

# SIM PROJECT SUMMARY: Community Health Teams (CHT) / Screening, Brief Intervention and Referral to Treatment (SBIRT)

Project Summary			
<p><b>Project Description</b></p> <p>Aimed at reducing substance, opioid, and high-risk alcohol use, and reducing costly health care overutilization, the State Innovation Model Test Grant (SIM) and the Department of Behavioral Health, Developmental Disabilities and Hospitals (BHDDH) have funded CTC-RI to launch new Community Health Teams (CHTs) in targeted regions of the state, and to implement Screening, Brief Intervention, Referral and Treatment (SBIRT) throughout Rhode Island. Working with primary care providers, CHTs assess high-risk patient’s biopsychosocial needs and coordinate community-based support services. CHT staff include trained community health workers and behavioral health clinicians. In addition to the existing CHTs in Washington County and Pawtucket/Central Falls, new CHTs now operate in Providence, West Warwick, Woonsocket, and Aquidneck Island. SBIRT is happening on all CHTs as well throughout the state in primary care, hospital emergency departments, in the community, and in the Department of Corrections. The joint project has braided funding from both BHDDH (through SAMHSA) and SIM (through CMS) to better support Rhode Islanders, and improve the state’s population health, by increasing access to community services and resources to address social, behavioral, environmental, and complex medical needs.</p>		<p><b>Project Goals</b></p> <ul style="list-style-type: none"> <li>➤ Coordinate SBIRT and CHT activities to foster integrated care</li> <li>➤ Implement SBIRT in 10-12 clinical settings throughout Rhode Island</li> <li>➤ Establish and evaluate 2-3 additional CHTs serving Rhode Islanders with greatest unmet clinical needs</li> <li>➤ Establish a consolidated operations model for CHTs and SBIRT to implement integrated health programs in a way that streamline efficiencies</li> </ul>	
<p><b>Vendor Information:</b></p> <p>Care Transformation Collaborative Rhode Island (CTC-RI) Linda Cabral, Debra Hurwitz, Pano Yeracaris</p>	<p><b>State Contact:</b></p> <p>Catherine Hunter, BHDDH/SIM James Rajotte, RIDOH/SIM</p>	<p><b>Total Funds Leveraged:</b></p> <p>SIM Funds: \$2,000,000 (6/2017-6/2019) SAMHSA Funds: \$3,773,000 (6/2017-9/2021)</p>	<p><b>Target Populations:</b></p> <p><input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>
<p><b>Major Accomplishments</b></p> <ul style="list-style-type: none"> <li>➤ Working with the Department of Health’s Community Health Network program, policies and procedures are in place to provide pharmacy and nutrition consultations services to assist CHTs and SBIRT staff.</li> <li>➤ Legal consultation from Medical Legal Partnership of Boston (MLPB) allow grantee staff to participate in monthly webinars and receive case-specific guidance on issues such as housing, utilities, immigration and employment.</li> <li>➤ Monthly best practice sharing meetings take place to share information, review data and identify quality improvement opportunities.</li> <li>➤ A robust monthly and quarterly data and metrics collection plan is in place including CHT evaluation with pre-post data from seven (7) CHTs being collected from 10/1/2018 – 6/30/2019.</li> <li>➤ Additional data provided to Brown University for ROI analysis.</li> </ul>		<p><b>Key Metrics and Evaluation Insights</b></p> <p><b>Outcomes Achieved</b></p> <ul style="list-style-type: none"> <li>➤ SBIRT screening is happening in over 25 locations, including across eight (8) CHTs.</li> <li>➤ To date, over 14,000 Rhode Islanders have been screened for unhealthy substance use under this grant. <ul style="list-style-type: none"> <li>o 20% of those screened received an intervention.</li> </ul> </li> <li>➤ CHT data collection indicate the following: <ul style="list-style-type: none"> <li>o Referral/Discharge Health Risk (30-40% ↓ in scores from intake to discharge);</li> <li>o CHT Face-to-Face Visits (13,500 in FY19);</li> <li>o Social Determinants of Health (45% with housing and/or finance need);</li> <li>o Behavioral Health Screenings (31% ↓ in PHQ-9 and 28% ↓ in GAD-7 scores); and</li> <li>o Quality of Life and Wellbeing (77% suffering/struggling at intake).</li> </ul> </li> </ul>	

Impacts:  Patients  Specialists  Hospital & Long-Term Care Staff  
 PCPs  State Government  Community Based Organizations  
 Payers  Community Mental Health Center Staff

**Lessons Learned and Evaluation Insights**

- Data collection and evaluation requirements should be established at project outset in order to ensure smooth implementation.
- Braiding together SIM and SBIRT funding allowed us to further the reach of each project than could have been done alone. SBIRT-trained staff are embedded on all CHTs, extending the capacity of CHTs to address behavioral health needs and increasing whole-person care.

**Sustainability Efforts**

- SBIRT continues through September 2021.
- CTC-RI secured over \$3M in multi-payer support (Medicaid HSTP, SAMHSA SOR and CTC multi-payer) to leverage the existing statewide CHT network infrastructure to serve expanded populations, including but not limited to: high risk children, and families affected by OUD/SUD.

**Project Website and Informational Handouts**

This project utilizes basecamp.com to share information, resources, toolkits and presentations. Please contact [ctc-ri@ctc-ri.org](mailto:ctc-ri@ctc-ri.org) for access.

**Communications Material and Media Highlights**

This project utilizes basecamp.com to share information, resources, toolkits and presentations. Please contact [ctc-ri@ctc-ri.org](mailto:ctc-ri@ctc-ri.org) for access.

**Toolkits and Online Training**

This project utilizes basecamp.com to share information, resources, toolkits and presentations. Please contact [ctc-ri@ctc-ri.org](mailto:ctc-ri@ctc-ri.org) for access.

**Evaluation Reports and Presentations**

This project utilizes basecamp.com to share information, resources, toolkits and presentations. Please contact [ctc-ri@ctc-ri.org](mailto:ctc-ri@ctc-ri.org) for access.

**Disclaimer**

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