Washington State SBIRT Primary Care Integration: Implementation

January 2012 through August 2016

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In collaboration with the Division of Behavioral Health and Recovery and the King County Mental Health, Chemical Abuse and Dependency Services Division.

WASHINGTON STATE'S Department Of Social and Health Services (DSHS) received a five year federal grant to implement Screening, Brief Intervention and Referral to Treatment (SBIRT) in primary care settings from 2011 to 2016. The grant was funded through the Substance Abuse and Mental Health Services Administration (SAMHSA). SBIRT is an evidence-based, universal public health approach used to identify, prevent, and reduce substance use disorders.[1] All patients complete a brief screen annually that assesses risk for problems related to substance use. Individuals identified as at-risk receive a brief intervention (BI) by a medical professional on site. The BI addresses the individual's substance use and assists with establishing a plan to reduce use. When indicated, patients may also be referred to a specialty treatment provider for assessment. Nineteen healthcare facilities provided SBIRT services under the Washington State SBIRT Primary Care Integration (WASBIRT-PCI) grant, screening nearly 83,000 patients over the five-year period (Figure 1). This report summarizes clinic experiences with respect to their implementation of key components of SBIRT.

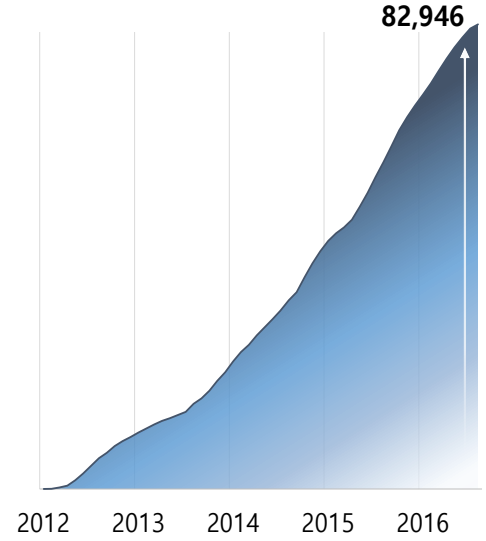
Key Findings

- Nineteen healthcare facilities—primary care, emergency departments, and mental health clinics—implemented SBIRT in five counties in Washington State.
- Participating facilities screened 82,946 unique patients over the five-year grant period (counting patients with multiple screenings, the total was 96,720 screens).
- Among patients screened for substance use, 89 percent were low risk or abstinent, 8 percent were risky users, and 3 percent had harmful or severe levels of risk. Six percent of patients had unknown levels of risk.
- Participating facilities were generally successful at incorporating screening protocols into their workflows, administering over three quarters of required screens.
- Participating facilities completed 57 percent of the brief interventions and referrals to treatment.

FIGURE 1.

Total WASBIRT-PCI Screens

January 2012 – August 2016



[1] SAMHSA: Screening, Brief Intervention, and Referral to Treatment (SBIRT). October 2015. Last Updated June 1, 2015. Available from http://www.samhsa.gov/sbirt.

Screening at Participating Facilities

FIGURE 2.

The WASBIRT-PCI Screening Process

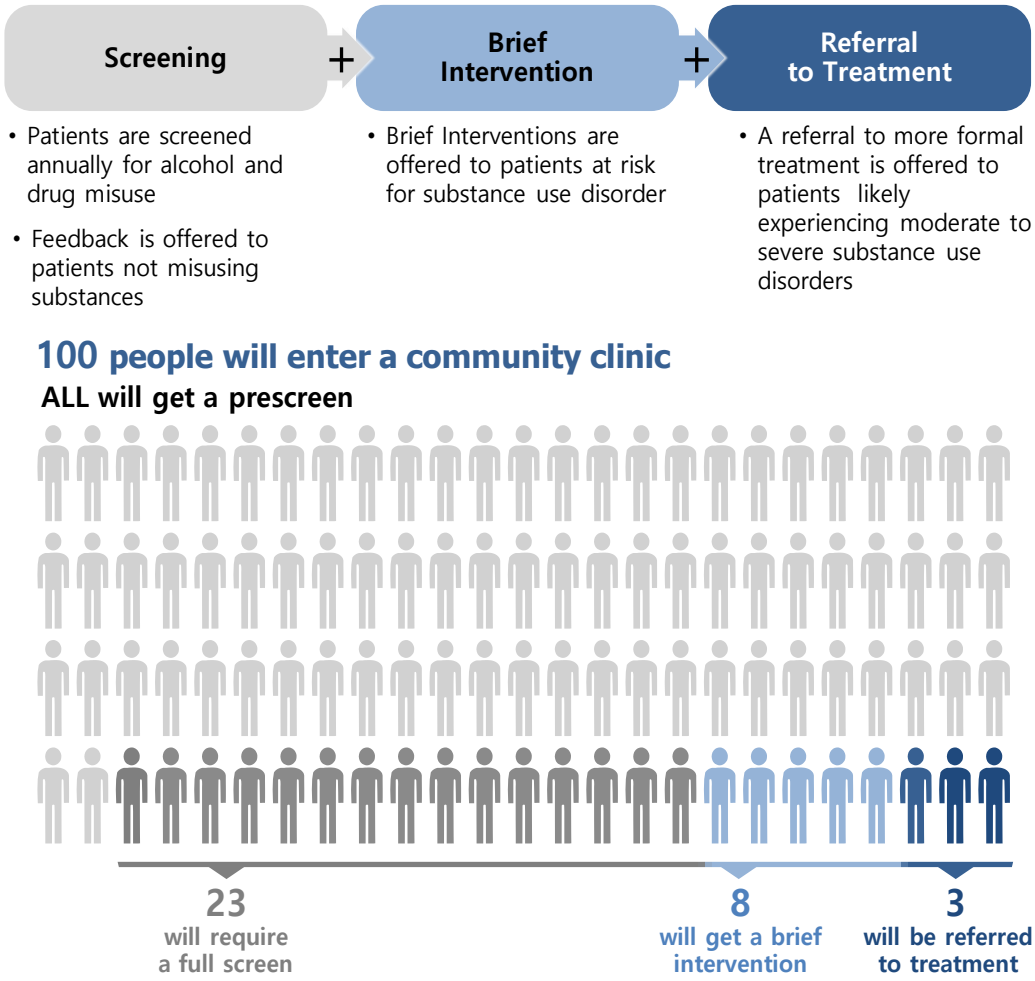
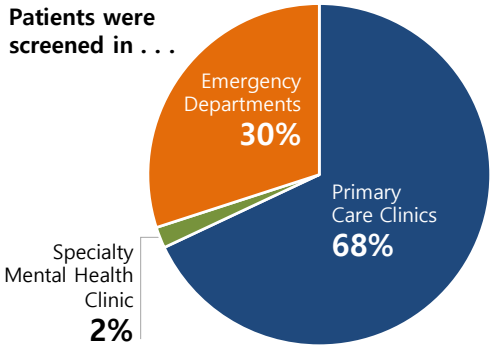


FIGURE 3.

Point of Contact



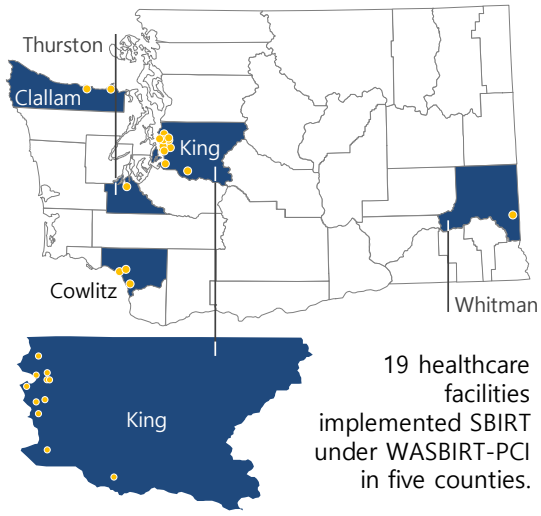
Over the five-year WASBIRT-PCI grant period, 19 healthcare facilities participated in SBIRT implementation and screened 82,946 unique patients.[2] Participating facilities included primary care clinics, emergency departments, and a mental health clinic. The primary care clinics included federally qualified healthcare centers (FQHC), residency programs, or general family practice/internal medicine clinics.

The majority of SBIRT screens (68 percent) were conducted in primary care clinics followed by emergency departments (30 percent).

[2] This is a unique patient count; however, some patients were screened multiple times. There were 96,720 total screening events over the life of the grant.

Participating Facilities

FIGURE 4.
WASBIRT-PCI Facility Locations



19 healthcare facilities implemented SBIRT under WASBIRT-PCI in five counties.

The participating facilities were located in five counties. Four of the five counties were in Western Washington:

- **Clallam**
- **Cowlitz**
- **King**
- **Thurston**
- **Whitman**

Half of the patients were screened in King County (52 percent), and 30 percent were screened in Clallam County.

The 19 WASBIRT-PCI participating facilities represented seven healthcare systems and three stand-alone sites. Key characteristics of the participating sites are summarized in Table 1.

In order of implementation, the facilities are identified below:

Public Health – Seattle and King County. This health care system operates several Community Health Centers throughout King County. Clinics are supported by City of Seattle funding and are Federally Qualified Health Centers (FQHC), offering healthcare to low-income, uninsured, and underinsured patients.[3] The first two clinics to implement SBIRT under the WASBIRT-PCI grant were the Downtown Public Health Center (Seattle), and North Public Health Center (Northgate Seattle).

Sea Mar Community Health Center (CHC). A community-based healthcare system, and as an FQHC, offers services to low-income, uninsured, and underinsured patients throughout Washington State.[4] Sea Mar specializes in offering services to the Latino community. Three Sea Mar CHCs in King County were WASBIRT-PCI clinics: **Seattle Medical Clinic** (south Seattle), **Burien Medical Clinic** (15 miles south of Seattle), and **White Center Medical Clinic** (8 miles south of Seattle). The clinics were the third, fourth, and seventh clinics to implement under WASBIRT-PCI.

Family Health Center (FHC). This non-profit, community health system offers primary care to individuals in Cowlitz, Wahkiakum, and Pacific Counties. FHC clinics are FQHCs providing health care to the uninsured and under-served individuals in the region.[5] Three Cowlitz County FHCs participated in WASBIRT-PCI: **Longview Medical Clinic**, **Woodland Clinic**, and **Kelso Clinic**. Cowlitz County is located in southwestern Washington, about 55 miles north of Portland, Oregon along the Interstate 5 corridor. The clinics were the fifth, ninth, and tenth grantees to implement SBIRT, respectively.

Pullman Regional Hospital Emergency Department (ED). The sixth site and first ED to join the WASBIRT-PCI grant. This hospital is located in Whitman County and Pullman is home to Washington State University. Pullman Regional Hospital is a small, critical-access hospital serving the greater Palouse Region of southeast Washington.[6]

[3] King County Public Health – Seattle and King County: Downtown Public Health Center. October 2015. Last Updated August 18, 2015. Available from http://www.kingcounty.gov/healthservices/health/locations/downtown.aspx.
[4] Sea Mar Community Health Centers. December 2015. Available from http://www.seamar.org.
[5] Family Health Center/Drug Abuse Prevention Center: Welcome. December 2015. Available from http://cowlitzfamilyhealth.org.
[6] Pullman Regional Hospital: About Us. December 2015. Available from http://www.pullmanregionalhospital.org/about.

Olympic Medical Center ED. The eighth site and second ED to screen under the WASBIRT-PCI grant. Olympic Medical Center ED was funded for 34 months, the longest of all WASBIRT-PCI grantees. The hospital is located in Port Angeles, Clallam County and the ED has a level-three trauma designation. Located in a rural county, the hospital serves the entire county of just over 70,000 residents.[7] Olympic Medical Center ED conducted the most screens of all grantee sites, with 26,028 SBIRT screens on 18,037 patients.

Swedish Medical Group. This is the largest nonprofit healthcare system in the greater Seattle area. It includes five area hospitals and over 100 primary care and specialty clinics throughout King County.[8] Three Swedish Medical Group primary care clinics implemented SBIRT under the grant: **Swedish Family Medicine Residency at Cherry Hill**, **Swedish Central Seattle** and **Swedish West Seattle**. These were the eleventh, fifteenth, and sixteenth clinics implemented. The Family Medicine Residency clinic trains physicians to work with underserved, economically disadvantaged, culturally diverse patient populations, and disenfranchised communities in the Seattle area.[9]

Jamestown Family Health Center. This clinic is located in Sequim, Clallam County, and the twelfth facility to implement under WASBIRT-PCI. The Jamestown S'Kallam Tribe operates this clinic providing health care to Tribal citizens and many more non-tribal members of the local, largely rural community.

Catholic Health Initiatives (CHI) Franciscan Health. A large healthcare system based in Tacoma, Washington which includes eight hospitals and several networks of primary care and other specialty healthcare offices.[10] Three CHI Franciscan primary care clinics were WASBIRT-PCI grantee sites: **Franciscan Medical Clinic – Enumclaw** (40 miles southeast of Seattle), **Franciscan Medical Clinic at St. Francis – Internal Medicine** (30 miles south of Seattle in Federal Way), and **Franciscan Medical Clinic – Auburn** (30 miles south of Seattle) These clinics were the thirteenth, eighteenth, and nineteenth clinics to implement on the WASBIRT-PCI grant.

Sound Mental Health. This is a state-licensed, non-profit mental health provider with several clinics in King County. Sound Mental Health clinics provide housing support services, military and veteran's programs, criminal justice and re-entry services, substance use disorder programs, developmentally disabled services, foster care services, and counseling.[11] **Sound Mental Health – Seattle (Capitol Hill)** was the fourteenth clinic and the only specialty clinic to participate in the grant.

Providence Health and Services. A large healthcare network offering services throughout the Western United States. Providence Health and Services has 34 hospitals, 600 clinics, and 82,000 healthcare providers across a five state region.[12] Providence Health and Services bought Swedish Medical Group in 2012 to become one of the largest healthcare systems in Washington State. **Providence St. Peter's Family Medicine Residency** (Olympia, Thurston County) was the seventeenth clinic and second residency clinic to screen under WASBIRT-PCI. This clinic partners with University of Washington School of Medicine to offer residency to 21 physicians in training.[13]

7 Olympic Medical Center: Welcome to Olympic Medical Center. December 2015. Available from www.olympicmedical.org.
8 Swedish: Swedish Facts & Figures. November 2016. Available from http://www.swedish.org/about/overview/facts-figures.
9 Swedish Cherry Hill: Swedish Family Medicine Residency. December 2015. Available from www.swedishcherryhillfmr.org.
10 CHI Franciscan Health. About Us. January 2016. Available from www.chifranciscan.org/About-Us/.
11 Sound Mental Health. About. January 2016. Available from www.smh.org/about/.
12 Providence Health & Services | Providence Cares 2015 Community Benefit Report. About Community Benefit and history. 2015. Available from communitybenefit.providence.org/about-community-benefit-and-history/.
13 Providence Health & Services. Providence St. Peter Family Medicine Residency Program. 2016. Available from http://washington.providence.org/hospitals/st-peter/for-healthcare-professionals/family-medicine-residency/.

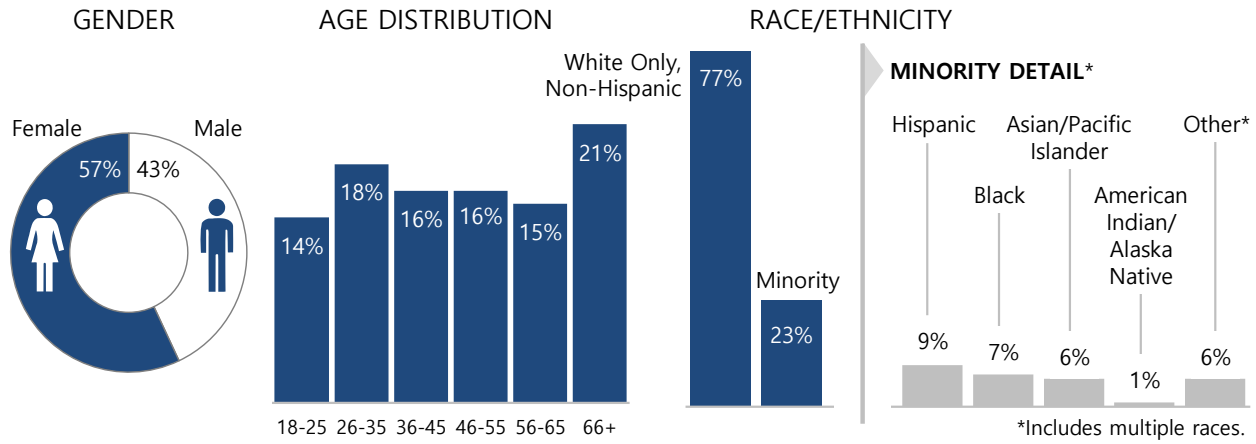
Demographics

Across all clinics, the majority of patients screened were white, non-Hispanic (77 percent) and over half (57 percent) were female (Figure 5). Over a quarter (29 percent) of patients had been on Medicaid for at least one month the year prior to SBIRT screening. The mean age for patients screened was 48.

FIGURE 5.

WASBIRT-PCI Demographics

Participants = 82,946



Note: 7 percent of patients did not report race.

Implementation Timeline

Facilities participated in the grant for an average of 17 months. The phased implementation of primary care clinics, emergency departments (EDs), and a specialty mental health clinic is shown in Figure 6, below.

FIGURE 6.

WASBIRT-PCI Facility Implementation

January 2012 – August 2016

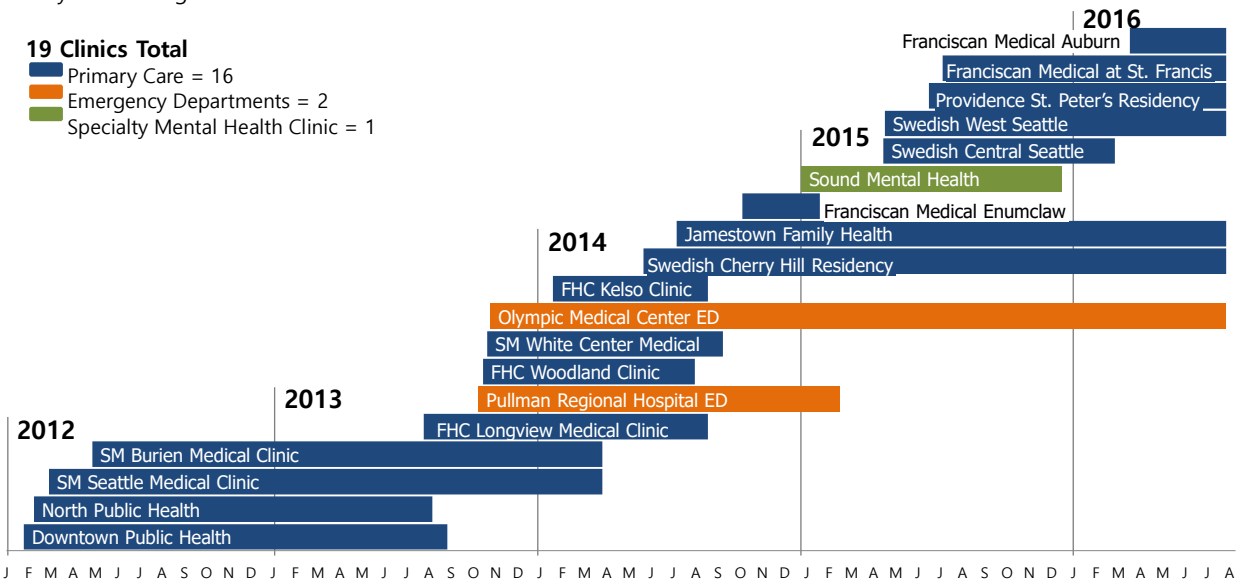


FIGURE 7.

Total Unduplicated SBIRT Prescreens by Clinic

January 2012 – August 2016

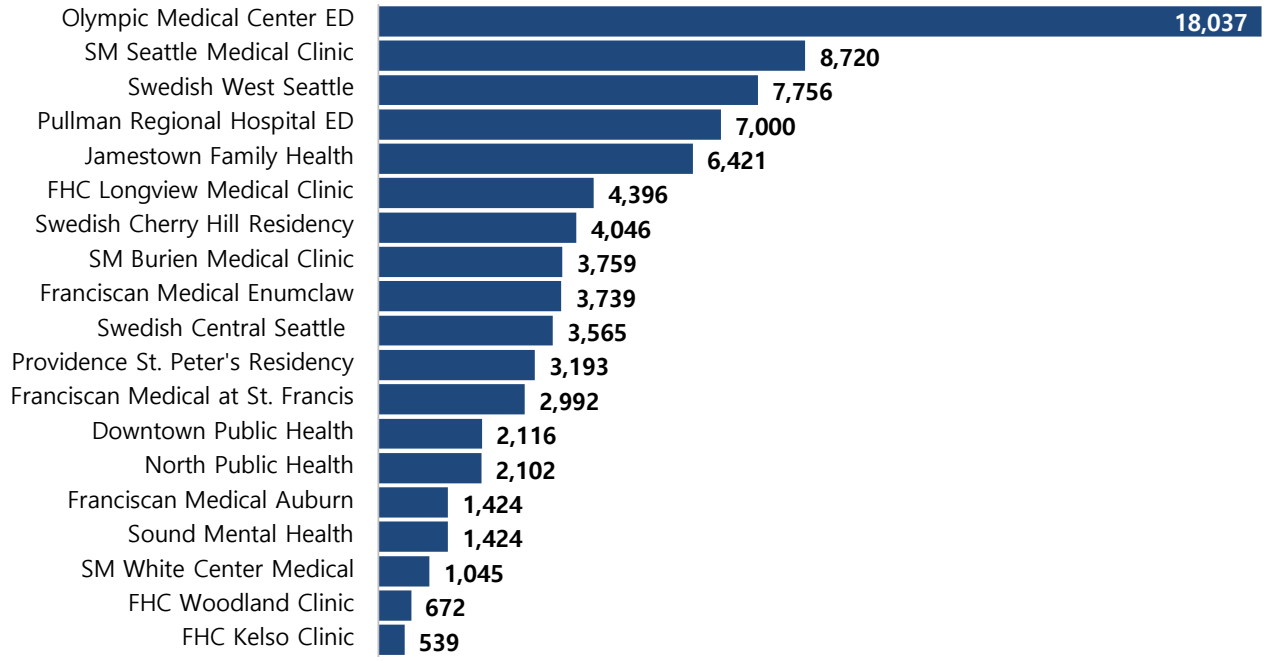


TABLE 1.

WASBIRT-PCI Facility Characteristics

CLINIC TYPE	CITY	CLINIC	START DATE	END DATE	TOTAL SCREENS[14]
Primary Care: Federally Qualified Health Center	Seattle	Downtown Public Health	Jan 2012	Aug 2013	**2,116**
		North Public Health	Feb 2012	Aug 2013	**2,102**
		SM Seattle Medical Clinic	Mar 2012	Apr 2014	**8,720**
	Burien	SM Burien Medical Clinic	Apr 2012	Apr 2014	**3,759**
	Longview	FHC Longview Medical Clinic	Aug 2013	Aug 2014	**4,396**
	White Center	SM White Center Medical Clinic	Oct 2013	Sep 2014	**1,045**
	Woodland	FHC Woodland Clinic	Oct 2014	Aug 2014	**672**
	Kelso	FHC Kelso Clinic	Jan 2014	Aug 2014	**539**
Primary Care: Residency	Seattle	Swedish Cherry Hill Residency	Jun 2014	Aug 2016	**4,046**
	Olympia	Providence St. Peter's Residency	Jun 2015	Aug 2016	**3,193**
Primary Care	Sequim	Jamestown Family Health	Jul 2014	Aug 2016	**6,421**
	Enumclaw	Franciscan Medical Enumclaw	Oct 2014	Jan 2015	**3,739**
	Seattle	Swedish Central Seattle	Apr 2015	Mar 2016	**3,565**
		Swedish West Seattle	May 2015	Aug 2016	**7,756**
	Federal Way	Franciscan Medical at St. Francis	Jul 2015	Aug 2016	**2,992**
	Auburn	Franciscan Medical	Apr 2016	Aug 2016	**1,424**
Emergency Department	Pullman	Pullman Regional Hospital ED	Oct 2013	Feb 2015	**7,000**
	Port Angeles	Olympic Medical Center ED	Nov 2013	Aug 2016	**18,037**
Community Mental Health	Seattle	Sound Mental Health	Jan 2015	Dec 2015	**1,424**

14 Total screens represent the unduplicated patient count.

SBIRT Step 1. Universal Prescreen

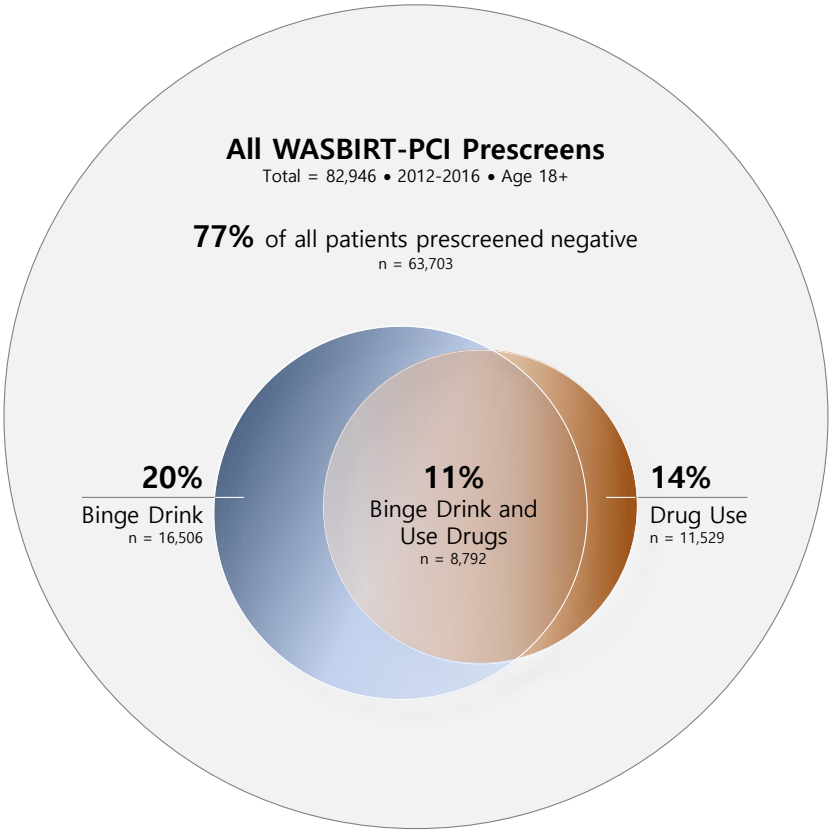
SBIRT is a universal intervention that suggests screening of all adult patients annually when they visit a primary care clinic, or anytime they visit an ED. In the WASBIRT-PCI model, all patients received a short prescreen asking about binge drinking and illicit drug use in the past year. The majority of patients screen negative on the prescreen indicating no binge drinking or drug use in the past year. Prescreens are an efficient alternative for lengthier, full screening tools. They also have a high degree of specificity and sensitivity to accurately identify individuals with a substance use disorder.[15] [16]

The majority (77 percent) of WASBIRT-PCI patients prescreened negative (Figure 8). Of those who prescreened positive, 20 percent reported binge drinking, 14 percent drug use, and 11 percent reported both binge drinking and drug use.

It is important to note that Washington State legalized recreational marijuana use during grant implementation, requiring revisions to the drug prescreen. Two modifications to the drug prescreen occurred: some clinics replaced the word "illegal" with "recreational" and maintained a single drug question, while others added an additional question about marijuana use. It is possible that people were more willing to report drug use given marijuana's new legal status and social acceptability.

FIGURE 8.

WASBIRT-PCI Universal Prescreen Outcomes



[15] Smith, P.C., Schmidt, S.M., Allensworth-Davies, D., & Saitz, R. (2009). Primary care validation of a single-question alcohol screening test. Journal of General Internal Medicine, 24(7): 783 – 788. DOI: 10.1007/s11606-009-0928-6.

[16] Smith, P.C., Schmidt, S.M., Allensworth-Davies, D., & Saitz, R. (2010). A single-question screening test for drug use in primary care. Archives of Internal Medicine 170(13): 1155 – 1160. DOI: 10.1001/archinternmed.2010.140.

SBIRT Step 2. Full Screen

Patients who report binge drinking or illicit drug use in the past year on the prescreen receive longer full screens—the Alcohol Use Disorder Identification Test (AUDIT) and Drug Abuse Screening Test (DAST-10)—respectively. The results of the prescreen and full screens are used to stratify the patients' substance use into levels of risk: low risk/abstinent, risky, or harmful/severe.

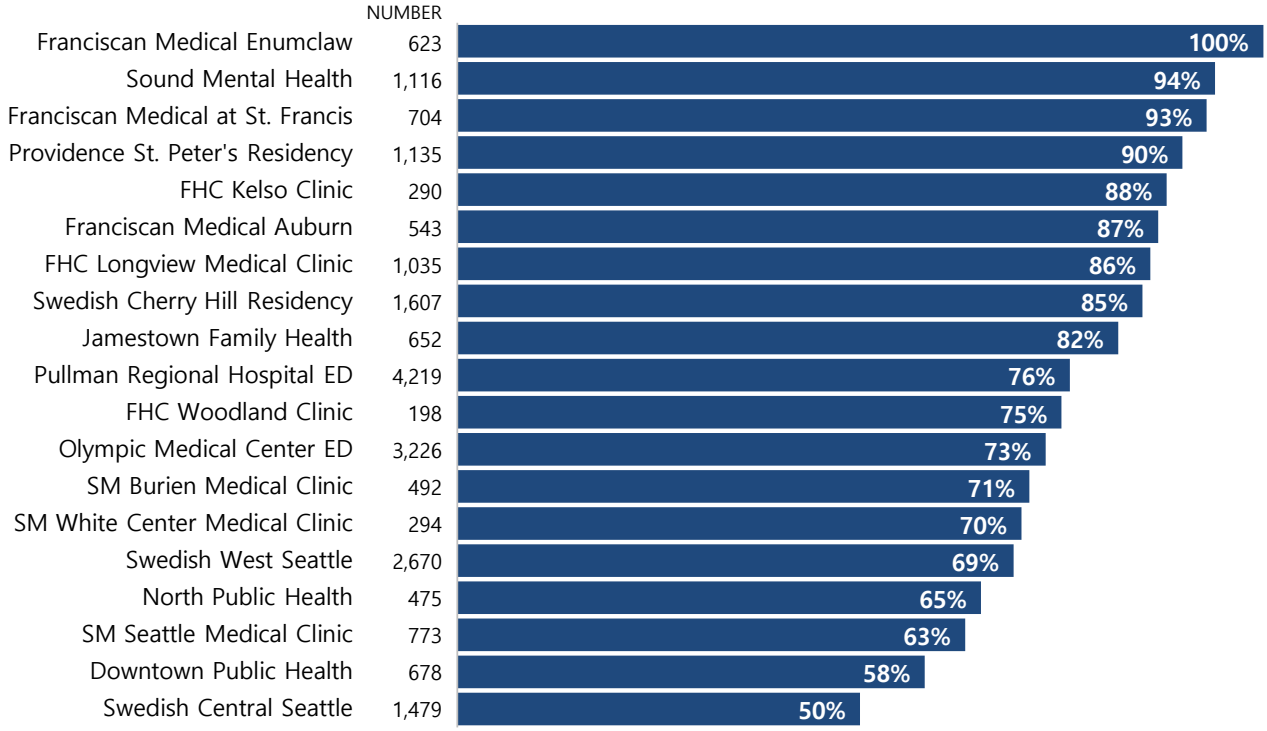
The first critical transition in the SBIRT workflow is administering the full screen to patients with a positive prescreen. Facilities administered prescreens during patient check in, either at the front desk or triage, or when rooming the patient. Full screens were either given verbally by medical assistants or nurses or on paper to be filled out by the patient. All participating facilities were able to implement the SBIRT screening protocol, demonstrating SBIRT screening procedures are possible in a variety of settings and workflows.

Overall, healthcare facilities consistently administered full screens to patients requiring them. Of the 22,209 positive prescreens, 16,921 (76 percent) full screens were subsequently administered. Completion rates for full screens varied by facility, ranging from 50 to 100 percent (Figure 9).[17]

Some challenges impacting the administration of full screens were staffing (e.g. an ED not staffed to complete full screens at night), inadequate training due to staff turnover, or insufficient mechanisms to communicate prescreen results to other staff in the SBIRT workflow. Clinics addressed these challenges by: designating locations for staff to file completed screens, modifying the SBIRT workflow to better align with similar clinical procedures, offering additional training sessions to staff as needed, and modifying electronic health record (EHR) systems to include SBIRT documentation.

FIGURE 9.

Full Screen Completion Rates for Patients Requiring a Full Screen by Clinic



[17] The clinic with 100 percent full screen completion rate may have only submitted data on patients that were not missing screens, thus inflating their completion rate.

SBIRT Step 3. Assigning Risk Levels

SBIRT assigns a substance misuse risk severity based on prescreen and full screen results. Risk severity is stratified into categories or zones that provide clinicians information about the risk the patient may be experiencing due to substance use and the level of intervention required.

- **Low Risk/Abstain:** Individuals prescreening negative (no binge drinking or illicit drug use in the previous year) or scoring in Zone I on the full screens (AUDIT score: 0 – 6 for women and men over 65, 0 – 7 for men 18-65; DAST score: 0) are considered to be abstaining or in the low risk zone. Low risk means the patient is likely not experiencing consequences related to substance use and does not have risk for a substance use disorder.
- **Risky:** Patients scoring in Zone II on the full screens (AUDIT: 7 – 15 for women and men over 65, 8 – 15 for men 18-65; DAST: 1 – 2) are considered at risk of experiencing negative consequences as a result of their substance use, such as falls, car accidents, or health issues later in life.
- **Harmful or Severe:** Patients scoring in Zone III on the full screens (AUDIT: 16-19; DAST: 3-5) or Zone IV (AUDIT: 20 – 40; DAST 6 – 10) are considered to be in the Harmful or Severe risk zone, respectively. Individuals screening in these zones are likely experiencing negative consequences as a result of their use and are more likely to have a substance use disorder.[18]
- **Unknown:** Substance misuse risk severity is unknown for patients who prescreened positive but did not complete the full screen. Breakdowns in the SBIRT work flow, inadequate electronic health records or patient refusals are the main reasons a patient's risk severity is unknown.

Compared to the Office of National Drug Control Policy (ONDCP) estimates for the general population, individuals in the WASBIRT-PCI cohort had lower substance misuse risk severity. ONDCP estimates that approximately 71 percent of the general population screen into the low risk/abstain category, 25 percent screen as risky or harmful, and four percent screen as severe for alcohol or drug use (Figure 10).[19] Among WASBIRT-PCI, 89 percent screened as low risk/abstaining; eight percent were determined to have risky use; one percent was determined to have harmful use; and two percent were determined to have severe use. Although only 11 percent of the WASBIRT-PCI cohort screened as having risky use or higher, prescreening identified 23 percent who were binge drinking or using illicit drugs at some point in the previous year. While these patients are engaging in risky behavior (i.e. binge drinking), not all of them met the threshold to receive an SBIRT intervention. Six percent of all patients screened had unknown SBIRT risk severity.[20]

While the WASBIRT-PCI cohort's substance misuse risk severity was lower than national estimates, risk across facilities varied (Figure 11). Based on the screening results that were collected, Sound Mental Health had the most patients screening risky or higher (61 percent, Figure 11). Sound Mental Health, the only specialty clinic participating in WASBIRT-PCI, receives referrals for mental health and substance use assessments, so patients at this clinic are more likely to have higher risk scores.

The primary care clinics with the highest percent of patients scoring risky or higher were FHC Kelso Clinic (30 percent) and Franciscan Medical Auburn (19 percent). Five clinics had fewer than five percent of their patients' scoring risky or higher. Both emergency departments had 11 percent of patients scoring risky or higher. Nine clinics failed to record 25 to 50 percent of the indicated full screens (Figure 9), so the risk severity for patients is not fully known.

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18 Babor, TF., Higgins-Biddle, JC., Saunders, JB., Monteiro, MG. (2001). The Alcohol Use Disorders Identification Test: Guidelines for use in primary care. 2nd Edition. WHO/MSD/MSB/01.6a, World Health Organization.

19 Office of National Drug Control Policy & Substance Abuse and Mental Health Services Administration. July 2012. Fact Sheet: Screening, Brief Intervention, and Referral to Treatment (SBIRT). Available from https://www.whitehouse.gov/sites/default/files/page/files/sbirt_fact_sheet_ondcp-samhsa_7-25-111.pdf.

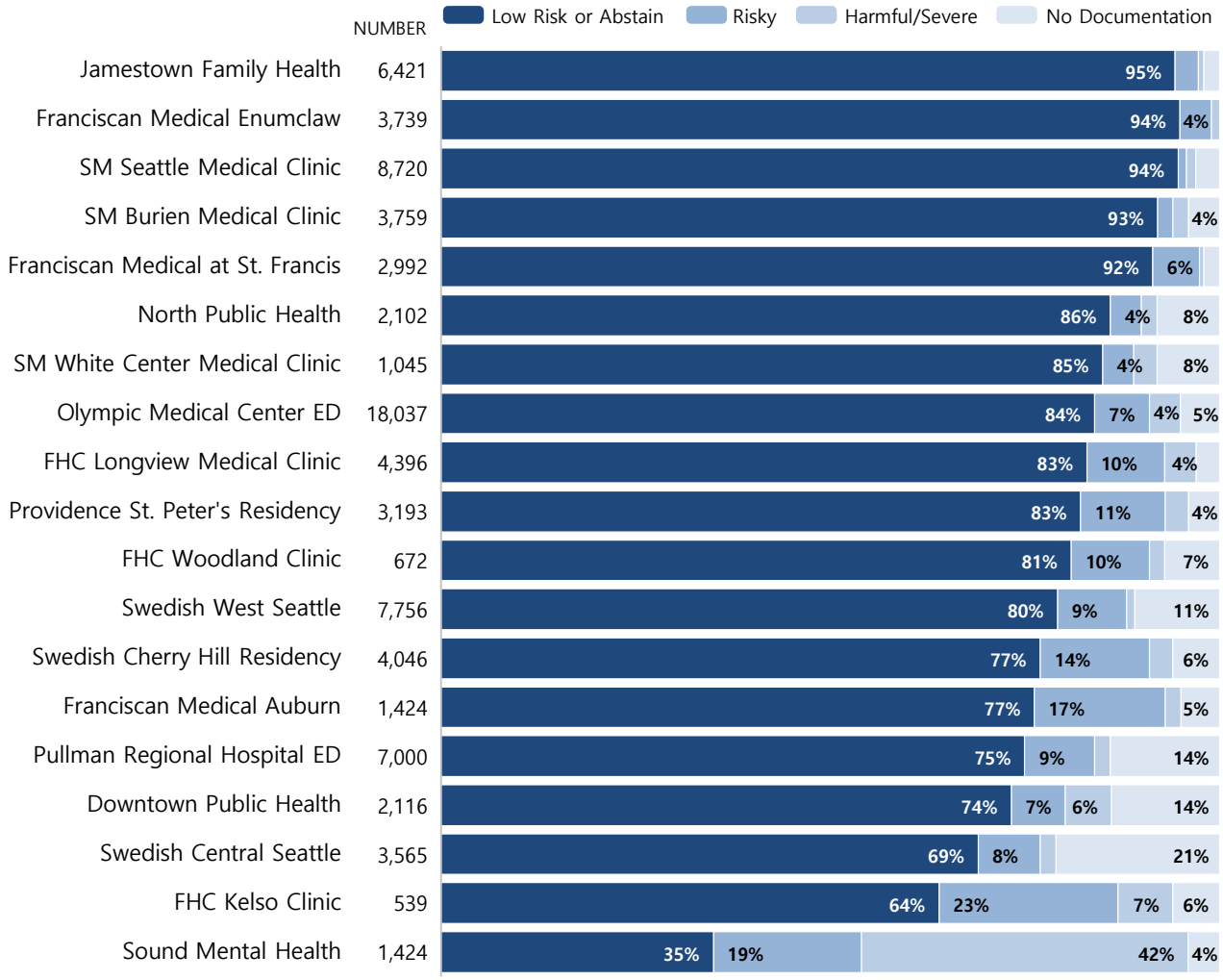
20 WASBIRT-PCI rates were calculated based on complete records only, missing full screen records were omitted from the denominator.

FIGURE 10.

National SBIRT Screening Risk Levels Compared to WASBIRT-PCI Risk Levels

FIGURE 11.

SBIRT Substance Misuse Risk Severity by Healthcare Facility



NOTE: Percentages ≤ 3 percent are not labeled in chart above. Healthcare facilities are represented by an unduplicated patient count, and patient risk severity scores are based on the first encounter per patient.

SBIRT Step 4. Brief Interventions and Referrals to Treatment

The intervention a patient receives subsequent to SBIRT screening depends on their substance misuse risk severity described in the previous section. The interventions a patient could receive in the SBIRT model are:

- **Positive Health Message:** Patients scoring in the Low Risk/Abstain zone receive a positive health message from the health provider reinforcing their healthy choices in relation to substance use. Patients are rescreened annually.
- **Brief Intervention (BI):** Patients scoring in the risky, harmful or severe risk zones require a BI. A BI is a short, generally five to 15 minute, counseling session that offers feedback and advice using motivational interviewing techniques. The goal is to help the patient identify reasons for changing their substance use, and develop a plan to reduce use or abstain. Providers may follow up with patients for additional BIs and to monitor their goals.
- **Referral to Treatment (RT):** Patients scoring in the harmful or severe risk zones should receive a referral for brief treatment or a full assessment to determine if substance use disorder treatment is appropriate. Brief treatment usually involves several counseling sessions to assist the patient with reducing their substance use. Patients who are experiencing negative health or social consequences as a result of their substance use may benefit from more intensive treatment.

In WASBIRT-PCI facilities, medical assistants (in clinic settings) or triage nurses (in EDs) administered the screens, then physicians would review the screens, assign a risk severity, and, if indicated, introduce (warm handoff) the patient to an onsite behavioral health specialist (BHS). The BHS would conduct the BI and, if necessary, make a referral to an assessment for treatment.

The warm handoff to the BHS for BI was one of the most challenging components of SBIRT implementation, particularly in the primary care setting. Some barriers to the warm handoff in these settings were provider ambivalence or unfamiliarity with the SBIRT model; limited availability of BHSs; and short appointment times resulting in staff not having time to provide BIs. While many clinics successfully completed screens and assigned risk levels, providers failed to consistently perform warm handoffs, citing it as one more thing to fit into already short appointment times. Given this barrier to the BHS model in primary care settings, other approaches, such as physician-provided BIs or conducting SBIRT during annual wellness check-ups, may be more a more effective way to deliver SBIRT.[21]

For the purpose of grant monitoring, WASBIRT-PCI facilities were asked to document BI and RT completion. Documentation was a challenge for some facilities either because they lacked systematic means to record services in their EHR or because staff lacked sufficient incentive to record the events.

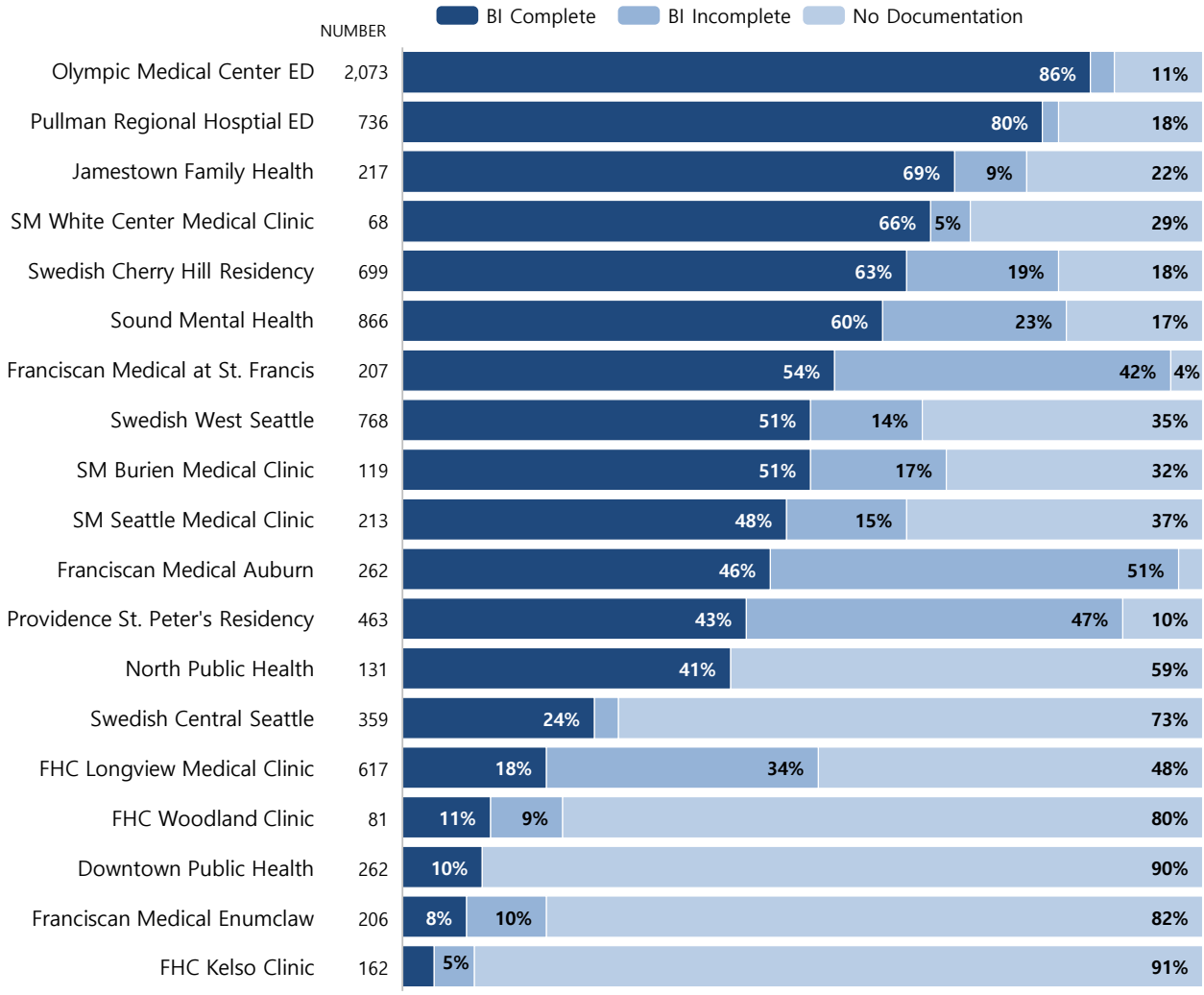
Brief intervention completion rates (Figure 12) ranged from four to 86 percent, with an overall completion rate across all facilities of 57 percent. Primary care clinics often reported short appointment windows and an inability to conduct BIs given the time constraints, resulting in lower BI completion rates. The two healthcare facilities with the highest rates of completion were emergency departments. Given that patients often spend more time in an emergency department than a primary care office; there is more opportunity for the BHS to complete the BI in those settings. One ED implemented a nurse-led BI model which increased the number of staff able to complete BIs and left the BHS available to meet with patients scoring in the harmful or severe zones.

[21] WASBIRT-PCI project staff met regularly with project sites, where "warm handoff" for BIs was frequently described as an ongoing challenge.

Many clinics documented BI completion in systems separate from their primary electronic health record which proved burdensome. Six clinics did not report on over 50 percent of their indicated BIs. Given the considerable underreporting in some facilities, it is difficult to distinguish between documentation and workflow issues with respect to BI completion.

FIGURE 12.

Brief Intervention Completion Rates for Patients Requiring a Brief Intervention by Clinic



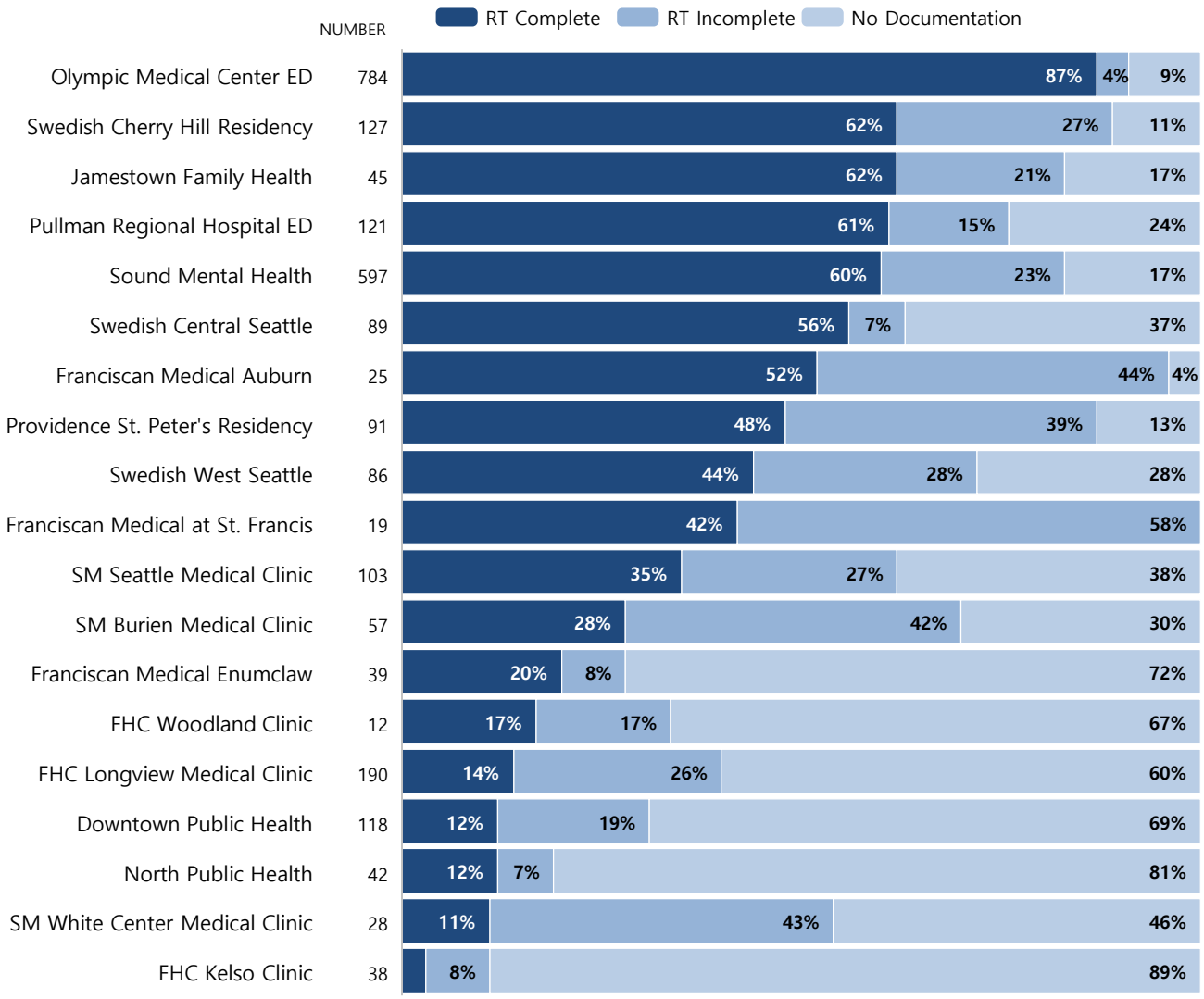
NOTE: Percentages ≤ 3 percent are not labeled in chart above.

Referrals to treatment (RTs) are indicated for those scoring in the harmful and severe substance misuse risk severity zones. These patients also receive a BI prior to referral. The overall completion rate for RTs was 57 percent (Figure 13), and ranged from three percent to 87 percent.

Documentation of RT completion was similar to documentation for BIs, which likely resulted in underreporting of these events. Further, because the RT would occur during the BI, if a BI was missed the RT was also missed. WASBIRT-PCI sites also reported challenges referring patients due to the perceived unavailability of treatment options and unfamiliarity with nearby treatment providers.

FIGURE 13.

Referral to Treatment Completion Rates for Patients Requiring a Referral by Clinic



NOTE: Percentages ≤ 3 percent are not labeled in chart above.

Summary

The WASBIRT-PCI grant screened 82,946 individuals over the five-year project in 19 healthcare facilities across Washington State. Clinics implemented SBIRT on the grant for an average of 17 months. Most screens occurred in primary care clinics (68 percent) and 52 percent were in clinics located in King County. The patient population was predominately white, non-Hispanic (77 percent) and female (57 percent).

The majority of patients screened into the low risk/abstinent zone of use (89 percent), while 11 percent screened in at higher risk levels requiring a BI (8 percent) or a BI and referral to treatment (3 percent). While these risk severity rates are lower than other general population estimates, prescreening revealed that 23 percent of WASBIRT-PCI patients reported binge drinking or using illicit drugs at some point in the previous year.

Most healthcare facilities successfully implemented the SBIRT universal screening process. Sites adapted the screening process into existing clinic flows, demonstrating that SBIRT universal screening can be integrated into a variety of clinical settings.

The two most common challenges to conducting SBIRT were:

1. Completing full screens when indicated; and
2. Making "warm handoffs" to a behavioral health specialist or other provider for the BI or RT components of SBIRT.

While some sites successfully completed most full screens when indicated, other clinics missed opportunities to complete full screens with patients identified by the prescreen as binge drinkers or drug users. Conducting "warm handoffs" to behavioral health specialists was a consistent challenge across most WASBIRT-PCI primary care sites for a variety of reasons. Most clinics used a behavioral health specialist model which relies on a specialist on site to conduct all BIs and RTs. As a result, just over half (57 percent) of all BIs and RTs were completed when indicated. Longer waiting times at EDs, meant that those sites were more successful in completing BIs and RTs. Efforts were made to improve the BI and RT rates in primary care, including streamlining the screening process, clarifying staff responsibilities and communications, modifying EHRs, and monitoring and modifying staff knowledge and screening processes. However completion rates only improved marginally. A primary care model where physicians conduct the initial BI and refer the highest-risk patients to the BHS, may eventually prove more successful in these settings. The BHS model and BHS model enhanced with nurses appears to be most successful in EDs.

The focus of this report was to provide an overview of WASBIRT-PCI program activities and preliminary findings based on screening outcomes and clinic performance. Future analyses will examine how well the SBIRT model identified individuals at risk for adverse outcomes related to substance use; pre-post self-reported outcomes related to substance use, housing, employment, criminal justice involvement, and physical, social and mental health; impacts of brief interventions; and the sustainability of the SBIRT model post grant funding based on key informant interviews with WASBIRT-PCI clinic staff.

Detailed WASBIRT-PCI Demographics and Screening/Intervention Outcomes

	Downtown Public Health		North Public Health		SM Seattle Medical Clinic		SM Burien Medical Clinic		SM White Center Medical	
DEMOGRAPHICS	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTAL POPULATION (Unduplicated)	**2,116**	**100%**	**2,102**	**100%**	**8,720**	**100%**	**3,759**	**100%**	**1,045**	**100%**
Medicaid (12 months)[22]	845	39.9%	853	40.6%	1,857	21.3%	1,252	33.3%	495	47.4%
Gender										
Female	1,301	61.5%	1,539	73.2%	4,531	52.0%	2,219	59.0%	565	54.1%
Race/Ethnicity										
American Indian/ Alaska Native	59	2.8%	42	2.0%	69	0.8%	29	0.8%	13	1.2%
Asian	267	12.6%	293	13.9%	348	4.0%	276	7.3%	94	9.0%
African American	583	27.6%	475	22.6%	594	6.8%	336	8.9%	144	13.8%
Hawaiian/Pacific Islander	30	1.4%	52	2.5%	149	1.7%	103	2.7%	29	2.8%
White	994	47.0%	1,035	49.2%	4,847	55.6%	1,753	46.6%	519	49.7%
Race Missing	243	11.5%	254	12.1%	1,285	14.7%	835	22.2%	185	17.7%
Hispanic	345	16.3%	348	16.6%	2,974	34.1%	993	26.6%	111	10.6%
Hispanic Missing	0	0.0%	0	0.0%	7	0.1%	25	0.7%	0	0.0%
Age										
Mean age	43 years		43 years		39 years		40 years		43 years	
18-25	270	12.8%	294	14.0%	1,425	16.3%	631	16.8%	139	13.3%
26-35	528	25.0%	534	25.4%	2,608	29.9%	1,015	27.0%	226	21.6%
36-45	430	20.3%	405	19.3%	2,159	24.8%	847	22.5%	241	23.1%
46-55	447	21.1%	408	19.4%	1,350	15.5%	661	17.6%	229	21.9%
56-65	300	14.2%	292	13.9%	744	8.5%	440	11.7%	147	14.1%
>65	141	6.7%	169	8.0%	434	5.0%	165	4.4%	63	6.0%
Screening Outcomes[23]										
Screening/Feedback	1,566	85.7%	1,804	93.2%	8,219	97.5%	3,498	96.7%	890	92.9%
Brief Intervention	144	7.9%	89	4.6%	110	1.3%	62	1.7%	40	4.2%
Brief Treatment	45	2.5%	22	1.1%	40	0.5%	26	0.7%	16	1.7%
Referral to Treatment	73	4.0%	20	1.0%	63	0.7%	31	0.9%	12	1.3%
Unknown	288	13.6%	167	7.9%	288	3.3%	142	3.8%	87	8.3%
Intervention Outcomes[24]										
BI Indicated	262	12.4%	131	6.2%	213	2.4%	119	3.2%	68	6.5%
BI Complete	26	9.9%	54	41.2%	102	47.9%	61	51.3%	45	66.2%
BI Missing	236	90.1%	77	58.8%	80	37.6%	41	34.5%	20	29.4%
RT Indicated	118	5.6%	42	2.0%	103	1.2%	57	1.5%	28	2.7%
RT Complete	14	11.9%	5	11.9%	36	35.0%	16	28.1%	3	10.7%
RT Missing	96	81.4%	29	69.0%	39	37.9%	17	29.8%	13	46.4%

[22] Total patients that received publically funded health care (Medicaid) at least one month in the year prior to SBIRT screening
[23] Screening outcomes based on screening scores from the prescreen, AUDIT and DAST. See Assigning Risk Levels, page 9.
[24] Intervention outcomes are based on clinic reporting for completing an intervention when indicated. See SBIRT Step 4 on page 11.

	Pullman Regional Hospital ED		Olympic Medical Center ED		FHC Longview Medical Clinic		FHC Woodland Clinic		FHC Kelso Clinic	
DEMOGRAPHICS	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTAL POPULATION (Unduplicated)	**7,000**	**100%**	**18,037**	**100%**	**4,396**	**100%**	**672**	**100%**	**539**	**100%**
Medicaid (12 months)[22]	1,262	18.0%	5,292	29.3%	2,770	63.0%	418	62.2%	450	83.5%
Gender										
Female	3,777	54.0%	9,548	52.9%	2,695	61.3%	393	58.5%	308	57.1%
Race/Ethnicity										
American Indian/ Alaska Native	46	0.6%	297	1.6%	137	3.1%	20	2.9%	16	3.0%
Asian	166	2.4%	146	0.8%	67	1.5%	11	1.6%	6	1.1%
African American	271	3.9%	103	0.6%	65	1.5%	8	1.2%	12	2.2%
Hawaiian/Pacific Islander	41	0.6%	30	0.2%	14	0.3%	4	0.6%	6	1.1%
White	5,563	79.5%	17,271	95.8%	4,085	92.9%	626	93.2%	506	93.9%
Race Missing	299	4.3%	191	1.1%	65	1.5%	5	0.7%	2	0.4%
Hispanic	290	4.8%	177	1.0%	403	9.2%	66	9.8%	31	5.8%
Hispanic Missing	934	13.3%	121	0.7%	27	0.6%	0	0.0%	0	0.0%
Age										
Mean age	37 years		54 years		42 years		43 years		42 years	
18-25	3,324	47.5%	2,146	11.9%	633	14.4%	86	12.8%	77	14.3%
26-35	997	14.2%	2,537	14.1%	1,018	23.2%	149	22.2%	124	23.0%
36-45	643	9.2%	2,035	11.3%	819	18.6%	134	19.9%	120	22.3%
46-55	603	8.6%	2,310	12.8%	1,024	23.3%	154	22.9%	132	24.5%
56-65	548	7.8%	2,821	15.6%	728	16.6%	107	15.9%	73	13.5%
>65	885	12.6%	6,188	34.3%	174	4.0%	42	6.3%	13	2.4%
Screening Outcomes[23]										
Screening/Feedback	5,256	87.7%	15,098	87.9%	3,635	85.5%	541	87.0%	343	67.9%
Brief Intervention	615	10.3%	1,289	7.5%	427	10.0%	69	11.1%	124	24.6%
Brief Treatment	74	1.2%	193	1.1%	92	2.2%	6	1.0%	12	2.4%
Referral to Treatment	47	0.8%	591	3.4%	98	2.3%	6	1.0%	26	5.1%
Unknown	1,008	14.4%	866	4.8%	144	3.3%	50	7.4%	34	6.3%
Intervention Outcomes[24]										
BI Indicated	736	10.5%	2,073	11.5%	617	14.0%	81	12.1%	162	30.1%
BI Complete	587	79.8%	1,780	85.9%	113	18.3%	9	11.1%	7	4.3%
BI Missing	136	18.5%	236	11.4%	296	48.0%	65	80.2%	147	90.7%
RT Indicated	121	1.7%	784	4.3%	190	4.3%	12	1.8%	38	7.1%
RT Complete	74	61.2%	680	86.7%	26	13.7%	2	16.7%	1	2.6%
RT Missing	29	24.0%	72	9.2%	115	60.5%	8	66.7%	34	89.5%

	Sound Mental Health		Jamestown Family Health		Providence St. Peter's Residency		Swedish Cherry Hill Residency		Swedish Central Seattle	
DEMOGRAPHICS	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTAL POPULATION (Unduplicated)	**1,424**	**100%**	**6,421**	**100%**	**3,193**	**100%**	**4,046**	**100%**	**3,565**	**100%**
Medicaid (12 months)[22]	1,286	90.3%	976	15.2%	1,490	46.7%	1,818	44.9%	676	19.0%
Gender										
Female	461	32.4%	3,821	59.5%	2,066	64.7%	2,352	58.1%	2,491	69.9%
Race/Ethnicity										
American Indian/ Alaska Native	82	5.7%	83	1.3%	56	1.8%	52	1.3%	20	0.6%
Asian	64	4.5%	67	1.0%	174	5.4%	386	9.5%	597	16.7%
African American	440	30.9%	11	0.2%	126	3.9%	1,508	37.3%	654	18.3%
Hawaiian/Pacific Islander	35	2.5%	5	0.1%	90	2.8%	73	1.8%	59	1.7%
White	938	65.9%	5,816	90.6%	2,666	83.5%	1,595	39.4%	1,901	53.3%
Race Missing	27	1.9%	443	6.9%	99	3.1%	490	12.1%	338	9.5%
Hispanic	113	7.9%	31	0.5%	189	5.9%	286	7.5%	101	3.0%
Hispanic Missing	1	0.1%	93	1.4%	12	0.4%	211	5.2%	155	4.3%
Age										
Mean age	39 years		62 years		44 years		42 years		44 years	
18-25	190	13.3%	226	3.5%	525	16.4%	658	16.3%	344	9.6%
26-35	453	31.8%	326	5.1%	678	21.2%	1,106	27.3%	948	26.6%
36-45	357	25.1%	435	6.8%	554	17.4%	718	17.7%	735	20.6%
46-55	309	21.7%	787	12.3%	531	16.6%	582	14.4%	637	17.9%
56-65	110	7.7%	1,572	24.5%	470	14.7%	553	13.7%	515	14.4%
>65	5	0.4%	3,075	47.9%	435	13.6%	429	10.6%	386	10.8%
Screening Outcomes[23]										
Screening/Feedback	494	36.3%	6,089	96.6%	2,639	85.8%	3,105	81.7%	2,470	87.3%
Brief Intervention	269	19.8%	172	2.7%	345	11.2%	571	15.0%	270	9.5%
Brief Treatment	172	12.6%	28	0.4%	49	1.6%	72	1.9%	36	1.3%
Referral to Treatment	425	31.3%	17	0.3%	42	1.4%	54	1.4%	53	1.9%
Unknown	64	4.5%	115	1.8%	118	3.7%	244	6.0%	736	20.6%
Intervention Outcomes[24]										
BI Indicated	866	60.8%	217	3.4%	436	13.7%	699	17.3%	359	10.1%
BI Complete	518	59.8%	149	68.7%	186	42.7%	442	63.2%	85	23.7%
BI Missing	150	17.3%	49	22.6%	45	10.3%	122	17.5%	262	73.0%
RT Indicated	597	41.9%	45	0.7%	91	2.8%	127	3.1%	89	2.5%
RT Complete	361	60.5%	28	62.2%	44	48.4%	79	62.2%	50	56.2%
RT Missing	101	16.9%	5	11.1%	12	13.2%	21	16.5%	33	37.1%

	Swedish West Seattle		Franciscan Medical Enumclaw		Franciscan Medical at St. Francis		Franciscan Medical Auburn	
DEMOGRAPHICS	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
TOTAL POPULATION (Unduplicated)	**7,756**	**100%**	**3,739**	**100%**	**2,992**	**100%**	**1,424**	**100%**
Medicaid (12 months)[22]	649	8.4%	672	18.0%	483	16.1%	401	28.2%
Gender								
Female	4,274	55.1%	2,139	57.2%	1,688	56.4%	797	56.0%
Race/Ethnicity								
American Indian/ Alaska Native	39	0.5%	23	0.6%	3	0.1%	11	0.8%
Asian	779	10.0%	23	0.6%	205	6.9%	102	7.2%
African American	239	3.1%	14	0.4%	168	5.6%	77	5.4%
Hawaiian/Pacific Islander	52	0.7%	9	0.2%	71	2.4%	41	2.9%
White	5,889	75.9%	3,525	94.3%	2,389	79.8%	1,110	77.9%
Race Missing	695	9.0%	153	4.1%	63	2.1%	70	4.9%
Hispanic	231	3.3%	99	2.7%	109	3.7%	57	4.1%
Hispanic Missing	818	10.5%	82	2.2%	50	1.7%	43	3.0%
Age								
Mean age	53 years		54 years		60 years		49 years	
18-25	391	5.0%	322	8.6%	116	3.9%	143	10.0%
26-35	923	11.9%	482	12.9%	226	7.6%	241	16.9%
36-45	1,336	17.2%	436	11.7%	257	8.6%	220	15.4%
46-55	1,572	20.3%	637	17.0%	474	15.8%	266	18.7%
56-65	1,639	21.1%	755	20.2%	693	23.2%	276	19.4%
>65	1,895	24.4%	1,107	29.6%	1,226	41.0%	278	19.5%
Screening Outcomes[23]								
Screening/Feedback	6,168	88.9%	3,533	94.5%	2,739	93.0%	1,091	80.6%
Brief Intervention	682	9.8%	167	4.5%	188	6.4%	237	17.5%
Brief Treatment	51	0.7%	20	0.5%	14	0.5%	14	1.0%
Referral to Treatment	35	0.5%	19	0.5%	5	0.2%	11	0.8%
Unknown	820	10.6%	0	0.0%	46	1.5%	71	5.0%
Intervention Outcomes[24]								
BI Indicated	768	9.9%	206	5.5%	207	6.9%	262	18.4%
BI Complete	388	50.5%	17	8.3%	112	54.1%	122	46.6%
BI Missing	246	32.0%	168	81.6%	8	3.9%	7	2.7%
RT Indicated	86	1.1%	39	1.0%	19	0.6%	25	1.8%
RT Complete	38	44.2%	8	20.5%	8	42.1%	13	52.0%
RT Missing	24	27.9%	28	71.8%	0	0.0%	1	4.0%