

DHFS - Project Charter	
Title:	SBIRT Governor’s Policy Subcommittee on Best Practices for Screening, Brief Intervention, and Referral for Co-occurring Mental Health Needs, Tobacco, and Trauma
Justification:	WIPHL patients are presenting with co-occurring needs around alcohol and other drug risk behavior and mental health, tobacco use and trauma.
Description:	Mental health needs, tobacco use, and trauma can feed AODA issues. WIPHL health educators and clinic staff report the prevalence of co-occurring health care needs around mental health, tobacco use, and trauma. Comprehensively addressing these behavioral health needs maximizes the opportunity for improved health outcomes. Given the funding restrictions associated with SBIRT, primary care settings are looking for educational and clinical resources to respond to these multifaceted needs.
Goals / Objectives:	Goal - Enhance WIPHL’s capacity to address behavioral health issues that commonly co-occur with alcohol and drug risk behavior by building sustainable primary care models to address co-occurring behavioral health needs. Objective 1- Provide multifaceted behavioral health resources for use in primary care and public health settings. Objective 2 – Identify funding sources to support systematic, evidence-based, culturally competent service delivery to WIPHL patients with AODA risks and mental health needs, tobacco cessation, and/or trauma.
Measurement Of Success:	Health educators and primary care staff will be able to identify and utilize effective strategies and resources to meet the needs of patients with co-occurring behavioral health needs.
Timeframe:	Grant year 2-3
Project Organization:	Fall/Winter 2007- Appoint a Chair Chair can opt to appoint a co-chair or not Chair will set a meeting schedule for 2008 Prior to the initial meeting all subcommittee members will watch the WIPHL orientation video via the website www.wiphl.com under “About Us” An initial face-to-face meeting of 2 hours will be convened to flesh out a work plan and committee member assignments. Subsequent monthly meeting will be held with the option to meet face-to-face or via teleconference. The subcommittee will be comprised of 5 -10 people
Communication:	All subcommittees will publish an agenda and meeting location 1 week in advance of the meeting and will adhere to the meeting schedule initially established by the

	<p>subcommittee. E-mail will be used for meeting notification and agenda and minutes distribution. The chair will report to the SBIRT Governor's Policy Committee on a quarterly basis.</p>
Resources:	<p>Budget - Need reimbursement for mileage to and from meetings, teleconference costs, and meeting supplies. A WIPHL staff member can assist the chair in coordinating meetings. <u>Key Stakeholders</u>- Mental Health Association, WCADV, WCASA, AHEC, DPH, CTRI, primary care clinics, community health centers, tribal health centers</p>
Deliverables:	<p>Product - written criteria for an effective model of integrating AODA and co-occurring behavioral health issues. Product - strategy recommendations for implementing an effective model in a primary care or public health setting Product - identify funding opportunities for implementing service-delivery</p>
Issues And Constraints:	<p>Financial resources to address service delivery in a comprehensive way.</p>