Service Design Site Visit Report

New York State Office of Alcoholism and Substance Abuse Services

Albany, New York

Date of Site Visit: June 17–18, 2014

◆ SBIRT ◆

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

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

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New York State Office of Alcoholism and Substance Abuse Services

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Grantee Phone Number	518-457-0053 (Project Director)
Site Visit Dates	June 17–18, 2014
Program Name	Building Sustainable SBIRT in Integrated Hospital Systems in New York
Grant TI Number	TI 025102-01
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Grantee Project Sites Visited	
North Shore Long Island Jewish Southside Hospital	301 East Main Street, Bay Shore, NY 11706
865 Internal Medicine Clinic	865 Northern Boulevard, Suite 102 Great Neck, NY 11030
North Shore Long Island Jewish Lenox Hill HealthPlex	30 Seventh Avenue New York, NY 10011

Executive Summary

New York State Office of Alcoholism and Substance Abuse Services (OASAS) is the administrative authority for New York State's screening, brief intervention, and referral to treatment (SBIRT) cooperative agreement. The program being implemented is called Building Sustainable SBIRT in Integrated Hospital Systems in New York.

On June 17–18, 2014, the SBIRT JBS International team and the Substance Abuse and Mental Health Services Administration SBIRT Government Project Officer conducted a technical assistance site visit to discuss the grantee's progress with program implementation—accomplishments, strengths, and challenges—and suggestions and recommendations for improvement and technical assistance. The site visit included several activities:

- Met with the SBIRT project director and project evaluator, OASAS executive and State agency senior leadership, key partners, and policy advisory committee members
- Reviewed SBIRT grant program implementation activities to date
- Visited SBIRT practice sites

Project staffing is provided by OASAS, the National Center on Addiction and Substance Abuse at Columbia University (CASAColumbia), and the North Shore Hospital, part of the North Shore Long Island Jewish Health System network. The SBIRT program also partners with the Center for Practice Innovations at Columbia Psychiatry New York Psychiatric Institute for the development of electronic products for SBIRT sustainability.

The program's policy advisory committee provides strategies and policy guidance on the establishment of SBIRT as a permanent and inseparable element of primary care services. Under this second New York State SBIRT cooperative agreement (the first was awarded in 2011), the activities of the existing PAC have been expanded to include additional workgroups focusing on SBIRT dissemination and sustainability. The policy advisory committee is cochaired by NYS OASAS and the New York State Department of Health and includes representation from a wide variety of key stakeholders.

SBIRT services are being provided to residents of four areas affected by Hurricane Sandy: Suffolk, Nassau, Staten Island, and Lower Manhattan. The services are available in four emergency departments and thee internal medicine sites. SBIRT implementation in these settings requires a 3-month preparation process involving decisions on workflow, hiring, training, and coaching.

The program uses a health coach model with shared decisionmaking. Prescreening, provided by frontline staff (medical assistant or nurses), is embedded in the intake process using the Alcohol Use Disorders Identification Test (AUDIT-C) or Drug Abuse Screening Test (DAST-1). A health coach is alerted of a positive prescreen and performs a full screen using the full AUDIT or

DAST-10. Some sites also screen for health conditions such as depression. The health coach also performs brief intervention using the brief negotiated interview format and makes referrals to treatment. Physician champions provide training. Frontline staff receive 1 or 2 hours of training on performing the prescreening. Training for health coaches includes 2 days of classroom training, 2½ weeks of observation and shadowing, biweekly clinic supervision calls, and case conferencing as needed.

The SBIRT program's approach to evaluation has been one of continuous quality improvement. CASAColumbia is responsible for coordinating implementation, training, reporting and collecting evaluation data for the health care settings. CASAColumbia collects and regularly reviews GPRA data and prepares monthly data reports and weekly reports on followup activities. An outcome evaluation is being conducted to assess changes in social and health outcomes from intake to followup.

The New York SBIRT project is focused on continuing to develop its health information technology (HIT) for SBIRT, including SBIRT integration into electronic health records (EHRs) and participation in a regional health insurance exchange. The Center for Practice Innovations at Columbia Psychiatry New York Psychiatric Institute is in the planning phase of developing a tablet-based tool for use by health coaches and patients. This tool will enable health coaches to easily conduct full screening, show the patient personalized feedback, and provide interactive tools for a brief intervention. The new technology will require matching HIT to medicine and the workflow. During the site visit, the HIT expert was able to provide recommendations related to HIT preparedness.

New York is undergoing a major transformation in the delivery of health care, with Medicaid funding managed by a managed care organization. The sustainability of SBIRT is part of the State's goal for the full integration of behavioral health into primary care by 2015. SBIRT is currently being vetted as one of the quality metrics for behavioral health.

There has been significant progress in implementing the second SBIRT cooperative agreement. Some notable successes are a strong leadership team, rapid program startup and SBIRT service delivery, integration of SBIRT in the EHR, and cooperation and collaboration within and among partnering organizations in the training and supervision of health coaches. The program's model of shared decisionmaking has empowered frontline staff at North Shore Long Island Jewish Health System to recommend approaches and changes in workflow that have increased screening, brief intervention, and Government Performance and Results Act reporting.

Among the challenges noted are the complexities related to HIT and EHR systems, cultural sensitivity in the delivery of SBIRT, completion of full screens, turnover of nurses in emergency departments, in-person training for health coaches, and building brief treatment into the health coach model.

The site visit team shared suggestions and recommendations with the New York SBIRT team and held a conference call with them Tuesday, June 24, 2014, for a full site visit debriefing.

Grantee Overview and Environmental Context

In 2010 New York State had a population of more than 20 million—the third most populous State after California and Texas—with 92 percent of residents living in an urban area. As one of the leading destinations for international immigration, New York has the second largest immigrant population in the country (after California) at 4.2 million as of 2008. Although upstate New York receives many immigrants, most of the State's immigrants settle in and around New York City because of its more vibrant economy and urban culture.

The New York State Office of Substance Abuse Services has headquarters in Albany, New York, with a regional office in New York City.

New York City is one of the world's most ethnically diverse and cosmopolitan urban centers, with a variety of cultures and nationalities living in close proximity. The urbanization and suburban sprawl of New York City make it the most densely populated region in the United States. The greater metropolitan area holds 13 million people and extends to Long Island, northern New Jersey, and Connecticut. By contrast, in northern New York near the Canadian border, there are rural and even frontier-like areas.

The New York State Office of Alcoholism and Substance Abuse Services (OASAS) is the designated single State authority for substance abuse and is responsible for substance abuse prevention, intervention, treatment, and recovery support services in New York. OASAS is also responsible for prevention and treatment services addressing problem gambling. A commissioner who is a member of the Governor's Cabinet directs OASAS. The substance abuse system for the State of New York is complex and multilayered. OASAS has its central administrative offices in Albany and maintains regional offices within the State and in New York City. Outside of New York City, direct service funding goes from OASAS to local government units at the county level. OASAS funds, certifies, and monitors the second largest treatment system in the country.

OASAS' program under the cooperative agreement—Building Sustainable SBIRT in Integrated Hospital Systems in New York—serves Suffolk, Nassau, Richmond (referred to hereafter as Staten Island), and Lower Manhattan. The area boasts a wide diversity of racial, ethnic, and socioeconomic backgrounds, including a Latino community with many recent immigrants who speak primarily Spanish and many African Americans from working class communities. To date, 24 percent of patients in the region are of Latino/Hispanic ethnicity, and 20 percent identify as Black/African American. This is representative of the patient populations served at the SBIRT sites. Thirty-nine percent of patients served are 55 and older.

Within the cooperative agreement, OASAS works with North Shore-Long Island Jewish (NSLIJ) Health System, the largest integrated health care organization in New York, which provides health information technology (HIT) infrastructure and SBIRT services in primary care and emergency department sites.

1. Site Visit Overview

On June 17–18, 2014, the SBIRT JBS International team and the Substance Abuse and Mental Health Services Administration (SAMHSA) SBIRT Government Project Officer conducted a technical assistance site visit to discuss the grantee's progress with program implementation—accomplishments, strengths, and challenges—and to provide suggestions and recommendations for improvement and technical assistance. The site visit included several activities:

- Met with the SBIRT project director and project evaluator, OASAS executive and State agency senior leadership, leadership form NSLIJ Health System partners, and policy advisory committee (PAC) members
- Reviewed SBIRT grant program implementation activities to date
- Visited SBIRT NSLIJ Health System practice sites
  - Lenox Hill HealthPlex (Manhattan's first freestanding emergency room)
  - The 865 Internal Medicine Clinic
  - NSLIJ Southside Hospital

The site visit team discussed SBIRT with program staff at the 865 Internal Medicine Clinic. The staff understood and supported the SBIRT process and valued the addition of a health coach. One supervisory staff member was concerned about the sustainability of a health coach or other behavioral health staff member who is not part of the primary care team.

2. Program Vision and Design

SBIRT is a key part of New York's vision for an integrated primary care and behavioral health system. The mission of the SBIRT program is to expand SBIRT to vulnerable New Yorkers in underserved communities according to four specific goals:

1. Deliver high-quality SBIRT services to 150,000 vulnerable New Yorkers in communities affected by Hurricane Sandy.
2. Build a technology infrastructure that will ease provider burden and support statewide implementation of sustainable SBIRT.
3. Mobilize key stakeholder support for regulatory and reimbursement policies that will promote sustainable SBIRT.
4. Disseminate sustainable SBIRT programs to other health care entities throughout New York State based on models developed in years 1 through 3.

Key patient outcome goals follow:

- Increase access and connectivity to substance use disorder (SUD) treatment, and increase retention and completion of treatment.
- Improve physical and mental health, and decrease substance use risk and harm.

3. Grantee Leadership

New York State received its first SAMHSA SBIRT cooperative agreement in 2011 (cohort 4) and since then has built an active PAC, focusing on SBIRT dissemination and sustainability. The PAC is led by the medical director of OASAS and the deputy commissioner of the New York State Department of Health, Office of Public Health. The PAC enjoys statewide representation from a variety of organizations, including health insurers, SUD treatment providers and professional organizations, State agencies, the New York City Department of Health and Mental Hygiene, physicians, and physician organizations. The PAC has a significant role with managed care organizations integrating SBIRT into primary care health settings and investigating the development of quality metrics for SBIRT. The PAC has a broad agenda to provide guidance related to implementation of SBIRT and support dissemination efforts. The PAC provides oversight on project procedures and consults on strategies and policies in expanding the project services. OASAS is augmenting the PAC to include representation from hospital associations and integrated health care systems. For this project, NSLIJ Health System and ValueOptions, a managed care organization, joined the existing PAC.

4. Implementation Plan

SBIRT services are delivered within NSLIJ Health System locations in four emergency departments and seven primary care clinics (three in Nassau adjacent to the Nassau emergency department, three in Staten Island adjacent to the Staten Island emergency department, and one in Suffolk adjacent to the Suffolk emergency department).

OASAS, NSLIJ Health System (the largest integrated health care organization in New York), and the National Center on Addiction and Substance Abuse at Columbia University (CASAColumbia) collaborate on implementation. By locating all SBIRT programs in the NSLIJ Health System, OASAS seeks to provide strong internal leadership at the local level. NSLIJ Health System has recruited and trained practice site champions and provides staffing, monitoring, HIT integration in electronic health records (EHRs), and supervision. CASAColumbia provides training, technical assistance, and evaluation services.

Although the SBIRT intervention is tailored to fit the practice sites, prescreening is typically conducted by frontline staff such as nurses and medical assistants and is embedded in the intake process using the Drug Abuse Screening Test (DAST-1) and Alcohol Use Disorders Identification Test (AUDIT-C). All patients are prescreened for substance use at medical appointments. At some sites, screening for depression is also conducted using the Patient Health Questionnaire (PHQ-2). Full screens using the full AUDIT and DAST 10 are conducted by grant-funded health coaches.

When indicated, health coaches conduct brief interventions using the brief negotiated interview model. Brief treatment and specialty treatment are provided though referral to community providers. The grantee is exploring delivery of brief treatment using health coaches with a staff social worker available as a backup to the coach. This approach would begin in the second year of operation. The health coach also collects Government Performance and Results Act (GPRA) intake data and completes client locator forms for patients participating in followup.

Leadership at NSLIJ Health System recognizes that frontline staff often know best what will work and how. SBIRT project staff work closely with site staff such as nursing supervisors, physician champions, and medical directors to ensure project activities are running smoothly and patients are getting the best care possible. To date, staff have provided SBIRT services to more than 12,000 patients under this project.

CASAColumbia frontline staff receive a 2-hour SBIRT orientation training and orientation to prescreening processes and SBIRT tools in the EHR. Refresher trainings are also provided to frontline staff on prescreening protocols and skills. Health coaches complete a 2-day training followed by 2.5 weeks of shadowing and coaching at the job site. Presentations to medical staff (including residents) address the rationale for universal screening and SBIRT.

CASAColumbia's training of health coach staff uses the SAMHSA core curriculum and other materials. Training includes the following topics:

- What Is SBIRT?
- Continuum of Addictions
- Screening Using the AUDIT and DAST
- Introduction to Motivational Interviewing
- Brief Intervention Using the Brief Negotiated Interview
- Referral to Treatment
- GPRA Data Collection
- Study Protocols

CASAColumbia has created a brief intervention/motivational interviewing fidelity checklist used at the sites to provide feedback on the SBIRT delivery to health coaches. CASAColumbia and

NSLIJ Health System staff hold weekly protocol and troubleshooting calls with health coaches. Health coaches receive biweekly clinical supervision and coaching by a licensed master social worker and licensed clinical health psychologist from NSLIJ Health System with expertise in motivational interviewing.

The grantee has developed many levels of champions, including lead project physician champions within internal medicine and emergency medicine. These physicians aid with service implementation, troubleshooting, and project supervision. Practice site leadership champions (administrators, supervisors, attending physicians) promote the project with their staff, troubleshoot, and provide input on workflow. Line staff champions (nurses and medical assistants) provide input into developing and troubleshooting workflow and adjusting procedures to fit individual settings.

Challenges to implementation have included ensuring cultural sensitivity in the delivery of SBIRT, completion of full screens, turnover of nurses in emergency departments, in-person training for health coaches, and building brief treatment into the health coach model. The site visit team provided a copy of SAMHSA's newly created brief treatment guide, and TA could be requested if needed.

NY SBIRT Health Information Technology

Implementation has focused primarily on the rollout of the project and not yet on a longer term strategy for information use. OASAS is addressing the challenges associated with Medicaid expansion, Affordable Care Act (ACA) implementation, and the transition of NSLIJ Health System to a new and consolidated EMR platform. OASAS and CASAColumbia, in collaboration with NSLIJ Health System, will need to ensure the development of tools to capture screening and intervention information. It will also be important for OASAS to support adoption of HIT by behavioral health providers across the State.

The primary focus of HIT efforts has been LSNIJ Health System's work to integrate four disparate EHR platforms under the Allscripts EHR. The efforts have consumed technology and clinical resources to the extent that SBIRT program's needs were lowered in priority. It is unclear if full integration into the new system can be achieved. However, despite the challenges, clinical leadership at LSLIJ Health System has continued to advocate for automating the data capture and use of clinical decision support tools for better continuity of care.

The site visit team recommended OASAS develop an information strategy to successfully manage data integration, data exchange, and clinical decision support. Given the resources available as a result of the SBIRT award, such efforts could serve as a launching point for identifying the technology requirements required of an integrated care delivery system. Much effort will be needed to identify effective engagement and care delivery strategies.

The Allscripts patient portal will eventually be a resource that can support the efforts of health educators and clinical staff in sharing information with patients. For example, the portal could be used to provide additional patient education, adherence reminders, and tools for patients to provide information to providers. At this time, the primary focus of the portal implementation is to offer a clinical summary, prescription information (including refills), and a list of the patient's challenges (e.g., obesity, high blood pressure).

Some SBIRT HIT funds have contributed to collaborative work between CASAColumbia and RTI International (the contractor that manages GPRA data collection) to develop an interface so data can be uploaded without the need to be reentered into the Services Accountability Improvement System. Such an interface will free up staff time and be useful across all the SAMHSA discretionary grants that OASAS manages.

While there are efforts to provide billing and managed care readiness training to substance abuse organizations, adoption of HIT is essential to meet the requirements of a reformed system of care. Because some substance abuse providers are also mental health providers, it would be efficient for OASAS and the Department of Mental Health to develop a collaborative strategy in support of HIT adoption. A recent survey of provider readiness for HIT provided a baseline that can be useful in targeting interventions and support for different cohorts of providers at different stages of implementation. More than half of the provider system is in the process of acquiring EHRs, suggesting a strong demand for a systemic approach.

There are plans for the PAC to create a HIT workgroup for year 3 of the grant. It may be prudent to launch this workgroup as soon as possible to serve an important advocacy function across systems for technology adoption, data integration, and data exchange between behavioral health and primary care providers. It would be worthwhile to ask the PAC to develop a charter for this group within the next 2 months to identify PAC, State, and behavioral health provider leaders to participate.

5. Community Linkages, Partners, and Participation

The SBIRT initiative is organized and implemented through key partnerships. OASAS has overall management and financial responsibility for the SAMSHA cooperative agreement. NSLIJ Health System provides HIT infrastructure and SBIRT services in primary care and emergency department sites. NSLIJ Health System also has State-supported health homes for chronically ill Medicaid clients with complex needs. The health homes have capacity for care coordination, including coordinated treatment planning. NSLIJ Health System has a behavioral health organization that manages care for individuals covered under Medicaid who have behavioral health treatment needs. CASAColumbia coordinates implementation, training, reporting, and evaluation data collection with the health care settings. The Center for Practice Innovations at

Columbia Psychiatry New York Psychiatric Institute[1] offers distance learning products to extend the implementation of SBIRT statewide.

The grantee should develop strategies to support SBIRT dissemination and adoption in other areas of the State. Valuable lessons learned from NSLIJ Health System can help to drive this process. The grantee is encouraged to work with the State hospital association, primary care association representing community health centers, and local government units at county levels. The grantee should engage both internal partners within NSLIJ Health System and community SUD partners to build behavioral health capacity.

6. Client Outreach, Recruitment, and Referral

Between December 1, 2013, and June 1, 2014, the New York SBIRT program provided more than 100 referrals for substance abuse treatment services. These referrals were made to OASAS certified providers in Nassau, Suffolk, and Queens counties.

The referral process is being more clearly defined. Currently, the health coach manages referral to treatment based on the needs and interest of the patients. The grantee has a goal of making warm-handoff referrals but is currently building capacity by redefining referral procedures, refining lists of available providers, and conducting outreach to the substance use disorder provider community. In year 2, the grantee plans to pilot electronic referrals and other strategies.

Other technologies could be used in the near term to improve referrals and care coordination. Notable opportunities are the use of the newly implemented patient portal within the Allscripts EHR and the use of telehealth capability to enhance referrals and continuity of care. Implementing use of telehealth capability between NSLIJ Health System and participating SUD providers can be a relatively easy way to improve care coordination and reduce delays in treatment initiation. Immediate planning efforts would yield results. Ample resources are available to provide technical assistance (e.g., through the SBIRT grant) to support these efforts.

A priority for the near term should be developing business associate or qualified service organization agreements between NSLIJ Health System and substance abuse providers participating in the SBIRT project. Without bidirectional information exchange and standards and enforcement related to behavioral health access, primary care providers will be less willing to make referrals. This issue has already surfaced among NSLIJ Health System providers who are

[1] The Center for Practice Innovations at Columbia Psychiatry New York Psychiatric Institute supports the New York State Office of Mental Health's mission to promote the widespread availability of evidence-based practices to improve mental health services, ensure accountability, and promote recovery-oriented outcomes for consumers and families (Web site at http://www.practiceinnovations.org/).

not comfortable making referrals without knowing whether the referral results in the individual being successfully engaged in treatment in a timely way. These expectations are shaping the way integrated care is leveraging process and workflow improvements in traditional substance abuse admission and engagement processes.

7. Affordable Care Act Readiness

New York State is actively engaged in Medicaid expansion and changes in health care systems associated with ACA, including HIT infrastructure changes, changes in payer systems with Medicaid soon to be managed by a managed care organization, provider networks, health homes, and behavioral health/primary care integration.

Except for the NSLIJ Health System EHR system changes, there appears to have been limited effort to increase EHR capacity by SUD treatment providers. To help the SBIRT program achieve its goals, this deficit should be addressed in the near future to develop and maintain adequate communication loops and care coordination between the substance abuse system and NSLIJ Health System emergency department and ambulatory clinics.

Much education and technical assistance will be needed to prepare the SUD provider system involved in this project, and statewide, for the impending changes necessitated by ACA implementation, Medicaid, and managed care expansion. With a planned “carve in” of behavioral health into Medicaid managed care by January 2015, there is little time for substance abuse providers to prepare. The lack of EHR provider readiness information will impede OASAS’ ability to assist providers and make it more difficult for providers to develop their own readiness and capacity building strategies. In particular, many providers are not experienced in dealing with fee-for-service billing requirements and have historically had little need to ensure they are providing timely access to treatment and coordinated care across provider systems. These changes alone would be daunting, and without the technology for adequate billing and clinical documentation, it will be difficult for providers to remain viable as the State fully implements the changes and develops a functional system of health information exchange. All behavioral health providers should be encouraged to develop their own information strategic plan to create a pathway for EHR implementation.

8. Sustainability Planning

New York is undergoing a major transformation in health care. In the coming year, a managed care organization will manage Medicaid services for New York. OASAS leadership reports that Medicaid coverage for SBIRT is in the new contract. Rates, staffing requirements, and operational procedures have not been fully promulgated. The site visit team strongly

encouraged OASAS leadership to be actively involved in these contracting and planning efforts to ensure these elements are addressed successfully to support a viable business practice model for SBIRT.

Building technology infrastructure will be essential to support a sustainable SBIRT project. The current work of NSLIJ's Health System related to moving to Allscripts and efforts by the care coordination technology workgroup[2] to develop an SBIRT EHR may result in solutions that can be easily transported to other NSLIJ Health System sites and other health care entities.

The PAC will play an important role supporting long-term sustainability. Expanding existing PAC membership to include more managed care and hospital-based integrated healthcare industry representation can foster dialogue among these essential stakeholders about realistic policy, regulatory, and reimbursement options to create sustainable SBIRT in the State and generate a set of policy recommendations.

Although the grantee has initiated many efforts in support of a sustained SBIRT program, at this time the PAC does not appear to have a written plan to guide sustainability efforts. Given the size and complexity of New York and the SBIRT initiative, the site visit team recommended a defined plan to guide and coordinate strategies and activities supporting sustained SBIRT practices.

9. Grantee Evaluation

CASAColumbia coordinates program evaluation, including process and formative evaluation, GPRA data collection, and reporting and quality improvement. CASAColumbia created a data protocol manual that guides practices and procedures and provides common forms for data collection. CASAColumbia maintains secure transmission and storage of data from organizations. Evaluation activities are used to inform and support program implementation and support ongoing performance improvement.

The grantee uses evaluation findings to support program implementation. Detailed use data are collected for each practice site to support program monitoring and practice improvement. As a result of this close monitoring, the evaluation team can identify issues in the SBIRT processes as they emerge. Project partners at NSLIJ Health System and CASAColumbia have been continuously evaluating service delivery by meeting with program staff, observing site visits, and analyzing evaluation data. They have used quality improvement processes to adjust workflow, procedures, and services as necessary.

The evaluation team could convert its measures to rates and quality metrics against benchmarks (e.g., 80 percent prescreens of scheduled patients, 80 percent access to SUD

[2] Just under way, this workgroup is required by the grant and is charged with planning and supporting HIT.

treatment) and report these findings to the sites within NSLIJ Health System and to OASAS and the PAC.

The grantee also intends to use the evaluation process to address outcomes beyond GPRA cost benefit and overall business case for SBIRT. The evaluation team may need consultation in developing a business case for SBIRT within NSLIJ Health System and the State. The grantee is encouraged to seek technical assistance for consultation from a qualified health economist, if needed.

Strengths and Considerations for Action

Program Vision and Design

STRENGTHS

- SBIRT is a key part of New York's vision for an integrated primary care and behavioral health system.
- The grantee describes four interrelated goals: Deliver high-quality SBIRT services to 150,000 vulnerable New Yorkers, build a technology infrastructure, mobilize key stakeholder support, and disseminate sustainable SBIRT programs to other health care entities.

CHALLENGES

- None noted.

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

Grantee Leadership

STRENGTHS

- The initiative is organized and implemented through key partnerships and builds upon the State's prior successes with its first SBIRT cooperative agreement awarded in 2011.
- Leadership at NSLIJ Health System demonstrates understanding of how systems work and change through shared decisionmaking with frontline staff supporting and informing program implementation.

CHALLENGES

- None noted.

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

Implementation Plan

STRENGTHS

- Project implementation is a collaborative effort among OASAS, NSLIJ Health System, CASAColumbia, and the Center for Practice Innovations at Columbia Psychiatry New York Psychiatric Institute.
- All programs of NSLIJ Health System have EHRs; the process of converting to a single EHR is underway.
- CASAColumbia provides comprehensive training, technical assistance, and evaluation services.
- The grantee has focused effort on champion recruitment and development supporting multiple levels of champions.
- SBIRT funds have contributed to collaboration of CASAColumbia and contractor RTI International to develop an interface to facilitate loading data without the need to reenter information in the Services Accountability Improvement System.

CHALLENGES

- The grantee is currently exploring delivery of embedded brief treatment to begin in the second year of operation using health coaches and potentially staff social worker.
- Within NSLIJ Health Service integration of four EMRs into a single system has consumed both technology and clinical resources to the extent that the needs of the SBIRT program have been lowered in priority, delaying SBIRT integration into this new system.
- Behavioral health providers appear to be at all levels of HIT readiness; it will be important for OASAS to support adoption of HIT by behavioral health providers across the State.
- The PAC plans to create a workgroup on HIT in year 3 of the grant.
- Challenges have included ensuring cultural sensitivity in the delivery of SBIRT, completion of full screens, turnover of nurses in emergency departments, in-person training for health coaches, and building brief treatment into the health coach model.

	Potential Enhancements	Grantee Resources To Be Used	May Request TA From CSAT	Information Requested
1	Develop a departmental information strategy to manage data integration, data exchange, and clinical decision support.	X		
2	CASAColumbia could review SAMHSA's newly created brief treatment guide provided during the site visit and request TA if needed.		X	X
3	Support adoption of HIT by behavioral health providers across the State.	X		

Implementation Plan

	Potential Enhancements	Grantee Resources To Be Used	May Request TA From CSAT	Information Requested
4	Launch the HIT workgroup as soon as possible to serve an important advocacy function across systems for technology adoption, data integration, and data exchange between behavioral health and primary care providers.	X		
5	Ask the PAC to develop a charter for the workgroup within the next 2 months to identify leaders to participate.	X		

Community Linkages, Partners, and Participation

STRENGTHS

- NY SBIRT has three key partners that support implementation.
- NSLIJ Health System has State-supported health homes with capacity for care coordination, including treatment planning.
- CASAColumbia coordinates implementation, training, reporting, and evaluation data collection with health care settings.
- The Center for Practice Innovations at Columbia Psychiatry New York Psychiatric Institute offer distance learning products to extend implementation of SBIRT statewide.

CHALLENGES

- One of the grant objectives is to support broad dissemination within the State.
- The grantee needs to strengthen its capacity for delivery of SUD treatment services.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Work with the State hospital association, primary care association representing community health centers and local government units at county levels.	X		
2	Engage both internal partners within NSLIJ Health System and community partners for specialty substance use services to build behavioral health capacity.	X		

Client Outreach, Recruitment, and Referral

Strengths

- All patients currently served are part of an integrated primary care network.

Challenges

- NSLIJ Health System is working to better define and strengthen its referral to treatment processes.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Use the newly implemented Allscripts EHR and telehealth capability to enhance referrals.	X		
2	Health coaches are encouraged meet in person with community providers to build more direct relationships supporting treatment referrals.	X		
3	NSLIJ should develop business associate agreements with local providers to aid in referrals.	X		

Affordable Care Act Readiness

Strengths

- New York State is actively engaged in Medicaid expansion and changes in health care systems associated with ACA.
- NSLIJ Health System has initiated organizational efforts supporting behavioral health and primary care integration.

Challenges

- Outside the NSLIJ Health System HIT system changes, there appears to have been limited efforts to increase capacity for the use of HIT by the SUD treatment providers.
- Much education and technical assistance will be needed to prepare the SUD provider system involved in this project, and statewide, for the impending changes associated with the ACA implementation and Medicaid and managed care expansion.

	Potential Enhancements	Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Develop a strategy to support provider capacity building and readiness changes in payer systems and service provision.	X		
3	Look within NSLIJ Health System network of programs and providers to build internal capacity for specialty SUD treatment.	X		

Sustainability Planning

STRENGTHS

- The PAC will play an important role supporting long-term SBIRT sustainability.
- The grantee has initiated many activities in support of a sustained SBIRT program.

CHALLENGES

- New York is undergoing a major transformation in health care, including transitioning to a managed Medicaid system. Currently, SBIRT rates, staffing requirements, and operational procedures have not been fully promulgated.

	Potential Enhancements	Grantee Resources To Be Used	May Request TA From CSAT	Information Requested
1	OASAS leadership should be actively involved in Medicaid policy and planning efforts to ensure these elements support a viable business practice model for SBIRT.	X		
2	Expand PAC membership to include more managed care and hospital-based integrated health care industry representation to foster dialogue among essential stakeholders about realistic policy, regulatory, and reimbursement options to sustain SBIRT in the State and generate a set of policy recommendations.	X		
3	Given the size and complexity of New York and the SBIRT initiative, a defined plan to guide and coordinate strategies and activities supporting sustained SBIRT practices will be important.	X	X	

Grantee Evaluation

STRENGTHS

- The grantee uses evaluation findings to support program implementation.
- CASAColumbia created a data protocol manual that guides practices and procedures and provides common forms for data collection.
- The grantee uses evaluation findings to support program implementation and quality improvement processes to adjust workflow, procedures, and services as necessary.
- The grantee intends to use the evaluation process to address outcomes beyond GPRA cost benefit and overall business case for SBIRT.

CHALLENGES

- None noted.

	Potential Enhancements	Grantee Resources To Be Used	May Request TA From CSAT	Information Requested
1	The evaluation team might convert its measures to rates and quality metrics compared against benchmarks (80 percent prescreens of scheduled patients, 80 percent access to SUD treatment, etc.) and report these findings to the sites within NSLIJ and to OASAS and the PAC.	X		
2	Seek technical assistance for consultation from a qualified health economist if needed.	X	X	

Abbreviations and Acronyms

ACA	Affordable Care Act
CASAColumbia	National Center on Addiction and Substance Abuse at Columbia University
EHR	electronic health record
GPRA	Government Performance and Results Act
HIT	health Information technology
NSLIJ	North Shore Long Island Jewish
OASAS	Office of Alcoholism and Substance Abuse Services
PAC	policy advisory committee
SAMHSA	Substance Abuse and Mental Health Services Administration
SUD	substance use disorder