



Screening, Brief Intervention, and Referral to Treatment (SBIRT) for Chemical Dependency among TANF Parents

PILOT PROJECT AND EVALUATION PROPOSAL BY ESA, DBHR, and RDA

Background

As part of Washington State's re-examination of the state's Temporary Assistance for Needy Families (TANF) program, the DSHS Research and Data Analysis (RDA) Division conducted an analysis of adults on TANF in state fiscal year (SFY) 2007. Over a five-year period from SFY 2005 to 2009, 31 percent of TANF adults in the study cohort had a probable need for chemical dependency (CD) treatment, as identified in administrative records. Moreover, substance abuse was found to be a key driver of homelessness, arrests, and investigations for child abuse/neglect. Yet the proportion of TANF parents in need of CD treatment who received it declined from 45 percent to an estimated 36 percent between SFY 2008 and SFY 2010.¹

In an effort to improve DSHS caseworkers' ability to identify substance abuse problems and connect TANF clients to chemical dependency treatment when appropriate, the DSHS Economic Services Administration (ESA), the DSHS Division of Behavioral Health and Recovery (DBHR) within the Aging and Disability Services Administration (ADSA), and RDA have worked collaboratively to design two service delivery models we propose to pilot test for one year, using administrative data to evaluate the pilot's impact on key outcomes—such as entrance to chemical dependency treatment and exit from TANF—in the subsequent year.

Both proposed models will leverage the successful experience of the federally funded Washington State Screening, Brief Intervention, and Referral to Treatment (WASBIRT) project administered by DBHR. Through the WASBIRT initiative, Chemical Dependency Professionals (CDPs) were placed in nine hospital emergency departments throughout the state. CDPs screened patients for risky substance use and employed motivational interviewing techniques to provide brief interventions to patients whose screening scores placed them at moderate to high risk of chemical dependency. Patients who screened at high risk received a brief intervention and were referred to specialized CD treatment. A recent evaluation found that TANF adults who received the WASBIRT intervention while seeking hospital emergency department care were *three times more likely* to enter CD treatment compared to a statistically matched comparison group of TANF clients who did not receive a brief intervention during an emergency room visit.²

Summary of 1-Year Pilot Design: Two New Models of Service Delivery in Community Service Offices

- **Pilot 1:** CSO staff will implement the screening, brief intervention, and referral to treatment (SBIRT) model using motivational interviewing techniques in two CSOs. (Pierce South CSO)
- **Pilot 2:** A Chemical Dependency Professional (CDP) placed at the CSO with local funding will implement SBIRT using motivational interviewing in two to three sites. (Yakima CSO)

1 Shah, Melissa Ford, David Mancuso, Lijian He, Sharon Estee, Barbara Felver, Kathryn Beall, and Fred Fiedler (2010). "Behavioral Health Risk among TANF Parents: Links to Homelessness, Child Abuse, and Arrests," Olympia, WA: DSHS Research and Data Analysis Division, <http://publications.rda.dshs.wa.gov/1429/>.

2 Estee, Sharon, Lijian He, Melissa Ford Shah, David Mancuso, and Barbara Felver (2010). "Impact of Screening, Brief Intervention, and Referral to Treatment on Entrance to Chemical Dependency Treatment: Medicaid Patients Screened in Hospital Emergency Departments," Olympia, WA: DSHS Research and Data Analysis Division, <http://publications.rda.dshs.wa.gov/1411/>.

ESA Activities

- Provide funding for 1-year pilot project implementation
- Identify CSO pilot sites, ensuring adequate geographic diversity
- Create and manage contracts for training CSO staff in SBIRT principles and motivational interviewing techniques
- Implement and monitor the pilot in the CSOs to include the appropriate SBIRT services based on one of the site-specific pilot modalities
- Develop screening and training materials, as needed, for implementation of the pilots
- Ensure adequate staff availability for training

DBHR Activities

- Provide funding for the project evaluation
- Assist in the selection of a pilot site that has an existing Chemical Dependency Professional
- Work with local treatment providers in the pilot communities to inform them of the effort
- Ensure the availability of treatment resources in the pilot communities
- Assist with implementation and monitoring of the pilot

RDA Activities

- Provide limited consultation in the implementation year to assist ESA and DBHR in: 1) the selection of pilot sites, 2) the identification of a possible trainer for staff training in SBIRT and motivational interviewing, and 3) revisions to information systems (such as eJAS) needed to collect screening and brief intervention encounter data at the pilot sites.
- After allowing sufficient time for maturation of administrative data, evaluate short-term and longer-term outcomes and prepare a final report summarizing the results of these outcome analyses.
- Measured outcomes: entrance to chemical dependency treatment, exit from TANF, employment status, and housing status

Deliverables and Timelines

This proposal is to fund the implementation and evaluation of a project that would be piloted for 12 months, with client outcomes evaluated once outcome data for a 12-month follow-up period is available in RDA's integrated client database. The evaluation would culminate in a report summarizing the findings.

Budget

We estimate that the total cost of the project will be under \$80,000, with the cost to ESA of implementing the pilot for a year estimated at under \$40,000 and the cost of the evaluation to DBHR also estimated at under \$40,000.