# SBIRT IOWA

## Screening, Brief Intervention, and Referral to Treatment

**THE IOWA CONSORTIUM FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION**

# Year Five
# Annual Evaluation Report
# June 2017

**With Funds Provided By:**
**Iowa Department of Public Health, Division of Behavioral Health;**
**Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment, Grant Number TI023466**


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## Year Five Annual Evaluation Report
## July 2017

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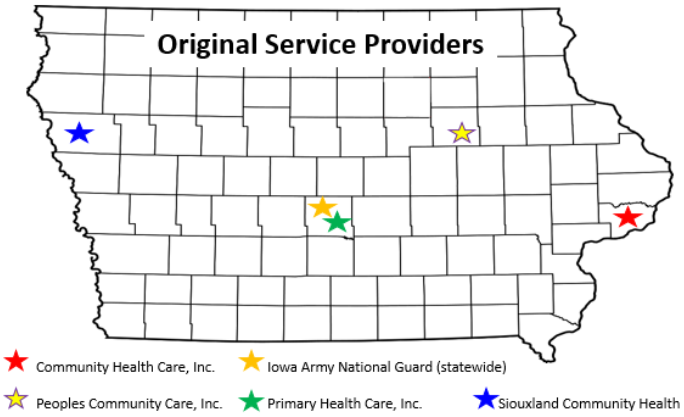
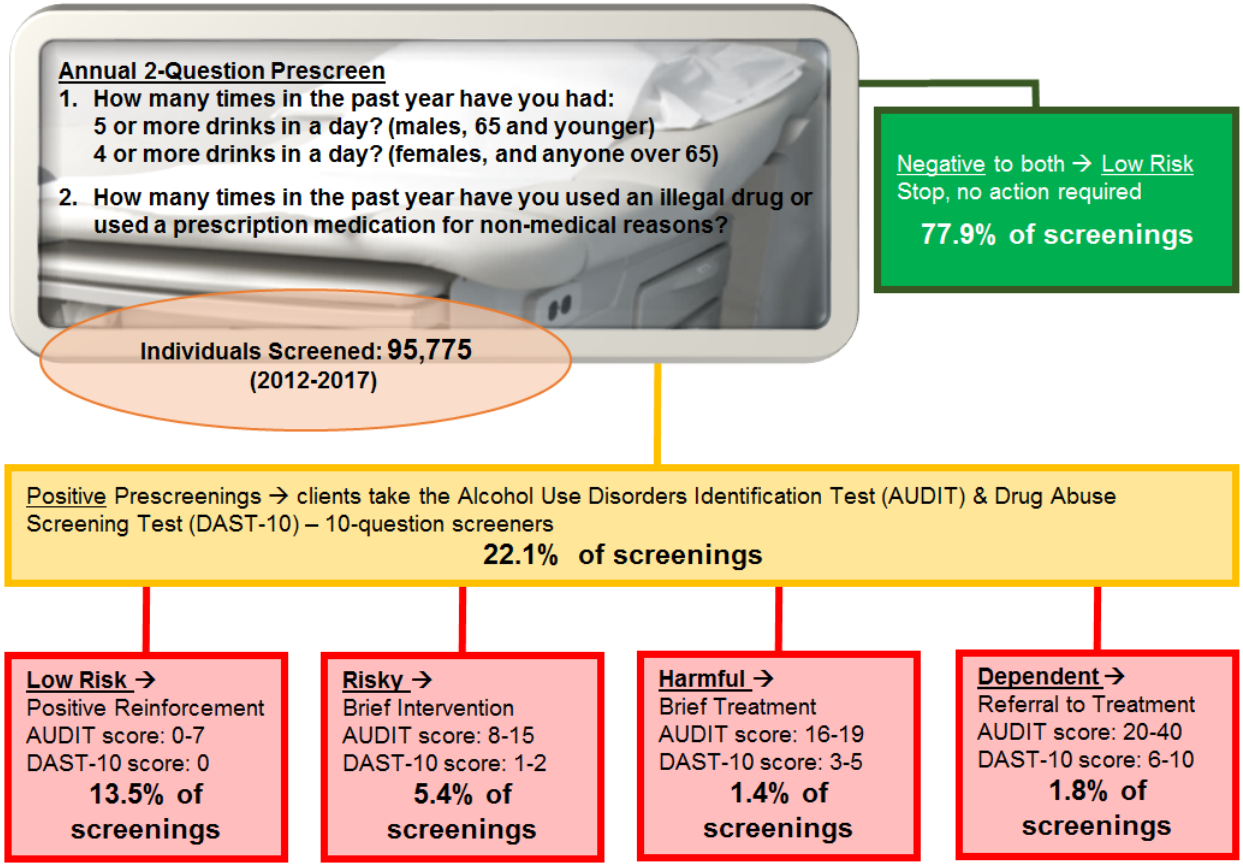
http://iconsortium.subst-abuse.uiowa.edu/

# EXECUTIVE SUMMARY

In July 2012, the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT), awarded the Iowa Department of Public Health (IDPH) a five-year grant to provide Screening, Brief Intervention and Referral to Treatment (SBIRT IOWA) services. SBIRT IOWA uses a comprehensive, integrated, public health approach to incorporate universal screening into medical practices and within the Iowa Army National Guard (IAARNG) to identify, reduce, and prevent hazardous alcohol or drug use. SBIRT IOWA programs were implemented at four Federally Qualified Health Centers (FQHCs) in Black Hawk, Polk, Scott, and Woodbury counties of Iowa as well as at Camp Dodge, home of Iowa's Army National Guard. Co-located substance use disorder professionals work with each site. The Iowa Consortium for Substance Abuse Research and Evaluation (Consortium) conducts the evaluation for the SBIRT project.



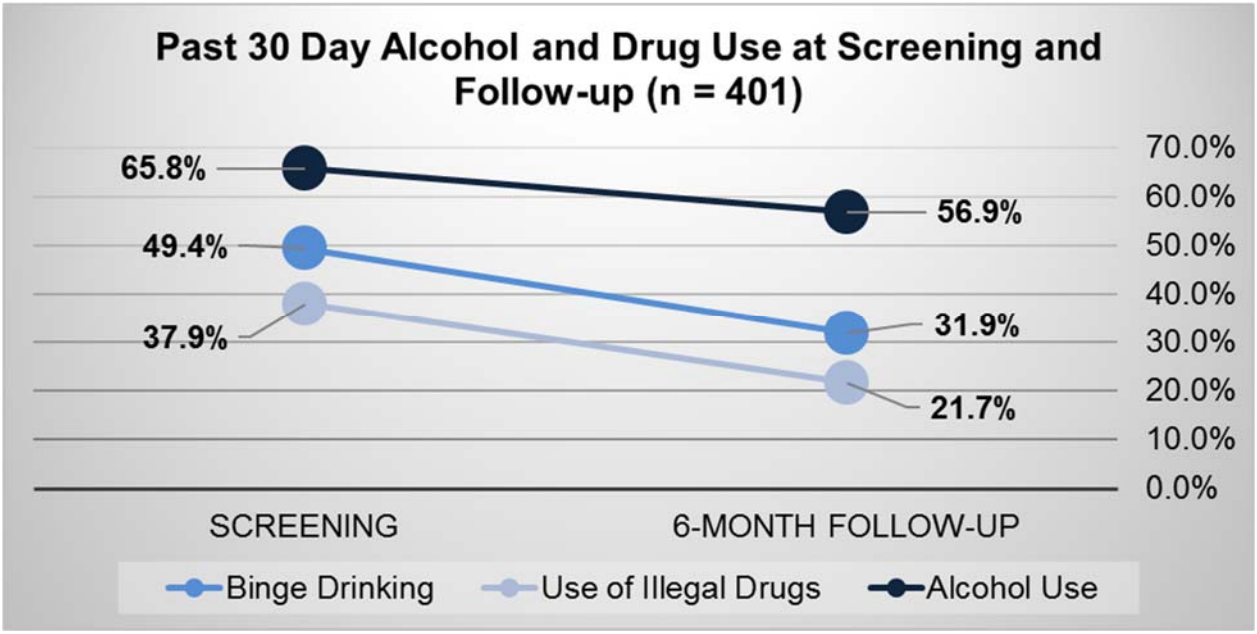

## SBIRT Process



SBIRT IOWA services began in late October 2012. FQHC sites are contracted to conduct 8,250 screenings per year. The IAARNG has no specified requirement, but staff offer SBIRT screenings to all Soldiers undergoing annual Periodic Health Assessments and those referred directly for alcohol or drug screening by command referrals. At the end of Year Five, there were 95,775 active records for prescreenings for alcohol and illegal drug use and 21,122 records indicating full screenings were conducted.

The median age from prescreening records was 38 years. Approximately 52% of the records were for females and 48% were for males. Of the records for individuals receiving prescreening, 71.1% reported their race as White and 14.7% identified as African American; 5.6% were records for individuals reporting other races. Just over 21% of those indicated they were of Hispanic or Latino ethnicity.

A random 10% sample of individuals assigned to the Brief Intervention, Brief Treatment, and Referral to Treatment modalities is selected to complete Government Performance and Results Act assessment (GPRA) follow-up interviews, which occur approximately six months following screening. Four hundred one follow-up interviews were completed through Year Five. Analyses of substance use data for those completing follow-up interviews indicate the number of respondents reporting drinking alcohol in the past month was reduced by 13.5%[1], drinking five or more drinks in one sitting by decreased 35.4%[2], and illegal drug use decreased by 42.7%[3] from screening to follow-up.




[1] Alcohol in the last 30 days: McNemar's $\chi^2 = 12.32$, df = 1, $p < 0.001$
[2] Five or more drinks in a day in the last 30 days: McNemar's $\chi^2 = 18.01$, df = 1, $p < 0.0001$
[3] Use illegal drugs in the last 30 days: McNemar's $\chi^2 = 41.83$, df = 1, $p < 0.0001$

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# BACKGROUND

In July 2012, the Iowa Department of Public Health (IDPH), Division of Behavioral Health was awarded a five year grant from the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT) to implement Screening, Brief Intervention, and Referral to Treatment (SBIRT IOWA) services. SBIRT IOWA is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders. SBIRT IOWA programs were implemented at four Federally Qualified Health Centers (FQHCs) in Black Hawk, Polk, Scott, and Woodbury counties as well as at Camp Dodge, home of Iowa's Army National Guard (IAARNG). The Iowa Consortium for Substance Abuse Research and Evaluation (Consortium) conducts the evaluation for the SBIRT IOWA project.

SBIRT IOWA makes it possible for trained staff to administer prescreening and screening for alcohol and substance use, as well as conduct Brief Interventions, Brief Treatment sessions, and make referrals for substance abuse treatment. Individuals age 18 and over receiving medical services at the FQHCs and Soldiers affiliated with the IAARNG receive SBIRT services. This report provides data from records for individuals receiving SBIRT services through Year Five of the grant period, October 25, 2012 through May 31, 2017.

## Implementation

Immediately upon grant award notification, staff at IDPH initiated an intensive planning and implementation process including meetings, dissemination of information, phone conferences, training sessions, and webinars. IDPH utilized a phased rollout with the five sites involved in the SBIRT project during Year One; service delivery in Iowa began within four months of the grant award. Substance abuse professionals are co-located at the four FQHCs and with the IAARNG. Table 1 provides the location, the service provider, the substance abuse treatment agency working in coordination with the service provider, and the date sites began conducting SBIRT services.

**Table 1. Service Providers and SBIRT Start Dates**

| County | Service Provider | Substance Abuse Treatment Agency | Date SBIRT Services Began |
|---|---|---|---|
| Scott | Community Health Care, Inc. | Center for Alcohol & Drug Services, Inc. | 10/25/12 |
| Statewide | Iowa Army National Guard | House of Mercy and United Community Services | 11/03/12 |
| Woodbury | Siouxland Community Health Center | Jackson Recovery Centers | 11/14/12 |
| Black Hawk | Peoples Community Health Clinic | Pathways Behavioral Services* | 11/15/12 |
| Polk | Primary Health Care, Inc. | Prelude Behavioral Services | 11/27/12 |

*Pathways Behavioral Services was involved in the SBIRT project through January, 2014.

## Iowa Army National Guard

Implementing SBIRT IOWA services within the IAARNG posed a unique situation. As the IAARNG made implementation plans, their first goal was to attempt to maintain a similar approach as that of the SBIRT model used in primary health care settings. The IAARNG spent a significant amount of time educating the two substance abuse treatment counselors who would be providing SBIRT services with Soldiers; this included providing in-depth training on military culture, education on the ranking structure, attending briefings, and other relevant education in order to ensure quality as well as culturally sensitive SBIRT care would be provided to service members.

The IAARNG provides SBIRT services in several ways including:

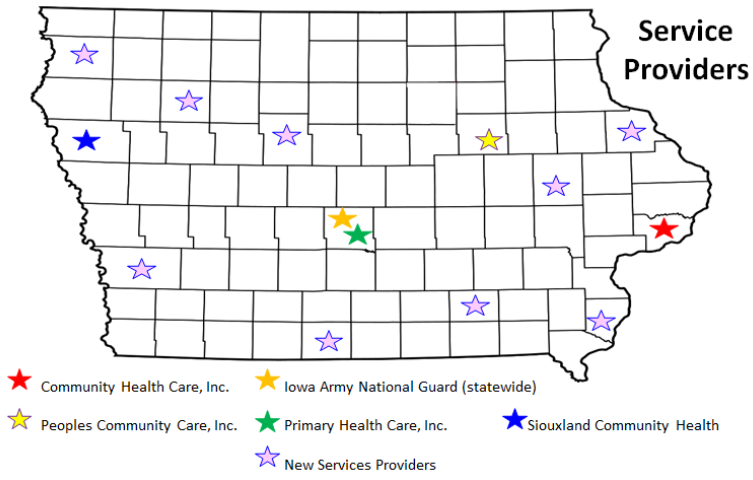
1. SBIRT services are incorporated into the annual Periodic Health Assessments (PHA) Soldiers receive through the IAARNG.
2. Soldiers are referred for SBIRT services when they receive a Serious Incident Report (SIR) after an alcohol or drug incident; for example, when a Soldier tests positive for illicit drug use during routine drug screening.
3. When a Commander feels a Soldier may have an alcohol or drug related issue.

One major accomplishment of implementing SBIRT services within the IAARNG is the ability to offer Brief Treatment services to service members via webcam utilizing the Defense Connect Online system and to conduct distance treatment over the telephone. This provides accessibility to services for Soldiers located across the state of Iowa, including those who live in rural areas. This opportunity also reduces the stigma associated with receiving substance abuse services.

# SUSTAINABILITY

## Expansion

SBIRT IOWA started with four FQHCs and the IAARNG and now has expended to nine more locations throughout state. These expansion efforts will provide better coverage throughout the state.




- Community Health Center (CHC) of Southeast Iowa in West Burlington collaborating with Alcohol and Drug Dependency Services (ADDS)
- River Hills in Ottumwa partnering with Sieda Community Action (SIEDA)
- Promise Community Health Center in Sioux Center

- Community Health Center of Fort Dodge
- All Care Health Center in Council Bluffs
- Eastern Iowa Health Center in Cedar Rapids
- Crescent Community Health Center in Dubuque
- CHCs of Southern Iowa in Leon and six satellites
- United Community Health Center in Storm Lake

## Dissemination

### Training Grants and Trainings

SAMHSA awarded The University of Iowa (UI) two SBIRT training grants – in 2015 to the College of Nursing, and in 2016 to the Carver College of Medicine. For the past two years, SBIRT IOWA has provided technical assistance and mentoring for the training grants. Creating a collaborate partnership between IDPH and the UI. Additionally, SBIRT IOWA conducted an SBIRT introductory training to UI College of Pharmacy in March of 2017, and the annual Public Health conference in 2016.

In addition to the partnership with SBIRT training grants, SBIRT IOWA offered several trainings during the fifth year of the grant. In May 2017, there were two trainings held in which participants were introduced to Integrated Change Therapy (ICT). ICT is the clinical approach used during an SBIRT brief treatment. Attendance was open to treatment agency employees and FQHC clinic employees licensed in SUD. Dr. Win Tuner, Director of Vermont SBIRT, conducted the training session.

SBIRT IOWA hosted Dr. Paul Field in June 2017. He conducted a training on how to use the SBIRT with opioid medication – whether patients present an opioid use disorder or just a few symptoms. The main objectives of training included: describing potential consequences for patients who receive opioid prescriptions, conducting an initial assessment and baseline measures, describing monitoring patients who receive opioid therapy, and identify concerning behaviors of patients on chronic opioid therapy. Attendance was open to professionals in prevention and treatment, social work, nursing, physicians, pharmacists, dentists, and other professionals working in the behavioral health field.

During years four and five of the grant, SBIRT IOWA conducted full SBIRT trainings four times for maternal and child health care providers through county and WIC clinics. Also during this time, SBIRT IOWA collaborated with Iowa Primary Care Association (IPCA) to train the expansion CHCs. In addition to the SBIRT trainings, SBIRT IOWA provided onsite and remote technical assistance. In June 2017, SBIRT IOWA hosted its last implementation training. Attendance was open to professionals in prevention and treatment, social work, nursing, physicians, pharmacists, dentists, and other professionals working in the behavioral health field.

### Product Development

SBIRT IOWA developed several products to ease implementation of SBIRT. Featured to the left is the back of a business card to aid patients in knowing what a standard drink is. The font of the card depicts low-risk drinking limits. A client education provides the patient with the information on low-risk drinking limits, standard drink amounts, risks of unhealthy drinking, and a readiness ruler to aid patient and health care professional during a brief intervention. For the providers, SBIRT IOWA created a tool for assessing a risk level and action. The sheet also contains


information to conduct a brief intervention. SBIRT IOWA providers also display a poster connecting the fundamental message of SBIRT; screen everyone, just like blood pressure screening. Pictures of these products are in the appendix.

SBIRT IOWA and providers created SBIRT standard patient vignettes for training. The providers generated the scenarios and scripts based on different types of SBIRT screenings they have witnessed over the years. The variety of situations allows trainees to see patients presenting different risk levels.

## Scholarly Articles

In addition to training, technical assistance, and product development, there have been six scholarly papers written and two of them have been published using SBIRT IOWA data. Focusing on screenings conducted at the IAARNG, Sahker et al. (2016) found that age moderates the relationship between depression and unhealthy alcohol use, such that as age increases and a Solider is positive for depressive symptoms, they are more likely to engage in unhealthy drinking.[4] A second article published using SBIRT screenings from FQHCs examined the stability of AUDIT scores over time. Sakher et al. (2017) found moderate stability of AUDIT scores.[5] Participants' age affected the stability of AUDIT scores, where younger people tended to have unstable AUDIT scores compared to older participants' scores over time.

As the writing of this report, the Consortium is working on four scholarly papers using SBIRT screening data. One paper examines the effectiveness of SBIRT in reducing hazardous drinking. There was a general reduction in positive screens and hazardous drinking over time. Males had the greatest reduction in hazardous drinking. A second paper analyzing SBIRT screenings focused on racial differences and outcomes. Race and sex interact to predict a positive prescreen for alcohol and hazardous drinking. Analyses show that Black males had the largest reduction in positive prescreens for alcohol. A third paper assessed the role of patient, screening, and site characteristics in estimating patient benefits from the SBIRT process. Patient outcomes significantly vary by screening location. A fourth examines SBIRT patients who prescreened or screened negative and then were admitted to treatment, which perhaps indicates these are false negatives in the SBIRT process. Results provide some evidence that not all of the patients who screened negative and then were admitted to treatment are false negatives and the SBIRT IOWA process does a good job of correctly identifying problem substance use.

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[4] Sahker, E., Acion, A., & Arndt, S. (2016). Age moderates the association of depressive symptoms and unhealthy alcohol use in the National Guard. *Addictive Behaviors, 63*,102-106.
[5] Sahker, E., Lancianese, D.A., & Arndt, S. (2017). Stability of the alcohol use disorders identification test in practical service settings. *Substance Abuse and Rehabilitation, 8*, 1-8.

# PROCESS

## Prescreening and Screening

SBIRT staff at the FQHCs and the IAARNG administer the prescreen, consisting of two questions:

1. *How many times in the past year have you had:*
   ***If male up to age 65:*** *five or more drinks in one day or over 14 drinks in one week?*
   ***If female of any age or if male over age 65:*** *four or more drinks in one day or over seven drinks in one week?*

2. *How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?*

Individuals prescreen positive by answering 'one or more' to either question and should receive additional screening (referred to as "full screening") to assess the severity of substance use and help identify the appropriate level of services needed based on the individual's risk level. The two full screening instruments used are the 10-question Alcohol Use Disorders Identification Test (AUDIT) and the Drug Abuse Screening Test (DAST-10). The AUDIT is administered when an individual prescreens positive for the alcohol question and the DAST-10 is administered when an individual prescreens positive for the drug question. If the individual prescreens positive on both questions, both the AUDIT and DAST-10 should be given. The full screening instrument answers are scored on a point system. The modality (level of service) recommended to an individual is based on the results of the full screen instrument scores. It is important to note that staff are allowed to use clinical judgment when offering services to individuals, regardless of the scores. The modality selected and entered in records should reflect the screening score; however, staff have the ability to enter a different modality than the screening score indicates. See Table 13 on page 17 for information on records where the Clinician and score-based modalities differ. Table 2 below shows the recommended services based on the score ranges.

**Table 2. AUDIT and DAST-10**

| Score | Risk Level | Recommended Service |
|---|---|---|
| **AUDIT** | | |
| 0 – 7 | Low Risk/Negative | Encouragement and Education* |
| 8 – 15 | Risky or Hazardous | Brief Intervention |
| 16 – 19 | High Risk or Harmful | Brief Treatment |
| 20 – 40 | High Risk | Referral to Treatment |
| **DAST-10** | | |
| 0 | Low Risk/Negative | Encouragement and Education* |
| 1 – 2 | Moderate Risk | Brief Intervention |
| 3 – 5 | Substantial Risk | Brief Treatment |
| 6 – 10 | Severe Risk | Referral to Treatment |

* Modality selection by SBIRT staff should be 'Screening'.

Individuals who screen as low risk are provided positive feedback, encouragement, and education; the corresponding SBIRT modality is Screening. Brief Intervention is recommended for individuals who score in the next range and focuses on increasing insight and awareness regarding substance use and motivation toward behavioral change. Brief Treatment is offered to individuals scoring in the next range and should consist of one to twelve sessions in order to change not only the immediate behavior or thoughts, but also address long-standing problems with harmful drinking and/or drug misuse. Individuals who screen at the highest level are identified as needing a referral to treatment, which provides specialized substance use disorder treatment.

In accordance with SAMHSA funding requirements, SBIRT staff collect data for the Government Performance and Results Act (GPRA). The modality (level of service) recommended to an individual determines the types of GPRA data collected. Table 3 on the following page provides GPRA requirements at prescreening and screening based on the individual's recommended modality.

**Table 3. GPRA Requirements**

| | Prescreening Only | Screening Only | Brief Intervention | Brief Treatment | Referral to Treatment |
|---|---|---|---|---|---|
| GPRA Section(s) to be Completed | Section A | Section A | Sections A – B | Sections A – G | Sections A – G |

## SBIRT IOWA RECORDS

The Consortium retrieves SBIRT project records from the State of Iowa's electronic records system, Iowa-Service Management and Reporting Tool, Web Infrastructure for Treatment

Services (I-SMART WITS). The Evaluator accesses data sets via the Reports feature in the SBIRT section of the system. Two types of data sets are used: SBIRT Activities and GPRA Interview Data. SBIRT Activities data sets are available by each SBIRT IOWA implementation site; the Evaluator downloads each site's data set and combines them into one SBIRT Activities set. GPRA Interview Data are available for all sites combined. The Evaluator merges the SBIRT Activities ("Activities") and GPRA Interview Data ("GPRA") files using the client_intake_id variable. Activities records with no matching GPRA record are excluded from the analyses, as GPRA records are the basis for SAMHSA project tracking.

These data sets contain admission, discharge, and follow-up records, identified by the interview_type variable from the GPRA data set. "Admission" records are records of screenings conducted in the SBIRT project and are used for all analyses in this report. Follow-up records are merged with admission records to conduct follow-up outcomes analyses. GPRA records also contain a record_status_ind variable that denotes whether the record is active ("A"), inactive ("I"), or to be deleted ("D"). Individuals may be prescreened more than once in the SBIRT project, but according to the SBIRT IOWA manual an individual is only recognized one time per modality. Therefore, if an individual is pre-screened more than once and the recommended modality entered by staff is the same, according to the 2012-2014 SBIRT IOWA Project Director, the older prescreen/screening record is marked inactive in the system (i.e., record_status_ind = "I") and the most recent record is considered active (i.e., record_status_ind = "A"). The GPRA system marks a record as inactive when a new screening record supersedes it. The GPRA data set contains over 49,000 inactive records, representing 34% of the data. Only records considered active through Year Five (admission records with screening dates through May 31, 2017) are used for this report.

It is important to note that because records are marked inactive in the electronic records system, data are dynamic. The Data from Years One through Four included in this report may have changed from previous annual reports due to some individuals being re-screened in Year Five and more recent records superseding the Year One through Four records. In addition, SBIRT records in the federal electronic records system used through February, 2015, the Services Accountability Improvement System (SAIS), were not rendered inactive at the same time, or possibly for all the same reasons, as in the state system. Therefore, data retrieved from that federal system for the same timeframe may not exactly match data in this report. Other factors also render the Years One through Four data in this report different from the data in the reports for those respective years, and potentially from data reports retrieved from the previous or current federal electronic records systems. The Evaluators have identified variables that provide more accurate data on prescreen and full screen results than those initially used. As requested by the SBIRT IOWA Project Director in Year Two, the Evaluators now calculate the recommended modality from the screening scores rather than using the SBIRT modality entered by Clinicians (see pgs. 5, 6, and 13-14 of the Year Two report). Therefore, comparisons with the Years One through iIve reports should not be made.

Records entered by sites are uploaded into the I-SMART WITS system on a weekly basis. The Consortium retrieved project records from I-SMART for this report on June 1, 2017.

SBIRT IOWA records are uploaded from I-SMART/WITS into SAMHSA's Performance Accountability & Reporting System (SPARS) for project tracking and grantee access to reports and information on follow-up interviews due. SAMHSA launched SPARS in February 2017. The transition from the previous reporting system, SAIS, created some difficulties with tracking follow-ups, notification of follow-up interviews due, and follow-up interview completion rates.

Instances where these issues affect evaluation data are discussed in relevant sections of this report.

As of June 1, 2017, there were 95,814 active screening records through Year Five for SBIRT IOWA in I-SMART/WITS. Multiple variables exist between the SBIRT Activities and GPRA data sets for potentially identifying individuals with repeated screenings. The Evaluators use the "Unique_Client_Number" variable to identify individuals with more than one screening. Following the removal of duplicated screening records (records for individuals who had a subsequent screening resulting in the same modality based on screening score), there were 95,775 qualifying screening records through Year Five. Of those 95,775 qualifying active records: 86,714 records were from the four FQHC sites and 9,061 records were from the IAARNG. Those records provide the basis of the data presented in this report. Where pertinent, data for FQHCs and the IAARNG are presented separately. Due to rounding, percentages in this report may not add up to exactly 100.

## Screening Results

### Prescreening

Prescreening results presented in Tables 4 through 6 are based on the "Prescreen 1-Alcohol" and "Prescreen 2-Drug" variables in the SBIRT Activities records. If the score on either of these variables is greater than zero, the prescreen is positive. From October 25, 2012 through May 31, 2017, there have been 145,580 screenings across the four FQHCs and the IAANRG. This number includes active and inactive records, that is, the total number of screenings includes individuals with multiple SBIRT screenings. Table 4 below displays total screenings through May 31, 2017 by FQHC and IANG.

**Table 4. Total Prescreening Results through May 31, 2017**

| Prescreening Result | Total Screenings | | FQHC Sites | | IAARNG | |
|---|---|---|---|---|---|---|
| | Number of Records | Percentage of Total | Number of Records | Percentage of Total | Number of Records | Percentage of Total |
| Positive | 29,280 | 20.1% | 21,247 | 16.4% | 8,033 | 49.2% |
| Negative | 116,300 | 79.9% | 107,992 | 83.6% | 8,308 | 50.8% |
| Total | 145,580 | 100.0% | 129,239 | 100.0% | 16,341 | 100.0% |

More than one in five records had a positive prescreen score. Table 5 presents information on prescreening results for SBIRT IOWA. The values in Table 5 differ from the values in Table 4 as those in Table 5 are based only a patient's most recent screening.

**Table 5. Prescreening Results**

| Prescreening Result | Number of Records | Percentage of Total |
|---|---|---|
| Positive | 21,102 | 22.0% |
| Negative [a] | 74,673 | 78.0% |
| Total | 95,775 | 100.0% |

[a] Eighteen of these records had full screen scores greater than zero.

Table 6 presents prescreening results for the FQHC sites and the IAARNG separately. Slightly less than one in five FQHC prescreens were positive; less than half of IAARNG prescreens were positive.

**Table 6. Prescreening Results by Site**

| Prescreening Result | FQHC Sites | | IAARNG | |
|---|---|---|---|---|
| | Number of Records | Percentage of Total | Number of Records | Percentage of Total |
| Positive | 16,704 | 19.3% | 4,398 | 48.5% |
| Negative | 70,010 | 80.7% | 4,663 | 51.5% |
| Total | 86,714 | 100.0% | 9,061 | 100.0% |

## Full Screening

It is unclear how many full screenings were conducted. There are 5,864 positive prescreening records with full screen scores of only zero (AUDIT score of zero with no DAST-10 score, DAST-10 score of zero with no AUDIT score, or both instruments with scores of zero). If an individual answered "yes" to either question for the prescreening (i.e., positive prescreen), his/her full screen score should be one or greater. Records with positive prescreen scores and AUDIT and/or DAST-10 scores of only zero may be individuals who prescreened positive but did not complete a full screen, or it may be that the patient or Soldier completed the full screen instrument and answered "no" to all questions (recanting their positive response on the prescreen); however, this is not clear from the data. The number of individuals that were identified as needing a full screen but did not receive one is unknown since the zero score is ambiguous. Records with negative prescreen scores (scores of zero for both questions) and AUDIT and/or DAST-10 scores above zero also exist. There are 20 of these records; 11 contain full screen scores in the low-risk use range and nine contain scores above the low-risk use range. For this report, records with full screen scores above zero for either or both instruments are considered full screening records.

Table 7 on the following page presents the number of records in SBIRT IOWA through Year Five in each modality, based on the prescreen and full screen score(s). The information in Table 7 does not reflect the SBIRT modality recorded by staff at prescreening and full screening, which differs in a small percentage (0.4%) of the records. This occurs when the clinician overwrites the score-based SBIRT Modality with a different recommended modality

based on his/her clinical judgment, or when qualified staff are not available to provide further indicated services.

**Table 7. Recommended Modality Based on Prescreen and Full Screen Scores**

| Recommended Modality Based on Screening Scores | All Sites % (N=95,775) | FQHC Sites % (N=86,714) | IAARNG % (N=9,061) |
|---|---|---|---|
| Prescreening Only [a] | 77.9 (74,653) | 80.7 (69,991) | 51.5 (4,662) |
| Screening (Encouragement and Education) [b] | 13.5 (12,899) | 10.7 (9,275) | 40.0 (3,624) |
| Brief Intervention | 5.4 (5,128) | 5.2 (4,521) | 6.7 (607) |
| Brief Treatment | 1.4 (1,372) | 1.4 (1,254) | 1.3 (118) |
| Referral to Treatment | 1.8 (1,723) | 1.9 (1,673) | 0.6 (50) |

[a] Prescreening records with no full screen scores greater than zero.
[b] Full screen score identifies respondent as "low risk."

Figure 1 displays the number of active records indicating prescreenings and full screenings (based on score) conducted at the four FQHC sites by year for SBIRT IOWA. The number of records for full screenings includes all active records with the presence of AUDIT and/or DAST-10 scores greater than zero.

**Figure 1. Prescreenings and Full Screenings by Year: FQHC Sites**

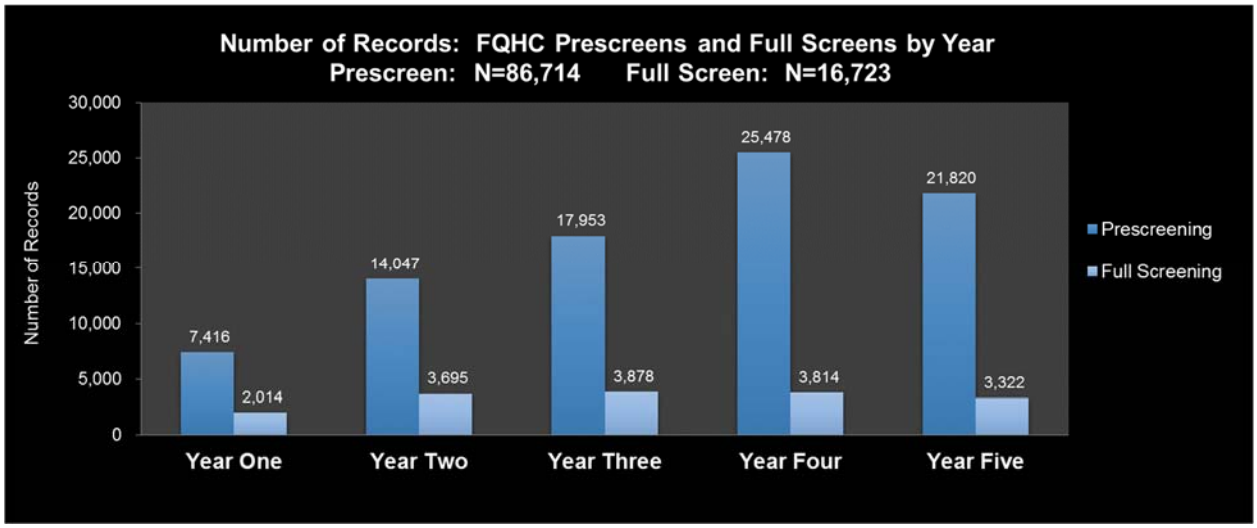
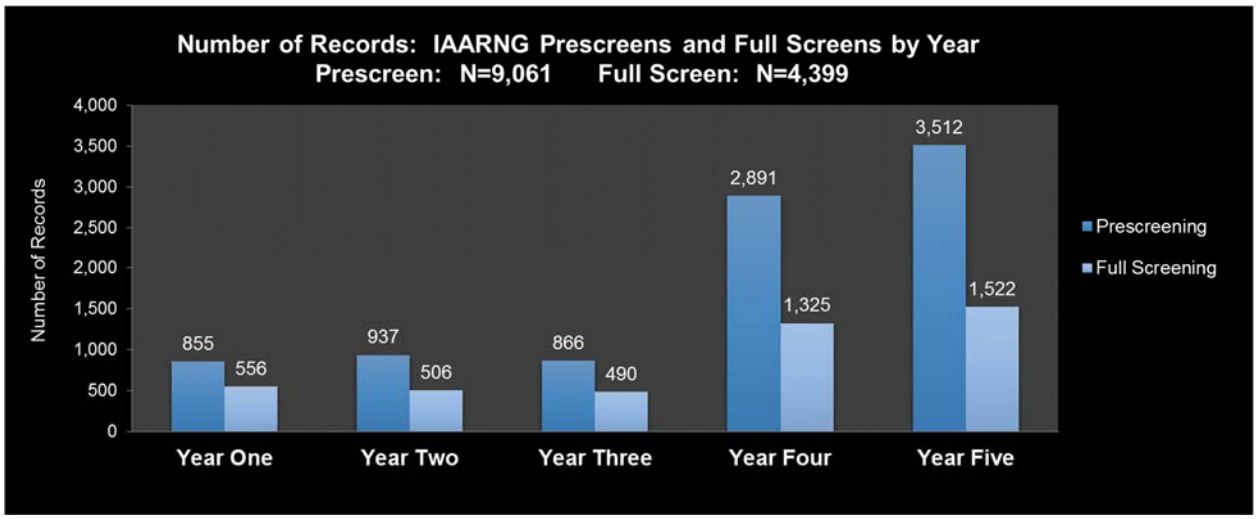



Figure 2 on the following page displays the number of active records indicating prescreenings and full screenings conducted (based on score) by the IAARNG by year for SBIRT IOWA. Some Soldiers have been screened multiple times and only their most current screening is used in these analyses. Consequently, the screenings completed in previous years are not counted in Figure 2. The number of records for individuals receiving full screening includes active records with the presence of AUDIT and/or DAST-10 scores greater than zero.

**Figure 2. Prescreenings and Full Screenings by Year: IAARNG**




SAMHSA sets annual targets for each SBIRT grantee for the number of clients to be screened and the number in each modality. These target numbers historically have been provided in the federal data system through the Intake Coverage Report. However, in Year Three, the modality targets provided in the following table were calculated from annual target numbers previously provided in SAIS (those annual targets were the same in Year One and Year Two, therefore that annual target is tripled here for the target through Year Three). The Intake Coverage Report was available for this report.

Table 8 provides annual target numbers, the number screened in each modality, and percent of target achieved. Data in this figure represent the expected modality based on full screen scores rather than modality entered by site staff. Therefore, numbers of records and percent of target achieved may vary slightly from those in the federal data system.

**Table 8. Targets for Year Four**

| | SAMHSA Target Through Year Five [a] | SBIRT IOWA Records Through Year Five | Percent of Target |
|---|---|---|---|
| Client Target | 83,116 | 95,775 | 115.2% |
| Screening | 43,748 | 87,791 | 200.7% |
| Brief Intervention | 30,616 | 5,074 | 16.6% |
| Brief Treatment | 4,376 | 1,299 | 29.7% |
| Referral to Treatment | 4,376 | 1,611 | 36.8% |

[a] Target number retrieved from the federal CDP on June 1, 2017.

## DESCRIPTION OF SBIRT IOWA PARTICIPANTS

The numbers and percentages provided in this section are based on the number of records rather than individual people screened in SBIRT IOWA. As indicated above, some individuals

are represented more than once in the data due to multiple screenings resulting in different modalities. Therefore, some demographic characteristics may be disproportionately represented. This also precludes the ability to perform statistical tests or calculate confidence intervals.

## Description at Prescreening

### Sex and Age

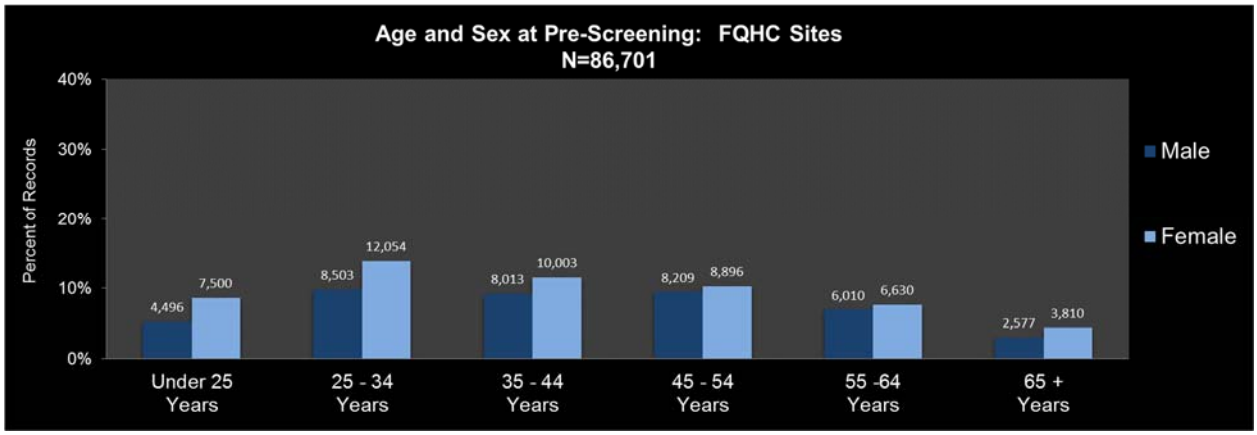
Sex in this report is based on the gender reported in records from the Activities dataset; 50,166 records (52.4%) were for women and 45,596 records and (47.6%) were for men. Sex was unknown in 13 records (0.01%). Table 9 shows the sex reported in the Activities records from FQHCs and the IAARNG.

**Table 9. Sex**

| Sex | All Sites % (N=95,775) | FQHC Sites % (N=86,714) | IAARNG % (N=9,061) |
|---|---|---|---|
| Male | 47.6 (45,596) | 43.6 (37,808) | 86.0 (7,788) |
| Female | 52.4 (50,166) | 56.4 (48,893) | 14.0 (1,273) |
| Unknown | <0.1 (13) | <0.1 (13) | 0.0 (0) |

Records from all sites indicate the median age of all individuals prescreened was 38 years. Figure 3 on the following page presents the number of records for males and females prescreened at FQHCs by age; age is provided in six categories. The median age of individuals at FQHCs was 40 years at prescreening. The age category for with the most records was 25-34 year olds for both women and men. For all age categories, there were more records for females than males.

**Figure 3. Age and Sex: FQHC Sites**

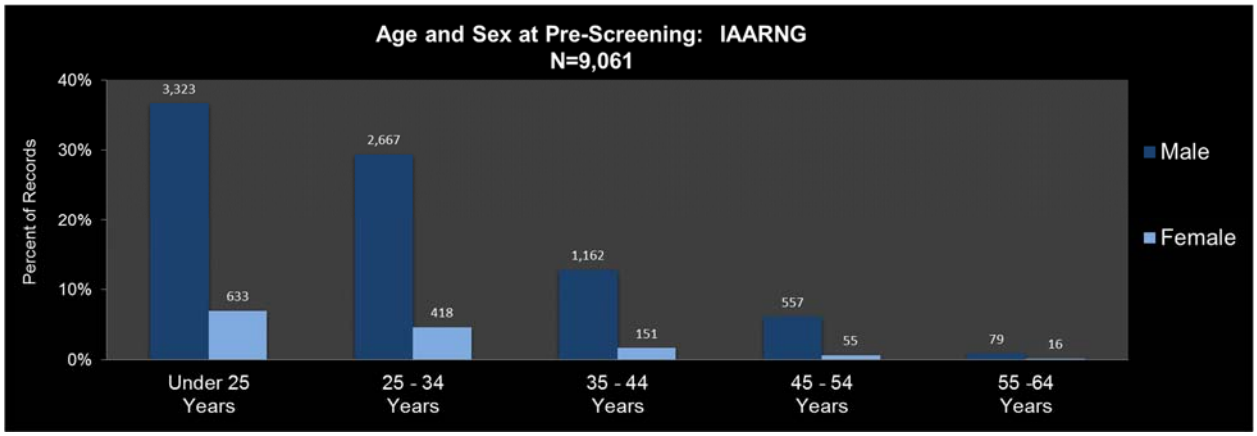



Note: Data for 13 records are not included due to sex recorded as 'unknown.'

Figure 4 presents the number of records for males and females prescreened through the IAARNG by age; age is provided in five categories (there were no IAARNG records for Soldiers age 65 or over). The median age of Soldiers with the IAARNG was 26 years at prescreening.

The highest numbers of males and females were under 25 years of age. For all age categories, there were substantially more records for males than females.

**Figure 4. Age and Sex: IAARNG**




## Race and Ethnicity

Table 10 on the following page presents race and ethnicity reported in records at prescreening. Nearly three-fourths of records (71.1%) in Year Five were White, 14.7% were African American, and 5.7% reported other races or more than one race. Just over 21% of the records indicated Hispanic or Latino ethnicity.

**Table 10. Race and Ethnicity**

| Race | All Sites % (N=95,775) | FQHC Sites % (N=86,714) | IAARNG % (N=9,061) |
|---|---|---|---|
| White | 71.1 (68,104) | 68.7 (59,541) | 94.5 (8,563) |
| African American | 14.7 (14,043) | 16.0 (13,837) | 2.3 (206) |
| Asian | 4.3 (4,076) | 4.6 (3,980) | 1.1 (96) |
| Hawaiian/ Pacific Islander | 0.3 (297) | 0.3 (287) | 0.1 (10) |
| Alaska Native | <0.1 (20) | <0.1 (20) | 0.0 (0) |
| American Indian | 0.7 (682) | 0.8 (657) | 0.3 (25) |
| Multi-Racial | 0.4 (344) | 0.3 (263) | 0.9 (81) |
| No Race reported/Missing Data | 8.6 (8,209) | 9.4 (8,129) | 0.9 (80) |
| **Ethnicity** | **All Sites % (N=95,775)** | **FQHC Sites % (N=86,714)** | **IAARNG % (N=9,061)** |
| Hispanic/Latino | 21.3 (20,373) | 23.1 (20,012) | 4.0 (361) |
| Not Hispanic/Latino | 78.3 (74,954) | 76.4 (66,255) | 96.0 (8,699) |
| Missing Data/Refused | 0.5 (448) | 0.5 (447) | <0.1 (1) |

## DESCRIPTION OF FULL SCREENINGS

The numbers and percentages provided in this section are based on the number of active screening records rather than individual people screened in SBIRT IOWA. As previously indicated, some individuals have been screened more than once, and repeated screenings are included in the data if they resulted in different modalities.

There were 21,122 records with full screen scores. Of these, 16,723 records are from FQHCs and 4,399 records are from the IAARNG. The recommended service modalities in the following narrative and Tables 11 and 12 are based on the AUDIT and/or DAST-10 score as requested by the SBIRT IOWA Project Director, not the modality selected and entered in records by staff. The numbers reported in the Tables 11 and 12 only include AUDIT and DAST-10 scores of one or greater.

- **AUDIT only**: There were 10,298 screenings conducted using the AUDIT only (excluding records with AUDIT scores of zero). Of these, 6,138 records are from FQHCs and 4,160 records are from the IAARNG.

- **DAST-10 only**: There were 2,411 screenings conducted using the DAST-10 only (excluding records with scores of zero). Of these, 2,386 records are from the FQHC sites and 25 records are from the IAARNG.

- **AUDIT and DAST-10**: There are 2,461 screening records containing scores above zero for both the AUDIT and DAST-10. Of these, 2,267 are from FQHC sites and 194 are from the IAARNG.

Tables 11 and 12 provide the recommended modality based on full screening scores for records from the FQHCs and IAARNG, respectively. Included are score ranges within each modality and median scores for records. Data are provided for records with only AUDIT scores (excluding scores of zero), records with only DAST-10 scores (excluding scores of zero), and records with both AUDIT and DAST-10 scores (both greater than zero). For records with both AUDIT and DAST-10 scores, the recommended service for an individual completing both screening instruments reflects the score for the highest level of care.

**Table 11. Modalities and Scores for Records with Full Screening Scores: FQHC Sites**

| Screening Instrument | Total Number of Records N=10,791 | Recommended Service | Number of Records in Each Modality N=10,791 | Scores at Screening | |
|---|---|---|---|---|---|
| | | | | Range | Median |
| Completed AUDIT Only | 6,138 | Screening (Encouragement and Education) | 3,393 | 1 – 7 | 4 |
| | | Brief Intervention | 1,767 | 8 – 15 | 10 |
| | | Brief Treatment | 347 | 16 – 19 | 17 |
| | | Referral to Treatment | 631 | 20 – 40 | 26 |
| Completed DAST-10 Only | 2,386 | Brief Intervention | 1,559 | 1 – 2 | 1 |
| | | Brief Treatment | 457 | 3 – 5 | 4 |
| | | Referral to Treatment | 370 | 6 –10 | 7 |
| Completed Both AUDIT and DAST-10 | 2,267 | Brief Intervention | 1,166 | AUDIT 1 – 15<br>DAST-10 1 – 2 | 6<br>1 |
| | | Brief Treatment | 441 | AUDIT 1 – 19<br>DAST-10 1 – 5 | 9<br>3 |
| | | Referral to Treatment | 660 | AUDIT 1 – 40<br>DAST-10 1 – 10 | 22<br>6 |

**Table 12. Modalities and Scores for Records with Full Screening Scores: IAARNG**

| Screening Instrument | Total Number of Records N=4,379 | Recommended Service | Number of Records in Each Modality N=4,379 | Scores at Screening | |
|---|---|---|---|---|---|
| | | | | Range | Median |
| Completed AUDIT Only | 4,160 | Screening (Encouragement and Education) | 3,607 | 1 – 7 | 4 |
| | | Brief Intervention | 487 | 8 – 15 | 9 |
| | | Brief Treatment | 45 | 16 – 19 | 17 |
| | | Referral to Treatment | 21 | 20 – 32 | 22 |
| Completed DAST-10 Only | 25 | Brief Intervention | 19 | 1 – 2 | 1 |
| | | Brief Treatment | 4 | 3 – 5 | 3 |
| | | Referral to Treatment | 2 | 6 | 6 |
| Completed Both AUDIT and DAST-10 | 194 | Brief Intervention | 98 | AUDIT 1 – 15<br>DAST-10 1 – 2 | 5<br>2 |
| | | Brief Treatment | 69 | AUDIT 2 – 19<br>DAST-10 1 – 5 | 7<br>4 |
| | | Referral to Treatment | 27 | AUDIT 4 – 32<br>DAST-10 2 – 9 | 14<br>6 |

As mentioned in the Process section on page 5, Clinicians may recommend a modality of service that is different from the recommendation indicated by the screening score. In the Year Five data set there are 370 records (0.4%) in which the modality entered by staff differs from the modality based on the screenings score.

Table 13 on the following page displays the differences between the modality based on score and modality entered by the Clinician. According to the SBIRT IOWA Project Director, these differences often occur due to staff time constraints or lack of availability of qualified SBIRT staff when an individual screens as needing further services. In just under two-thirds (65.1%) of the records where the modality differs, the score indicated a higher level of care but the modality entered was Screening.

**Table 13. Differences in Modality Based on Score and Clinician Selection**

| Recommended Modality Based on Full Screen Score | Modality Recorded by Staff | Number of Records % (N=370) |
|---|---|---|
| Screening | Brief Intervention | 0.5 (2) |
| Brief Intervention | Screening | 31.4 (116) |
| Brief Intervention | Brief Treatment | 3.8 (14) |
| Brief Intervention | Referral to Treatment | 0.5 (2) |
| Brief Treatment | Screening | 17.6 (65) |
| Brief Treatment | Brief Intervention | 12.7 (47) |
| Brief Treatment | Referral to Treatment | 1.4 (5) |
| Referral to Treatment | Screening | 16.2 (60) |
| Referral to Treatment | Brief Intervention | 7.8 (29) |
| Referral to Treatment | Brief Treatment | 8.1 (30) |

Of records with a completed full screening, 8,170 have a recommended modality based on AUDIT and DAST-10 scores of Brief Intervention, Brief Treatment, or Referral to Treatment. Typically, Section B of the GPRA would be administered to these individuals and contains questions regarding alcohol and drug use in the previous 30 days. However, GPRA Section B was not administered to some of these individuals due to staff entering a modality recommendation of Screening, which does not require GPRA Section B.

Tables 14 and 15 on the following pages provide information on alcohol and drug use for SBIRT IOWA records assigned to the Brief Intervention, Brief Treatment, and Referral to Treatment modalities. Of the 7,934 records, 5,045 (63.6%) were assigned to the Brief Intervention modality, 1,290 (16.3%) were assigned the Brief Treatment modality, and Referral to Treatment was recorded for 1,599 (20.2%) records. The following data were self-reported by persons screened.

Of the 7,934 records represented in Tables 14 and 15:

- Women accounted for 2,502 (31.5%) of them and men 5,432 (68.5%) of the records.
- Races reported:
  - 5,909 (74.5%) White;
  - 1,432 (18.1%) African American;
  - 267 (3.4%) other races or more than one race;
  - 326 (4.1%) were records with no race reported or missing data;
- Nine hundred eighty-five (12.4%) reported Hispanic or Latino ethnicity.
- Seven hundred seventy-three (9.7%) were records for Soldiers with the IAARNG and 7,161 (90.3%) were records from FQHCs.

## Alcohol and Drug Use

Individuals are asked to report all substances used in the past 30 days. As shown in Table 14 on the following page, alcohol was the most common substance at screening with 4,694 records (59.2%) for individuals reporting use in the past 30 days. Illegal drug use was reported in 2,969

records (37.4%). Of those indicating illegal drug use in the past 30 days, 85.3% reported marijuana use. The next most often reported substance among illegal drug users was methamphetamine use, at 13.2%. Approximately 3% of responses for any given question in Table 14 are missing because individuals declined to answer, responded they did not know, or data are missing.

**Table 14. Substance Use at Screening**

| Substance Use in Past 30 Days from Positive Prescreen Records | All Sites % (N=7,934)[a] | FQHC Sites % (N=7,161)[a] | IAARNG % (N=773)[a] |
|---|---|---|---|
| Alcohol | 59.2 (4,694) | 56.1 (4,018) | 87.5 (676) |
| Marijuana/Hashish | 31.9 (2,534) | 34.7 (2,487) | 6.1 (47) |
| Methamphetamine | 5.0 (393) | 5.4 (388) | 0.6 (5) |
| Cocaine/Crack | 2.0 (162) | 2.2 (160) | 0.3 (2) |
| Heroin | 0.6 (48) | 0.6 (46) | 0.3 (2) |
| Morphine | 0.2 (18) | 0.3 (18) | 0.0 (0) |
| Opioids/Pain Relievers[b] | 1.0 (77) | 1.0 (71) | 0.8 (6) |
| Codeine/ Tylenol 2,3,4 | 0.3 (20) | 0.3 (18) | 0.3 (2) |
| Non-Prescription Methadone | 0.3 (22) | 0.3 (22) | 0.0 (0) |
| Hallucinogens/Psychedelics | 0.2 (13) | 0.2 (13) | 0.0 (0) |
| Benzodiazepines/Tranquilizers | 0.5 (43) | 0.6 (43) | 0.0 (0) |
| Ketamine | <0.1 (3) | <0.1 (3) | 0.0 (0) |
| Inhalants | <0.1 (2) | <0.1 (2) | 0.0 (0) |
| Other Illegal Drugs | 1.1 (84) | 1.2 (83) | 0.1 (1) |

[a] Missing data for each substance results in slightly lower N's which vary from substance to substance.

[b] The Opioids/Pain Relievers category is comprised of records indicating using Dilaudid, Demerol, Percocet, Oxycodone, and Darvon in the last 30 days. There were no records for Darvon.

Column totals are not equal to the number of records since people report multiple substances.

Note: Data in the table above reflect records of individuals who answered the questions; the numbers of respondents who declined to answer, responded they did not know the answer, or for whom there are missing data varied for each question (approximately 4% of records from all sites).

As shown in Table 15 on the following page, 45.5% of the 7,934 records with GPRA Section B indicated binge drinking. In 11.7% of the records, individuals reported use of alcohol and drugs on the same day. Drug use via injection was reported in 1.9% of the records, comprising 5.0% of the 2,969 records with reported illegal drug use.

**Table 15. Binge Drinking, Same Day Alcohol and Drug Use, and Injection Drug Use in Past 30 Days at Screening**

| Alcohol and Drugs | All Sites % (N=7,934) | FQHC Sites % (N=7,161) | IAARNG % (N=773) |
|---|---|---|---|
| Binge Drinking (Five or More Drinks in One Sitting) | 45.5 (3,612) | 42.3 (3,032) | 75.0 (580) |
| Used Alcohol and Drugs on the Same Day | 11.7 (928) | 12.5 (897) | 4.0 (31) |
| **Injection Drug Use** | **All Sites % (N=7,934)** | **FQHC Sites % (N=7,161)** | **IAARNG % (N=773)** |
| Injected Drugs in Past 30 Days | 1.9 (148) | 2.0 (145) | 0.4 (3) |

Note: Data in the table above reflect records of individuals who answered the questions. The numbers of records in which individuals declined to answer a question, responded they did not know the answer, or for whom there are missing data varied for each question (approximately 6% of records from all sites). Column totals are not equal to the number of records.

SBIRT staff administers the GPRA instrument through Section G to individuals designated in the Brief Treatment and Referral to Treatment modalities. There are 3,074 records in these categories based on screening scores. However, as with GPRA Section B, Clinicians assigned some of these individuals to the Screening or Brief Intervention modality and did not administer GPRA Sections C through Section G. There are 2,889 records in which those sections of the GPRA instrument were completed.

Tables 16 through 29 on the following pages provide information from the 2,889 records in which those the GPRA instrument through Section G were completed. Tables are presented in the order in which the questions appear in the GPRA instrument. The data presented were self-reported. The following are common characteristics of records from SBIRT IOWA in which higher levels of substance abuse treatment services were recommended. Of the 2,889 records described in Tables 16 through 29:

- Women accounted for 981 (34.0%) of these records and 1,908 (66.0%) records for men.
- Races reported:
  - 2,254 (78.0%) were White;
  - 442 (15.3%) were African American;
  - 99 (3.4%) reported other races or more than one race;
  - 94 (3.3%) were records with no race reported or missing data.
- Three hundred twenty-eight (11.4%) reported Hispanic or Latino ethnicity.
- One seventy-one (5.9%) were records for Soldiers with the IAARNG and 2,718 (94.1%) were records from FQHCs.
- Nearly 50% reported owning or renting their own apartment, room or house.
- Nearly 42% experienced stress due to their use of alcohol or other drugs in the past 30 days.
- Just under 50% of the records indicate individuals reported having children.
- Nearly one-third were employed either full or part-time; nearly 25% were seeking employment.
- More than 50% of the records indicated respondents' experienced serious depression in the past 30 days and over half also indicated serious anxiety or tension in the last month. More than one-third of the records indicated respondents experienced trouble understanding, concentrating, or remembering in the past 30 days.
- Many (40.3%) reported experiencing violence or trauma within their lifetime.
- Over 50% indicated they have interaction with family and/or friends who are supportive of their recovery.

## Family and Living Conditions at Screening

### Table 16. Housing at Screening for Records Assigned to Brief Treatment and Referral to Treatment Modalities

| Housing Situation | All Sites % (N=2,889) | FQHC Sites % (N=2,718) | IAARNG % (N=171) |
|---|---|---|---|
| Shelter | 8.1 (234) | 8.6 (234) | 0.0 (0) |
| Street/Outdoors | 2.5 (73) | 2.7 (73) | 0.0 (0) |
| Institution (Hospital, Jail/Prison, Nursing Home) | 8.2 (237) | 8.7 (237) | 0.0 (0) |
| Own/Rent Apartment, Room, House | 44.8 (1,295) | 42.5 (1,156) | 81.3 (139) |
| Someone Else's Apartment, Room, House | 23.8 (687) | 24.4 (663) | 14.0 (24) |
| Halfway House | 0.4 (11) | 0.4 (11) | 0.0 (0) |
| Residential Treatment | 0.3 (9) | 0.3 (9) | 0.0 (0) |
| Dormitory/College Residence | 0.2 (5) | <0.1 (1) | 2.3 (4) |
| Housed: Other | 1.0 (28) | 1.0 (27) | 0.6 (1) |
| Doesn't Know | 0.5 (15) | 0.5 (14) | 0.6 (1) |
| Declined to Answer Question | 6.7 (194) | 7.1 (194) | 0.0 (0) |
| Missing Data | 3.5 (101) | 3.6 (99) | 1.2 (2) |

### Table 17. Substance Use Causing Stress, Reduction in Activities, and Emotional Problems at Screening for Records Assigned to Brief Treatment and Referral to Treatment Modalities

| Stress, Activities, Emotional Problems Due to Alcohol and Drug Use | All Sites % (N=2,889) | FQHC Sites % (N=2,718) | IAARNG % (N=171) |
|---|---|---|---|
| Experienced Stress Due to Use of Alcohol or Other Drugs in Past 30 Days | 42.6 (1,231) | 41.6 (1,132) | 57.9 (99) |
| Use of Alcohol or Other Drugs Caused Reduction or Giving Up Important Activities in Past 30 Days | 33.4 (966) | 32.8 (892) | 43.3 (74) |
| Use of Alcohol or Other Drugs Caused Emotional Problems in Past 30 Days | 37.0 (1,069) | 36.2 (985) | 49.1 (84) |

Note: Data in the table above reflect records of individuals who answered the questions. The numbers of records in which individuals declined to answer a question, responded they did not know the answer, or for whom there are missing data varied. Respondents also may answer affirmatively to more than one of the questions; therefore, column totals do not equal the total number of records.

### Table 18. Children at Screening for Records Assigned to Brief Treatment and Referral to Treatment Modalities

| Children | All Sites % (N=2,889) | FQHC Sites % (N=2,718) | IAARNG % (N=171) |
|---|---|---|---|
| Have Children | 48.4 (1,397) | 49.9 (1,356) | 24.0 (41) |
| Children Living with Someone Else Due to Child Protection Court Order | 6.2 (178) | 6.5 (178) | 0.0 (0) |
| Lost Parental Rights For Any Children | 6.1 (177) | 6.4 (174) | 1.8 (3) |

Note: Data in the table above reflect records of individuals who answered the questions. The numbers of records in which individuals declined to answer a question, responded they did not know the answer, or for whom there are missing data varied. Column totals are not equal to the total number of records.

### Table 19. Pregnant at Screening for Females' Records Assigned to Brief Treatment and Referral to Treatment Modalities

| Pregnant | All Sites % (N=856) | FQHC Sites % (N=832) | IAARNG % (N=24) |
|---|---|---|---|
| Currently Pregnant | 5.8 (50) | 5.9 (49) | 4.2 (1) |

Note: Data in the table above reflect records of individuals who answered the questions. The numbers of records in which individuals declined to answer a question, responded they did not know the answer, or for whom there are missing data varied. Column totals are not equal to the total number of records.

## Employment at Screening

### Table 20. Employment at Screening for Records Assigned to Brief Treatment and Referral to Treatment Modalities

| Employment | All Sites % (N=2,889) | FQHC Sites % (N=2,718) | IAARNG % (N=171) |
|---|---|---|---|
| Employed Full-Time (≥35 hrs/wk) | 21.6 (623) | 18.8 (512) | 64.9 (111) |
| Employed Part-Time (<35 hrs/wk) | 9.6 (277) | 9.1 (247) | 17.5 (30) |
| Unemployed, Looking for Work | 23.2 (671) | 23.9 (649) | 12.9 (22) |
| Unemployed, Not Looking for Work | 18.8 (544) | 19.8 (539) | 2.9 (5) |
| Unemployed, Disabled | 8.3 (239) | 8.8 (239) | 0.0 (0) |
| Unemployed, Volunteer Work | 0.2 (6) | 0.2 (6) | 0.0 (0) |
| Unemployed, Retired | 1.0 (28) | 1.0 (28) | 0.0 (0) |
| Other | 2.0 (57) | 2.1 (57) | 0.0 (0) |
| Doesn't Know | 0.8 (22) | 0.8 (21) | 0.6 (1) |
| Declined to Answer Question | 9.9 (287) | 10.6 (287) | 0.0 (0) |
| Missing Data | 4.7 (135) | 4.9 (133) | 1.2 (2) |

## Arrests in Past 30 Days at Screening

### Table 21. Arrests at Screening for Records Assigned to Brief Treatment and Referral to Treatment Modalities

| Arrests in Past 30 Days | All Sites % (N=2,889) | FQHC Sites % (N=2,718) | IAARNG % (N=171) |
|---|---|---|---|
| Zero | 80.0 (2,311) | 79.3 (2,156) | 90.6 (155) |
| One | 4.5 (131) | 4.4 (119) | 7.0 (12) |
| Two | 0.2 (6) | 0.2 (6) | 0.0 (0) |
| Three or More | 0.1 (2) | 0.1 (2) | 0.0 (0) |
| Declined to Answer Question | 10.4 (301) | 11.1 (301) | 0.0 (0) |
| Doesn't Know | 0.6 (16) | 0.5 (14) | 1.2 (2) |
| Missing Data | 4.2 (122) | 4.4 (120) | 1.2 (2) |

## Mental and Physical Health Problems and Treatment/Recovery at Screening

### Table 22. Overall Health at Screening for Records Assigned to Brief Treatment and Referral to Treatment Modalities

| Self Rating of Overall Health | All Sites % (N=2,889) | FQHC Sites % (N=2,718) | IAARNG % (N=171) |
|---|---|---|---|
| Good to Excellent | 41.4 (1,197) | 38.7 (1,051) | 85.4 (146) |
| Fair | 29.7 (859) | 31.1 (845) | 8.2 (14) |
| Poor | 13.0 (376) | 13.6 (369) | 4.1 (7) |
| Doesn't Know | 0.9 (25) | 0.8 (23) | 1.2 (2) |
| Declined to Answer Question | 10.0 (290) | 10.7 (290) | 0.0 (0) |
| Missing Data | 4.9 (142) | 5.2 (140) | 1.2 (2) |

### Table 23. Inpatient Treatment in Past 30 Days at Screening for Records Assigned to Brief Treatment and Referral to Treatment Modalities

| Receiving Inpatient Treatment In Past 30 Days | All Sites % (N=2,889) | FQHC Sites % (N=2,718) | IAARNG % (N=171) |
|---|---|---|---|
| Physical Complaint | 4.3 (125) | 4.5 (123) | 1.2 (2) |
| Mental or Emotional Difficulties | 2.6 (76) | 2.7 (73) | 1.8 (3) |
| Alcohol or Substance Abuse | 7.4 (214) | 7.8 (211) | 1.8 (3) |

Note: Data in the table above reflect records of individuals who answered the questions. The numbers of records in which individuals declined to answer a question, responded they did not know the answer, or for whom there are missing data varied. Respondents also may answer affirmatively to more than one of the questions; therefore, column totals do not equal the total number of records.

### Table 24. Outpatient Treatment in Past 30 Days at Screening for Records Assigned to Brief Treatment and Referral to Treatment Modalities

| Receiving Outpatient Treatment In Past 30 Days | All Sites % (N=2,889) | FQHC Sites % (N=2,718) | IAARNG % (N=171) |
|---|---|---|---|
| Physical Complaint | 17.1 (495) | 17.7 (482) | 7.6 (13) |
| Mental or Emotional Difficulties | 12.3 (356) | 12.5 (341) | 8.8 (15) |
| Alcohol or Substance Abuse | 8.1 (235) | 8.4 (227) | 4.7 (8) |

Note: Data in the table above reflect records of individuals who answered the questions. The numbers of records in which individuals declined to answer a question, responded they did not know the answer, or for whom there are missing data varied. Respondents also may answer affirmatively to more than one of the questions; therefore, column totals do not equal the total number of records.

### Table 25. Emergency Room Visits in Past 30 Days at Screening for Records Assigned to Brief Treatment and Referral to Treatment Modalities

| Receiving Emergency Room Treatment In Past 30 Days | All Sites % (N=2,889) | FQHC Sites % (N=2,718) | IAARNG % (N=171) |
|---|---|---|---|
| Physical Complaint | 11.2 (325) | 11.7 (317) | 4.7 (8) |
| Mental or Emotional Difficulties | 3.3 (95) | 3.3 (90) | 2.9 (5) |
| Alcohol or Substance Abuse | 5.5 (160) | 5.7 (154) | 3.5 (6) |

Note: Data in the table above reflect records of individuals who answered the questions. The numbers of records in which individuals declined to answer a question, responded they did not know the answer, or for whom there are missing data varied. Respondents also may answer affirmatively to more than one of the questions; therefore, column totals do not equal the total number of records.

### Table 26. Mental Health at Screening for Records Assigned to Brief Treatment and Referral to Treatment Modalities

| Mental Health Issues Experienced In Past 30 Days | All Sites % (N=2,889) | FQHC Sites % (N=2,718) | IAARNG % (N=171) |
|---|---|---|---|
| Serious Depression | 49.2 (1,420) | 49.7 (1,352) | 39.8 (68) |
| Anxiety or Tension | 52.8 (1,524) | 53.6 (1,456) | 39.8 (68) |
| Hallucinations | 5.7 (166) | 6.0 (164) | 1.2 (2) |
| Trouble Understanding, Concentrating, or Remembering | 31.9 (923) | 33.1 (899) | 14.0 (24) |
| Trouble Controlling Violent Behavior | 7.4 (213) | 7.5 (204) | 5.3 (9) |
| Attempted Suicide | 2.0 (57) | 2.0 (55) | 1.2 (2) |
| Prescribed Medication for Psychological/Emotional Problems | 22.0 (635) | 22.8 (621) | 8.2 (14) |

Note: Data in the table above reflect records of individuals who answered the questions. The numbers of records in which individuals declined to answer a question, responded they did not know the answer, or for whom there are missing data varied. Respondents also may answer affirmatively to more than one of the questions; therefore, column totals do not equal the total number of records.

### Table 27. Violence and Trauma During Lifetime at Screening for Records Assigned to Brief Treatment and Referral to Treatment Modalities

| Experienced Violence or Trauma in Lifetime | All Sites % (N=2,889) | FQHC Sites % (N=2,718) | IAARNG % (N=171) |
|---|---|---|---|
| Yes | 40.3 (1,165) | 39.5 (1,073) | 53.8 (92) |
| No | 36.5 (1,055) | 36.1 (981) | 43.3 (74) |
| Doesn't Know | 1.0 (28) | 1.0 (26) | 1.2 (2) |
| Declined to Answer Question | 15.0 (434) | 15.9 (433) | 0.6 (1) |
| Missing Data | 7.2 (207) | 7.5 (205) | 1.2 (2) |

### Table 28. Hit, Kicked, Slapped or Otherwise Physically Hurt in Past 30 Days at Screening for Records Assigned to Brief Treatment and Referral to Treatment Modalities

| Physically Hurt in Past 30 Days | All Sites % (N=2,889) | FQHC Sites % (N=2,718) | IAARNG % (N=171) |
|---|---|---|---|
| Yes | 5.4 (156) | 5.3 (143) | 7.6 (13) |
| No | 73.7 (2,129) | 72.7 (1,975) | 90.1 (154) |
| Doesn't Know | 0.9 (25) | 0.8 (23) | 1.2 (2) |
| Declined to Answer Question | 13.2 (382) | 14.1 (382) | 0.0 (0) |
| Missing Data | 6.8 (197) | 7.2 (195) | 1.2 (2) |

## Social Connectedness at Screening

### Table 29. Social Connectedness at Screening for Records Assigned to Brief Treatment and Referral to Treatment Modalities

| Social Connectedness | All Sites % (N=2,889) | FQHC Sites % (N=2,718) | IAARNG % (N=171) |
|---|---|---|---|
| Attended Any Type of Self-Help Recovery Groups including Religious/Faith-Based, Non-Religious, or any Other in Past 30 Days | 24.0 (692) | 24.8 (673) | 11.1 (19) |
| Interaction With Family/Friends Who Support Recovery | 54.7 (1,579) | 55.7 (1,513) | 38.6 (66) |
| Have Someone to Turn to When Having Trouble | 72.7 (2,099) | 71.5 (1,944) | 90.6 (155) |

Note: Data in the table above reflect records of individuals who answered the questions. The numbers of records in which individuals declined to answer a question, responded they did not know the answer, or for whom there are missing data varied. Respondents also may answer affirmatively to more than one of the questions; therefore, column totals do not equal the total number of records.

# OUTCOMES

A random 10% sample of records assigned to the Brief Intervention, Brief Treatment, and Referral to Treatment modalities are selected to complete a follow-up interview. This selection is based on the modality SBIRT staff select in the system rather than the modality indicated by the screening scores.

While follow-up interviews are to be conducted 6 months after SBIRT screening, SAMHSA allows interviews to be completed between five and eight months following screening. SAMHSA's formula for calculating follow-up completion rates uses as the denominator the number of individuals due for a follow-up interview who have reached six months post screening. However, interviews completed from five months post screening on are included in the numerator. The Evaluator historically has tracked follow-ups due and follow-ups completed through the SAIS system's Follow-up Notification Report, Missing 6 Month Follow Up Report, and active completed follow-up records in I-SMART WITS. Since the changeover to the CDP and the reversion back to the SAIS system the Follow-up Notification Report has been incorrect and the Missing 6 Month Follow Up Report has been unavailable. Consequently, Evaluators do not have access to information on the total number of follow-up interviews due through Year Four or the follow-up completion rate achieved.

There are 401 active follow-up records through May 31, 2017. Of the 401 records, the modalities selected by staff in the screening record are:

- Brief Intervention: 260 records (64.8%).
- Brief Treatment: 68 records (17.0%).
- Referral to Treatment: 73 records (18.2%).

Analyses show interviews were conducted from 150 days to 245 days post-prescreen/screen with a median time from prescreen/screen to follow-up interview of 175 days (mean = 184.9 days)[6]. Of the 345 individuals who were interviewed:

- Sixty-two (15.5%) were Soldiers with the IAARNG and 339 (84.5%) were screened at FQHCs.
- One hundred twenty-four (30.9%) were female and 277 (69.1%) were male.

One hundred seventy-four respondents who completed the follow-up interview were administered the AUDIT only during their SBIRT encounter, indicating reported alcohol use at screening; 103 were screened using the DAST-10 only, indicating reported drug use at screening; and 118 were screened using both instruments, indicating reported use of both alcohol and drugs. Table 30 on the following page provides additional information regarding screening instrument, modality, and scores for the 395 respondents who completed the follow-up interview and AUDIT or DAST-10 scores were one or greater.

[6]Ten records contained invalid GPRA Follow-up Dates and were excluded.

**Table 30. Screening Information in Follow-Up Interview Records**

| Screening Instrument | Number Of Records N=395 | Recommended Service | Number Of Records In Each Modality N=395 | Scores at Screening | |
|---|---|---|---|---|---|
| | | | | Range | Median |
| Completed AUDIT Only | 174 | Screening | 1 | 7 – 7 | 7 |
| | | Brief Intervention | 127 | 8 – 15 | 10 |
| | | Brief Treatment | 19 | 16 – 19 | 18 |
| | | Referral to Treatment | 27 | 20 – 37 | 25 |
| Completed DAST-10 Only | 103 | Brief Intervention | 65 | 1 – 2 | 1 |
| | | Brief Treatment | 24 | 3 – 5 | 4 |
| | | Referral to Treatment | 14 | 6 – 9 | 7 |
| Completed Both AUDIT and DAST-10 | 118 | Brief Intervention | 59 | AUDIT 2 – 15<br>DAST-10 1 – 2 | 5<br>1 |
| | | Brief Treatment | 24 | AUDIT 2 – 18<br>DAST-10 1 – 5 | 8<br>4 |
| | | Referral to Treatment | 35 | AUDIT 1 – 39<br>DAST-10 1 – 10 | 23<br>6 |

## Changes in Substance Abuse Patterns from Screening to Follow-Up

Table 31 on the following page provides data on alcohol and illegal drug use in the past 30 days at screening and follow-up for respondents completing the follow-up interview; data are self-reported. At screening, almost two-thirds (65.8%) reported alcohol use in the 30 days prior to screening. The range of days for alcohol use for these 264 respondents was 1 to 30 with a median of 7 days (mean = 11.2 days). At follow-up, 228 individuals (56.9%) indicated alcohol use in the past 30 days prior to the interview. The number of days used ranged from one to 30 days with a median of 4 days (mean = 8.2 days).

Approximately half (49.4%) indicated binge drinking (drinking five or more drinks in one sitting) in the 30 days prior to screening; the median number of days they reported binge drinking in the previous 30 days was 5.5 days (mean = 10.1 days) and ranged from one to 30 days. One hundred twenty-eight (31.9%) indicated drinking five or more drinks in one sitting in the 30 days preceding the follow-up interview. The number of days of binge drinking for these respondents ranged from one to 30 with a median of 3 days (mean = 6.8 days).

More than one-thirds (37.9%) reported illegal drug use in the month prior to screening. The number of days of drug use ranged from one to 30 days with a median of 11 days (mean = 14.0 days). At follow-up, 87 respondents (21.7%) reported use of an illegal substance in the 30 days prior to their interview. The number of days used in the 30 days preceding the follow-up interview ranged from 1 to 30 with a median of 4 days (mean = 10.8 days). None of the respondents reported use of the following substances: Dilaudid, Demerol, Percocet, Darvon, Codeine, Hallucinogenics, Barbiturates, GHB, or Ketamine.

**Table 31. Alcohol and Illegal Drug Use at Screening and Follow-Up**

| Past 30 Day Alcohol and Illegal Drug Use at Screening and Follow-Up | | |
|---|---|---|
| | **Screening % (N=401)** | **Follow-Up % (N=401)** |
| Alcohol | 65.8 (264) | 56.9 (228) |
| Binge Drinking (Five or More Drinks in One Sitting) | 49.4 (198) | 31.9 (128) |
| Use of Illegal Drugs | 37.9 (152) | 21.7 (87) |
| Marijuana/Hashish | 33.2 (133) | 20.4 (82) |
| Methamphetamine | 1.7 (7) | 0.5 (2) |
| Cocaine/Crack | 2.5 (10) | 1.0 (4) |
| Heroin | 0.7 (3) | 0.0 (0) |
| Morphine | 0.5 (2) | 0.0 (0) |
| Opioids/Pain Relievers[a] | 0.7 (3) | 0.2 (1) |
| Benzodiazepines/Tranquilizers | 0.7 (3) | 0.2 (1) |
| Inhalants | 0.2 (1) | 0.0 (0) |
| Other Illegal Drugs | 2.0 (8) | 0.0 (0) |
| Injected Drugs in Past 30 Days | 1.2 (5) | 0.0 (0) |
| Used Alcohol and Drugs on the Same Day | 13.5 (54) | 9.0 (36) |

Note: Data in the table above reflect respondents who answered the questions; the numbers of respondents who declined to answer, responded they did not know the answer, or for whom there are missing data varied for each question.
Column totals are not equal to the number of respondents since people report all substances used in the past 30 days.
[a] The Opioids/Pain Relievers category is comprised of records indicating using Dilaudid, Demerol, Percocet, Oxycodone, and Darvon in the last 30 days.

The remaining outcomes data presented in this report are from GPRA sections C through G. Individuals assigned by staff to the Brief Intervention modality (260 of the 401 individuals who completed a follow-up interview) do not complete these sections at screening. Tables 32 through 45 on the following pages provide responses at screening and follow-up for the 141 individuals for whom these GPRA data are available.

## Family and Living Conditions at Screening and Follow-Up

### Table 32. Housing at Screening and Follow-Up

| Housing Situation | Screening % (N=141) | Follow-Up % (N=141) |
|---|---|---|
| Shelter | 6.4 (9) | 2.1 (3) |
| Street/Outdoors | 0.7 (1) | 1.4 (2) |
| Institution (Hospital, Jail/Prison, Nursing Home) | 5.7 (8) | 5.0 (7) |
| Own/Rent Apartment, Room, House | 52.5 (74) | 51.8 (73) |
| Someone Else's Apartment, Room, House | 29.8 (42) | 26.2 (37) |
| Residential Treatment | 0.0 (0) | 0.0 (0) |
| Halfway House | 0.7 (1) | 0.7 (1) |
| Housed: Other | 1.4 (2) | 1.4 (2) |
| Declined to Answer Question | 0.7 (1) | 0.7 (1) |
| Missing Data | 1.4 (2) | 10.6 (15) |

### Table 33. Substance Use Causing Stress, Reduction in Activities, and Emotional Problems at Screening and Follow-Up

| Stress, Activities, Emotional Problems Due to Alcohol and Drug Use | Screening % (N=141) | Follow-Up % (N=141) |
|---|---|---|
| Experienced Stress Due to Use of Alcohol or Other Drugs in Past 30 Days | 46.8 (66) | 22.0 (31) |
| Use of Alcohol or Other Drugs Caused Reduction or Giving Up Important Activities in Past 30 Days | 35.5 (50) | 9.9 (14) |
| Use of Alcohol or Other Drugs Caused Emotional Problems in Past 30 Days | 45.4 (64) | 13.5 (19) |

Note: Data in the table above reflect respondents who answered the questions; the numbers of respondents who declined to answer, responded they did not know the answer, or for whom there are missing data varied for each question. Column totals are not equal to the number of records.

### Table 34. Children at Screening and Follow-Up

| Children | Screening % (N=141) | Follow-Up % (N=141) |
|---|---|---|
| Have Children | 56.7 (80) | 54.6 (77) |
| Children Living with Someone Else Due to Child Protection Court Order | 4.3 (6) | 5.7 (8) |
| Lost Parental Rights For Any Children | 7.1 (10) | 4.3 (6) |

Note: Data in the table above reflect respondents who answered the questions; the numbers of respondents who declined to answer, responded they did not know the answer, or for whom there are missing data varied for each question. Column totals are not equal to the number of records.

### Table 35. Pregnancy at Screening and Follow-Up

| Pregnant | Females at Screening % (N=141) | Females at Follow-Up % (N=141) |
|---|---|---|
| Currently Pregnant | 2.1 (3) | 3.5 (5) |

Note: Data in the table above reflect respondents who answered the questions; the numbers of respondents who declined to answer, responded they did not know the answer, or for whom there are missing data varied for each question.

## Employment at Screening and Follow-Up

### Table 36. Employment at Screening and Follow-Up

| Employment | Screening % (N=141) | Follow-Up % (N=141) |
|---|---|---|
| Employed Full-Time (≥35 hrs/wk) | 22.0 (31) | 31.2 (44) |
| Employed Part-Time (<35 hrs/wk) | 8.5 (12) | 14.2 (20) |
| Unemployed, Looking for Work | 30.5 (43) | 24.1 (34) |
| Unemployed, Not Looking for Work | 19.9 (28) | 12.8 (18) |
| Unemployed, Disabled | 12.8 (18) | 12.8 (18) |
| Unemployed, Retired | 0.7 (1) | 0.7 (1) |
| Other | 2.8 (4) | 0.7 (1) |
| Doesn't Know | 0.7 (1) | 1.4 (2) |
| Declined to Answer Question | 0.0 (0) | 2.1 (3) |
| Missing Data | 2.1 (3) | 0.0 (0) |

## Arrests in Past 30 Days at Screening and Follow-Up

### Table 37. Arrests at Screening and Follow-Up

| Arrests in Past 30 Days | Screening % (N=141) | Follow-Up % (N=141) |
|---|---|---|
| Zero | 87.9 (124) | 96.5 (136) |
| One | 8.5 (12) | 1.4 (2) |
| Two | 0.0 (0) | 0.7 (1) |
| Declined to Answer Question | 2.1 (3) | 1.4 (2) |
| Missing Data | 1.4 (2) | 0.0 (0) |

## Mental and Physical Health Problems and Treatment and Recovery at Screening and Follow-Up

### Table 38. Overall Health at Screening and Follow-Up

| Self-Rating of Overall Health | Screening % (N=141) | Follow-Up % (N=141) |
|---|---|---|
| Good to Excellent | 44.0 (62) | 63.8 (90) |
| Fair | 35.5 (50) | 27.0 (38) |
| Poor | 17.7 (25) | 6.4 (9) |
| Doesn't Know | 0.0 (0) | 0.7 (1) |
| Declined to Answer Question | 1.4 (2) | 0.7 (1) |
| Missing Data | 1.4 (2) | 1.4 (2) |

### Table 39. Inpatient Treatment at Screening and Follow-Up

| Receiving Inpatient Treatment In Past 30 Days | Screening % (N=141) | Follow-Up % (N=141) |
|---|---|---|
| Physical Complaint | 10.6 (15) | 2.8 (4) |
| Mental or Emotional Difficulties | 4.3 (6) | 2.8 (4) |
| Alcohol or Substance Abuse | 5.0 (7) | 2.8 (4) |

Note: Data in the table above reflect respondents who answered the questions; the numbers of respondents who declined to answer, responded they did not know the answer, or for whom there are missing data varied for each question. Column totals are not equal to the number of records.

### Table 40. Outpatient Treatment at Screening and Follow-Up

| Receiving Outpatient Treatment In Past 30 Days | Screening % (N=141) | Follow-Up % (N=141) |
|---|---|---|
| Physical Complaint | 21.3 (30) | 16.3 (23) |
| Mental or Emotional Difficulties | 14.2 (20) | 9.2 (13) |
| Alcohol or Substance Abuse | 7.1 (10) | 5.0 (7) |

Note: Data in the table above reflect respondents who answered the questions; the numbers of respondents who declined to answer, responded they did not know the answer, or for whom there are missing data varied for each question. Column totals are not equal to the number of records.

## Table 41. Emergency Room Visits at Screening and Follow-Up

| Receiving Emergency Room Treatment In Past 30 Days | Screening % (N=141) | Follow-Up % (N=141) |
|---|---|---|
| Physical Complaint | 13.5 (19) | 12.8 (18) |
| Mental or Emotional Difficulties | 3.5 (5) | 2.1 (3) |
| Alcohol or Substance Abuse | 5.0 (7) | 0.0 (0) |

Note: Data in the table above reflect respondents who answered the questions; the numbers of respondents who declined to answer, responded they did not know the answer, or for whom there are missing data varied for each question. Column totals are not equal to the number of records.

## Table 42. Mental Health

| Mental Health Issues Experienced In Past 30 Days | Screening % (N=141) | Follow-Up % (N=141) |
|---|---|---|
| Serious Depression | 60.3 (85) | 32.6 (46) |
| Anxiety or Tension | 66.7 (94) | 38.3 (54) |
| Hallucinations | 7.1 (10) | 2.1 (3) |
| Trouble Understanding, Concentrating, or Remembering | 45.4 (64) | 22.0 (31) |
| Trouble Controlling Violent Behavior | 14.9 (21) | 3.5 (5) |
| Attempted Suicide | 2.1 (3) | 1.4 (2) |
| Prescribed Medication for Psychological/Emotional Problems | 24.1 (34) | 25.5 (36) |

Note: Data in the table above reflect respondents who answered the questions; the numbers of respondents who declined to answer, responded they did not know the answer, or for whom there are missing data varied for each question. Column totals are not equal to the number of records.

## Table 43. Violence and Trauma

| Experienced Violence or Trauma in Lifetime | Screening % (N=141) | Follow-Up % (N=141) |
|---|---|---|
| Yes | 48.9 (69) | 29.1 (41) |
| No | 41.1 (58) | 60.3 (85) |
| Doesn't Know | 0.0 (0) | 0.0 (0) |
| Declined to Answer Question | 5.7 (8) | 0.0 (0) |
| Missing Data | 4.3 (6) | 10.6 (15) |

**Table 44. Hit, Kicked, Slapped or Otherwise Physically Hurt in Past 30 Days at Screening and Follow-Up**

| Physically Hurt in Past 30 Days | Screening % (N=141) | Follow-Up % (N=141) |
|---|---|---|
| Yes | 5.7 (8) | 3.5 (5) |
| No | 85.8 (121) | 91.5 (129) |
| Declined to Answer Question | 5.7 (8) | 0.0 (0) |
| Missing Data | 2.8 (4) | 5.0 (7) |

## Social Connectedness

**Table 45. Social Connectedness**

| Social Connectedness | Screening % (N=141) | Follow-Up % (N=141) |
|---|---|---|
| Attended Any Type of Self-Help Recovery Groups including Religious/Faith-Based, Non-Religious, or any Other in Past 30 Days | 22.7 (32) | 28.4 (40) |
| Interaction With Family/Friends Who Support Recovery | 56.7 (80) | 81.6 (115) |
| Have Someone to Turn to When Having Trouble | 83.0 (117) | 89.4 (126) |

Note: Data in the table above reflect respondents who answered the questions; the numbers of respondents who declined to answer, responded they did not know the answer, or for whom there are missing data varied for each question. Column totals are not equal to the number of records.

# CONCLUSION

Based on records marked active in the I-SMART WITS system, SBIRT IOWA staff conducted 95,775 prescreenings through Year Fiver (May 31, 2017); 86,714 at FQHCs and 9,061 through the IAARNG. Based on this number, SBIRT IOWA exceeded the target set by SAMHSA for number of prescreenings conducted, with a completion rate of 115.2%.

SBIRT IOWA has provided early identification of risky substance use behavior in 7,984 screenings to date. It is unknown how long these issues would have remained unidentified or how much more serious the health and other consequences may have become without these screenings. Analyses are conducted on the number of clients screened in SBIRT IOWA who subsequently received further treatment services, and those results may be found in the SBIRT-to-Treatment biannual reports.

Four hundred one follow-up interviews were completed through Year Five. Analyses of substance use data for those completing follow-up interviews indicate the number of respondents reporting drinking alcohol in the past month was reduced by 13.5%[7], drinking five

[7] Alcohol in the last 30 days: McNemar's $\chi^2 = 12.32$, df = 1, $p < 0.001$

or more drinks in one sitting by decreased 35.4%[8], and illegal drug use decreased by 42.7%[9] from screening to follow-up. Additionally, the number of individuals reporting emotional problems as a result of their substance use was reduced by 72%[10], and numbers reporting giving up important activities were cut by 70%[11].

## Data Issues and Recommendations

The interplay between clinical activity and the representation of those activities in a data system is not always ideal. Some gaps and discrepancies exist in the SBIRT IOWA data that, if remedied, would yield a more thorough and effective program evaluation. Some of those gaps and discrepancies have explanations based in the clinical situations at the sites themselves. In some cases, the medical staff conducting the screenings may not have sufficient time to complete a full screening or are not comfortable conducting Brief Interventions or making referrals. Co-located treatment staff may not be available to step in at the moment needed to perform those duties, and neither staff may have time to collect and record requisite data at each instance.

In the data, inconsistencies are found between prescreen and full screen scores and many records have full screen scores of zero, making it difficult to determine whether full screenings were conducted. GPRA data are missing for some individuals whose scores indicate GPRA data should be collected. Additionally, while Clinicians may record in Miscellaneous or Encounter Notes that an individual received a Brief Intervention or that a referral was made for brief or full treatment, those data are not available to the Evaluators in analyzable form. Hence, we are unable to accurately determine how many of these interventions and referrals were actually made. The Evaluators recommend the addition of indicators in the data system (such as “yes/no” check boxes) that are easily completed by Clinicians and are readily analyzable in order to provide more complete and accurate data regarding services provided.

SBIRT sites may benefit from examining patient flow processes for more efficient methods of integrating the components of SBIRT practice. Ideally, increasing funding to support additional staff would also help increase the provision of needed services to patients and Soldiers, as well as improve the collection and accuracy of data.

Follow-up completion rates historically have been high for this project, and the data indicate positive changes in substance use behaviors and consequences. However, follow-up data are limited since sections of the GPRA instrument are administered to only some clients based on service modality. Administering the full GPRA instrument at intake for individuals flagged for follow-up interviews regardless of modality would provide more valuable outcomes data. However, this would be impractical in the clinic and National Guard settings given current practice constraints and incentive limitations.

The Evaluators have been unable to effectively track follow-up interviews due or calculate follow-up completion rates for past three project years because of the shutdown of the federal Common Data Platform, then the move back to the SAIS system, and ultimately the move to SAMHSA’s Performance Accountability & Reporting System (SPARS). The Evaluators

[8] Five or more drinks in a day in the last 30 days: McNemar’s $\chi^2 = 18.01$, df = 1, $p < 0.0001$
[9] Use illegal drugs in the last 30 days: McNemar’s $\chi^2 = 41.83$, df = 1, $p < 0.0001$
[10] Emotional problems because of SU: McNemar’s $\chi^2 = 13.50$, df = 1, $p < 0.001$
[11] Giving up activities because of SU: McNemar’s $\chi^2 = 18.80$, df = 1, $p < 0.001$

recommend a marker be placed in the SBIRT Activities screening records in the I-SMART system indicating those selected for a follow-up interview so they can be unambiguously tracked for data analyses and reporting.

As this is the final report, Evaluators recommend a permanent data storage for the SBIRT activities and GPRA data. These data may become useful for future legislative and other grant opportunities. Furthermore, other analyses could be performed to predict amounts of screenings in the future.

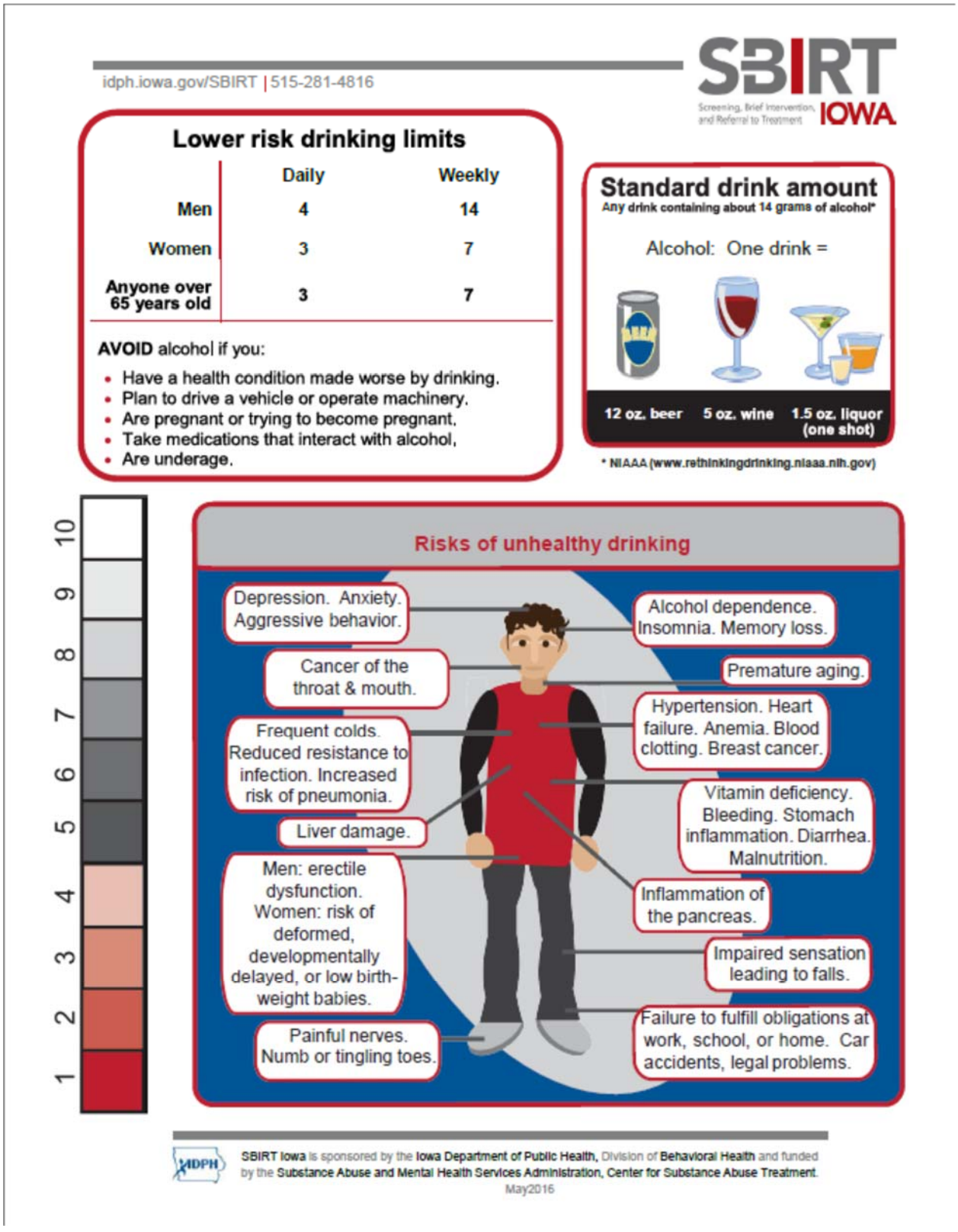
# APPENDIX: IMPLEMENTATION PRODUCTS

## Business Cards

### *Front*


### *Back*

## Client Education Sheet



## Provider Tool

idph.iowa.gov/SBIRT | 515-281-4816

SBIRT IOWA
Screening, Brief Intervention, and Referral to Treatment

# Scoring Tool

| Score | | Zone | Action |
|---|---|---|---|
| AUDIT: 0-7 | DAST: 0 | Low Risk | Encouragement & Praise |
| AUDIT: 8-15 | DAST: 1-2 | Risky | Brief Intervention |
| AUDIT: 16-19 | DAST: 3-5 | Harmful | Brief Treatment |
| AUDIT: 20+ | DAST: 6+ | Dependent | Referral to Treatment |

# Brief Intervention Flow

| Action | Notes / Model Language |
|---|---|
| Ask Permission | "I appreciate your answering our health questionnaire. I would like to take a minute to discuss your results. Is that okay with you?" |
| Provide Feedback | Provide the individual's screening score.<br>"Drinking at this level can be harmful to your health. In fact, it might even be responsible for the health problem you came in with today. How do you feel about that?" |
| Enhance Motivation & Elicit Change Talk | "What do you enjoy about drinking? What do you not enjoy about drinking?"<br>"On a scale of 0-10, how ready are you to decrease or quit drinking?"<br>"On a scale of 0-10, how important is it for you to decrease or quit drinking?"<br>"On a scale of 0-10, how confident are you that you will be able to make this change?" |
| Advise with Permission | Refer to drink limit guidelines and discuss possible health consequences related to use. Advise to quit or cut down. |
| Negotiate Goals | "If you were to make a change, what would be your first step? What would be the challenges? How would you overcome these challenges?" |
| Close on Good Terms | Summarize. Emphasize the individual's strengths. Highlight change talk, decisions and goals. Arrange for follow-up as appropriate. |

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May 2016

**SBIRT Poster**