Washington State Screening, Brief Intervention, and Referral to Treatment Program (WASBIRT)

NO COST EXTENTION FINAL REPORT: April 1, 2009 through September 30, 2009

PROJECT MANAGEMENT:
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PROJECT EVALUATION:
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GRANT NUMBER: 4 TI015962-05-1

Reporting Period: April 1, 2009 through September 30, 2009

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I. Identification information

Grantee Federal identification Number: **5 UD1 TI15962-05 (No Cost Extension)**
CSAT Project Officer's Name: Reed Forman, CSAT Project Officer
Project Name: Washington State SBIRT Program

Grantee Organization: Office of the Governor Washington State
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Project Director's Name: John Taylor, Chief
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II. Changes in and development of key personnel during reporting period

A. New Staff Information, (changes in project director, evaluator, and key clinical or outreach staff require prior CSAT approval). The following information is needed on new key staff.

NAME	POSITION/TITLE
Stephen O'Neil	Project Director, left to take a new position, April 2009
John Taylor	Chief, Office of Program Services assumed WASBIRT Project Director resonsibilities upon Steve O'Neil's departure

B. The following information is needed on any other new staff that was hired during this reporting period.

NAME	POSITION/TITLE
NA	

C. The following information is needed on any staff vacancies during this reporting period.

VACANCIES	POSITION/TITLE
NA	

D. List any training or professional development activities staff has participated in.

STAFF NAME/POSITION	TRAINING/PROFESSIONAL DEVELOPMENT
None	NA

E. Please list any licensing/certification obtained for new services. (If none, please note that.)

NEW SERVICE	LICENSING/CERTIFICATION
None	NA

III. Project information

A. Coordination and Collaboration

List all organizations to which you referred clients for additional treatment or ancillary (i.e., wraparound) services, April 1, 2009 – September 30, 2009.

Note: Treatment services paid for through this grant ended January 31, 2009.

B. Client Information

1. Annual goal from grant application:

How many clients do you plan to serve during the No Cost Extension? **2,049**

The Client Targets in the no-cost extension period equal the difference between the targets shown on CSAT's GPRA website as of September 30, 2008 and the overall targets for the project as shown on the website in February 2009 (see table for details by modality). The difference between these two targets equals 2,049 which represents the total number of clients that were to be screened during the no-cost extension period.

Client Targets for No-Cost Extension Period

Modality	CLIENT TARGETS		
	Through September 2008	Through End of Project	October 2008 through End of Project
Screening and Feedback (SF)	71,319	72,528	1,209
Brief Intervention (BI)	44,606	45,362	756
Brief Treatment (BT)	3,720	3,783	63
Referral to Treatment (RT)	1,211	1,232	21
TOTAL	**120,856**	**122,905**	**2,049**

If this number is not the same as what is in your grant application, please indicate that CSAT approved and revised number in 1a.

1a. See C-2 below

How many clients do you plan to serve this year (October 1, 2008 through September 30, 2009)? **2,049**

Screening patients through this project ended on January 31, 2009. Thus, from October 1, 2008 through the end of January 2009, WASBIRT provided intakes to 2,691 new clients, which was 131 percent of the targeted number (2,049) for this period. The coverage rates by modality are shown in the table below, which ranged from 84 percent for clients receiving a brief intervention to 316 percent for those in the brief treatment (BT) category.

Intake Coverage Report
Performance Period: October 1, 2008 – March 31, 2009

Modality	CLIENT TARGET	NEW CLIENTS	COVERAGE RATE
	October 2008 through March 2009	October 2008 through March 2009	October 2008 through March 2009
Screening and Feedback (SF)	1,209	1,463	121%
Brief Intervention (BI)	756	632	84%
Brief Treatment (BT)	63	199	316%
Referral and Treatment (RT)	21	397	189%
TOTAL	**2,049**	**2,691**	**131%**

2. During the past reporting period (April 1, 2009 – September 30, 2009):

2a. *How many new clients did you plan to serve (conduct an intake/admissions Government Performance and Results Act (GPRA) assessment on—what was your goal)?* **0**

No screening, brief interventions, or referrals to treatment were planned during the last six months of the no-cost extension period. Funds for providing SBIRT services in the participating hospitals were expended by the end of January 2009. After that date, the remaining funds were used for the preparation of final analyses and grant close-out activities. Therefore, client target was zero (0) in all SBIRT service modalities for the six-month period from April 1, 2009 through September 30, 2009.

Screening, Brief Intervention, and Referral to Treatment
Performance Period: April 1, 2009 – September 30, 2009

Modality	CLIENT TARGET
Screening and Feedback (SF)	0
Brief Intervention (BI)	0
Brief Treatment (BT)	0
Referral to Treatment (RT)	0
TOTAL	**0**

2b. *How many new clients did you actually serve?* **0**

2c. *How many intake/admissions GPRA assessments did you complete?* **0**

2d. *How many intake/admissions GPRA assessments did you enter in the GPRA database?* **0**

Note that b, c, and d should be the same number. If not, please explain in the narrative section.

2e. *How many clients completed the intake/admissions GPRA assessment but did not receive treatment from project staff?* **0**

Semi-Annual Intake Coverage Report
Performance Period: April 1, 2009 – September 30, 2009

Modality	CLIENT TARGET	NEW CLIENTS	COVERAGE RATE
	April 2009 through September 2009	April 2009 through September 2009	April 2009 through September 2009
Screening and Feedback (SF)	0	0	NA
Brief Intervention (BI)	0	0	NA
Brief Treatment (BT)	0	0	NA
Referral and Treatment (RT)	0	0	NA
TOTAL	**0**	**0**	**NA**

2f. *How many clients were discharged from your project before completion?* (Clients who left the program for any reason without completing)? **0**

2g. *How many clients graduated from the project?* (Clients who successfully completed the program)? **0**

2h. *How many GPRA 6-month follow-up assessment surveys did you conduct?* (Follow-up conducted six months after intake/admissions)? **0**

2i. *How many GPRA 6-month follow-up assessment records did you enter into the GPRA database?* **0**

2j. *How many GPRA 12-month follow-up assessments did you conduct?* (Follow-ups conducted 12 months after intake/admissions)? **NA**

2k. *How many GPRA 12-month follow-up assessments did you enter into the GPRA database?* **NA**

2l. *How many clients were referred for additional services not provided by your project?* **0**

Note: For some of these individuals the additional treatment may have been paid for by SBIRT.

3. *During the next semi-annual reporting period: How many new clients do you plan to serve?* **NA**

4. Additional data you may wish to provide (e.g., number of outreach contracts)

C. Project Narrative

Provide a narrative section of no more than three to five pages, including the following:

1. Describe project successes since the last reporting period.

The following activities were completed:

New Certified Service: Screening and Brief Intervention (SBI)

The Department of Social and Health Services, Division of Behavioral Health and Recovery (DBHR) revised Washington Administrative Code (WAC) 388-805 effective January 1, 2009, to include the new certified service of Screening and Brief Intervention (SBI). SBI is defined in Section 005, described in Section 010, and specific requirements for SBI services are listed in Section 855. WAC 388-805 is located at: http://apps.leg.wa.gov/wac/default.aspx?cite=388-805. (See Appendix I for copies of Sections 005, 010, and 855 which contain details pertaining to the SBI services.)

DBHR decided to develop this new certified service – SBI – in order to put in place regulations to ensure consistency within the chemical dependency field for agencies that want to provide this service. In addition, when reimbursement mechanisms for SBI services are in place, agencies would be able to bill for DBHR certified services.

DBHR has been working with the Washington State Medicaid Program on a Medicaid state plan amendment which will include SBI services. We are hopeful that SBI will become part of the state plan.

Publication of an SBIRT Training Manual for Acute Care Medical Settings

An SBIRT training manual for staff in acute care medical settings was prepared by Chris Dunn, PhD, as a culmination of Dr. Dunn's training program for the WASBIRT Project. He specializes in using effective motivational interviewing techniques to provide feedback to patients and in conducting brief interventions in emergency departments and trauma centers.

During the course of this project, Dr. Dunn trained all of the chemical dependency counselors in how to use standard screening tools to identify potential risk for substance disorders among emergency department patients. He also trained counselors in how to use motivational interviewing techniques to conduct brief interventions and brief treatment and to motivate patients to act upon referrals to treatment. Dr. Dunn provides similar trainings nationwide and employs these techniques routinely in his own clinical practice at Harborview Medical Center.

As a result of Dr. Dunn's knowledge and experience in this field, the training manual that he prepared as a final product of the WASBIRT project is clear and easy to use. The Division of Behavioral Health and Recovery anticipates using this manual to train professionals throughout the state in the use of SBIRT for patients, particularly in acute care medical settings, although the manual would also be very useful to those who plan to provide SBIRT services in primary care as well. (See Appendix C for a copy of the training manual.)

Publication of Medical Cost Outcomes Paper in *Medical Care*

A paper, entitled "Evaluation of the Washington State Screening, Brief Intervention, and Referral to Treatment Project: Cost Outcomes for Medicaid Patients Screened in Hospital Emergency Departments," was accepted by the journal *Medical Care* (Volume 48, Number 1, January 2010, pp. 18-24, see Appendix G). This publication contains the results of analyses pertaining to Medicaid-reimbursed medical costs for working-age disabled clients who received a BI through WASBIRT relative to costs for a statistically matched comparison group of similar clients. We found an estimated reduction in Medicaid costs per member per month (pmpm) of $366 ($p = .05$) for those who received at least a brief intervention compared to those who did not. The primary factor contributing to reduced costs appeared to be a reduction in inpatient hospital days of 0.12 pmpm ($p = .04$) which amounts to a reduction of approximately 1.2 hospital days per person in a year.

Publication of a Paper on the Impact of SBIRT on Admission to Chemical Dependency Treatment

A paper, entitled "Impact of Brief Interventions and Brief Treatment on Admissions to Chemical Dependency Treatment," was accepted for publication in *Drug and Alcohol Dependence* (currently in press, see Appendix E). The article was prepared collaboratively by researchers at the University of Washington at Harborview Medical Center and the WASBIRT Evaluation Project team at the Department of Social and Health Services, Research and Data Analysis Division and the Division of Behavioral Health and Recovery. The paper reports on analyses conducted for patients who were screened by the WASBIRT project at Harborview Medical Center and who received at least a brief intervention (BI). Some patients also received a series of brief treatment sessions as well.

Analyses were based on a quasi-experimental design using hospital medical records to select a comparable set of hospital emergency department patients with evidence of possible substance use disorders to those who received at least a BI through WASBIRT. Patients who received at least a BI were significantly more likely to enter chemical dependency treatment in the following year than the statistically selected comparison group who were not screened and did not receive any intervention for substance abuse through WASBIRT counselors. Findings also indicated that participation in brief treatment appeared to facilitate admission to chemical dependency treatment.

A companion paper was also submitted to *Medical Care* on the effects of the WASBIRT project on entrance into chemical dependency (CD) treatment for Medicaid patients who were screened and received at least a brief intervention at any of the nine hospitals participating in WASBIRT. These analyses used administrative records for working-age disabled Medicaid clients. We found that the odds of entering chemical dependency treatment within a year of an emergency department visit were twice as high for Medicaid clients who received at least a brief intervention for substance use disorders through WASBIRT as those who did not get a brief intervention, with differences between the treatment and comparison group controlled through statistical matching algorithms. The journal editors offered us the option of combining these results with the paper on medical cost outcomes (shown in Appendix G). We chose to withdraw the paper on CD treatment from that journal rather than combine it with the cost outcome analyses. Since then, we have updated the CD treatment analyses with a broader set of Medicaid clients that included working-age disabled with medical coverage through either Medicaid or a state-funded General Assistance Program for the Unemployed and generally younger patients with families who were covered under Temporary Aid to Needy Families. We also used more refined methods for defining CD treatment episodes. The analyses have been completed and confirm the earlier findings of significantly higher odds of entering CD treatment for not only working-age disabled clients but for recipients of General Assistance-Unemployable (GA-U) and Temporary Aid to Needy Families (TANF) as well. The results of these analyses have been presented in a WASBIRT Fact Sheet and published on the Research and Data Analysis Division's website at http://www.dshs.wa.gov/rda/. (See Appendix D.) A draft of the paper is in process and will be submitted to another journal in the near future. Once published, the paper will be sent to the CSAT SBIRT Project Officer in the future.

Acceptance of a Paper on the Comparison of Administrative Indicators of Substance Use Disorders to AUDIT and DAST Scores from WASBIRT Data

A paper entitled, "The Use of Administrative Data as a Substitute for Individual Screening Scores in Observational Studies Related to Problematic Alcohol or Drug Use," was accepted by *Drug and Alcohol Dependence* (see Appendix H). This paper presents the results of statistical analyses on how well alcohol or drug (AOD)-related administrative indicators predicted self-reported AOD use based on screening scores obtained from the Alcohol Use Disorders Identification Test (AUDIT) and the Drug Abuse Screening Test (DAST). Administrative records from Medicaid data, Harborview Medical Center medical records, publicly funded chemical dependency treatment data from the Division of Behavioral Health and Recovery's TARGET system, and from Washington State Patrol arrest data were used by the WASBIRT evaluation teams at the University of Washington (UW) and the state's Department of Social and Health Services (DSHS) to create indicators of potential AOD problems.

These AOD indicators derived from administrative data were found to discriminate, at acceptable statistical levels, self-reported AOD use that indicated the potential need for moderate or more intensive levels of intervention. This methodological paper may be useful to other SBIRT evaluations that are interested in using similarly created administrative indicators of the potential need for AOD interventions in their own research. These administrative AOD-need flags could prove to be useful for selecting comparison groups using propensity score matching methodology. This paper helps to demonstrate the validity of the AOD indicators created from administrative data.

Completion of Fact Sheets on Substance Use Outcomes

Results of the Six-Month Follow-up Survey that were published in a series of fact sheets in January 2009 were updated in September 2009 with data from the final WASBIRT database described above. The results were consistent with those from the earlier analyses of six-month follow-up substance use outcomes that revealed statistically significant declines in days of alcohol use, binge drinking and drug use and significant increases in abstinence from both alcohol and other drugs. These fact sheets are published on the website maintained by the Research and Data Analysis Division at http://www.dshs.wa.gov/rda/. (See Appendix F for fact sheets for all WASBIRT sites combined and by individual site.)

Database and Documentation

The database administrator for the WASBIRT project prepared a final project database that includes baseline screening data, the six-month follow-up survey data, and brief therapy data. The database is maintained at the Department of Social and Health Services' Research and Data Analysis Division that was responsible for the WASBIRT Evaluation. The final database will be stripped of confidential identifiers as required under conditions of the Institutional Review Boards that oversaw the WASBIRT evaluation. The documented version of the database (without identifiers) will be maintained for use by the Division of Behavioral Health and Recovery if any further analyses of WASBIRT effectiveness are undertaken in the future.

2. If you received approval from CSAT to change your target numbers, identify who approved these changes and when they were approved.

   DBHR (formerly DASA) received written notification from Captain Ann G. Mahony on April 18, 2005 that CSAT approved revised targets that differed from those in the original Washington State SBIRT proposal. From thence forward, WASBIRT used the revised targets as accepted in April 2005.

3. Explain any differences between the number of planned and actual clients seen and between the number of clients served and the number of GPRA intakes.

   The Division of Behavioral Health achieved 78.2 percent of its overall goal of 122,905 client intakes by reaching a total of 96,090 clients by the close of the project.

   3a. If there are differences in Item #3, explain how the project will catch up to the annual goal for the number of clients seen during the year.

   - Not applicable

4. Describe any plans for corrective actions from III.C.3

   - Not applicable

5. Describe any successes and challenges related to follow-up.

   - Not applicable

6. Describe any changes in goals or objectives.
    - None
7. Describe any changes in the delivery of services.
    - None
8. Describe any efforts to expand the project's capacity.
    - None
9. Describe any changes in, or concerns about financial status.
    - None
10. Note changes in local conditions that may affect continued project success.
    - None
11. Provide information you gave to others about your project.

    Between March 1, 2009 and September 30, 2009, no formal presentations were made. The project focused on the preparation of publications described in Section C.1 above.
12. Describe any challenges your project encountered and strategies for overcoming them.
    - None
13. Note any Technical Assistance (TA) needs your project may have.
    - None
14. Note anything else that you would like your GPO to know.

    The Division of Behavioral Health and Recovery (DBHR) is continuing work on long-term, state-level support for SBIRT services. The most notable achievements in the close-out period were:

    1. Modification of Washington Administrative Code to include the new certified service of Screening and Brief Intervention,
    2. Completion of the SBIRT training manual for providers in acute care settings,
    3. Continuation of locally funded SBIRT services by a number of the hospitals that participated in the WASBIRT project and expansion of these services to several more hospitals in King County,
    4. Publication of several papers in peer-reviewed journals demonstrating that SBIRT improves admissions to chemical dependency treatment and is associated with lower medical costs for high-cost, fee-for-service Medicaid clients, and
    5. Continued collaboration with the Washington State Medicaid Program to develop a Medicaid state plan amendment that will include SBI services.