Practice sites have integrated SBIRT elements into their EHRs but there is no electronic interface between the EHRs and State data system; thus sites are required to make dual entries for each patient encounter. The State is reluctant to allow the interface, however, because of concerns regarding the quality of the data coming from the practice sites. Also, developing an interface between HJA's EHR and the DMHAS SBIRT Module may be beyond the scope of this project.

Budget and Funding Allocations

DMHAS has negotiated an MOU with Rutgers University and a subcontract with HJAHC. The funding supports staff at all practice sites, research and evaluation, training, data collection, and specialty treatment.

Policy Steering

The membership for the policy steering committee (PSC) has been established and the first meeting is scheduled for October 2013. A continuous quality improvement subcommittee of the PSC held its first meeting in August 2013.

5. Community Linkages, Partners, and Participation

The New Jersey DMHAS is supported by the following organizational team:

- Rutgers University School of Social Work
- HJAHC
- THT

THT was the proposed, lead SBIRT contractor in the original proposal; however, in order to be in full compliance with state procurement laws, the DMHAS was subsequently directed to issue a competitive Request for Proposals to determine a lead contractor. Through a post-award procurement process, HJAHC assumed the role as lead agency for SBIRT. HJAHC, an independent free-standing FQHC, is a member of THT. The procurement challenges contributed significantly to delays in program startup. The roles among THT member organizations and their participation in SBIRT were still being decided as of September 2013. As of the site visit, the State SBIRT team had limited involvement in participating in internal discussions with THT to clarify its role. The State was encouraged to be more assertive with THT to ensure the requirements of the SBIRT grant are adequately served.

6. Patient/Client Outreach, Recruitment, and Referral

In the grantee's early planning process, it identified Trenton as the target community for services. Following the successful procurement process, the grantee implemented SBIRT in three sites and is planning further implementation. The grantee has determined the THT member organizations may not serve a sufficient patient population to meet the grant-required deliverables, and it will need to conduct further procurement efforts to meet SAMHSA performance goals. New Jersey implemented services in the ninth month of grant award (March 2013). The grantee was encouraged to begin future procurement planning immediately. Figure 3 details the number of patients served as of September 1, 2013.

Figure 3. Summary of Grantee Performance as of September 1, 2013

Patients Served	
Patients prescreened	2,249
Patients with positive prescreens	368
Patients with full screens	321
Patients receiving brief intervention	126
Referrals for brief treatment	35
Referrals for specialty treatment	50

7. Affordable Care Act Readiness

THT is seeking to strategically develop and align its systems with the changing health care environment. Plans include becoming an accountable care organization with affiliated patient-centered medical homes. All primary care sites have EHRs. THT has initiated plans for behavioral health integration and can consider SBIRT an important integration point between primary care and behavioral health as the planning efforts move forward.

8. Sustainability/Long-Term Business Plan

A key role of the PSC is to conduct long-term planning in support of broader dissemination and sustainability. The PSC is just initiating its activities and is expected to take a more decisive role in sustainability planning in the future.

DMHAS identified SBIRT as part of its overarching continuum of care strategy. SBIRT was also identified as an element of HJAHC's model for patient-centered medical homes.

Statewide, the grantee may take deliberate steps to groom SBIRT practice champions in primary care and within other key stakeholders, including policymakers and payers.

Currently, Medicaid does not reimburse for SBIRT services in FQHCs. This poses challenges to the development of a viable business model for SBIRT in primary care settings. The grantee is encouraged to seek technical assistance developing viable business practice approaches appropriate for New Jersey.

9. Grantee Evaluation

GPRA Plan

Based on new understandings of GPRA followup requirements, the grantee and its partner, Rutgers University, are working to finalize the plan for GPRA data collection and followup.

Process and Outcome Activities

The evaluation team is providing support beyond GPRA collection. This support includes conducting formative and outcome evaluation, developing a cost-benefit analysis, and providing ongoing feedback regarding progress and outcomes in consultation with the State team.

Summary

Despite daunting challenges at startup, New Jersey has demonstrated significant accomplishments in its implementation of SBIRT in primary care settings. These accomplishments include implementing SBIRT in three practice sites, with further sites scheduled for implementation. The State has a highly sophisticated data management system and an experienced evaluation team. A number of challenges were identified during the site visit including difficulty meeting performance targets, negotiating expectations with community partners, conducting training and workforce development, and performing GPRA evaluation.

Strengths and Considerations for Action

Program Vision and Design

STRENGTHS

- Implementation of SBIRT is part of the strategic vision for the State.
- The SBIRT initiative has senior-level administrative buy-in and support from DMHAS.

CHALLENGES

- DMHAS is a newly formed State agency that resulted from a merger of substance abuse and mental health services. Significant turnover in staff leadership occurred as a result of the merger.
- While THT's strategic goal of becoming an accountable care organization with affiliated patient-centered medical homes is aligned with the future of emerging health care delivery systems, it will require negotiation between THT and DMHAS to determine where SBIRT integrates into this emerging system.
- THT must continue to make SBIRT a priority and allocate sufficient time and effort to meeting its deliverables.

	Potential Enhancements	Grantee Resources To Be Used	May Request TA From CSAT	Information Requested
1	Ongoing communication between DMHAS senior leadership and THT is strongly encouraged to ensure the appropriate role and priority of SBIRT in the emerging THT system.	X		

Grantee Leadership

STRENGTHS

- The grantee has successfully implemented SBIRT in three primary care clinics.
- The grantee implementation team worked with each site to tailor the implementation to the workflow and culture of each organization.
- The grantee has employed a public health planning model using population data to target where SBIRT services will be implemented.
- SBIRT patient encounters are being integrated into the practice site EHRs.

CHALLENGES

- The grantee experienced startup delays and, as a result, is behind on its performance targets.

	Potential Enhancements	Grantee Resources To Be Used	May Request TA From CSAT	Information Requested
1	The grantee is strongly encouraged to complete its corrective action plan addressing strategies to achieve performance targets.	X		

Implementation Plan

STRENGTHS

- Each practice site has developed a workflow tailored to the unique operations of the site.
- Practice sites are successfully serving diverse patient populations.
- Each practice site is using a teaming approach in the delivery of SBIRT services and using electronic technologies to support the efforts.
- All practice sites have EHRs.
- SBIRT data collection and reporting is managed within the DMHAS IT department using a sophisticated Web-based data system.

CHALLENGES

- In the fall of 2012, multiple events converged to create challenging conditions affecting the startup and implementation of New Jersey SBIRT.
- The grantee has difficulty meeting the performance targets because of errors calculating the number of patients to have been served by THT in the original proposal.
- Staff at practice sites are still learning about SBIRT and motivational interviewing.
- The State has limited capacity for training, practice site technical assistance, and workforce development.
- There is no data interface between the State's IT system and the practice sites' EHRs, requiring dual data entry of patient data. IT staff are reluctant to allow such an interface because of concerns regarding practice site data quality.
- There is no clearly defined set of procedures between the practice sites and the evaluation team for GPRA followup.
- There is limited physician involvement in SBIRT at the practice sites.
- The PSC will not hold its first full meeting until October 2013.

	Potential Enhancements	Grantee Resources To Be Used	May Request TA From CSAT	Information Requested
1	The grantee is encouraged to determine what additional practice site capacity it will need to meet its performance targets.	X		
2	The grantee is encouraged to develop a comprehensive training and technical assistance plan to support its programs.	X	X	
3	The grantee is encouraged to explore the practice site data quality issues impeding the development of an electronic interface between the State and practice sites.	X		
4	The grantee is encouraged to clarify the relationship and reporting procedures between the practice sites and the evaluator in regards to GPRA followup.	X		
5	The grantee may seek technical assistance to build strategies for developing physician SBIRT champions and for improving the integration of SBIRT within a primary care practice model.		X	

Affordable Care Act Readiness

STRENGTHS

- THT is modifying its organizational structure to become an accountable care organization supported by a network of patient-centered medical homes.

CHALLENGES

- The roles of behavioral health and SBIRT do not appear to be fully developed or understood within the THT model.

	Potential Enhancements	Grantee Resources To Be Used	May Request TA From CSAT	Information Requested
1	DMHSA is encouraged to continue planning discussions addressing the role of SBIRT and overall behavioral health integration within the THT programs.	X		

Sustainability/Long-Term Business Planning

STRENGTHS

- SBIRT has been identified as part of an overarching strategy by the New Jersey DMHAS.
- SBIRT services are embedded within EHRs at practice sites.

CHALLENGES

- Medicaid does not reimburse for SBIRT services in FQHCs. This presents challenges to the development of a viable business model for SBIRT in primary care settings.
- Practice sites have not developed a business practice model that would support SBIRT beyond grant funding.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The grantee may consider seeking technical assistance in developing strategies to support SBIRT code activation within Medicaid and third-party payers.		X	
2	The grantee may consider seeking technical assistance to support practice sites in the development of viable business practice models for SBIRT within primary care settings.		X	

Evaluation

STRENGTHS

- The State has contracted with an evaluation and research group experienced in large-scale followup activities among populations that are sometimes difficult to reach.
- Beyond GPRA followup, the grantee plans to conduct formative, outcome, and cost-benefit evaluation activities.

CHALLENGES

- The lack of interface between EHRs and the data collection system requires additional staff labor to complete dual data entries.
- The State and the evaluator have not fully developed a plan for 6-month GPRA followup.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The grantee is encouraged to prioritize completion of its GPRA followup plan and a plan to train and support data collection activities at the practice sites.	X	X	

Abbreviations and Acronyms

CSAT	Center for Substance Abuse Treatment
DMHAS	Division of Mental Health and Addiction Services
EHR	electronic health record
GPRA	Government Performance and Results Act
HJAHC	Henry J. Austin Heath Center, Inc.
MOU	memorandum of understanding
PSC	policy steering committee
RFA	request for application
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	Screening, Brief Intervention, and Referral to Treatment
THT	Trenton Health Team

Attachment 1
Sources of Information Reviewed

- State of New Jersey Screening, Brief Intervention, and Referral to Treatment proposal
- Grantee biannual reports
- Materials provided onsite
- Grantee workplans