EVALUATION OF SBIRT IMPLEMENTATION IN COLORADO HIV CLINICS AND COMMUNITY ORGANIZATIONS

SUBMITTED TO PEER ASSISTANCE SERVICES, INC
OCTOBER 2010

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Table of Contents

Introduction 5
Methodology 5
Section One Results: Provider Focus Groups and Interview Sessions 6
SBIRT has Positively Impacted Service Delivery for HIV Patients and Practitioners 6
Sites Have Faced a Variety of Challenges During SBIRT Implementation 8
Most, Though Not All, Stakeholders Expressed Positive Views of SBIRT 10
Participating Sites Offered Suggestions for Successful SBIRT Implementation 11
Stakeholders Expressed Mixed Views About the Application of SBIRT to Depression and Anxiety, and for HIV Prevention 12
Section Two Results: Provider Questionnaire 13
Section Three Results: Client/Patient Questionnaire 17
Overall Client/Patient Questionnaire Results 17
Client/Patient Questionnaire Results by Screening Outcome 20
Summary 24
Appendix A: Focus Group Questions 27
Appendix B: Provider Questionnaire 29
Appendix C: Client/Patient Questionnaire 30

Executive Summary

Peer Assistance Services contracted with the OMNI Institute to conduct an evaluation of substance use screening, brief intervention, and referral to treatment (SBIRT) protocols in eight different sites (six healthcare practices and two AIDS services organizations) across Colorado that serve individuals living with HIV: Northern Colorado AIDS Project, Beacon Center for Infectious Disease, Western Colorado Specialty HIV Care Clinic, Southern Colorado AIDS Project, Infectious Disease Clinic at Denver Public Health, Primary Care Clinic at Denver Health, and Children's Hospital Immunodeficiency Program. The goal was to assess the providers' and clients'/patients' perceptions of the SBIRT process at these sites.

A mixed methods approach was used. Qualitative data were obtained from providers via seven focus groups and two telephone interviews at the eight locations. Focus group and interview discussions were attended by a variety of site providers, including physicians, nurses, health educators, site directors, case managers, and social workers. Evaluation questions focused on identifying the successes, challenges, and barriers of implementing SBIRT in settings that serve this population, as well as garnering feedback from stakeholders about the application of SBIRT in the areas of depression and anxiety, as well as HIV prevention. In addition, quantitative data were obtained from the providers via a brief questionnaire that included items about the screening process at their site. Quantitative data were also obtained from the clients/patients using a brief questionnaire that included items about their screening experiences.

Focus Group/Interview Results

Focus group participants (n = 39) were asked to describe positive impacts of SBIRT implementation at their sites and also address any implementation challenges. They cited several positive impacts of SBIRT implementation including improved service delivery and more open relationships with patients. Some focus group participants also reported that SBIRT has led to a greater emphasis on tobacco use among patients, which they see as a positive change. Challenges expressed by focus group participants included limited buy-in from staff, particularly physicians; a lack of resources to which they can refer patients once needs are identified; ineffective systems for conducting follow-up and tracking patient outcomes; and struggles to integrate SBIRT into existing site processes.

In general, focus group participants described positive experiences with the implementation of SBIRT at their sites. Many of these same participants reported being skeptical about SBIRT at the outset but having changed their views over time. Focus group participants also offered

suggestions for other sites considering SBIRT implementation. Their suggestions included obtaining staff buy-in and fostering staff capacity, establishing clear processes and protocols, and ensuring sufficient referral resources to meet patient needs.

Focus group participants expressed mixed views about the addition of depression and anxiety screening to SBIRT and implementing SBIRT in HIV Prevention sites. Concerns about adding depression and anxiety to SBIRT centered on staff capacity to handle patients who screen positive for depression or anxiety, having sufficient referral services to address patient needs, and length of the screening tool. Participants generally seemed open to, though hesitant about, implementing SBIRT in sites that serve individuals at-risk for HIV infection. The most common concerns expressed related to how providers would select patients for screening, including how well a screening tool could accommodate the different types of individuals considered at-risk for HIV infection (e.g., individuals at-risk due to sexual behaviors versus intravenous drug use, or men versus women).

Provider Survey Results

In addition to attending the focus group, providers completed a short questionnaire. Questions were designed to assess the degree to which SBIRT was being implemented as intended in their sites (i.e., screening all new patients and re-screening annually, using validated tools, providing brief interventions using motivational techniques and providing referrals when appropriate, documenting results, and staff understanding and support for SBIRT). Overall, providers (n = 34) viewed that SBIRT was happening at their sites as it should be. The majority of providers responded they ‘strongly agreed’ or ‘agreed’ with all of the questionnaire items.

Client/Patient Survey Results

Client/patient questionnaires were completed by 119 clients/patients from six sites. University Hospital Infectious Disease Clinic and Western Colorado Collaborative Care Clinic did not collect data from clients/patients. More than 80% of the client/patient participants were from Denver Health Infectious Disease Clinic and Southern Colorado AIDS Project. Overall clients/patients reported positive experiences with the SBIRT process. The majority responded that they were treated with respect when asked screening questions, were not surprised by the questions, were glad that they were asked the questions, were comfortable discussing their use, and that others would benefit by discussing substance use with site staff.

Of the 119 returned client/patient questionnaires, screening outcome data were available for 95 participants. Of the 95 participants with screening results, 53.7% screened negative for risky

substance use and 46.3% screened positive for risky use (i.e., in the ‘Brief Intervention’ or ‘Referral to Treatment’ range). Participants in both screening categories had similarly positive perceptions of the SBIRT process. Of note was that over two-thirds of individuals that screened positive for risky substance use indicated that the information discussed at the visit about their use made them think differently about their substance use.

Overall, evaluation results support findings from SBIRT implementation studies in other healthcare sites (e.g., primary care and hospital settings). Findings indicate that SBIRT can be feasibly integrated into healthcare settings serving individuals who are HIV positive and sites will have similar challenges to other types of healthcare settings.

Introduction

In 2006, the State of Colorado was awarded a Screening, Brief Intervention, and Referral to Treatment (SBIRT) grant from the Center for Substance Abuse Treatment (U.S Department of Health and Human Services/Substance Abuse and Mental Health Administration Services). The purpose of the project was to develop and implement screening, brief intervention, referral for treatment (SBIRT) protocols in healthcare settings across the state so that screening for substance use becomes routine procedure within healthcare practice, fostering a bridge between the general medical and substance abuse treatment delivery systems. In April 2008, the Colorado Department of Public Health and Environment (CDPHE) contracted with Peer Assistance Services to expand the SBIRT program model to HIV care clinics and AIDS Service Organizations, utilizing Ryan White Part B funding. The eight locations implementing SBIRT under this model are as follows: Northern Colorado AIDS Project, Beacon Center for Infectious Disease, Western Colorado Specialty HIV Care Clinic, Southern Colorado AIDS Project, Infectious Disease Clinic at Denver Public Health, Primary Care Clinic at Denver Health, and Children's Hospital Immunodeficiency Program.

In August 2010, Peer Assistance Services contracted with the OMNI Institute to conduct an evaluation of SBIRT implementation at these eight locations. The goal was to assess the providers' and clients'/patients' perceptions of the SBIRT process in clinic and community based organizations that serve individuals living with HIV.

Methodology

A mixed methods approach was used. Qualitative data were obtained from providers via seven focus groups and two telephone interviews at the eight locations engaged by Peer Assistance Services: Focus group and interview discussions were held in August and September 2010 and were attended by a variety of site providers, including physicians, nurses, health educators, site directors, case managers, and social workers. Evaluation questions focused on identifying the successes, challenges, and barriers of implementing SBIRT in settings that serve this population, as well as garnering feedback from stakeholders about the application of SBIRT in the areas of depression and anxiety, as well as HIV prevention. Focus groups ranged in size from two to ten participants. Two providers from Western Colorado Collaborative Care were

individually interviewed via telephone. Discussions lasted for approximately one hour. A copy of the focus group questions is located in Appendix A.

Quantitative data were obtained from the providers via a brief, 8-item, Likert-scaled questionnaire. The questionnaire was administered at the end of the discussions and included items about the screening process at each site. Participants were instructed to read each of the statements and indicate how much they agreed or disagreed with each statement. A copy of the provider questionnaire is located in Appendix B.

Quantitative data were obtained from the clients/patients at the eight sites using a questionnaire. The questionnaire was a brief, Likert-scaled instrument that contained 6 statements. Clinic/site staff distributed the questionnaire to all clients/patients who received any screenings, brief interventions, or referrals to treatment from August 23 to September 30, 2010. Providers were instructed to indicate SBIRT screening results (i.e., screening only, brief intervention, referral to treatment) on the bottom of the survey before asking patients to complete the survey. Patients/clients were instructed to read each of the statements about their experience at the site and indicate how much they agreed or disagreed with each statement. A copy of the client/patient questionnaire is located in Appendix C.

Evaluation results are presented in three sections. Section One includes a synthesis of the findings from the provider focus group and interview sessions. Section Two of this report includes provider questionnaire findings, while Section Three contains the results of the client satisfaction assessment.

Section One Results: Provider Focus Groups and Interview Sessions

SBIRT has Positively Impacted Service Delivery for HIV Patients and Practitioners

Participating sites reported a variety of positive changes, for both patients and providers, as a result of SBIRT implementation. Specifically, they believe that SBIRT has facilitated more systematic processes, encouraged relationship-building between patients and providers, increased attention to tobacco use, and prompted patients to seek treatment or reduce substance use. Each of these concepts is discussed in further detail below.

SBIRT Facilitates a More Effective, Efficient, and Collaborative Process. Participants indicated that SBIRT has improved service delivery by establishing a more consistent and standardized process to assess and address clients' needs. Participants characterized the SBIRT screening process as consistent, formal, and structured. They also suggested that SBIRT helped them to implement standard practices that can be incorporated into each patient visit, including asking all patients to reflect on their own substance use. Participants believe that this greater standardization has helped patients to be more at ease when discussing substance use because they no longer feel "singled out" relative to other patients.

Participants also indicated that SBIRT promotes more timely provision of support to patients in need and greater collaboration among staff working with those patients. Generally, staff mentioned that patients received intervention and referral services immediately after the screening process. Furthermore, participants reported that SBIRT implementation has facilitated greater communication among staff and, at one site, facilitated collaboration with mental health providers. This greater degree of collaboration and communication among staff appears to enhance not only providers' capacity to connect patients with appropriate services, but also patients' level of comfort during the process, as staff working together closely are able to provide a "warm hand-off" as patients transition from working with one staff member to another.

Encourages Relationship-Building and Patient Awareness. Focus group participants also reported that SBIRT has helped to cultivate more open relationships with patients and to foster greater awareness about the risks of substance use among patients. Participants indicated that SBIRT has helped them to build rapport with their patients, which is believed to create greater opportunity for candid and honest discussions of substance use. For example, one participant reflected that the SBIRT process "has given a voice for some unspoken things in the past. It has created the space for actual conversation and questions to take place."

Participants also indicated that SBIRT has provided both patients and providers with greater insight into patients' current behaviors and the potential risks associated with those behaviors. For example, staff from nearly half of the participating sites mentioned that the SBIRT process enlightened clients about their own misconceptions about what is considered normal use. Specifically, one participant mentioned that patients realized that "their substance use was not as casual as we thought it was. I often times open the doorway to them realizing they have a problem." Overall, participants reported that the SBIRT process has encouraged clients to become more introspective about their own substance use, which has then enabled them to

take greater advantage of the support resources available to them. Taken together, participants reflected a belief that SBIRT promotes more in-depth discussion about substance use, which then facilitates a greater understanding of patients use and thereby enables providers to conduct interventions and refer patients to appropriate resources.

Shifts Focus on Tobacco Use. Some participants reported that SBIRT has led to a greater emphasis on tobacco use among patients, which they see as a positive change. Across sites, participants highlighted the way in which SBIRT has drawn greater attention to tobacco use and treatment. Nearly half of participating sites stated that the SBIRT model allowed providers to systematically ask about tobacco use during patient visits. Participants saw the incorporation of tobacco training, screening, and treatment referrals as practices they did not have in the past and currently appreciate. For example, one participant stated that conversations about tobacco use increased clients' awareness, knowledge, and introspection about tobacco use specifically. A second participant reported that the SBIRT model has allowed staff to initiate discussions about tobacco use that not have occurred in the past, stating that, "I also think tobacco is the forgotten step-child, which SBIRT has also given some space for."

Promotes Reduction in Substance Use or Enrollment in Treatment. Although staff did not provide quantitative information regarding reductions in substance abuse or enrollment, they shared several anecdotes suggesting that patients have made greater progress towards substance abuse treatment since the implementation of SBIRT. Participants from two sites described patients who had entered treatment and reduced their substance use. The first reported that she has "two clients that have been in the system for a while and are doing really well. They had a few SBIRT screens and finally went into treatment and are doing great." The second reflected on the impact on moderate users, reporting that the facility had observed a decrease in use among moderate users, as well as a decrease in the number of substances being used by its patients. In each of these cases, participants attributed the changes to the SBIRT approach.

Sites Have Faced a Variety of Challenges During SBIRT Implementation

Stakeholders also described a range of challenges related to SBIRT implementation, primary among them are limited buy-in from staff, particularly physicians; a lack of resources to which they can refer patients once needs are identified; ineffective systems for conducting follow-up and tracking patient outcomes; and struggles to integrate SBIRT into existing site processes.

Limited Stakeholder Buy-in. Staff at multiple sites reported struggling to obtain full support for the SBIRT approach from key stakeholders, particularly physicians, at their facilities. While participants generally did not elaborate about the causes for initial difficulties with buy-in, one participant indicated that a lack of understanding about the SBIRT model among staff contributed to lack of buy-in.

Lack of Opportunities for Referral. Participants at half of the sites reported challenges associated with available referral options. One participant made this point quite succinctly: it is difficult "to identify people in need and get them at the contemplative stage, ready to make a change, then not have a place to refer them, or funding to help them get the treatment they need." Most concerns described a lack of resources generally, though participants at two sites highlighted a shortage of resources focused on tobacco use. Additionally, one participant cited a lack of resources addressing alcohol use and limited availability of inpatient treatment beds.

Limited Tracking and Follow-up with Patients. Participants at some, though not all, sites voiced concerns about their ability to track and follow-up with clients served. With respect to tracking, participants at multiple sites indicated that their ability to document and collect data about patient outcomes has been limited. In some cases, this challenge is driven by a lack of proficiency with data management programs and processes. As a result of limited tracking and documentation capabilities, some sites indicated that they struggle both to capture information about patient outcomes (i.e., "we give them the information but we are unsure what they do with it") and to ensure that follow-up screenings or other interventions are conducted in a timely manner.

Difficulty Integrating SBIRT into Site Process. Staff suggested that factors such as time constraints, client specific needs, and the sometimes competing administrative duties of site staff can limit integration of SBIRT into site processes. This was particularly true for the smaller facilities. Participants reported that SBIRT can be difficult to implement with patients for the following reasons:

- the screening process adds additional time to patient visits, which are already long in some cases, leading to what one participant referred to as "client fatigue";
- many patients arrive with specific concerns, or with urgent needs, for which SBIRT does not seem relevant; and

- staff responsible for SBIRT screening often also handle a variety of other duties, such as case management and HIV testing, which can limit the amount of time they have available to dedicate to screening.

Most, Though Not All, Stakeholders Expressed Positive Views of SBIRT

In general, focus group participants described positive experiences with the implementation of SBIRT at their sites. Many of these same participants reported being skeptical about SBIRT at the outset but having changed their views over time. However, a few participants, primarily from one site, expressed on-going concerns about the SBIRT approach.

Many Stakeholders Reported Strong Support for SBIRT. Participants from half of the sites expressed strong support for the SBIRT approach, with one participant stating that she had been supportive “from day one,” another reporting that she “love[s] it,” and yet another indicating that she has had “nothing but a positive experience.” These same participants reiterated many of the same successes described above, but also reported that SBIRT has helped providers to feel more confident about their ability to address patient substance use and work more effectively specifically with new patients.

Initial Skepticism Often Overcome During Implementation. Many participants reported having doubts about the appropriateness and effectiveness of SBIRT at the outset. Specifically, participants at seven of the eight sites reported having initial concerns about SBIRT implementation. Some of the specific concerns described include:

- the amount of paperwork associated with SBIRT;
- redundancy with practices and processes already in use;
- structure of the screening tool and questions; and
- fit with the needs of the HIV positive patient population.

However, despite these initial reservations, most of these same participants indicated that their concerns had generally been addressed and they are currently supportive of SBIRT.

Minority of Stakeholders Have Reservations About SBIRT. A few focus group and interview discussion participants expressed some persistent concerns about the SBIRT model. These individuals expressed frustration with the format of the tool, both the general content and the specific questions, feeling that it does not allow for organic communication about clients’

substance abuse, is not very "client-friendly," and is difficult to integrate into existing practice. While these concerns do mirror some of the challenges described above, it is worthwhile to note that they were expressed by a significant minority of participants (4/39 participants from 3 sites).

Participating Sites Offered Suggestions for Successful SBIRT Implementation

Reinforcing many of the successes and challenges discussed above, stakeholders offered a range of suggestions for successful implementation of the SBIRT model by sites serving HIV positive patients.

Obtain Staff Buy-in and Foster Staff Capacity. As mentioned previously, participants repeatedly underscored the importance of obtaining staff buy-in and commitment prior to SBIRT implementation. The commitment of staff to SBIRT goals and values coupled with staff collaboration were thought to contribute to fluid and sustainable implementation of SBIRT. In addition to commitment, participants highlighted the value of having dedicated and well-trained staff available to support SBIRT implementation. Specifically, participants at two sites explicitly encouraged having "dedicated" staff responsible for SBIRT; participants at an additional three sites emphasized the general need to have appropriate and well-prepared staff in place to support patients. Participants also stressed the importance of staff training, not only to educate, but also to prepare, staff for the case-specific situations they might encounter during client visits. Specific training topics identified include substance abuse counseling, particularly Certified Addiction Counselor trainings; working with moderate users; Motivational Interviewing; harm-reduction; and cultural competency. Participants at one site also suggested shadowing a health educator or other staff person experienced in using the SBIRT approach to see how the model works in practice.

Establish Clear Processes and Protocols. Participants also offered a variety of suggestions about *how* to implement SBIRT at the site-level. Specifically, multiple sites offered advice about when to conduct the Brief Screen, with two sites stressing the importance of doing the Brief Screen with clients one-on-one, rather than asking clients to fill it out independently. A third site suggested that the screen not be conducted at the patients' initial visit, but delayed until the patient is more established. Relatedly, four sites stressed the need to carefully consider how to fully integrate SBIRT, including both the tools and the staff responsible for screening, into patient flow at the site. Finally, some participants mentioned the importance of establishing

working technology and data collection practices to enable tracking of and follow-up with patients.

Establish an Effective Referral Network. Participants from six of the eight sites emphasized the importance of having sufficient referral options and resources available to meet patient needs. As was mentioned above, inadequate referral resources can limit a site's ability to ensure that patients receive the supports that they need.

Stakeholders Expressed Mixed Views About the Application of SBIRT to Depression and Anxiety, and for HIV Prevention

Stakeholders offered relatively limited, though sometimes pointed, feedback about the possibility of implementing the SBIRT model to address depression and anxiety, and in HIV prevention programs. Stakeholders at five of the eight sites expressed support for the application of SBIRT to the identification of patients struggling with depressing or anxiety; support for use for HIV prevention was more mixed. Many of the concerns expressed echo the implementation challenges described above.

a) Use of SBIRT to Assess Depression or Anxiety. While participants at five of the eight sites expressed strong support for a tool that would help them more systematically assess client needs around depression or anxiety, they also identified some potential barriers.

Staff Capacity to Handle Patients who Screen Positive. Participants stressed the importance of having staff that are knowledgeable about how to work with clients struggling with depression or anxiety. These participants felt strongly that it would be irresponsible to screen for depression or anxiety without first ensuring that the facility and its staff are adequately prepared to connect patients that screen positive with the resources that they need. This concern was particularly strong with respect to patients identified as at-risk for suicide.

Local Referral Resources Available to Support Patient Needs. Consistent with the challenges and advice outlined above, participants emphasized the importance of having necessary referral resources available to address depression and anxiety in their client populations. Participants expressed concerns about screening for depression or anxiety

without first working to cultivate new and on-going relationships with mental health providers willing to support clients in need.

Length of Screening Tool. Participants at six sites were curious about the structure of the screening tool, particularly its length. Three of these specifically indicated that they thought it could work only if the tool were quite brief; two expressed concerns about time management associated with adding questions to their current screening processes.

b) Use of SBIRT for HIV Prevention. Responses to the question about implementing SBIRT in settings that serve those at-risk for HIV infection were brief and limited because many staff members have limited knowledge and experience in prevention settings. The most common concerns expressed related to how patients would be selected for screening and/or how access to at-risk patients would be obtained, including how well a screening tool could accommodate the different types of individuals considered at-risk for HIV (e.g., individuals at-risk due to sexual behaviors versus intravenous drug use, or men versus women). Participants also reiterated some of the challenges mentioned above, including availability of referral resources, as well as staff knowledge and time.

Section Two Results: Provider Questionnaire

Provider questionnaires were completed by 34 of the 39 focus group and interview discussion participants. Those who did not complete the questionnaire had to leave the discussion sessions early due to job demands. The number of participants from each site is included in the table below.

Provider Questionnaire Participants

Site	N	%
Beacon Center for Infectious Disease	2	5.9%
Children's Hospital Immunodeficiency Program	10	29.4%
Denver Health Infectious Disease Clinic	4	11.8%
Denver Health Primary Care Clinic	4	11.8%
Northern Colorado AIDS Project	7	20.6%
Southern Colorado AIDS Project	2	5.9%
University Hospital Infectious Disease Clinic	3	8.8%
Western Colorado Collaborative Care Clinic	2	5.9%
Total	**34**	**100.0%**

The frequency of participant responses to each of the 8 items is presented in the following tables. The eight items assessed providers' perceptions of the degree to which SBIRT is being implemented as intended in the site (i.e., screening all new patients and re-screening annually, using validated tools, providing brief interventions using motivational techniques and providing referrals when appropriate, documenting results, and staff clarity of roles and responsibilities). Overall, results indicated that participants agreed that SBIRT processes were being implemented as intended. The majority responded they 'strongly agreed' or 'agreed' with all of the items. All of the participants (100%) either 'strongly agreed' or 'agreed' with two of the items (items 3 and 6 below on using validated tools and providing referrals). The lowest proportion of participants 'strongly agreeing' or 'agreeing' with an item was 81.9% (item 4 below, receiving a brief intervention during the same visit) and 82.4% either 'strongly agreed' or 'agreed' with the item on staff support for SBIRT.

Provider Questionnaire - Item 1

All new patients/clients are screened for tobacco, alcohol, and other drugs during intake at my site.		
Response	**N**	**%**
Strongly Agree	16	47.1
Agree	13	38.2
Disagree	2	5.9
Strongly Disagree	3	8.8
Total	**34**	**100.0**

Provider Questionnaire - Item 2

All patients/clients are rescreened annually for tobacco, alcohol, and other drugs at my site.		
Response	**N**	**%**
Strongly Agree	17	50.0
Agree	15	44.1
Disagree	2	5.9
Strongly Disagree	0	0.0
Total	**34**	**100.0**

Provider Questionnaire - Item 3

Patients/clients are screened using validated tools, such as the brief screen or ASSIST, at my site.		
Response	**N**	**%**
Strongly Agree	20	60.6
Agree	13	39.4
Disagree	0	0.0
Strongly Disagree	0	0.0
Total	**33**	**100.0**
Note: One participant did not respond to this item.		

Provider Questionnaire - Item 4

All patients/clients who screen positive receive a brief intervention during the same visit.		
Response	**N**	**%**
Strongly Agree	12	36.4
Agree	15	45.5
Disagree	5	15.2
Strongly Disagree	1	3.0
Total	**33**	**100.0**
Note: One participant did not respond to this item.		

Provider Questionnaire - Item 5

Motivational interviewing techniques are used during the brief intervention at my site.		
Response	**N**	**%**
Strongly Agree	16	47.1
Agree	15	44.1
Disagree	3	8.8
Strongly Disagree	0	0.0
Total	**34**	**100.0**

Provider Questionnaire - Item 6

Patients/clients who need treatment are provided appropriate referrals to treatment services.		
Response	**N**	**%**
Strongly Agree	10	30.3
Agree	23	69.7
Disagree	0	0.0
Strongly Disagree	0	0.0
Total	**33**	**100.0**
Note: One participant did not respond to this item.		

Provider Questionnaire - Item 7

All staff at my site understand SBIRT and/or play a role in supporting the SBIRT program.		
Response	**N**	**%**
Strongly Agree	9	26.5
Agree	19	55.9
Disagree	6	17.6
Strongly Disagree	0	0.0
Total	**34**	**100.0**

Provider Questionnaire - Item 8

All SBIRT results are consistently documented in our recored keeping system at my site.		
Response	**N**	**%**
Strongly Agree	17	51.5
Agree	15	45.5
Disagree	1	3.0
Strongly Disagree	0	0.0
Total	**33**	**100.0**
Note: One participant did not respond to this item.		

Section Three Results: Client/Patient Questionnaire

Client/patient questionnaires were completed by 119 clients/patients. University Hospital Infectious Disease Clinic and Western Colorado Collaborative Care Clinic did not collect data from clients/patients. A staff member at University Hospital Infectious Disease Clinic contacted OMNI stating they were unable to conduct any SBIRT screenings during the data collection period due to staff shortages. The number of participants from each site is included in the table below. Please note that combined more than 80% of the participants were from Denver Health Infectious Disease Clinic and Southern Colorado AIDS Project.

Client/Patient Questionnaire Participants

Site	N	%
Beacon Center for Infectious Disease	8	6.7
Children's Hospital Immunodeficiency Program	3	2.5
Denver Health Infectious Disease Clinic	71	59.7
Denver Health Primary Care Clinic	3	2.5
Northern Colorado AIDS Project	7	5.9
Southern Colorado AIDS Project	27	22.7
University Hospital Infectious Disease Clinic	0	0.0
Western Colorado Collaborative Care Clinic	0	0.0
Total	**119**	**100.0**

Overall Client/Patient Questionnaire Results

Clients/patients were asked six questions about their perceptions of the screening process, such as their level of comfort with being asked substance use questions, and their perceptions of the benefits of SBIRT. The frequency of participant responses to each of the 6 items is presented in the following tables. Overall, participants had positive perceptions of the SBIRT process. The majority responded they ‘strongly agreed’ or ‘agreed’ with 5 of the 6 items. All of the participants (100%) selected either ‘strongly agree’ or ‘agree’ for item 1, indicating that staff were respectful when asking questions about substance use behaviors.

The lowest proportion of participants marking ‘strongly agree’ or ‘agree’ for an item was 38.7% (item 3 below). This specific item asked participants to respond to the following statement, “I was surprised that my alcohol/drug/tobacco use was discussed at this appointment.” The fact that the majority of participants (61.4%) either ‘disagreed’ or ‘strongly disagreed’ with the

statement indicates that clients/patients were not surprised that substance use was discussed during their appointment, which can be interpreted as a positive response.

Item 5 asked the degree to which participants agreed with the following statement “The alcohol/drug/tobacco use information discussed during this appointment made me think differently about my alcohol/drug/tobacco use.” Although the majority of participants selected either ‘strongly agree’ or ‘agree’ for item 5 (64.2%), it is worth noting that agreement with this item was considerably lower than for the other items, with the exception of item 3 which was discussed previously. It is possible that those who were not engaging in risky use did not have ‘cause’ to think differently about their use. After presentation of the findings below, results are presented separately for those who were engaging in risky use and were provided a brief intervention and for those who screened negative.

Client/Patient Questionnaire - Item 1

Staff at this site were sensitive and respectful when asking me questions about my alcohol/drug/tobacco use.		
Response	**N**	**%**
Strongly Agree	91	76.5
Agree	28	23.5
Disagree	0	0.0
Strongly Disagree	0	0.0
Total	**119**	**100.0**

Client/Patient Questionnaire - Item 2

I am glad that my alcohol/drug/tobacco use was discussed at this appointment.		
Response	**N**	**%**
Strongly Agree	52	44.4
Agree	58	49.6
Disagree	4	3.4
Strongly Disagree	3	2.6
Total	**117**	**100.0**
Note: Two participants did not respond to this item.		

Client/Patient Questionnaire - Item 3

I was surprised that my alcohol/drug/tobacco use was discussed at this appointment.		
Response	**N**	**%**
Strongly Agree	14	11.8
Agree	32	26.9
Disagree	59	49.6
Strongly Disagree	14	11.8
Agree	**119**	**100.0**

Client/Patient Questionnaire - Item 4

I was comfortable discussing my alcohol/drug/tobacco use with staff at this site.		
Response	**N**	**%**
Strongly Agree	65	54.6
Agree	49	41.2
Disagree	3	2.5
Strongly Disagree	2	1.7
Agree	**119**	**100.0**

Client/Patient Questionnaire - Item 5

The alcohol/drug/tobacco use information discussed during this appointment made me think differently about my alcohol/drug/tobacco use.		
Response	**N**	**%**
Strongly Agree	32	27.4
Agree	43	36.8
Disagree	38	32.5
Strongly Disagree	4	3.4
Total	**117**	**100.0**
Note: Two participants did not respond to this item.		

Client/Patient Questionnaire - Item 6

Other patients/clients would benefit from discussing their alcohol/drug/tobacco use with site staff.		
Response	**N**	**%**
Strongly Agree	56	47.5
Agree	57	48.3
Disagree	5	4.2
Strongly Disagree	0	0.0
Total	**118**	**100.0**
Note: One participants did not respond to this item.		

Client/Patient Questionnaire Results by Screening Outcome

Clinic and site staff were instructed to indicate each client/patient's screening outcome at the bottom of the client/patient questionnaire. Of the 119 returned client/patient questionnaires, the screening outcome status was missing from 24 questionnaires, which resulted in screening outcome data for 95 of the 119 participants (79.8%). The frequency of screening results is included in the table below.

Screening Outcome Categories

Screening Result		
Response	**N**	**%**
Screened Only	51	53.7
Brief Intervention	41	43.1
Referral to Treatement	3	3.2
Total	**95**	**100.0**
Note: 24 questionnaires did not contain this information.		

The above screening results categories were combined to create two categories for additional analyses. The 'Screened Only' category was renamed the 'Negative' category (53.7%), while 'Brief Intervention' and 'Referral to Treatment' were combined to create the 'Positive' category (46.3%).

The table below includes the frequency and proportions of clients/patients who screened 'Negative' and 'Positive' at each site. University Hospital Infectious Disease Clinic and Western Colorado Collaborative Care Clinic did not collect data from clients/patients. Children's Hospital Immunodeficiency Program and Denver Health Primary Care Clinic did not indicate

client/patient screening results on the questionnaires they returned for analyses. Therefore, the following data tables will represent findings from 4 of the 8 sites.

Screening Outcomes by Site

Site	Positive		Negative	
	N	%	N	%
Beacon Center for Infectious Disease	3	6.8	5	9.8
Children's Hospital Immunodeficiency Program	0	0.0	0	0.0
Denver Health Infectious Disease Clinic	31	70.5	35	68.6
Denver Health Primary Care Clinic	0	0.0	0	0.0
Northern Colorado AIDS Project	1	2.3	6	11.8
Southern Colorado AIDS Project	9	20.5	5	9.8
University Hospital Infectious Disease Clinic	0	0.0	0	0.0
Western Colorado Collaborative Care Clinic	0	0.0	0	0.0
Total	**44**	**100.0**	**51**	**100.0**

The frequency of participant responses by screening outcome to each of the 6 items is presented in the following tables. Participants in both screening categories had positive perceptions of the SBIRT process. The majority responded they ‘strongly agreed’ or ‘agreed’ with 5 of the 6 items. All of the participants (100%) selected either ‘strongly agree’ or ‘agree’ for item 1, indicating that clients perceived the staff as sensitive irrespective of their pattern of substance use.

Item 3 had the lowest proportion of participants in both categories marking ‘strongly agree’ or ‘agree’ (36.4% of those in the ‘Positive’ category, 33.3% of those in the ‘Negative’ category). As discussed previously, this specific item asked participants to respond to the following statement, “I was surprised that my alcohol/drug/tobacco use was discussed at this appointment.” The fact that the majority of participants in both screening categories (63.6% of those who screened ‘Positive’, 66.6% of those who screened ‘Negative’) either ‘disagreed’ or ‘strongly disagreed’ with the statement indicates that clients/patients were not surprised that substance use was discussed during their appointment, which can be interpreted as a positive response.

Item 5 asked clients/patients to indicate their agreement with the following statement, “The alcohol/drug/tobacco use information discussed during this appointment made me think differently about my alcohol/drug/tobacco use.” Although the majority of participants in both screening categories selected either ‘strongly agree’ or ‘agree’ for this item (68.2% of those who

screened ‘Positive’, 55.1% of those who screened ‘Negative’), it is worth noting that agreement with this item was considerably lower than for the other items. In addition, the proportion of those agreeing with this statement that screened ‘Positive’ was approximately 13% higher than those who screened ‘Negative’. This indicates that just over two-thirds of patients engaging in risky substance use behaviors were thinking differently about their use after receiving SBIRT. It is also interesting that more than one-half of respondents that did not screen positive about their use indicated agreement with the statement about re-thinking their use.

Client/Patient Questionnaire by Screening Outcome - Item 1

Staff at this site were sensitive and respectful when asking me questions about my alcohol/drug/tobacco use.				
	Positive		Negative	
Responses	**N**	**%**	**N**	**%**
Strongly Agree	36	81.8	38	74.5
Agree	8	18.2	13	25.5
Disagree	0	0.0	0	0.0
Strongly Disagree	0	0.0	0	0.0
Total	**44**	**100.0**	**51**	**100.0**

Client/Patient Questionnaire by Screening Outcome - Item 2

I am glad that my alcohol/drug/tobacco use was discussed at this appointment.				
	Positive		Negative	
Responses	**N**	**%**	**N**	**%**
Strongly Agree	22	51.2	21	42.0
Agree	19	44.2	26	52.0
Disagree	2	4.7	1	2.0
Strongly Disagree	0	0	2	4.0
Total	**43**	**100**	**50**	**100.0**
Note: Two participants did not respond to this item.				

Client/Patient Questionnaire by Screening Outcome - Item 3

I was surprised that my alcohol/drug/tobacco use was discussed at this appointment.				
	Positive		Negative	
Responses	N	%	N	%
Strongly Agree	7	15.9	4	7.8
Agree	9	20.5	13	25.5
Disagree	25	56.8	25	49.0
Strongly Disagree	3	6.8	9	17.6
Total	**44**	**100.0**	**51**	**100.0**

Client/Patient Questionnaire by Screening Outcome - Item 4

I was comfortable discussing my alcohol/drug/tobacco use with staff at this site.				
	Positive		Negative	
Responses	N	%	N	%
Strongly Agree	23	52.3	30	58.8
Agree	19	43.2	19	37.3
Disagree	2	4.5	0	0.0
Strongly Disagree	0	0.0	2	3.9
Total	**44**	**100.0**	**51**	**100.0**

Client/Patient Questionnaire by Screening Outcome - Item 5

The alcohol/drug/tobacco use information discussed during this appointment made me think differently about my alcohol/drug/tobacco use.				
	Positive		Negative	
Responses	N	%	N	%
Strongly Agree	14	31.8	12	24.5
Agree	16	36.4	15	30.6
Disagree	13	29.5	20	40.8
Strongly Disagree	1	2.3	2	4.1
Total	**44**	**100.0**	**49**	**100.0**

Note: Two participants did not respond to this item.

Client/Patient Questionnaire by Screening Outcome - Item 6

Other patients/clients would benefit from discussing their alcohol/drug/tobacco use with site staff.				
	Positive		Negative	
Responses	N	%	N	%
Strongly Agree	22	50	24	47.1
Agree	20	45.5	25	49.0
Disagree	2	4.5	2	3.9
Strongly Disagree	0	0.0	0	0.0
Total	**44**	**100.0**	**51**	**100.0**

Summary

The goal of evaluation efforts was to better understand SBIRT implementation in HIV clinics and AIDS service organizations. First, discussions with providers were conducted to assess success, challenges, and barriers of SBIRT implementation in these settings. In addition, providers were asked their perceptions about expanding SBIRT to screen for mental health issues in HIV positive individuals and in programs serving individuals at-risk for HIV. Second, providers were surveyed to assess the degree to which SBIRT was currently being implemented as intended in their sites. Finally, patients/clients were surveyed to assess their perceptions of the SBIRT process, including their comfort with being screened and their perceptions of the utility of SBIRT.

Results from focus groups with providers in settings serving HIV positive individuals were very similar to those found in the other settings evaluated through the larger SBIRT Colorado initiative (e.g., primary care clinics, adult urgent care clinics, and hospitals). For example, providers described several positive impacts of SBIRT implementation at their sites including improved service delivery and more open relationships with patients. Many of the providers reported being skeptical about SBIRT at the outset but having changed their views over time. Some of the challenges with SBIRT implementation noted in these sites also echoed challenges found in other healthcare settings such as obtaining buy-in from all staff, a lack of resources to which they can refer patients once needs are identified, and struggles to integrate SBIRT into existing site processes. They also offered suggestions for other sites considering SBIRT implementation. Their suggestions included obtaining staff buy-in and fostering staff capacity, establishing clear processes and protocols, and ensuring sufficient referral resources to meet

patient needs. One additional theme of note that emerged in these focus groups was the positive perception that SBIRT has lead to a greater emphasis on tobacco use among patients. Providers in this study were also asked about expanding the SBIRT model to screen for mental health and in programs serving patients at-risk for HIV. Providers expressed mixed views about the addition of depression and anxiety screening to SBIRT and implementing SBIRT in HIV Prevention sites. Concerns about adding depression and anxiety to SBIRT centered on staff capacity to handle patients who screen positive for depression or anxiety, having sufficient referral services to address patient needs, and length of the screening tool. The most common concerns expressed for implementing SBIRT in settings targeting those at-risk for HIV infection related to how patients would be selected for screening and/or how access to at-risk patients would be obtained, including how well a screening tool could accommodate the different types of individuals considered at-risk for HIV (e.g., individuals at-risk due to sexual behaviors versus intravenous drug use, or men versus women).

Provider responses on questionnaires indicated that at a broad level SBIRT was being implemented as intended at their sites. The vast majority of providers who completed the questionnaire reported that all new patients were being screened, patients were being re-screened annually, validated screening tools were being used, brief interventions were being provided using motivational techniques when individuals screened positive, referrals were being provided when appropriate, staff understood and were supportive of SBIRT, and that screening data were being documented. Nonetheless, approximately 5-6 providers (14-18% of those surveyed) disagreed with the statements that their site screened all new patients, provided a brief intervention during the same visit to those screening positive, and that staff in their site supported SBIRT, suggesting that follow-up may help some sites better implement SBIRT.

Overall clients/patients had positive experiences with the SBIRT process. The majority responded that they were treated with respect when asked substance use questions, they were comfortable discussing their substance use, and they were not surprised that they were asked questions about substance use. In addition, the majority of participants were glad they were asked about their use and thought other patients would benefit from discussing their use. When results were examined by screening outcome, participants in both screening categories had positive perceptions of the SBIRT process. Over two-thirds of individuals that screened positive for risky substance use indicated that the information discussed at the visit about their use changed how they viewed their substance use. This suggests that these individuals may be ready to change their behaviors based, in part, on receiving SBIRT services.

Taken together, evaluation results suggest SBIRT can be feasibly implemented in settings serving HIV positive individuals and will help improve the quality of care and service delivery for these individuals.

Appendix A: Focus Group Questions

1. **What have been some of the successes you have experienced in implementing SBIRT in your site?**
    a. *Probe*: Provider comments you have heard/experiences?
    b. *Probe*: Client comments you have heard/experiences?
    c. *Probe*: Brief intervention with moderate users?
    d. *Probe* (may be applied generally or to a specific issue): If this works well, what makes it work well?

2. **What have been some of the challenges you have experienced in implementing SBIRT in your site and how have you overcome them or how do you plan to overcome them?**
    a. *Probe*: Integrating into service delivery?
    b. *Probe*: Time management?
    c. *Probe*: Serving HIV+ clients?
    d. *Probe*: Brief intervention with moderate users?
    e. *Probe*: Documentation?
    f. *Probe*: Are there any challenges you do not know how to overcome?

3. **In your opinion, what resources are necessary to successfully implement SBIRT?**
    a. *Probe:* Are these resources available?
    b. *Probe:* How would these resources enhance SBIRT implementation?
    c. *Probe:* What are the training needs?
    d. *Probe:* Necessary resources vs. ideal?

4. **What are your perceptions of the SBIRT program?**
    a. *Probe:* What has shaped your perception of the SBIRT program?
    b. *Probe:* What specific events or occurrences made you feel that way?
    c. *Probe:* In what ways has SBIRT affected the staff's attitudes/behaviors?
    d. *Probe:* In what ways has SBIRT affected the client's attitudes/behaviors?
    e. *Probe:* Utility of the brief intervention?
    f. *Probe:* Using the SBIRT model with HIV+ clients?
    g. *Probe:* How have your perceptions of SBIRT changed over time?
    h. *Probe:* How would you describe your level of support for SBIRT at this time?

5. **SBIRT is considering adding depression and anxiety screening to the SBIRT model. What are your perceptions of this addition?**
    a. *Probe:* How do you feel about adding depression and anxiety screening at your site?
    b. *Probe:* How difficult would it be to implement depression and anxiety screening at your site?
    c. *Probe:* What are some of the perceived issues that come to mind regarding the implementation of depression and anxiety screening at your site?

d. *Probe:* What additional resources, if any, would you need to implement depression and anxiety screening at your site?

6. **<u>What advice would you give another HIV clinic/ASO interested in implementing SBIRT?</u>**
   a. *Probe:* What might you do the same?
   b. *Probe:* What might you do differently?

7. **<u>The APA is exploring the development of a national training for implementing SBIRT in settings that serve those at-risk for developing HIV. What do you think are some of the key factors that they should consider?</u>**
   a. *Probe:* What are some factors that should be generally considered?
   b. *Probe:* What are some of the factors specifically related to those at-risk for developing HIV?

8. **<u>FOR ASO SITES ONLY. How could SBIRT be implemented at your site to screen those at-risk for HIV infection?</u>**
   a. *Probe*: Where would screenings, brief interventions, and referrals take place?
   b. *Probe*: How would clients be screened?
   c. *Probe*: How much time will be allotted for screens? BIs? Referrals?
   d. *Probe*: How will you integrate SBIRT into your current prevention programs?
   e. *Probe*: What factors make this model ideal for your setting?
   f. *Probe*: What factors make this model challenging for your setting?

9. **<u>Is there anything else about SBIRT implementation at your site that you would like to add?</u>**

Appendix B: Provider Questionnaire

SBIRT HIV Clinic/ASO Provider Questionnaire

Directions: Read each of the following statements about SBIRT implementation at your HIV clinic/ASO carefully. Please indicate how much you agree or disagree with each statement by checking the box that most closely corresponds with your beliefs about the statement.

1. All new patients/clients are screened for tobacco, alcohol, and other drugs during intake at my site.

☐	☐	☐	☐
Strongly Disagree	Disagree	Agree	Strongly Agree

2. All patients/clients are rescreened annually for tobacco, alcohol, and other drugs at my site.

☐	☐	☐	☐
Strongly Disagree	Disagree	Agree	Strongly Agree

3. Patients/clients are screened using validated tools, such as the brief screen or ASSIST, at my site.

☐	☐	☐	☐
Strongly Disagree	Disagree	Agree	Strongly Agree

4. All patients/clients who screen positive receive a brief intervention during the same visit.

☐	☐	☐	☐
Strongly Disagree	Disagree	Agree	Strongly Agree

5. Motivational interviewing techniques are used during the brief intervention at my site.

☐	☐	☐	☐
Strongly Disagree	Disagree	Agree	Strongly Agree

6. Patients/clients who need treatment are provided appropriate referrals to treatment services.

☐	☐	☐	☐
Strongly Disagree	Disagree	Agree	Strongly Agree

7. All staff at my site understand SBIRT and/or play a role in supporting the SBIRT program.

☐	☐	☐	☐
Strongly Disagree	Disagree	Agree	Strongly Agree

8. All SBIRT results are consistently documented in our record keeping system at my site.

☐	☐	☐	☐
Strongly Disagree	Disagree	Agree	Strongly Agree

Appendix C: Client/Patient Questionnaire

Client/Patient Satisfaction Questionnaire

Directions: Read each of the following statements about your experience at the clinic today. Please indicate how much you agree or disagree with each statement by checking the box that most closely corresponds with your beliefs about the statement.

1. Staff at this site were sensitive and respectful when asking me questions about my alcohol/drug/tobacco use.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

2. I am glad that my alcohol/drug/tobacco use was discussed at this appointment.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

3. I was surprised that my alcohol/drug/tobacco use was discussed at this appointment.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

4. I was comfortable discussing my alcohol/drug/tobacco use with staff at this site.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

5. The alcohol/drug/tobacco use information discussed during this appointment made me think differently about my alcohol/drug/tobacco use.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

6. Other patients/clients would benefit from discussing their alcohol/drug/tobacco use with site staff.

☐ Strongly Disagree ☐ Disagree ☐ Agree ☐ Strongly Agree

Please Do Not Write Below Line - Site Personnel Only

SO ☐
BI ☐
RT ☐