



National Screening, Brief Intervention & Referral to Treatment

**ATTC**

Addiction Technology Transfer Center Network  
Funded by Substance Abuse and Mental Health Services Administration

# Anything Worth Doing is Worth Measuring: Evaluation of SBIRT Programs

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National SBIRT ATTC



# Learning Objectives

1. Participants will be able to identify appropriate questions for an SBIRT evaluation.
2. Participants will be able to connect potential sources of data to an SBIRT evaluation plan.
3. Participants will be able to discuss ways to apply concepts of SBIRT evaluation to their own settings.



# What is Program Evaluation?

- “The systematic collection and analysis of information about program activities, characteristics, and outcomes, to make judgments about the program, improve program effectiveness, and/or inform decisions about future program development.”
  - Merged definition (CDC, SAMHSA, AEA)



# Research vs. Evaluation

*“Research seeks to prove. Evaluation seeks to improve” ~ M.Q. Patton*



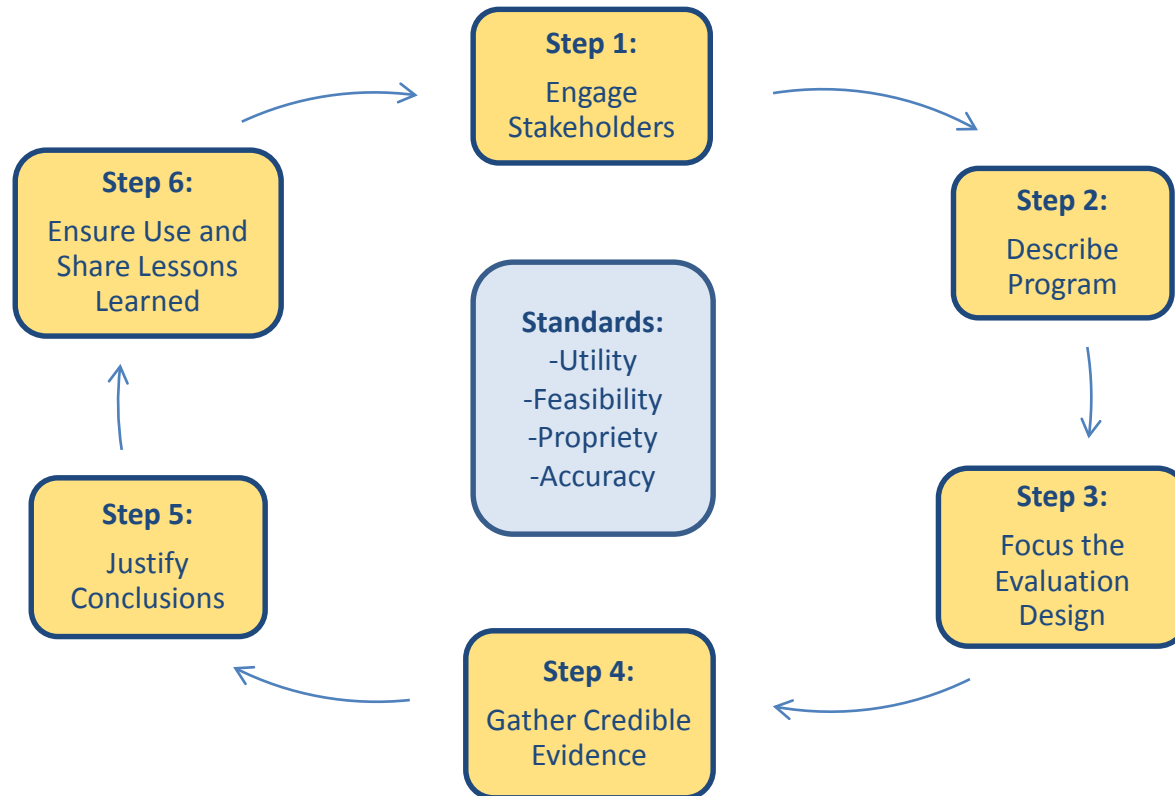
# Research vs. Evaluation

Concept	Research Principles	Program Evaluation Principles
<b>Program Planning</b>	Scientific Method	Framework for Program Evaluation
<b>Decision Making</b>	Investigator Controlled	Stakeholder Controlled
<b>Design</b>	Isolate Changes and Control Circumstances	Incorporate Changes and Include Circumstances
	Contextual Factors are Confounds	Contextual Factors are Essential Information
<b>Data Collection</b>	Limited Number of Sources	Multiple Sources Preferred
<b>Analysis</b>	Focus on Specific Variables	Integrate all Data
<b>Judgments</b>	Implicit	Explicit
<b>Use</b>	Disseminate to Interested Audiences	Feedback to Stakeholders Critical

<http://www.cdc.gov/eval/framework/>



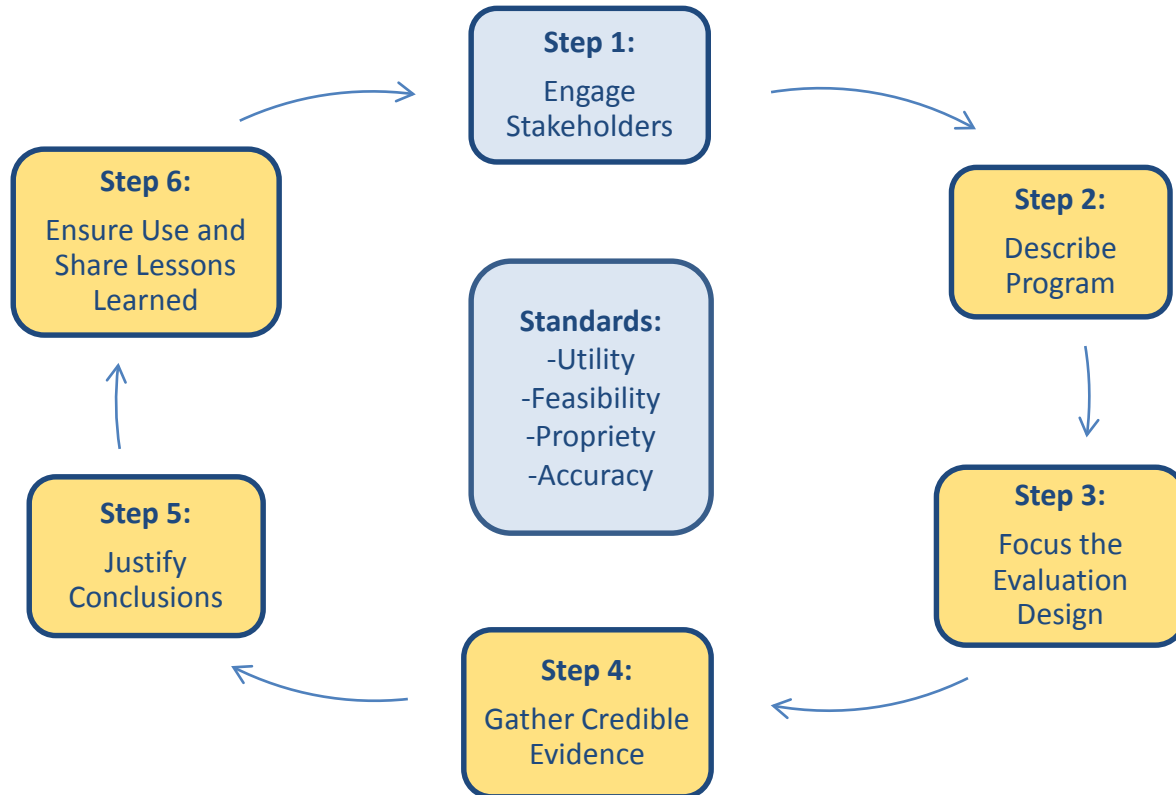
# Framework for Public Health Evaluation



<http://www.cdc.gov/eval/framework/>



# Framework for Public Health Evaluation



<http://www.cdc.gov/eval/framework/>



# Engage Stakeholders

*“There are five key variables that are absolutely critical in evaluation use. They are, in order of importance: people, people, people, people, and people.” ~ Halcolm*





# Engage Stakeholders

- **What:** Fostering participation among people who have an investment (stake) in the evaluation findings and use
- **Why:** Increase chances that evaluation will be successful and useful; Improve credibility of the evaluation



# Engage Stakeholders

- **Activities:**
  - Consulting stakeholders throughout the evaluation process
  - Making special efforts to include less powerful groups or individuals (e.g., patients)



# Engage Stakeholders

- Three major groups
  - Those involved in program operations (Management, staff, etc)
  - Those served by the program (patients, advocacy groups, etc)
  - Persons in position to make decisions about the program (partners, funding agencies, etc)

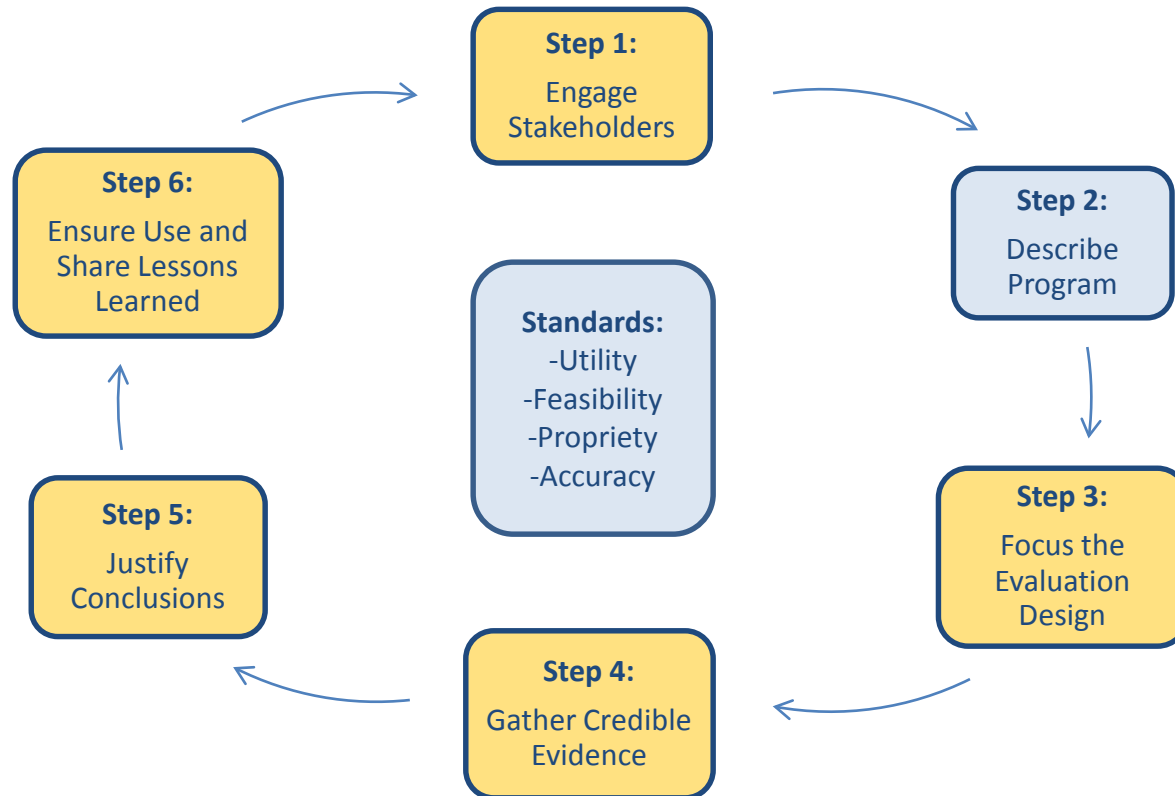


# Application to SBIRT

- Stakeholders include:
  - Representatives from all agencies involved
  - Staff members conducting screening, brief interventions and referrals
  - Insurance providers/purchasers
  - County/State representatives
  - Funding agency representatives
  - Legislators
  - Patients



# Framework for Public Health Evaluation



<http://www.cdc.gov/eval/framework/>



# Describe the Program

- **What:** Delineating components and features of the program in detail, including its role in the public health context
- **Why:** Allows a balanced evaluation of strengths and challenges in the program, and helps stakeholders understand how program features contribute to outcomes and relate to public health context



# Describe the Program

- Activities
  - Identifying needs addressed by the program
  - Constructing an explicit **logic model** to illustrate relationships between inputs, outputs and outcomes
  - Analyzing the public health context of the program



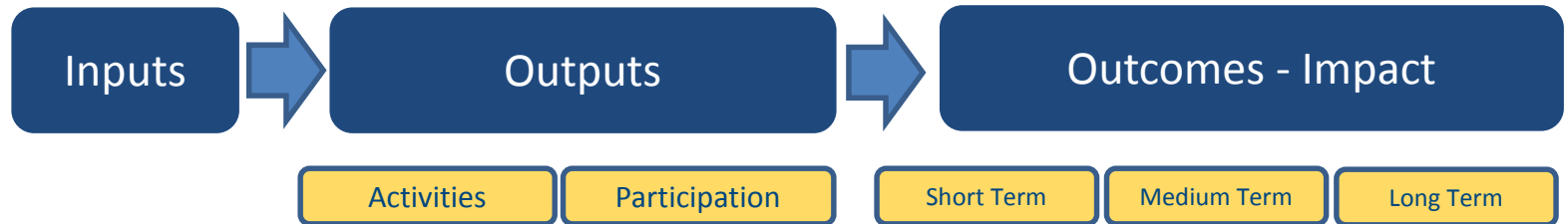
# SBIRT Logic Model





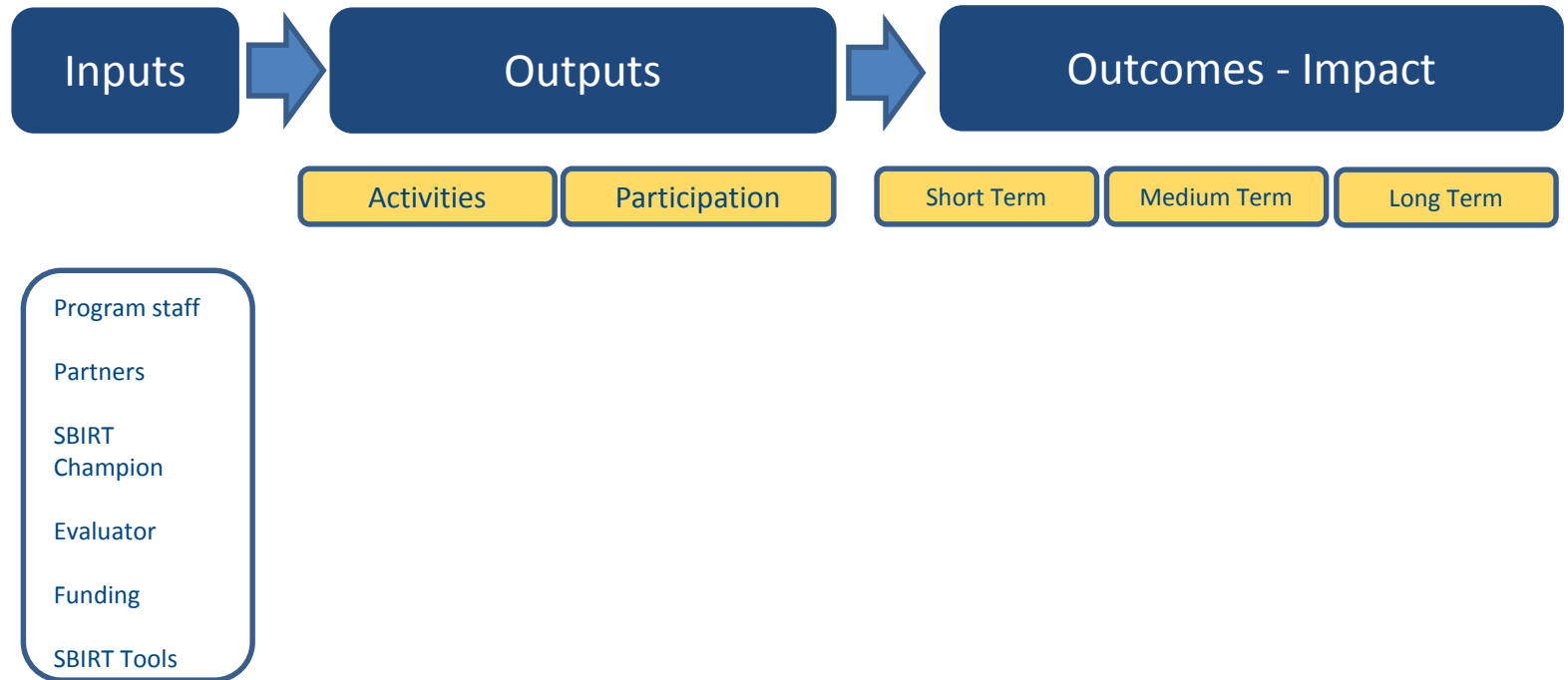


# SBIRT Logic Model



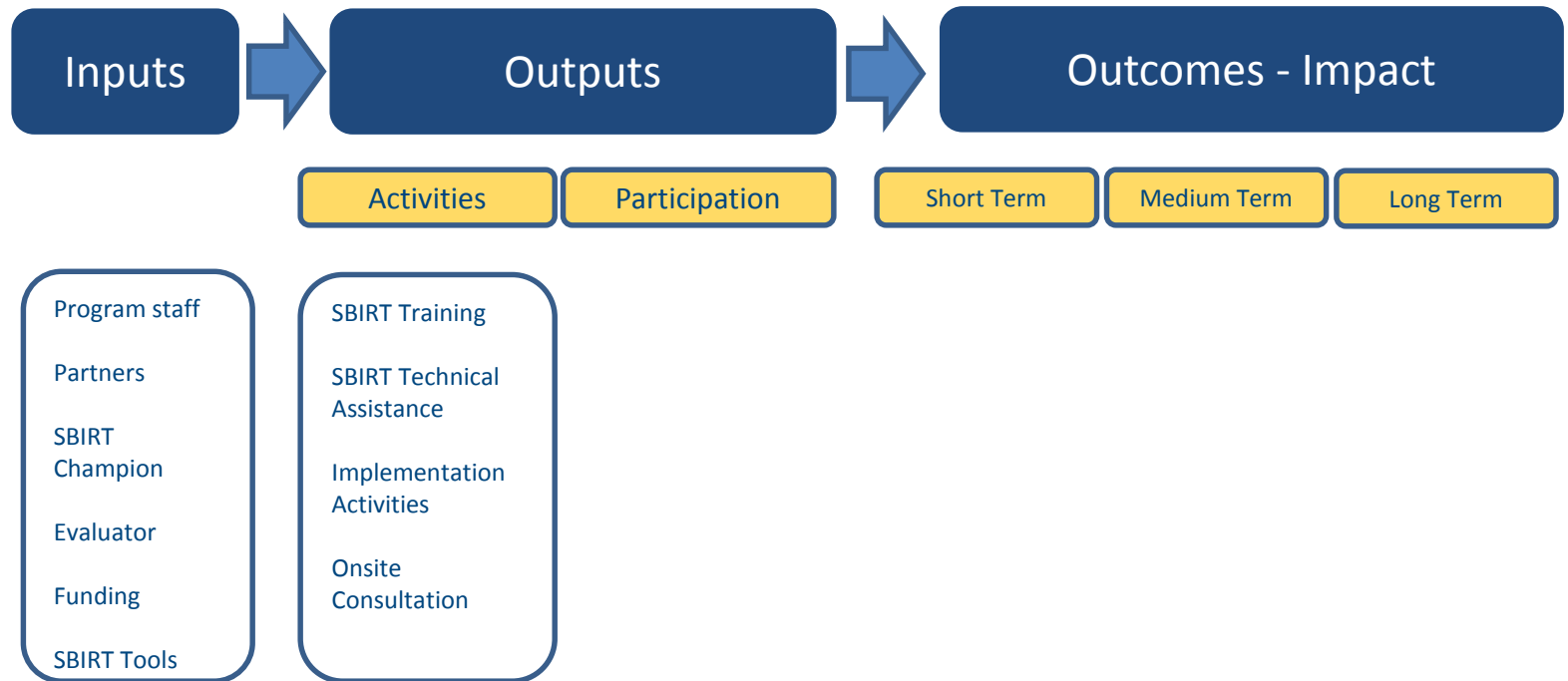


# SBIRT Logic Model



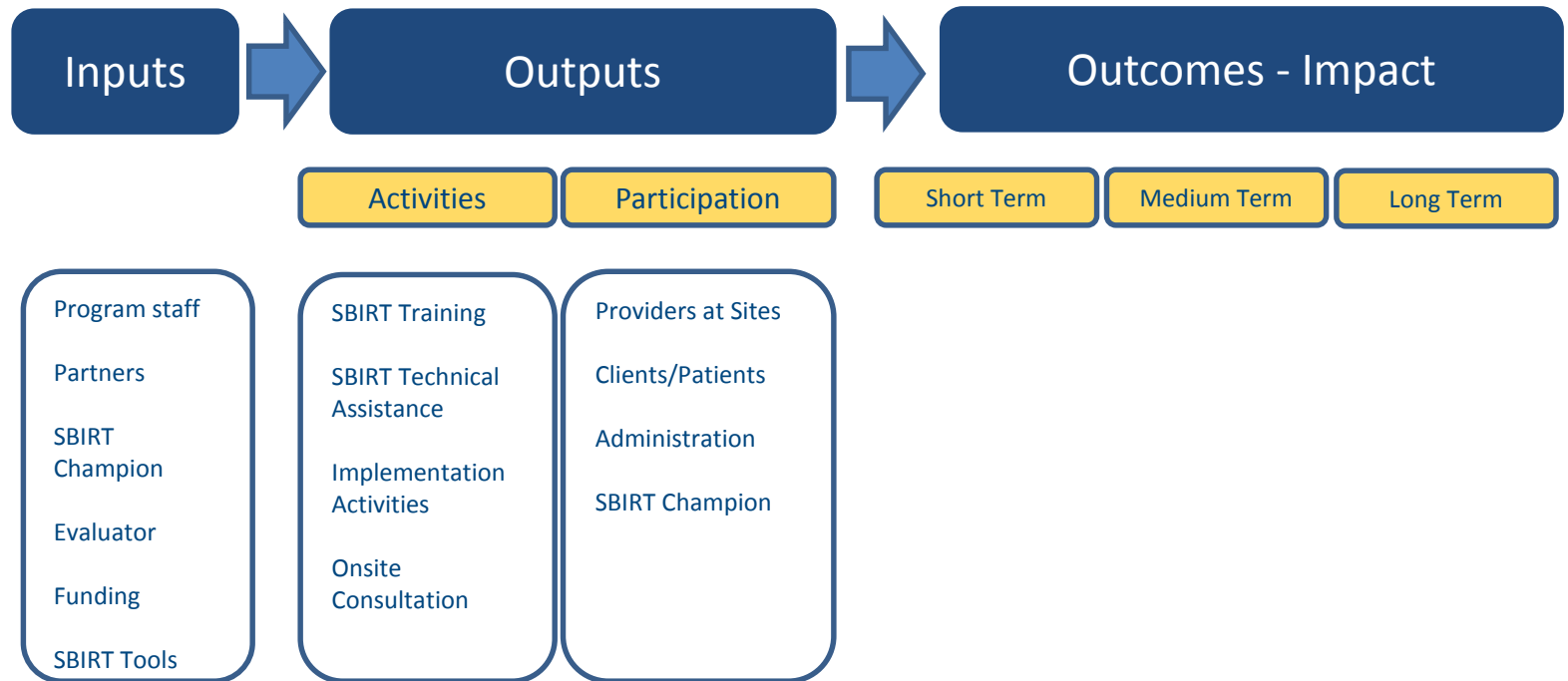


# SBIRT Logic Model



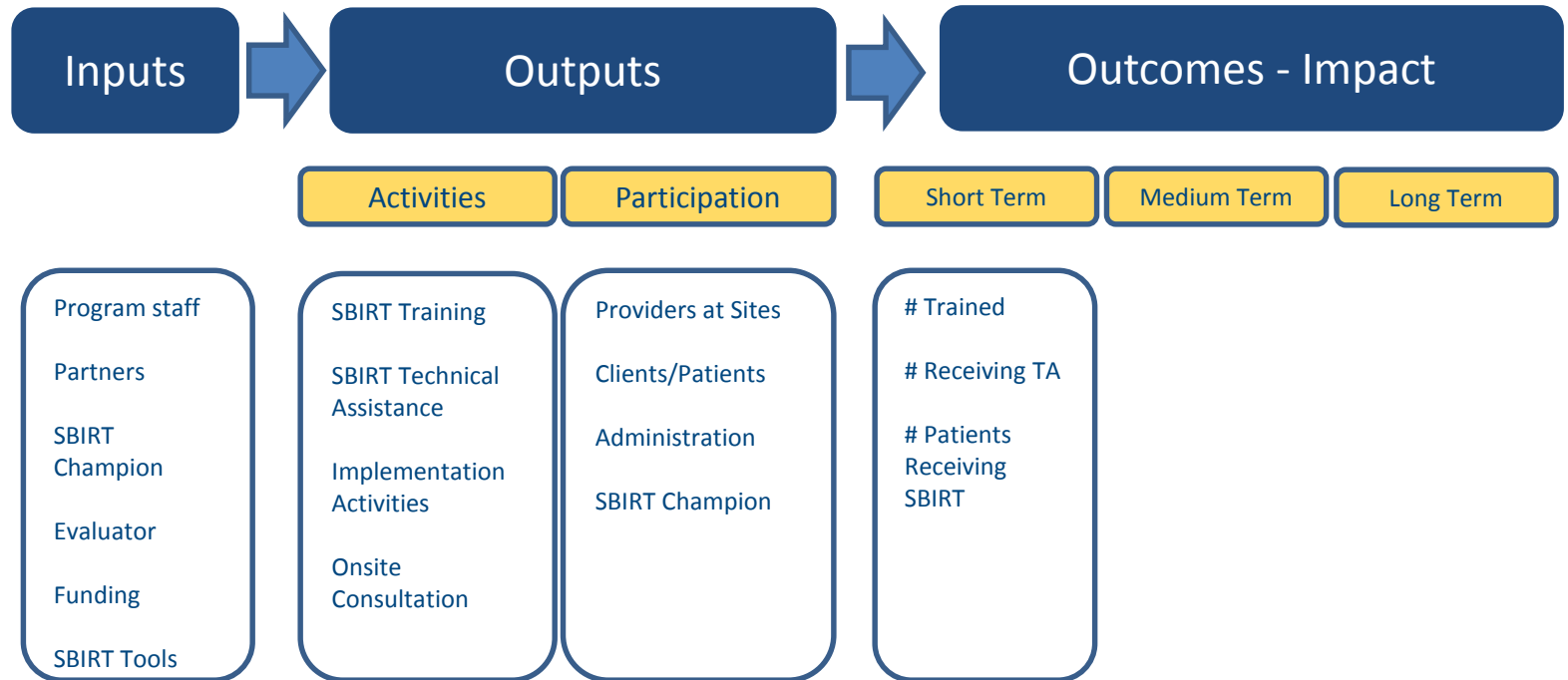


# SBIRT Logic Model



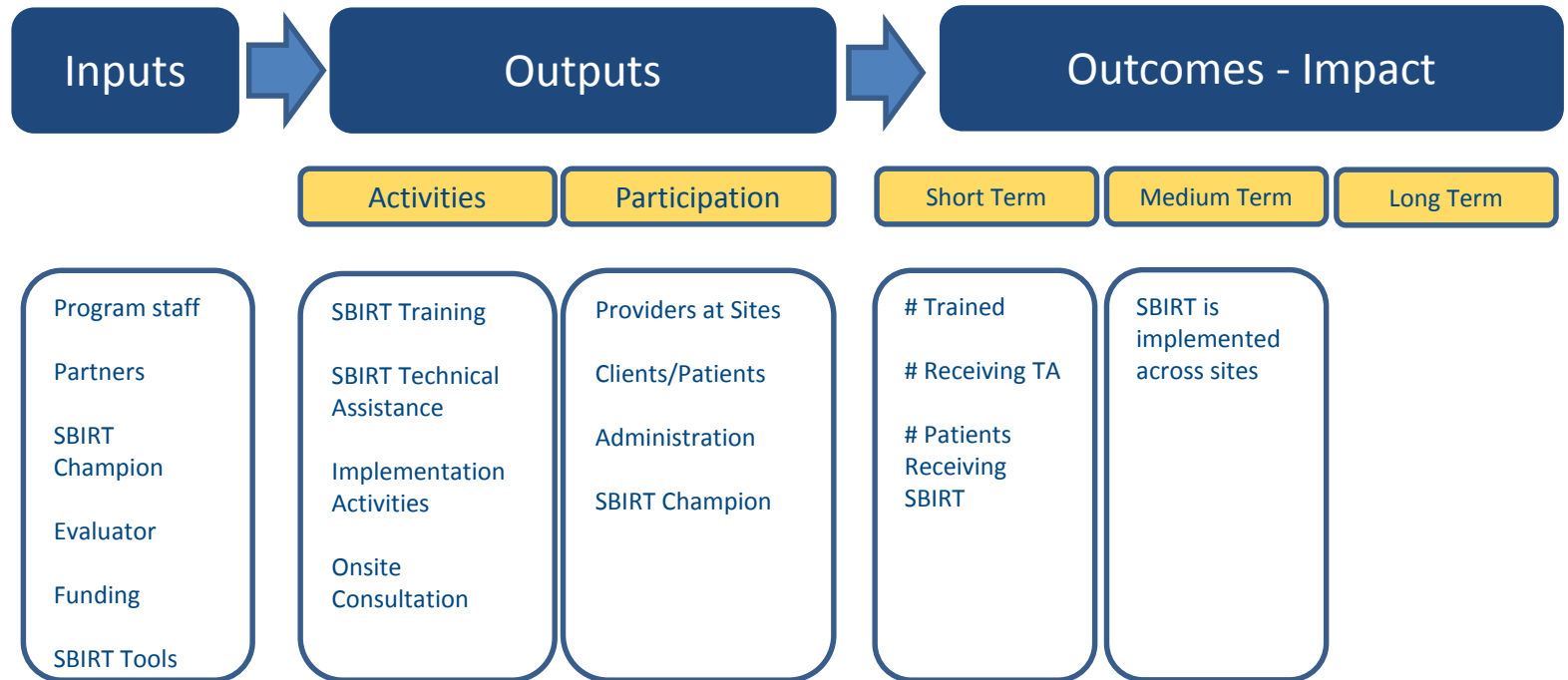


# SBIRT Logic Model



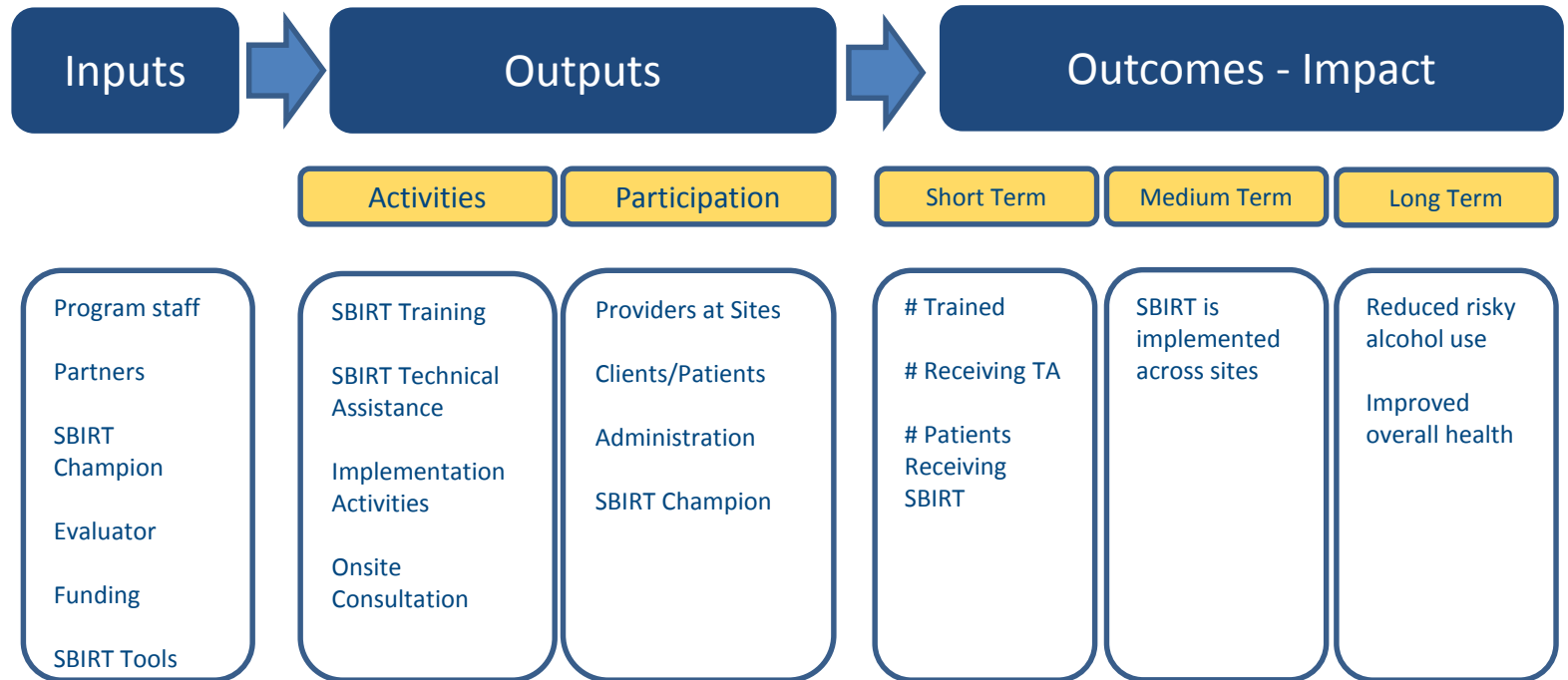


# SBIRT Logic Model



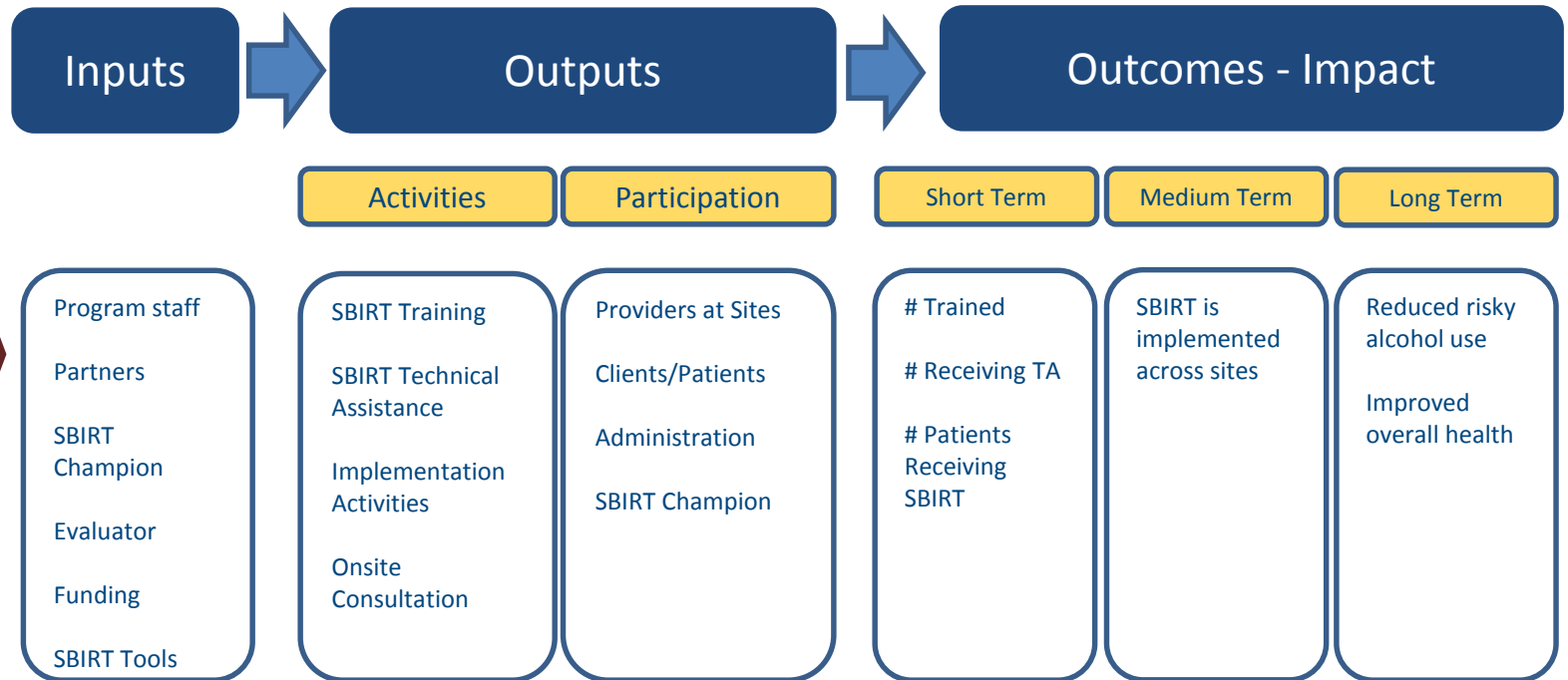


# SBIRT Logic Model





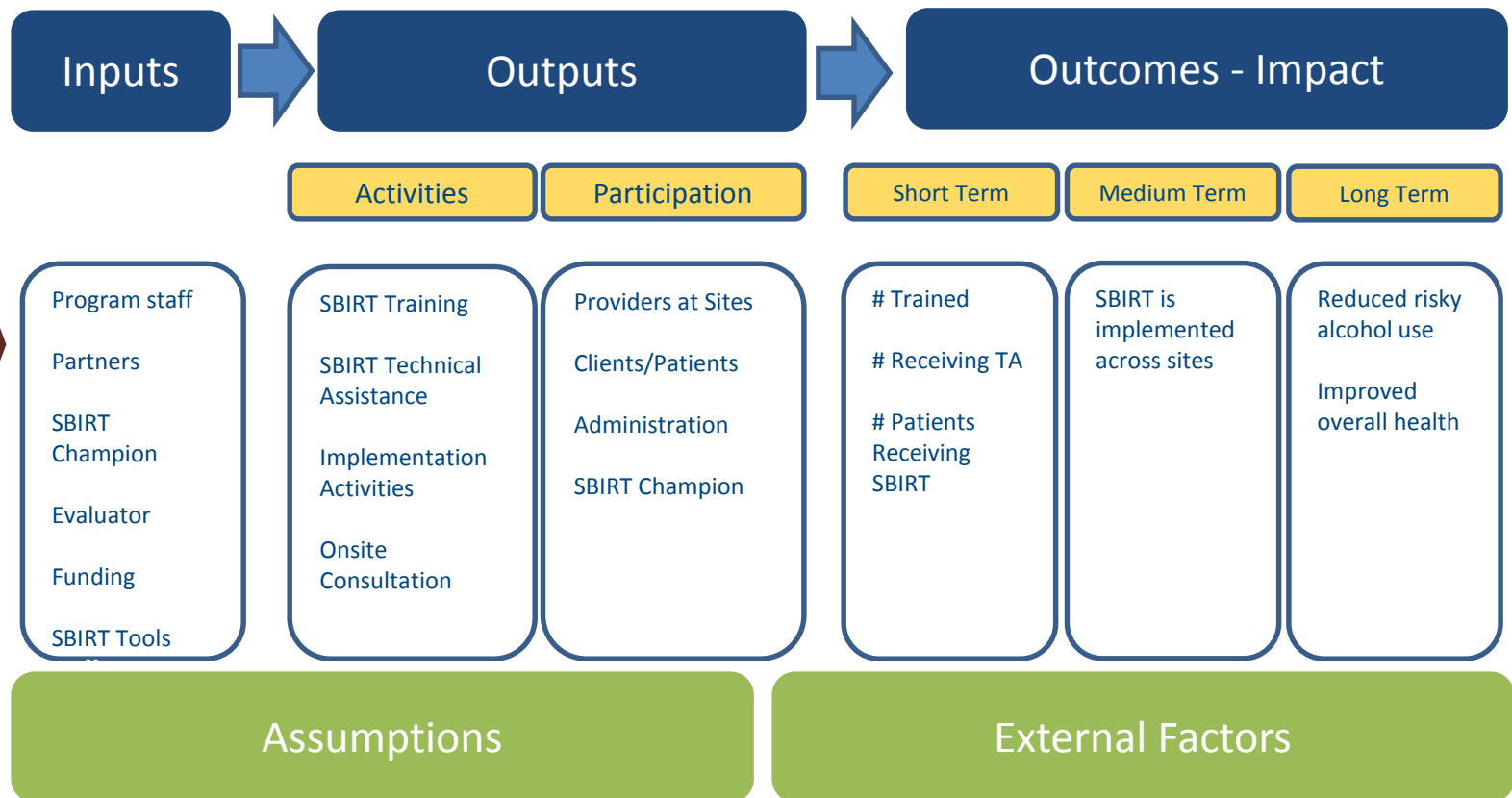
# SBIRT Logic Model







# SBIRT Logic Model





Program: \_\_\_\_\_ (name) \_\_\_\_\_ Logic Model  
Situation: \_\_\_\_\_

Inputs	Outputs		Outcomes -- Impact		
	Activities	Participation	Short	Medium	Long

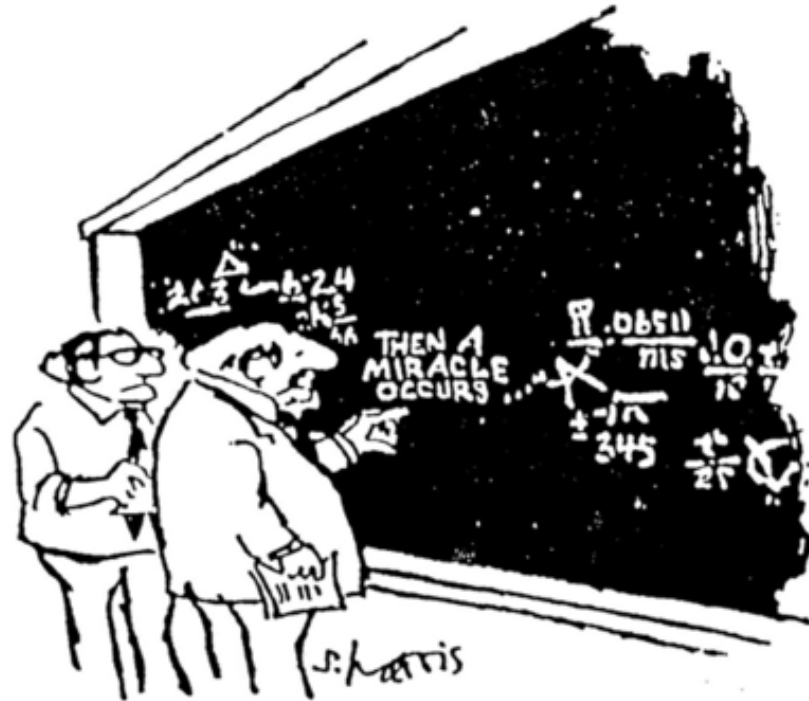
**Assumptions**

**External Factors**



# Outputs to Outcomes

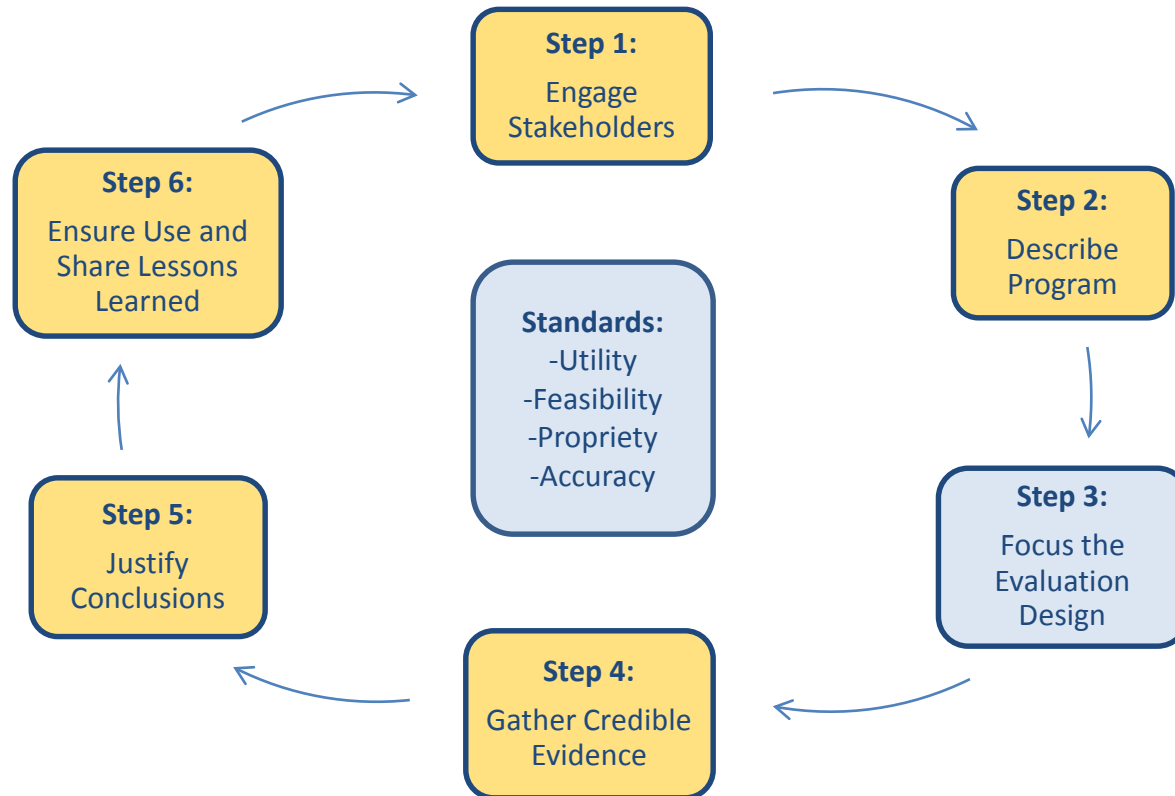
- Connection of Activities to Outcomes
- Establishing Causal Relationships
- Long Term Outcomes Not Always Measured



*"I think you should be more explicit here in Step Two."*



# Framework for Public Health Evaluation



<http://www.cdc.gov/eval/framework/>



# Focus the Evaluation Design

- Types of Evaluation
- Defining the Evaluation Questions
- Deciding on the Evaluation Design



# Types of Evaluation

- **Implementation:** Has a program been implemented as intended?
- **Effectiveness:** Has a program led to intended outcomes?

What kind of evaluation did you need?



Our 3 year project is coming to an end and were told we needed an evaluation.

What kind is that?





# Types of Evaluation

- **Efficiency:** Are programs being run with minimal use of resources?
- **Cost-Effectiveness:** Does the benefit or value of the program equal or exceed the cost?
- **Attribution:** Can outcomes be related to the program (correlation vs. causation)



# Process vs. Outcome

- Implementation is Process-Focused: Did it happen?
  - Are we administering a validated screen?
  - Do we have a process to conduct brief intervention when indicated?
- Effectiveness is Outcome-Focused: Did it make a difference?
  - Do patients reduce drinking as a result of SBIRT





# State SBIRT Projects: Process Questions

- How closely did implementation match the plan?
- What types of changes were made to the originally proposed plan?
- What led to the changes in the original plan?
- What effect did the changes have on the planned intervention and performance assessment?
- What effect did the changes have on the ability to electronically share health information through the state HIE?
- What effect did the changes have on the sustainability of the SBIRT program?
- Who provided (program staff) what services (modality, type, intensity, duration), to whom (individual characteristics), in what context (system, community), and at what cost (facilities, personnel, dollars)?
- What strategies were used to maintain fidelity to the evidence-based practice or intervention across providers over time?
- How many individuals were reached through the program?

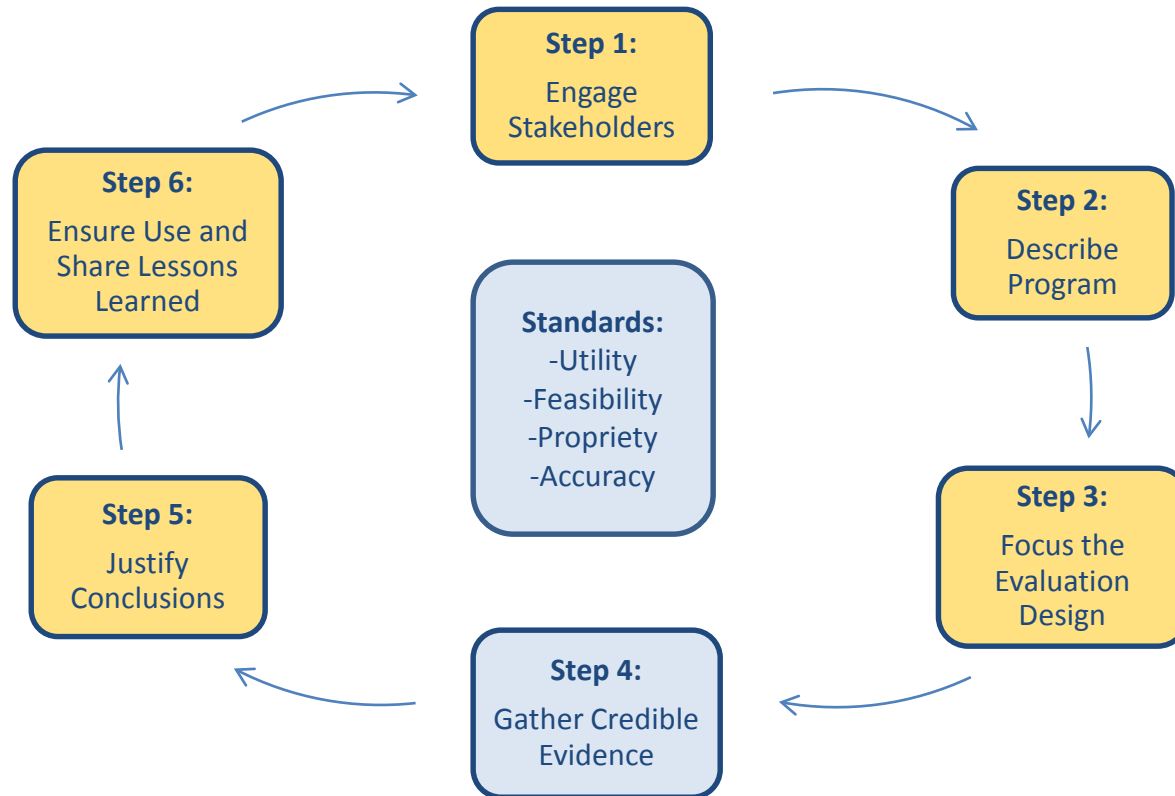


# State SBIRT Projects: Outcome Questions

- What was the effect of the intervention on key outcome goals?
- What program/contextual factors were associated with outcomes?
- What individual factors were associated with outcomes, including race/ethnicity?
- How durable were the effects?
- Was the intervention effective in maintaining the project outcomes at 6-month follow-up?
- How was technology used to improve the delivery and sustainability of SBIRT services?
- Have policies been developed by the HIE and participating providers for managing patient consent and privacy of health information stored or transmitted electronically in compliance with 42 CFR Part 2 and state health information privacy laws?



# Framework for Public Health Evaluation



<http://www.cdc.gov/eval/framework/>



# Gather Credible Evidence

- Indicators
- Sources
- Quality
- Quantity
- Logistics

This is our evaluator. Every time she collects data it will help us remember what we said we were going to do in the first place.



[freshspectrum.com](http://freshspectrum.com)



# Indicators

- Define program components in specific, observable and measurable terms.

Program Component	Indicator
SBIRT Training (Process)	4-hour SBIRT training will be offered to all intake workers at all sites. 80% of workers will attend
SBIRT Screening (Process)	80% of patients will be administered a validated screen annually
Reduced Drinking (Outcome)	Patients report 3 fewer drinks per week at 1-month follow up



# Sources

- Where the data are going to come from
  - Primary: Surveys, Focus Groups, Observation, Document Review
  - Secondary: Existing Data Sets



# Sources

- SBIRT Examples:
  - Initial screening scores
  - Interventions undertaken
  - Progress notes
  - Referrals made
  - Follow up screening scores/outcomes and treatment utilization
  - Physical and mental health symptoms or diagnoses
  - Next scheduled screening



# Quality

- How to ensure that data are reliable, valid and useful
  - Design of data collection instruments
  - Data collection procedures (Logistics)
  - Training of data collectors
  - Selection of data sources
  - How the data are coded
  - Data management





# Quantity

- How to determine amount of data to collect
  - Evaluation vs. Research distinction

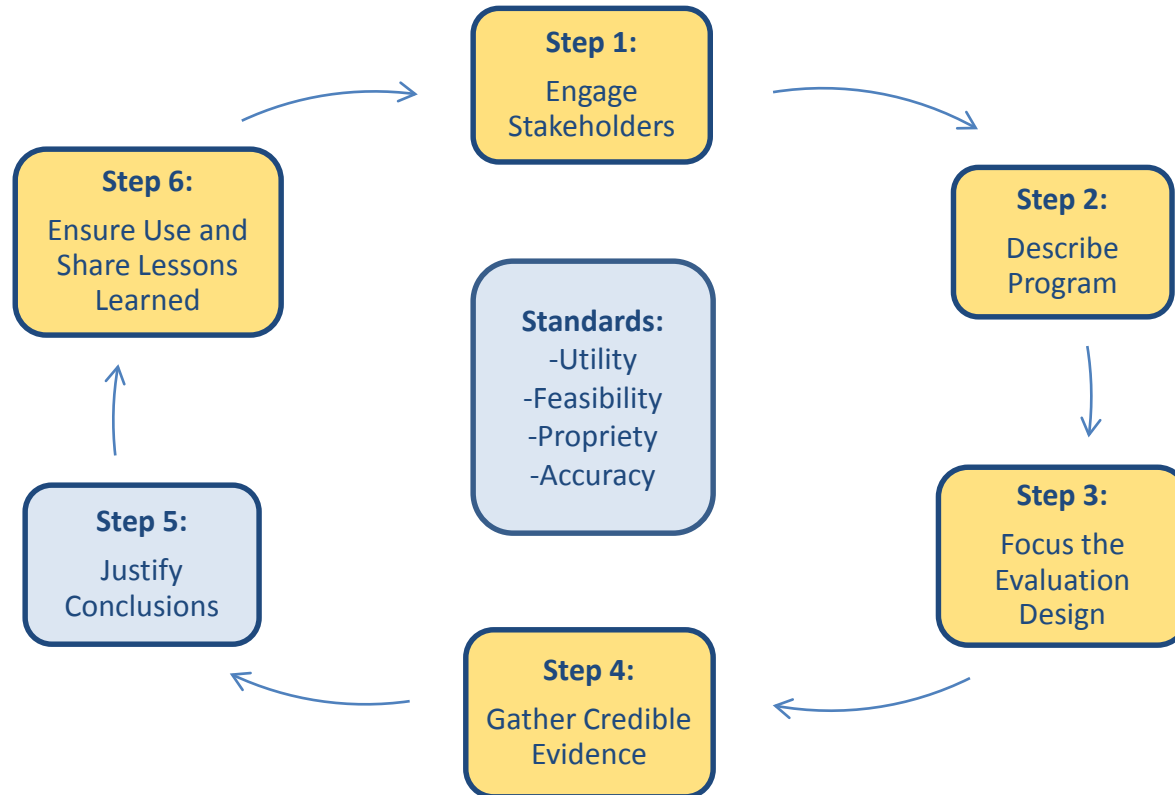


# Logistics

- Procedures by which data will be collected
  - Who will collect data?
  - When, and how often, will data be collected?
  - How will security and confidentiality be maintained?



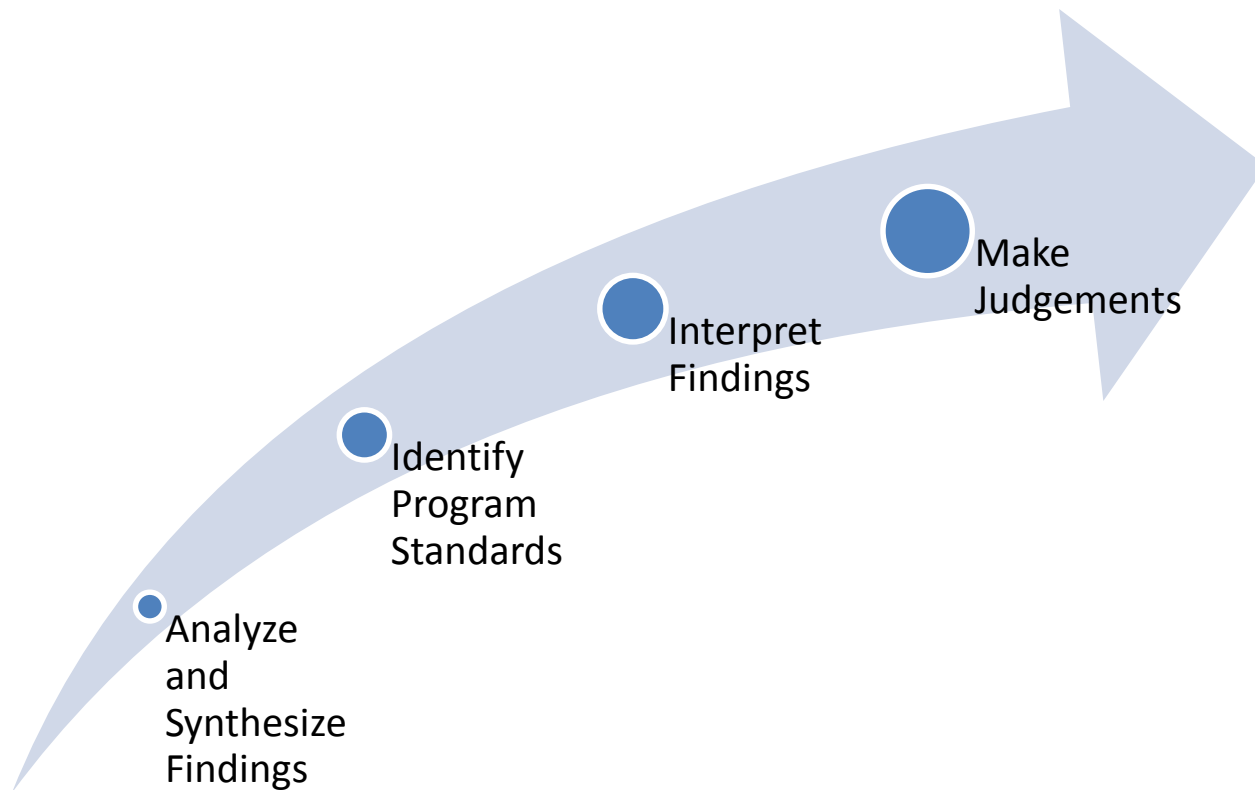
# Framework for Public Health Evaluation



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# Justify Conclusions





# Justifying Conclusions

- Check data for errors and tabulate
  - Number of participants receiving program components (e.g., #/% screened)
  - Number of participants achieving desired outcome (e.g., #/% decreased drinking)
- Compare results with similar programs
- Compare results with stakeholder needs
- Interpret findings and make judgements



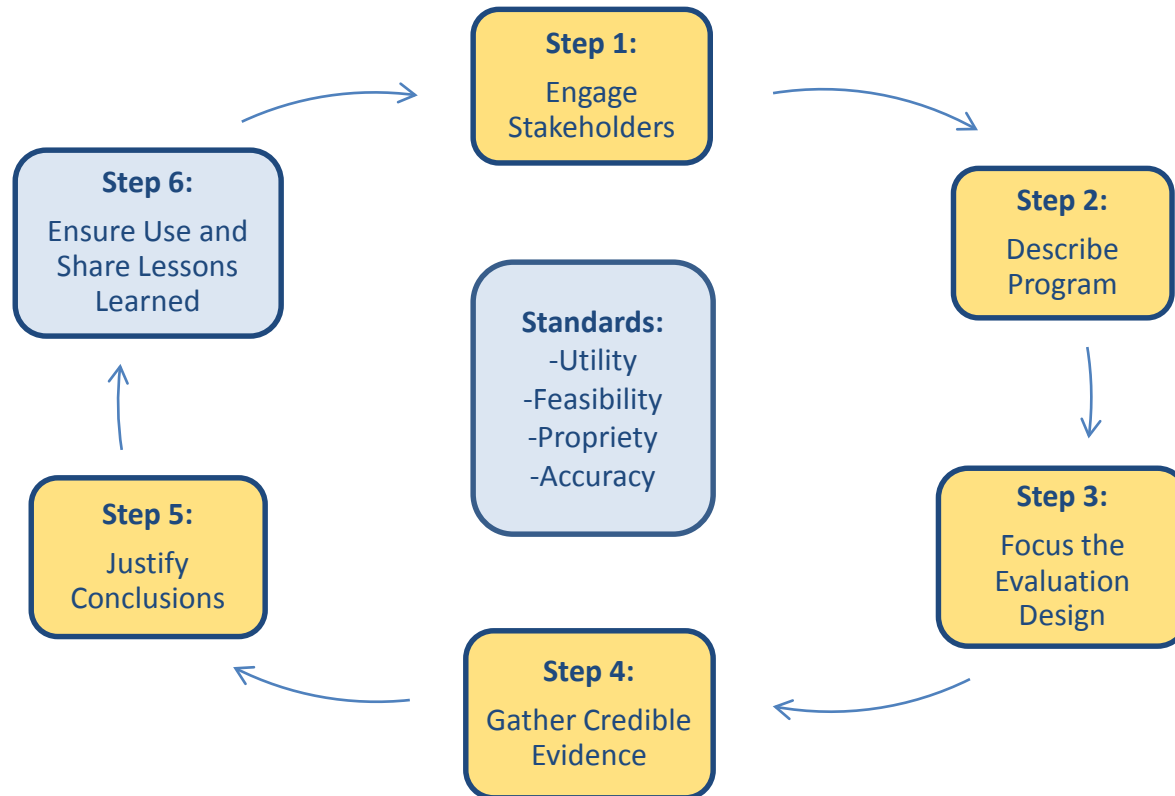
# Context is Important

*Friend to Groucho  
Marx: "Life is hard..."*

*Groucho Marx to Friend:  
"Compared to what?"*



# Framework for Public Health Evaluation



<http://www.cdc.gov/eval/framework/>



## Ensure use and share lessons learned

- If the purpose of evaluation is to improve, no evaluation is complete unless the findings are applied to the program.
- You don't want your evaluation to sit on a shelf!
- Evaluation is part of a continuous feedback loop of program planning





# Ensure use and share lessons learned

- To demonstrate effectiveness
- Identify ways to improve program
- Modify program planning
- Demonstrate accountability
- Justify funding



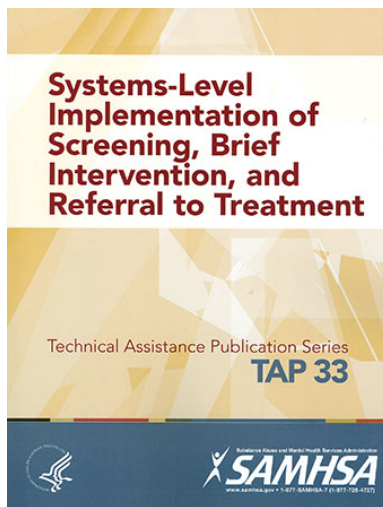
# Ensure use and share lessons learned

- SBIRT Examples
  - If #/% screened was low, why was that? What can we do to change it?
  - Modifications to logistics (screening modality, timing)



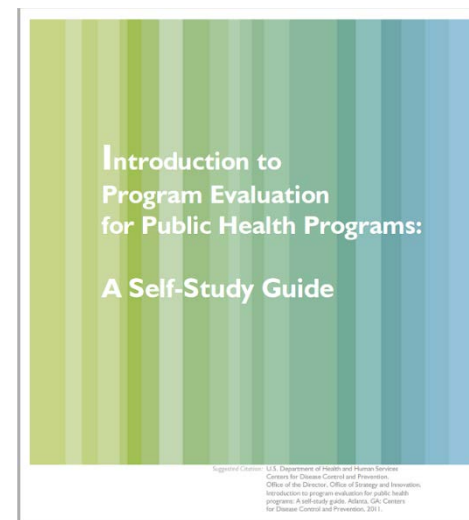
# Resources

## TAP 33



Substance Abuse and Mental Health Services Administration. Systems-Level Implementation of Screening, Brief Intervention, and Referral to Treatment. Technical Assistance Publication (TAP) Series 33. HHS Publication No. (SMA) 13-4741. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2013.

## CDC Evaluation Framework



U.S. Department of Health and Human Services Centers for Disease Control and Prevention. Office of the Director, Office of Strategy and Innovation. Introduction to program evaluation for public health programs: A self-study guide. Atlanta, GA: Centers for Disease Control and Prevention, 2011.



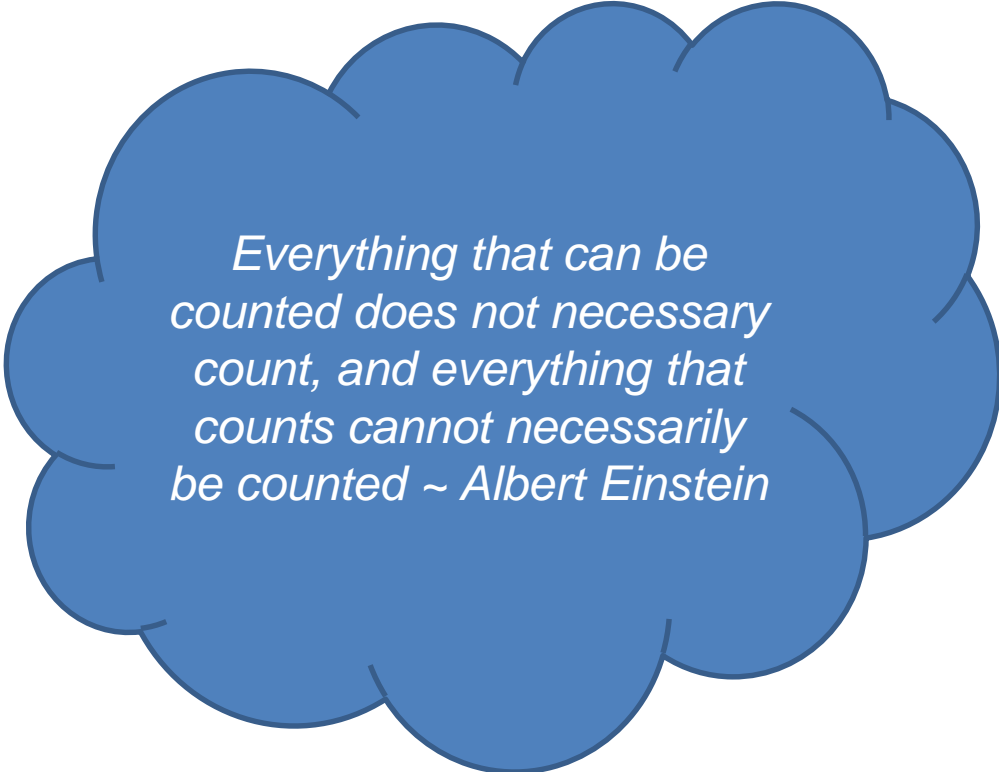
# Thank you!!

## Questions?

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*Everything that can be counted does not necessary count, and everything that counts cannot necessarily be counted ~ Albert Einstein*