

Cooperative Agreement Application for Participation in the  
2018-2019 PCMH-Kids Behavioral Health Learning Collaborative:  
Screening, Brief Intervention, and Referral to Treatment (SBIRT)  
Due: March 15, 2018 Send to [ctc-ri@healthcentricadvisors.org](mailto:ctc-ri@healthcentricadvisors.org)

**Background**

Pediatric Patient-Centered Medical Homes (PCMH-Kids) was convened in 2013 to extend the transformation of primary care to practices that serve children across Rhode Island. In 2013, the PCMH-Kids Stakeholders formulated 10 Guiding Principles to inform the overall strategic direction of the Initiative and ultimately the contract language of the Common Contract. Worth mentioning is Guiding Principle #2: PCMHs address the physical, developmental, behavioral, social, emotional, environmental, and oral health needs of children and youth.

**PCMH-Kids Behavioral Health Learning Collaborative 2018-2019**

Behavioral health and practice learning is a critical element to the success of practice transformation, improved population health management, and movement to advanced payment contracts.

The Care Transformation Collaborative of Rhode Island (CTC-RI) is dedicated to support PCMH-Kids practices in committed learning to improve the behavioral health care strategies of the primary care site. CTC and PCMH Kids have secured additional funding from Tufts Health Plan, American Academy of Pediatrics Healthy Tomorrow 2020 and the State Innovation Model (SIM) grant for up to 12 PCMH Kids practice sites. These funds will help to support the PCMH-Kids practice teams in a third behavioral health learning collaborative to learn best practices for Screening, Brief Intervention, and Referral to Treatment (SBIRT). Practices would incorporate practice-based quality improvement strategies to increase youth substance use screening, support youth in refraining from substance use, motivate youth to decrease substance use and identify and refer youth at highest risk. Participating practices would be provided with practice stipends for participation (\$5000), and skills building training opportunities.

**Population Opportunities**

SBIRT is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. The SBIRT model was incited by an Institute of Medicine recommendation that called for community-based screening for health risk behaviors, including substance use.

According to the American Academy of Pediatrics (AAP) News and Journal, Consistent with Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents, primary care practitioners are ideally suited for preventing problem behaviors and consistently screening for them, including the development of mental health disorders and psychosocial problems, among which are substance use and addiction. The nonuse message should be reinforced by pediatricians through clear and consistent information presented to patients, parents, and other family members while developing and maintaining a trusting patient care relationship. To decrease the health burden associated with substance use and substance use disorders, the Substance Abuse and Mental Health Services Administration recommends that universal SBIRT become a part of routine health care.

As a group, adolescents are at the highest risk of experiencing substance use–related acute and chronic health consequences, so they are also the age group likely to derive the most benefit from universal SBIRT. Specific SBIRT tools and strategies have well-documented efficacy for adult alcohol and drug use. More recently, developmentally appropriate tools and strategies have been designed specifically for use with adolescents.

The goal of applying universal SBIRT with adolescents is to identify an individual's experience along this spectrum and institute the appropriate intervention for each adolescent at every health care visit. Practices will be assisted in their efforts through on line learning education and in person interactive SBIRT training, practice facilitation coaches and quarterly learning network opportunities that are guided by adolescent substance use disorder content experts (child psychologist Selby Conrad and Chris Dorval Donovan licensed clinical social worker).

**Practice Requirements for receipt of stipend**

- \$2,500 will be disbursed to the practice after signing the cooperative agreement by March 15, 2018, and attending the first meeting on March 28, 2018. Practices are expected to send their practice team, including,

but not limited to: provider champion, care coordinator, office manager, and care coordinator/ behavioral health provider (if present), to the March 28th learning session. [Please click here to register for this event.](#)

➤ \$2,500 will be disbursed after participation in full learning collaborative activities:

- Submit the SBIRT Adolescent Practice Assessment <https://www.surveymonkey.com/r/HSLR8V2> by March 20, 2018 if you did not participate in the previous learning collaborative) and post-assessment (by March 11, 2019);
- Complete Kognito on-line learning modules by June 2018: To be done by the clinical staff that will be screening adolescents for substance use disorders made available through RIC SBIRT program;
- Attend a 2-hour workshop on motivational interviewing;
- Provide opportunity for medical residents/medical students to participate in practice learning as requested;
- Submit work plan with AIM statement and baseline data by June 11, 2018;
- Submit second data point worksheet by September 10, 2018 (data from Jun, Jul, and Aug);
- Submit third data point worksheet by December 10, 2018 (data from Sep, Oct, and Nov);
- Submit final data point worksheet by March 11, 2019 (data from Dec, Jan, and Feb);
- Report AIM statement measure results quarterly at CTC Behavioral Health meetings
  - Attend quarterly CTC Pediatric Behavioral Health meetings:
    - June 14, 2018-practices will share baseline measure and share activities of work plan;
    - September 13, 2018-practices will share second data point and report on progress in work plan;
    - December 13, 2018- practices will share third data point and report on progress in work plan; and
    - March 14, 2019 - final meeting where practices should present fourth data point and a summary of the year's activities in this learning collaborative.
- Engage with Practice Facilitators (and/or content experts, if applicable) who will be assigned to work with your practice 3 hours per quarter.

Applications are due to [CTC-RI@healthcentricadvisors.org](mailto:CTC-RI@healthcentricadvisors.org) by: March 15, 2018;

Care Transformation Collaborative of RI

Primary Care Practice Name

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Signature Debra Hurwitz MBA RN  
CTC-RI Executive Director

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Signature of Authorized Staff