# SBIRT IOWA

## Screening, Brief Intervention, and Referral to Treatment

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

# Year Three
# Annual Evaluation Report
# August 2015

**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 Three Annual Evaluation Report
## August 2015

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*Suggested Citation:*

White, K., Hedden, S., Sahker, E., Palmer, J. & Arndt, S. (2015) Screening, Brief Intervention and Referral to Treatment (SBIRT). Year Three Annual Evaluation Report. (Iowa Department of Public Health contract #5885YM50). Iowa City, IA; Iowa Consortium for Substance Abuse Research and Evaluation. http://iconsortium.subst-abuse.uiowa.edu/

# EXECUTIVE SUMMARY

In July 2012, the Iowa Department of Public Health (IDPH) was awarded a five-year grant to provide Screening, Brief Intervention and Referral to Treatment (SBIRT IOWA) services by the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Substance Abuse Treatment (CSAT). SBIRT IOWA uses a comprehensive, integrated, public health approach to incorporate universal screening into medical practice 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 (FQHC's) 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 abuse professionals work with each site. The Iowa Consortium for Substance Abuse Research and Evaluation (Consortium) conducts the evaluation for the SBIRT project. Through Year Three, SBIRT providers conducted 67,167 prescreenings, 61,125 at FQHCs and 6,042 through the IAARNG. Results of the Year Three evaluation continue to help demonstrate the important health benefits SBIRT IOWA provides adults in Iowa.

Iowa residents age 18 and older are prescreened with two questions about alcohol use and illegal drug or prescription misuse. Individuals receive full screening if they indicate any of the following occurring within the past year:

- Men up to age 65 report drinking five or more drinks in one day or over 14 drinks in one week.
- Women of any age and men over age 65 report drinking four or more drinks in one day or over seven drinks in one week.
- Any illegal drug use or prescription use for non-medical reasons by men or women of any age.

SBIRT IOWA uses two instruments to conduct full screenings. The 10-question Alcohol Use Disorders Identification Test (AUDIT) screens for risky drinking and alcohol use disorders. The Drug Abuse Screening Test (DAST-10) screens for hazardous use of illegal drugs and prescription drug misuse. The following table provides the recommended service associated with scores on the screening instruments.

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

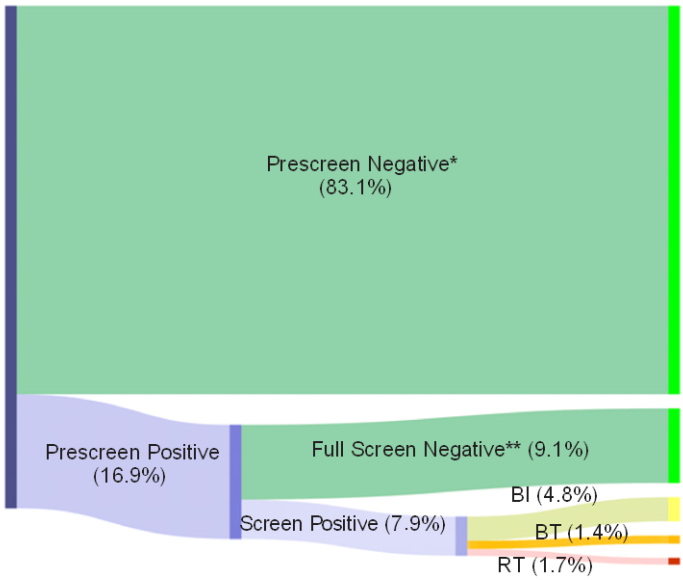
In addition to the screening instruments, SBIRT staff are required under the Government Performance and Results Act (GPRA) to gather demographic information. Additional GPRA data are collected from individuals who screen positive for risky alcohol or drug use, including past 30-day substance use and other factors related to health.

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 Three, there were 67,167 active records for prescreenings for alcohol and illegal drug use and 11,347 records indicating full screenings were conducted.

The median age from prescreening records was 40 years. Approximately 54% of the records were for females and 46% were for males. Of the records for individuals receiving prescreening, 74.3% reported their race as White and 14.4% identified as African American; 11.3% were records for individuals reporting other races. Just over 20% of those indicated they were of Hispanic or Latino ethnicity.

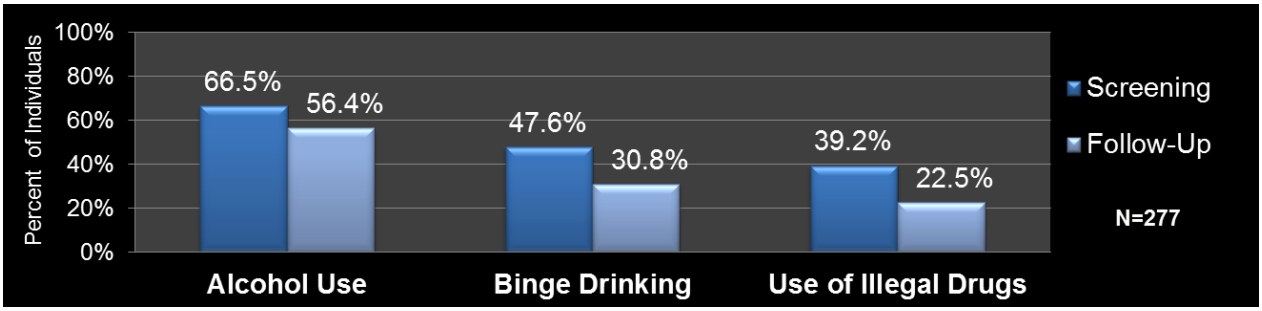
Of the screening records through Year Three[1], 83.1% were for prescreenings only; 16.9% indicated the respondent scored positive for alcohol and/or illegal drug use and a full screening was conducted. Just over 9% of those prescreened had full screen scores in the low risk use range ("Full Screen Negative" in the figure to the right), yielding a recommendation of Encouragement and Education. Nearly 5% scored as needing Brief Intervention, 1.4% scored as needing Brief Treatment, and 1.7% scored as needing a Referral to Treatment.




*Records with no full-screen instrument scores above zero.
**Screening (Encouragement and Education) modality.
NOTE: Due to rounding, percents may not add up to exactly 100%.

A random 10% sample of individuals assigned to the Brief Intervention, Brief Treatment, and Referral to Treatment modalities are selected to complete Government Performance and Results Act assessment (GPRA) follow-up interviews, which occur approximately six months following screening. As displayed in the following figure, 227 individuals completed a follow-up interview through Year Three. At screening, 151 of these individuals (66.5%) reported alcohol use in the past 30 days, 108 (47.6%) reported binge drinking (five or more drinks in one sitting), and 89 (39.2%) reported illegal drug use in the past 30 days. At follow-up, 128 individuals (56.4%) indicated alcohol use in the previous 30 days with 70 (30.8%) reporting binge drinking; 51 individuals (22.5%) reported the use of illegal drugs in the 30 day period prior to the follow-up interview. Thus, the number reporting binge drinking was cut by approximately a third and illegal drug use was cut nearly in half.

**Past 30 Day Alcohol and Illegal Drug Use at Screening and Follow-Up**




[1] See Full Screenings section and Table 6 in main report, pgs. 6-7.

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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 Three of the grant period, October 25, 2012 through June 30, 2015.

## 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. | MECCA 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.

# 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 12 on page 14 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 17,000 inactive records, representing 20.5% of the data. Only records considered active through Year Three (admission records with screening dates through June 30, 2015) 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 and Two included in this report may have changed from previous annual reports due to some individuals being re-screened in Year Three and more recent records superseding the Year One and Year two 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 Year One and Year Two 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. Additionally 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 screening results indicator question (see pgs. 5, 6, and 13-14 of the Year Two report). Therefore, comparisons with the Year One and Year Two 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 July 7, 2015, the day following the first upload to the system after June 30th.

SBIRT IOWA records are uploaded from I-SMART/WITS into the federal data system for SAMHSA project tracking and grantee access to reports and information on follow-up interviews due. In February 2015, SAMHSA launched a new federal data system, the Common Data Platform (CDP), and discontinued the use of the SAIS/GPRA system. Problems exist within the CDP and in the interface between I-SMART/WITS and the CDP, rendering SBIRT IOWA data in the CDP incomplete and of dubious accuracy. These issues affect the tracking of progress toward target goals for screenings and 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 July 7, 2015, there were 67,527 active screening records through Year Three 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 67,167 qualifying screening records through Year Three. Of those 67,167 qualifying active records: 61,125 records were from the four FQHC sites and 6,042 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 and 5 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. More than one in five records had a positive prescreen score. Table 4 on the following page presents information on prescreening results for SBIRT IOWA. The values in Table 4 differ from the values in Table 6 as those in Table 4 are based only on the prescreen instruments and do not consider the full screen scores.

**Table 4. Prescreening Results**

| Prescreening Result | Number of Records | Percentage of Total |
|---|---|---|
| Positive | 15,247 | 22.7% |
| Negative [a] | 51,920 | 77.3% |
| Total | 67,167 | 100.0% |

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

Table 5 presents prescreening results for the FQHC sites and the IAARNG separately. Slightly less than one in five FQHC prescreens were positive; over half of IAARNG prescreens were positive.

**Table 5. Prescreening Results by Site**

| Prescreening Result | FQHC Sites | | IAARNG | |
|---|---|---|---|---|
| | Number of Records | Percentage of Total | Number of Records | Percentage of Total |
| Positive | 11,903 | 19.5% | 3,344 | 55.3% |
| Negative | 49,222 | 80.5% | 2,698 | 44.7% |
| Total | 61,125 | 100.0% | 6,042 | 100.0% |

## Full Screening

It is unclear how many full screenings were conducted. There are 3,908 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; 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 nine of these records; five contain full screen scores in the low-risk use range and four 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 6 on the following page presents the number of records in SBIRT IOWA through Year Three in each modality, based on the prescreen and full screen score(s). The information in Table 6 does not reflect the SBIRT modality recorded by staff at prescreening and full

screening, which differs in a small percentage (0.6%) 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 6. Recommended Modality Based on Prescreen and Full Screen Scores**

| Recommended Modality Based on Screening Scores | All Sites % (N=67,167) | FQHC Sites % (N=61,125) | IAARNG % (N=6,042) |
|---|---|---|---|
| Prescreening Only [a] | 83.1 (55,820) | 86.9 (53,108) | 44.9 (2,712) |
| Screening (Encouragement and Education) [b] | 9.1 (6,082) | 5.3 (3,217) | 47.4 (2,865) |
| Brief Intervention | 4.8 (3,224) | 4.7 (2,860) | 6.0 (364) |
| Brief Treatment | 1.4 (913) | 1.4 (845) | 1.1 (68) |
| Referral to Treatment | 1.7 (1,128) | 1.8 (1,095) | 0.6 (33) |

[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**

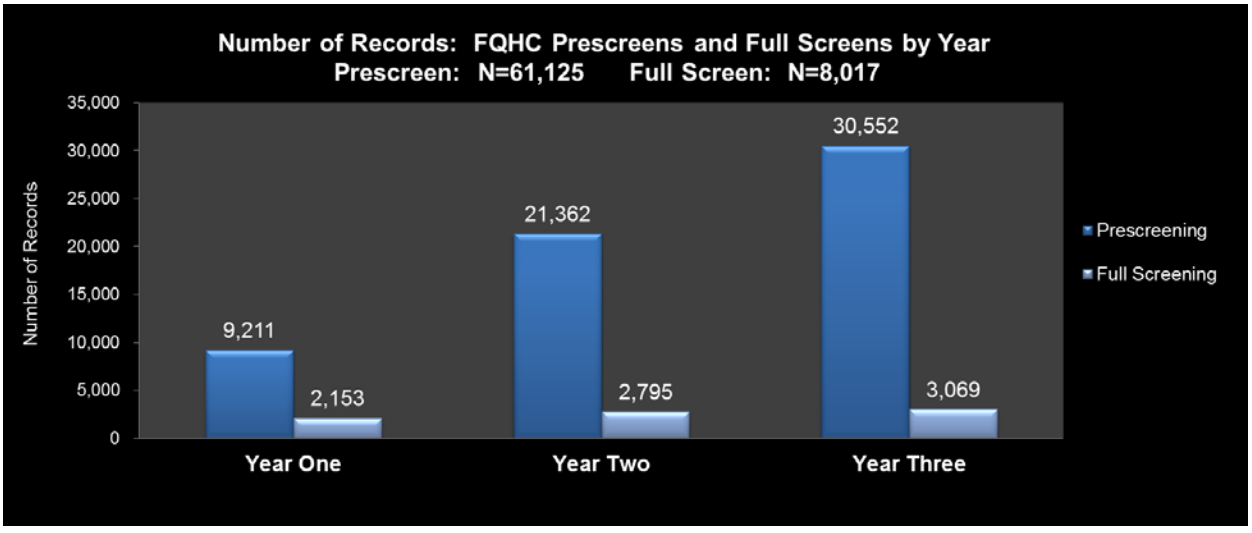
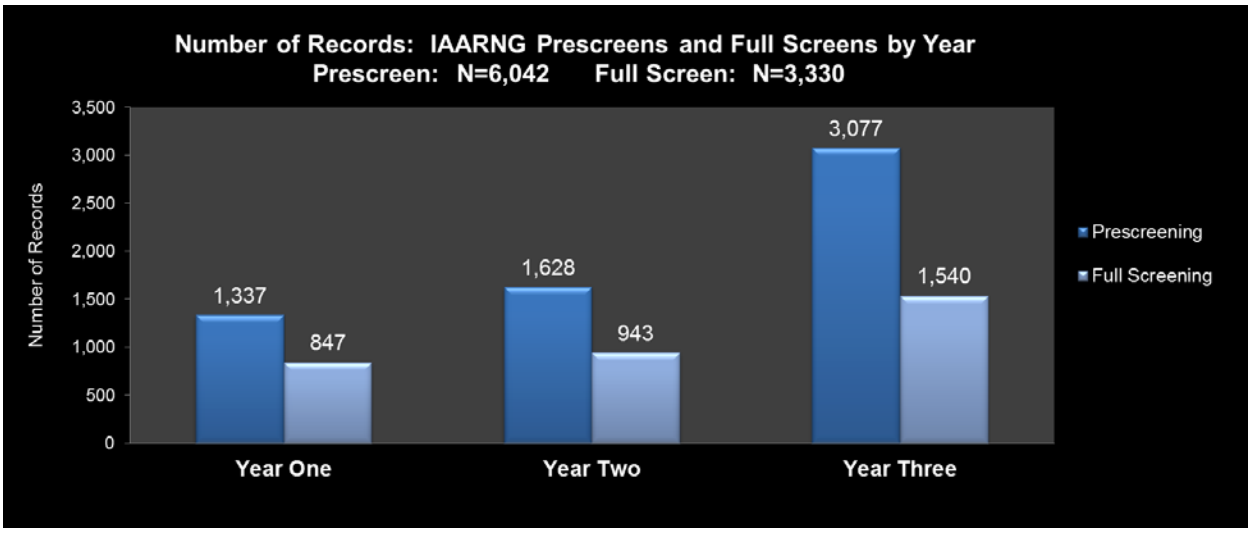



Figure 2 on the following page displays the number of active records indicating prescreenings and full screenings conducted (based on score) by the IAARNG by year for SBIRT IOWA. The number of records for individuals receiving full screening includes active records with the presence of AUDIT and/or DAST-10 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, only a target number for total screenings ("Client Target") has been provided in the Common Data Platform (CDP) thus far. In the absence of target numbers in the CDP for each modality, the modality targets provided in the following table are 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).

Table 7 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 7. Targets for Year Three**

| | SAMHSA Target Through Year Three | SBIRT IOWA Records Through Year Three | Percent of Target |
|---|---|---|---|
| Client Target | 51,574[a] | 67,167 | 130.2% |
| Screening | 26,694[b] | 61,902 | 231.9% |
| Brief Intervention | 18,681[b] | 3,224 | 17.3% |
| Brief Treatment | 1,780[b] | 913 | 51.3% |
| Referral to Treatment | 1,780[b] | 1,128 | 63.4% |

[a] Target number retrieved from the federal CDP on July 1, 2015.
[b] Target number calculated from previous SAIS system targets.

# 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

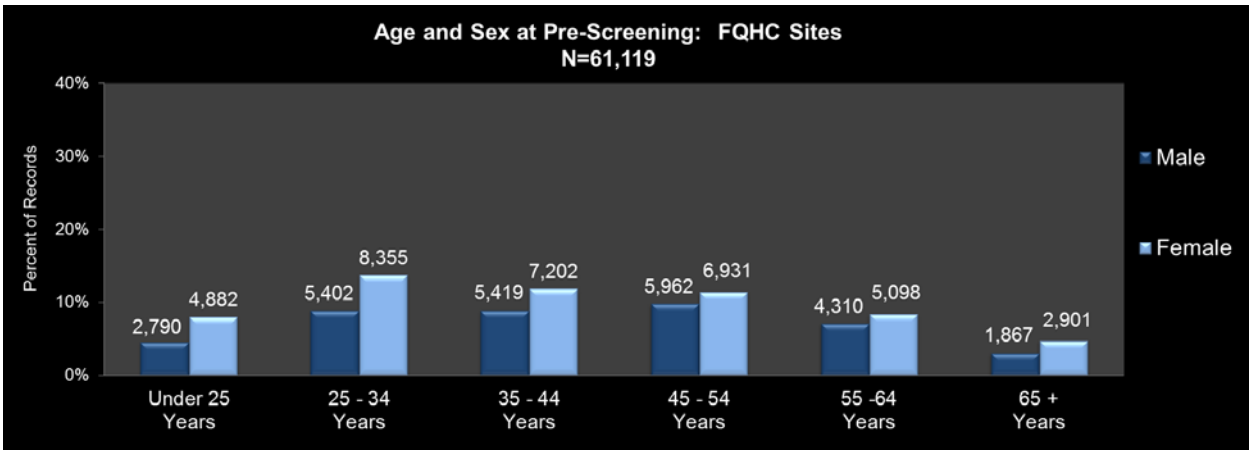
Sex in this report is based on the gender reported in records from the Activities dataset; 30,940 records (46.1%) were for males and 36,221 records (53.9%) were for females. Sex was not recorded in six records (0.01%). Table 8 shows the sex reported in the Activities records from FQHCs and the IAARNG.

**Table 8. Sex**

| Sex | All Sites % (N=67,167) | FQHC Sites % (N=61,125) | IAARNG % (N=6,042) |
|---|---|---|---|
| Male | 46.1 (30,940) | 42.1 (25,750) | 85.9 (5,190) |
| Female | 53.9 (36,221) | 57.9 (35,369) | 14.1 (852) |
| Unknown | <0.1 (6)* | <0.1 (6)* | 0.0 (0) |

Records from all sites indicate the median age of all individuals prescreened was 40 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 42 years at prescreening. The highest numbers of records for males were between 45 and 54 years of age; the highest numbers of records for females were between 25 and 34 years of age. For all age categories, there were more records for females than males.

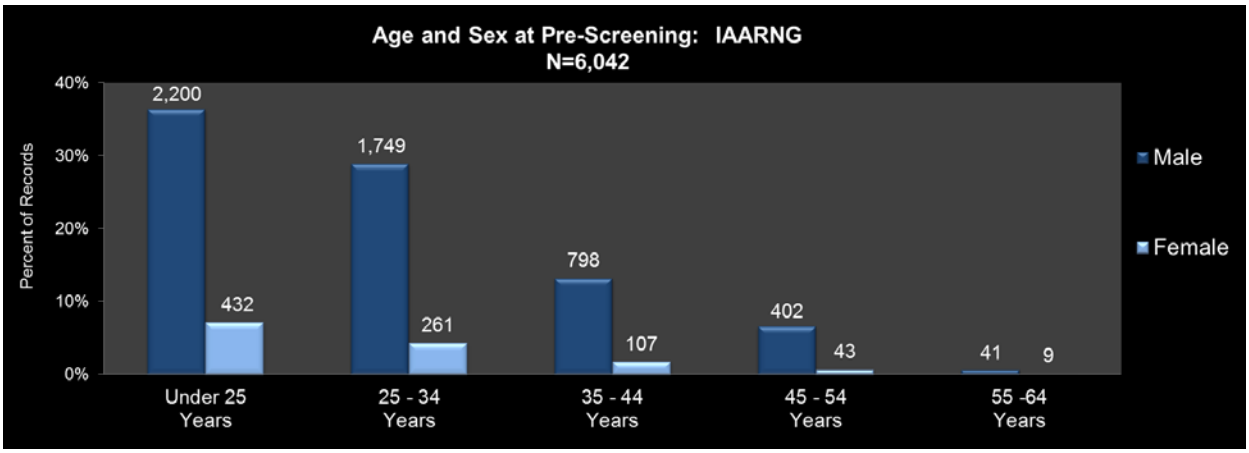
**Figure 3. Age and Sex: FQHC Sites**




Note: Data for six 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 9 on the following page presents race and ethnicity reported in records at prescreening. Nearly three-fourths of records (74.3%) for SBIRT IOWA services through Year Three indicated the race as White, 14.4% of records reported race as African American, and the remaining 11.3% reported other races or more than one race. Just over 20% of the records indicated Hispanic or Latino ethnicity.

**Table 9. Race and Ethnicity**

| Race | All Sites % (N=67,167) | FQHC Sites % (N=61,125) | IAARNG % (N=6,042) |
|---|---|---|---|
| White | 74.3 (49,930) | 72.2 (44,114) | 96.3 (5,816) |
| African American | 14.4 (9,638) | 15.6 (9,533) | 1.7 (105) |
| Asian | 4.2 (2,820) | 4.5 (2,770) | 0.8 (50) |
| Hawaiian/ Pacific Islander | 0.3 (167) | 0.3 (165) | <0.1 (2) |
| Alaska Native | <0.1 (11) | <0.1 (11) | <0.1 (0) |
| American Indian | 0.6 (402) | 0.6 (392) | 0.2 (10) |
| Multi-Racial | 0.3 (195) | 0.3 (164) | 0.5 (31) |
| No Race reported | 0.2 (120) | 0.2 (115) | <0.1 (5) |
| Missing Data | 5.8 (3,884) | 6.3 (3,861) | 0.4 (23) |
| **Ethnicity** | **All Sites % (N=67,167)** | **FQHC Sites % (N=61,125)** | **IAARNG % (N=6,042)** |
| Hispanic/Latino | 20.1 (13,489) | 21.8 (13,307) | 3.0 (182) |
| Not Hispanic/Latino | 79.6 (53,446) | 77.9 (47,587) | 97.0 (5,859) |
| Missing Data/Refused | 0.4 (232) | 0.4 (231) | <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 11,347 records with full screen scores above zero. Of these, 8,017 records are from FQHCs and 3,330 records are from the IAARNG. The recommended service modalities in the following narrative and Tables 10 and 11 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.

- **AUDIT only**: There were 8,271 screenings conducted using the AUDIT only (excluding records with AUDIT scores of zero). Of these, 5,063 records are from FQHCs and 3,208 records are from the IAARNG.

- **DAST-10 only**: There were 1,454 screenings conducted using the DAST-10 only (excluding records with scores of zero). Of these, 1,142 records are from the FQHC sites and 12 records are from the IAARNG.

- **AUDIT and DAST-10**: There are 1,622 screening records containing scores above zero for both the AUDIT and DAST-10. Of these, 1,512 are from FQHC sites and 110 are from the IAARNG.

Tables 10 and 11 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 10. Modalities and Scores for Records with Full Screening Scores: FQHC Sites**

| Screening Instrument | Total Number of Records N=8,017 | Recommended Service | Number of Records in Each Modality N=8,017 | Scores at Screening | |
|---|---|---|---|---|---|
| | | | | Range | Median |
| Completed AUDIT Only | 5,063 | Screening (Encouragement and Education) | 3,217 | 1 – 7 | 4 |
| | | Brief Intervention | 1,166 | 8 – 15 | 10 |
| | | Brief Treatment | 235 | 16 – 19 | 17 |
| | | Referral to Treatment | 445 | 20 – 40 | 26 |
| Completed DAST-10 Only | 1,442 | Brief Intervention | 923 | 1 – 2 | 1 |
| | | Brief Treatment | 305 | 3 – 5 | 3 |
| | | Referral to Treatment | 214 | 6 –10 | 7 |
| Completed Both AUDIT and DAST-10 | 1,512 | Brief Intervention | 771 | AUDIT 1 – 15<br>DAST-10 1 – 2 | 6<br>1 |
| | | Brief Treatment | 305 | AUDIT 1 – 19<br>DAST-10 1 – 5 | 9<br>3 |
| | | Referral to Treatment | 436 | AUDIT 1 – 40<br>DAST-10 1 – 10 | 22<br>6 |

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

| Screening Instrument | Total Number of Records N=3,330 | Recommended Service | Number of Records in Each Modality N=3,330 | Scores at Screening | |
|---|---|---|---|---|---|
| | | | | Range | Median |
| Completed AUDIT Only | 3,208 | Screening (Encouragement and Education) | 2,865 | 1 – 7 | 4 |
| | | Brief Intervention | 311 | 8 – 15 | 9 |
| | | Brief Treatment | 21 | 16 – 19 | 17 |
| | | Referral to Treatment | 11 | 20 – 32 | 22 |
| Completed DAST-10 Only | 12 | Brief Intervention | 7 | 1 – 2 | 1 |
| | | Brief Treatment | 4 | 3 – 5 | 3 |
| | | Referral to Treatment | 1 | 6 | 6 |
| Completed Both AUDIT and DAST-10 | 110 | Brief Intervention | 46 | AUDIT 1 – 15<br>DAST-10 1 – 2 | 5<br>2 |
| | | Brief Treatment | 43 | AUDIT 2 – 19<br>DAST-10 1 – 5 | 8<br>4 |
| | | Referral to Treatment | 21 | AUDIT 4 – 32<br>DAST-10 2 – 9 | 14<br>7 |

As mentioned in the Process section on page 3, Clinicians may recommend a modality of service that is different from the recommendation indicated by the screening score. In the Year Three data set there are 403 records (0.6%) in which the modality entered by staff differs from the modality based on the screenings score. There is one additional record in which the SBIRT Modality (field where staff can change the modality from screening score recommendation to their own clinical recommendation) is blank.

Table 12 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 over two-thirds (66.8%) of the records where the modality differs, the score indicated a higher level of care but the modality entered was Screening.

**Table 12. Differences in Modality Based on Score and Clinician Selection**

| Recommended Modality Based on Full Screen Score | Modality Recorded by Staff | Number of Records % (N=403) |
|---|---|---|
| Screening | Brief Intervention | 0.5 (2) |
| Brief Intervention | Screening | 33.0 (133) |
| Brief Intervention | Brief Treatment | 3.5 (14) |
| Brief Intervention | Referral to Treatment | 0.5 (2) |
| Brief Treatment | Screening | 16.6 (67) |
| Brief Treatment | Brief Intervention | 12.9 (52) |
| Brief Treatment | Referral to Treatment | 0.5 (2) |
| Referral to Treatment | Screening | 17.1 (69) |
| Referral to Treatment | Brief Intervention | 7.4 (30) |
| Referral to Treatment | Brief Treatment | 7.9 (32) |

Of records with a completed full screening, 5,265 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 13 and 14 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 4,998 records, 3,159 (63.2%) were assigned to the Brief Intervention modality, 838 (16.8%) were assigned the Brief Treatment modality, and Referral to Treatment was recorded for 1,001 (20.0%) records. The following data were self-reported by persons screened.

Of the 4,998 records represented in Tables 13 and 14:

- One thousand six hundred sixty-four (33.3%) were for females and 3,334 (66.7%) were for males.
- Races reported:
  - 3,742 (74.9%) White;
  - 957 (19.2%) African American;
  - 144 (2.9%) other races or more than one race;
  - 155 (3.1%) were records with no race reported or missing data;
- Five hundred thirty-two (10.6%) reported Hispanic or Latino ethnicity.
- Four hundred sixty-three (9.3%) were records for Soldiers with the IAARNG and 4,535 (90.7%) 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 13 on the following page, alcohol was the most common substance at screening with 3,021 records (63.0%) for individuals reporting use in the past 30 days. Illegal drug use was reported in one

thousand eight hundred twenty-two records (37.9%). Of those indicating illegal drug use in the past 30 days, 86.0% reported marijuana use. The next most often reported substance among illegal drug users was methamphetamine use, at 10.4%. Approximately 6% of responses for any given question in Table 13 are missing because individuals declined to answer, responded they did not know, or data are missing.

**Table 13. Substance Use at Screening**

| Substance Use in Past 30 Days from Positive Prescreen Records | All Sites % (N=4,998)[a] | FQHC Sites % (N=4,535)[a] | IAARNG % (N=463)[a] |
|---|---|---|---|
| Alcohol | 63.0% (3,021) | 60.2% (2,615) | 89.2% (406) |
| Marijuana/Hashish | 32.5% (1,568) | 35.2% (1,539) | 6.4% (29) |
| Methamphetamine | 3.9% (189) | 4.3% (186) | 0.7% (3) |
| Cocaine/Crack | 2.1% (102) | 2.3% (102) | 0.0% (0) |
| Heroin | 0.7% (33) | 0.7% (32) | 0.2% (1) |
| Morphine | 0.2% (10) | 0.2% (10) | 0.0% (0) |
| Opioids/Pain Relievers | 1.1% (54) | 1.1% (49) | 1.1% (5) |
| Codeine/ Tylenol 2,3,4 | 0.4% (17) | 0.3% (15) | 0.4% (2) |
| Non-Prescription Methadone | 0.4% (18) | 0.4% (18) | 0.0% (0) |
| Hallucinogens/Psychedelics | 0.1% (6) | 0.1% (6) | 0.0% (0) |
| Benzodiazepines/Tranquilizers | 0.5% (24) | 0.5% (24) | 0.0% (0) |
| Ketamine | <0.1% (2) | <0.1% (2) | 0.0% (0) |
| Inhalants | <0.1% (2) | <0.1% (2) | 0.0% (0) |
| Other Illegal Drugs | 1.4% (66) | 1.5% (65) | 0.2% (1) |

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

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 6% of records from all sites).
Column totals are not equal to the number of records since people report multiple substances.

As shown in Table 14 on the following page, almost half (45.5%) of the 4,998 records with GPRA Section B indicated binge drinking. In 12.3% of the records, individuals reported use of alcohol and drugs on the same day. Drug use via injection was reported in 1.6% of the records, comprising 4.3% of the 1,822 records with reported illegal drug use.

**Table 14. Binge Drinking, Same Day Alcohol and Drug Use, and Injection Drug Use in Past 30 Days at Screening**

| Alcohol and Drugs | All Sites % (N=4,998) | FQHC Sites % (N=4,535) | IAARNG % (N=463) |
|---|---|---|---|
| Binge Drinking (Five or More Drinks in One Sitting) | 45.5 (2,273) | 42.5 (1,925) | 75.2 (348) |
| Used Alcohol and Drugs on the Same Day | 12.3 (613) | 13.1 (592) | 4.5 (21) |
| **Injection Drug Use** | **All Sites % (N=4,998)** | **FQHC Sites % (N=4,535)** | **IAARNG % (N=463)** |
| Injected Drugs in Past 30 Days | 1.6 (80) | 1.7 (78) | 0.4 (2) |

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 administer the GPRA instrument through Section G to individuals designated in the Brief Treatment and Referral to Treatment modalities. There are 2,041 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 1,839 records in which those sections of the GPRA instrument were completed.

Tables 15 through 28 on the following pages provide information from the 1,839 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 1,839 records described in Tables 15 through 28:

- Six hundred seventy (36.4%) were for females and 1,169 (63.6%) were for males.
- Races reported:
  - 1,431 (77.8%) were White;
  - 301 (16.4%) were African American;
  - 56 (3.1%) reported other races or more than one race;
  - 51 (2.8%) were records with no race reported or missing data.
- One hundred eighty (9.8%) reported Hispanic or Latino ethnicity.
- One hundred three (5.6%) were records for Soldiers with the IAARNG and 1,736 (94.4%) were records from FQHCs.
- Nearly 50% reported owning or renting their own apartment, room or house.
- Nearly 45% experienced stress due to their use of alcohol or other drugs in the past 30 days.
- Just over 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 (41.9%) 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 15. Housing at Screening for Records Assigned to Brief Treatment and Referral to Treatment Modalities

| Housing Situation | All Sites % (N=1,839) | FQHC Sites % (N=1,736) | IAARNG % (N=103) |
|---|---|---|---|
| Shelter | 7.4 (136) | 7.8 (136) | 0.0 (0) |
| Street/Outdoors | 2.6 (47) | 2.7 (47) | 0.0 (0) |
| Institution (Hospital, Jail/Prison, Nursing Home) | 6.5 (119) | 6.9 (119) | 0.0 (0) |
| Own/Rent Apartment, Room, House | 48.5 (891) | 47.0 (815) | 73.8 (76) |
| Someone Else's Apartment, Room, House | 25.7 (473) | 26.1 (453) | 19.4 (20) |
| Halfway House | 0.3 (6) | 0.4 (6) | 0.0 (0) |
| Residential Treatment | 0.3 (6) | 0.4 (6) | 0.0 (0) |
| Dormitory/College Residence | 0.3 (5) | 0.1 (1) | 3.9 (4) |
| Housed: Other | 1.0 (19) | 1.0 (18) | 1.0 (1) |
| Doesn't Know | 0.6 (11) | 0.6 (11) | 0.0 (0) |
| Declined to Answer Question | 4.6 (84) | 4.8 (84) | 0.0 (0) |
| Missing Data | 2.3 (42) | 2.3 (40) | 1.9 (2) |

### Table 16. 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=1,839) | FQHC Sites % (N=1,736) | IAARNG % (N=103) |
|---|---|---|---|
| Experienced Stress Due to Use of Alcohol or Other Drugs in Past 30 Days | 44.7 (822) | 44.4 (770) | 50.5 (52) |
| Use of Alcohol or Other Drugs Caused Reduction or Giving Up Important Activities in Past 30 Days | 35.2 (647) | 35.3 (612) | 34.0 (35) |
| Use of Alcohol or Other Drugs Caused Emotional Problems in Past 30 Days | 40.1 (738) | 40.0 (694) | 42.7 (44) |

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 17. Children at Screening for Records Assigned to Brief Treatment and Referral to Treatment Modalities

| Children | All Sites % (N=1,839) | FQHC Sites % (N=1,736) | IAARNG % (N=103) |
|---|---|---|---|
| Have Children | 50.5 (928) | 51.9 (901) | 26.2 (27) |
| Children Living with Someone Else Due to Child Protection Court Order | 5.8 (107) | 6.2 (107) | 0.0 (0) |
| Lost Parental Rights For Any Children | 6.3 (115) | 6.6 (114) | 1.0 (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.

### Table 18. Pregnant at Screening for Females' Records Assigned to Brief Treatment and Referral to Treatment Modalities

| Pregnant | All Sites % (N=670) | FQHC Sites % (N=656) | IAARNG % (N=14) |
|---|---|---|---|
| Currently Pregnant | 4.5 (30) | 4.4 (29) | 7.4 (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 19. Employment at Screening for Records Assigned to Brief Treatment and Referral to Treatment Modalities

| Employment | All Sites % (N=1,839) | FQHC Sites % (N=1,736) | IAARNG % (N=103) |
|---|---|---|---|
| Employed Full-Time (≥35 hrs/wk) | 22.2 (408) | 19.8 (344) | 52.1 (64) |
| Employed Part-Time (<35 hrs/wk) | 10.7 (196) | 10.4 (180) | 15.5 (16) |
| Unemployed, Looking for Work | 23.3 (429) | 23.7 (412) | 16.5 (17) |
| Unemployed, Not Looking for Work | 19.6 (360) | 20.5 (356) | 3.9 (4) |
| Unemployed, Disabled | 8.8 (161) | 9.2 (161) | 0.0 (0) |
| Unemployed, Volunteer Work | 0.2 (4) | 0.2 (4) | 0.0 (0) |
| Unemployed, Retired | 1.1 (20) | 1.2 (20) | 0.0 (0) |
| Other | 2.4 (44) | 2.5 (44) | 0.0 (0) |
| Doesn't Know | 1.0 (18) | 1.0 (18) | 0.0 (0) |
| Declined to Answer Question | 7.7 (141) | 8.1 (141) | 0.0 (0) |
| Missing Data | 3.2 (58) | 3.2 (56) | 1.9 (2) |

## Arrests in Past 30 Days at Screening

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

| Arrests in Past 30 Days | All Sites % (N=1,839) | FQHC Sites % (N=1,736) | IAARNG % (N=103) |
|---|---|---|---|
| Zero | 82.8 (1,523) | 82.5 (1,432) | 88.4 (91) |
| One | 4.6 (84) | 4.3 (75) | 8.7 (9) |
| Two | 0.3 (5) | 0.3 (5) | 0.0 (0) |
| Three or More | 0.1 (1) | 0.1 (1) | 0.0 (0) |
| Declined to Answer Question | 8.7 (159) | 9.2 (159) | 0.0 (0) |
| Doesn't Know | 0.7 (13) | 0.7 (12) | 1.0 (1) |
| Missing Data | 2.9 (54) | 3.0 (52) | 1.9 (2) |

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

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

| Self Rating of Overall Health | All Sites % (N=1,839) | FQHC Sites % (N=1,736) | IAARNG % (N=103) |
|---|---|---|---|
| Good to Excellent | 40.0 (735) | 37.5 (651) | 81.5 (84) |
| Fair | 32.5 (597) | 33.8 (586) | 10.7 (11) |
| Poor | 15.0 (275) | 15.6 (270) | 4.9 (5) |
| Doesn't Know | 1.3 (23) | 1.3 (22) | 1.0 (1) |
| Declined to Answer Question | 8.2 (150) | 8.6 (150) | 0.0 (0) |
| Missing Data | 3.2 (59) | 3.3 (57) | 1.9 (2) |

### Table 22. 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=1,839) | FQHC Sites % (N=1,736) | IAARNG % (N=103) |
|---|---|---|---|
| Physical Complaint | 4.6 (84) | 4.7 (82) | 1.9 (2) |
| Mental or Emotional Difficulties | 2.0 (36) | 2.0 (34) | 1.9 (2) |
| Alcohol or Substance Abuse | 7.7 (141) | 8.0 (139) | 1.9 (2) |

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 23. 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=1,839) | FQHC Sites % (N=1,736) | IAARNG % (N=103) |
|---|---|---|---|
| Physical Complaint | 17.7 (325) | 18.2 (316) | 8.7 (9) |
| Mental or Emotional Difficulties | 9.9 (182) | 9.9 (171) | 10.7 (11) |
| Alcohol or Substance Abuse | 7.3 (134) | 7.3 (127) | 6.8 (7) |

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. 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=1,839) | FQHC Sites % (N=1,736) | IAARNG % (N=103) |
|---|---|---|---|
| Physical Complaint | 12.5 (229) | 12.9 (224) | 4.9 (5) |
| Mental or Emotional Difficulties | 2.9 (53) | 2.9 (50) | 2.9 (3) |
| Alcohol or Substance Abuse | 6.0 (110) | 6.2 (108) | 1.9 (2) |

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. 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=1,839) | FQHC Sites % (N=1,736) | IAARNG % (N=103) |
|---|---|---|---|
| Serious Depression | 50.4 (926) | 50.8 (881) | 43.7 (45) |
| Anxiety or Tension | 54.7 (1,005) | 55.4 (961) | 42.7 (44) |
| Hallucinations | 6.2 (114) | 6.5 (112) | 1.9 (2) |
| Trouble Understanding, Concentrating, or Remembering | 34.6 (636) | 35.7 (620) | 15.5 (16) |
| Trouble Controlling Violent Behavior | 8.9 (164) | 9.2 (159) | 4.9 (5) |
| Attempted Suicide | 2.1 (39) | 2.1 (37) | 1.9 (2) |
| Prescribed Medication for Psychological/Emotional Problems | 20.5 (376) | 21.1 (367) | 8.7 (9) |

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. 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=1,839) | FQHC Sites % (N=1,736) | IAARNG % (N=103) |
|---|---|---|---|
| Yes | 41.9 (770) | 41.1 (713) | 55.3 (57) |
| No | 40.2 (739) | 40.1 (696) | 41.8 (43) |
| Doesn't Know | 1.4 (26) | 1.4 (25) | 1.0 (1) |
| Declined to Answer Question | 12.1 (222) | 12.8 (222) | 0.0 (0) |
| Missing Data | 4.5 (82) | 4.6 (80) | 1.9 (2) |

**Table 27. 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=1,839) | FQHC Sites % (N=1,736) | IAARNG % (N=103) |
|---|---|---|---|
| Yes | 5.8 (106) | 5.7 (98) | 7.8 (8) |
| No | 77.8 (1430) | 77.1 (1338) | 89.3 (92) |
| Doesn't Know | 1.1 (21) | 1.2 (20) | 1.0 (1) |
| Declined to Answer Question | 11.3 (207) | 11.9 (207) | 0.0 (0) |
| Missing Data | 4.1 (75) | 4.2 (73) | 1.9 (2) |

## Social Connectedness at Screening

**Table 28. Social Connectedness at Screening for Records Assigned to Brief Treatment and Referral to Treatment Modalities**

| Social Connectedness | All Sites % (N=1,839) | FQHC Sites % (N=1,736) | IAARNG % (N=103) |
|---|---|---|---|
| Attended Any Type of Self-Help Recovery Groups including Religious/Faith-Based, Non-Religious, or any Other in Past 30 Days | 24.6 (453) | 25.2 (437) | 15.5 (16) |
| Interaction With Family/Friends Who Support Recovery | 54.3 (998) | 54.7 (950) | 46.6 (48) |
| Have Someone to Turn to When Having Trouble | 75.8 (1393) | 74.9 (1300) | 90.3 (93) |

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 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 Three or the follow-up completion rate achieved.

There are 227 active follow-up records through June 30, 2015. Of the 227 records, the modalities selected by staff in the screening record are:

- Brief Intervention: 146 records (64.3%).
- Brief Treatment: 42 records (18.5%).
- Referral to Treatment: 39 records (17.2%).

Analyses show interviews were conducted from 150 days to 244 days post-prescreen/screen with a median time from prescreen/screen to follow-up interview of 169 days (mean = 180 days)[2]. Of the 227 individuals who were interviewed:

- Thirty-two (14.1%) were Soldiers with the IAARNG and 195 (85.9%) were screened at FQHCs.
- Seventy-four (32.6%) were female and 153 (67.4%) were male.

Ninety-nine respondents who completed the follow-up interview were administered the AUDIT only during their SBIRT encounter, indicating reported alcohol use at screening; 57 were screened using the DAST-10 only, indicating reported drug use at screening; and 71 were screened using both instruments, indicating reported use of both alcohol and drugs. Table 29 on the following page provides additional information regarding screening instrument, modality, and scores for the 227 respondents who completed the follow-up interview.

[2]One record contained an invalid GPRA Follow-up Date and was excluded.

**Table 29. Screening Information in Follow-Up Interview Records**

| Screening Instrument | Number Of Records N=227 | Recommended Service | Number Of Records In Each Modality N=227 | Scores at Screening | |
|---|---|---|---|---|---|
| | | | | Range | Median |
| Completed AUDIT Only | 99 | Screening | 1 | 7 – 7 | 7 |
| | | Brief Intervention | 74 | 8 – 15 | 10 |
| | | Brief Treatment | 9 | 16 – 19 | 19 |
| | | Referral to Treatment | 15 | 20 – 37 | 24 |
| Completed DAST-10 Only | 57 | Brief Intervention | 32 | 1 – 2 | 1 |
| | | Brief Treatment | 18 | 3 – 5 | 4 |
| | | Referral to Treatment | 7 | 6 – 9 | 7 |
| Completed Both AUDIT and DAST-10 | 71 | Brief Intervention | 33 | AUDIT 2 – 15<br>DAST-10 1 – 2 | 5<br>1 |
| | | Brief Treatment | 14 | AUDIT 3 – 8<br>DAST-10 1 – 5 | 11<br>4 |
| | | Referral to Treatment | 24 | AUDIT 1 – 39<br>DAST-10 1 – 10 | 23<br>6 |

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

Table 30 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, approximately two-thirds (66.5%) reported alcohol use in the 30 days prior to screening. The range of days for alcohol use for these 151 respondents was 1 to 30 with a median of 4.0 days (mean = 9.6 days). At follow-up, 128 individuals (56.4%) 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 7 days (mean = 7.6 days).

A little under half (47.6%) 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 4 days (mean = 9.0 days) and ranged from one to 30 days. Seventy individuals (30.8%) 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 2.5 days (mean = 5.0 days).

More than one-third (39.2%) 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 10 days (mean = 13.2 days). At follow-up, 51 respondents (22.5%) 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 = 9.6 days). None of the respondents reported use of the following substances: Dilaudid, Demerol, Percocet, Darvon, Codeine, Hallucinogenics, Barbiturates, GHB, Ketamine, or Inhalants.

**Table 30. 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=227) | Follow-Up % (N=227) |
| Alcohol | 66.5 (151) | 56.4 (128) |
| Binge Drinking (Five or More Drinks in One Sitting) | 47.6 (108) | 30.8 (70) |
| Use of Illegal Drugs | 39.2 (89) | 22.5 (51) |
| Marijuana/Hashish | 34.4 (78) | 20.7 (47) |
| Methamphetamine | 1.8 (4) | 0.4 (1) |
| Cocaine/Crack | 3.1 (7) | 1.8 (4) |
| Heroin | 0.9 (2) | 0.0 (0) |
| Opioids /Tranquilizers | 1.6 (4) | 0.4 (1) |
| Other Illegal Drugs | 2.2 (5) | 0.0 (0) |
| Injected Drugs in Past 30 Days | 0.9 (2) | 0.0 (0) |
| Used Alcohol and Drugs on the Same Day | 15.0 (34) | 9.7 (22) |

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.

The remaining outcomes data presented in this report are from GPRA sections C through G. Individuals assigned by staff to the Brief Intervention modality (146 of the 227 individuals who completed a follow-up interview) do not complete these sections at screening. Tables 31 through 44 on the following pages provide responses at screening and follow-up for the 81 individuals for whom these GPRA data are available.

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

### Table 31. Housing at Screening and Follow-Up

| Housing Situation | Screening % (N=81) | Follow-Up % (N=81) |
|---|---|---|
| Shelter | 6.2 (5) | 3.7 (3) |
| Street/Outdoors | 1.2 (1) | 2.5 (2) |
| Institution (Hospital, Jail/Prison, Nursing Home) | 6.2 (5) | 4.9 (4) |
| Own/Rent Apartment, Room, House | 50.6 (41) | 60.5 (49) |
| Someone Else's Apartment, Room, House | 33.3 (27) | 24.7 (20) |
| Residential Treatment | 0.0 (0) | 1.2 (1) |
| Halfway House | 1.2 (1) | 0.0 (0) |
| Housed: Other | 0.0 (0) | 1.2 (1) |
| Declined to Answer Question | 0.0 (0) | 1.2 (1) |
| Missing Data | 1.2 (1) | 0.0 (0) |

### Table 32. 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=81) | Follow-Up % (N=81) |
|---|---|---|
| Experienced Stress Due to Use of Alcohol or Other Drugs in Past 30 Days | 45.7 (37) | 23.4 (19) |
| Use of Alcohol or Other Drugs Caused Reduction or Giving Up Important Activities in Past 30 Days | 35.8 (29) | 12.3 (10) |
| Use of Alcohol or Other Drugs Caused Emotional Problems in Past 30 Days | 44.4 (36) | 12.3 (10) |

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 33. Children at Screening and Follow-Up

| Children | Screening % (N=81) | Follow-Up % (N=81) |
|---|---|---|
| Have Children | 56.8 (46) | 54.3 (44) |
| Children Living with Someone Else Due to Child Protection Court Order | 4.9 (4) | 6.2 (5) |
| Lost Parental Rights For Any Children | 0.0 (0) | 4.9 (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.

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

| Pregnant | Females at Screening % (N=27) | Females at Follow-Up % (N=27) |
|---|---|---|
| Currently Pregnant | 0.0 (0) | 3.7 (1) |

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 35. Employment at Screening and Follow-Up

| Employment | Screening % (N=81) | Follow-Up % (N=81) |
|---|---|---|
| Employed Full-Time (≥35 hrs/wk) | 22.2 (18) | 29.6 (24) |
| Employed Part-Time (<35 hrs/wk) | 7.4 (6) | 13.6 (11) |
| Unemployed, Looking for Work | 30.7 (25) | 24.7 (20) |
| Unemployed, Not Looking for Work | 22.2 (18) | 12.3 (10) |
| Unemployed, Disabled | 12.3 (10) | 13.6 (11) |
| Unemployed, Retired | 1.2 (1) | 0.0 (0) |
| Other | 2.5 (2) | 2.5 (2) |
| Doesn't Know | 0.0 (0) | 1.2 (1) |
| Declined to Answer Question | 0.0 (0) | 2.5 (2) |
| Missing Data | 1.2 (1) | 0.0 (0) |

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

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

| Arrests in Past 30 Days | Screening % (N=81) | Follow-Up % (N=81) |
|---|---|---|
| Zero | 91.4 (74) | 93.8 (76) |
| One | 7.4 (6) | 3.7 (3) |
| Declined to Answer Question | 0.0 (0) | 2.5 (2) |
| Missing Data | 1.2 (1) | 0.0 (0) |

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

### Table 37. Overall Health at Screening and Follow-Up

| Self-Rating of Overall Health | Screening % (N=81) | Follow-Up % (N=81) |
|---|---|---|
| Good to Excellent | 48.1 (40) | 74.1 (60) |
| Fair | 37.0 (30) | 17.3 (14) |
| Poor | 12.4 (10) | 3.7 (3) |
| Doesn't Know | 0.0 (0) | 1.2 (1) |
| Missing Data | 1.2 (1) | 1.2 (1) |

### Table 38. Inpatient Treatment at Screening and Follow-Up

| Receiving Inpatient Treatment In Past 30 Days | Screening % (N=81) | Follow-Up % (N=81) |
|---|---|---|
| Physical Complaint | 8.6 (7) | 3.7 (3) |
| Mental or Emotional Difficulties | 3.7 (3) | 3.7 (3) |
| Alcohol or Substance Abuse | 4.9 (4) | 3.7 (3) |

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 39. Outpatient Treatment

| Receiving Outpatient Treatment In Past 30 Days | Screening % (N=81) | Follow-Up % (N=81) |
|---|---|---|
| Physical Complaint | 22.2 (18) | 8.6 (7) |
| Mental or Emotional Difficulties | 13.6 (11) | 7.4 (6) |
| Alcohol or Substance Abuse | 9.9 (8) | 3.7 (3) |

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. Emergency Room Visits

| Receiving Emergency Room Treatment In Past 30 Days | Screening % (N=81) | Follow-Up % (N=81) |
|---|---|---|
| Physical Complaint | 9.9 (8) | 12.3 (10) |
| Mental or Emotional Difficulties | 3.7 (3) | 2.5 (2) |
| Alcohol or Substance Abuse | 6.2 (5) | 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 41. Mental Health

| Mental Health Issues Experienced In Past 30 Days | Screening % (N=81) | Follow-Up % (N=81) |
|---|---|---|
| Serious Depression | 58.0 (47) | 33.3 (27) |
| Anxiety or Tension | 66.7 (54) | 42.0 (34) |
| Hallucinations | 9.9 (8) | 1.2 (1) |
| Trouble Understanding, Concentrating, or Remembering | 53.1 (43) | 23.5 (19) |
| Trouble Controlling Violent Behavior | 17.3 (14) | 3.7 (3) |
| Attempted Suicide | 3.7 (3) | 1.2 (1) |
| Prescribed Medication for Psychological/Emotional Problems | 25.9 (21) | 27.2 (22) |

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. Violence and Trauma

| Experienced Violence or Trauma in Lifetime | Screening % (N=81) | Follow-Up % (N=81) |
|---|---|---|
| Yes | 51.8 (42) | 19.7 (16) |
| No | 44.4 (36) | 71.6 (58) |
| Doesn't Know | 0.0 (0) | 1.2 (1) |
| Declined to Answer Question | 1.2 (1) | 6.2 (5) |
| Missing Data | 2.5 (2) | 1.2 (1) |

**Table 43. Hit, Kicked, Slapped or Otherwise Physically Hurt in Past 30 Days at Screening and Follow-Up**

| Physically Hurt in Past 30 Days | Screening % (N=81) | Follow-Up % (N=81) |
|---|---|---|
| Yes | 3.7 (3) | 2.5 (2) |
| No | 93.8 (76) | 92.6 (75) |
| Declined to Answer Question | 1.2 (1) | 3.7 (3) |
| Missing Data | 1.2 (1) | 1.2 (1) |

## Social Connectedness

**Table 44. Social Connectedness**

| Social Connectedness | Screening % (N=81) | Follow-Up % (N=81) |
|---|---|---|
| Attended Any Type of Self-Help Recovery Groups including Religious/Faith-Based, Non-Religious, or any Other in Past 30 Days | 28.7 (23) | 28.4 (23) |
| Interaction With Family/Friends Who Support Recovery | 48.1 (39) | 75.3 (61) |
| Have Someone to Turn to When Having Trouble | 98.8 (80) | 96.3 (78) |

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.

# FIDELITY ASSESSMENT RESULTS

Assessments of fidelity to the therapy models used for Brief Interventions (Brief Negotiated Interview model) and Brief Treatment sessions (Integrated Change Therapy model) began in October, 2014. Clinicians, Supervisors, and clients complete an assessment questionnaire regarding the Clinician's approach in one randomly selected session per Clinician each quarter. Clinician and Supervisor assessments are matched by Clinician name, session date, and client identification number for Brief Interventions and by Clinician name, session date, client identification number and session number for Brief Treatment sessions. This matching process yielded 25 matched Clinician and Supervisor assessments for Brief Intervention and 13 matched assessments for Brief Treatment. Client assessments are not included in the matching, as potentially identifying information such as Clinician name and session date were not collected from clients in order to protect their anonymity. Client data are presented in aggregate form. Copies of the assessment questionnaires may be found in the Appendix. Client questionnaires in the Spanish language were provided to Spanish-speaking clients.

## Statistical Analyses

In order to assess the fidelity of SBIRT IOWA Brief Intervention and Brief Treatment sessions conducted, the following analyses examined only positive endorsements (where respondents answered "Yes"). Normally, a fidelity analysis would be concerned with matching endorsements for all possible selections. However the present analysis is interested in:

1) whether the Clinician performed the tasks;
2) whether the Supervisor felt the Clinician performed the tasks;
3) whether the Clinician and Supervisor agreed that the task was performed on the same clients; and

Positive endorsements for the Brief Intervention analysis consist of either the Clinician or Supervisor selecting "yes" on the Brief Intervention and Referral: Adult Interview Scoring Sheet.

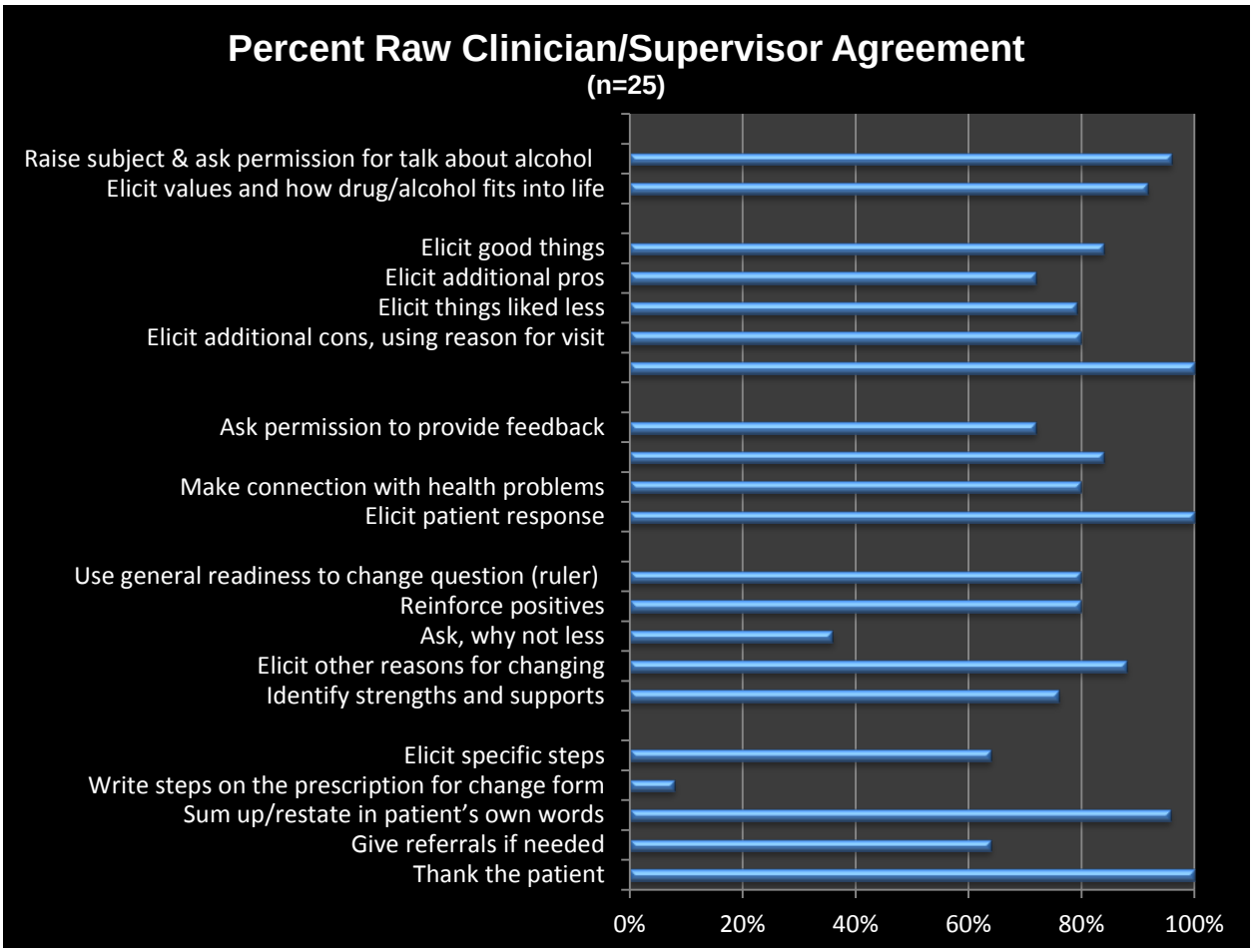
Positive endorsements for the Brief Treatment analysis consist of either the Clinician or Supervisor selecting "extensive" or "OK" on the Universal Components of Integrated Change Therapy (ICT) Sessions form.

## Brief Intervention Fidelity

### Brief Intervention Agreement: Part 1

Part one of the Brief Intervention scoring sheet consisted of five domains: Engagement, Pros and Cons of Alcohol/Drug Use, Feedback/Discussion, Assess Readiness to Change, and Create Action Plan. Each domain contains individual items rated for agreement. Figure 5 on the following page provides the raw positive agreement percent for each item.

**Figure 5. Percent Raw Brief Intervention Positive Agreement Percentages**




In the agreement analysis, corrected agreement suggests low agreement between the Clinicians and Supervisors. Overall, clinician and supervisors demonstrated chance levels of agreement. This analysis suggests that while Clinicians and Supervisors are endorsing "Yes" a high percent of the time, they are not endorsing "Yes" for many of the same clients.

Another consideration in this interpretation is the overall percentage of positive endorsements. Clinicians tended to have a lower average positive endorsement than did the Supervisors (84% vs. 86%). This may represent the tendency for Clinicians to underestimate their performance. On the other hand, it may represent overestimation by the Supervisors. However, it may be that this represents a difference in the mutual definition or understanding of the tasks by the Clinician and the Supervisor in the Brief Intervention process.

### Brief Intervention Agreement: Part 2

The second part of the Brief Intervention and Referral: Adult Interview Scoring Sheet consisted of ten items on the Supervisor form and one item on the Clinician form. Both parties filled out the common item to rate the perceived percent of time the Clinician spoke during the intervention as compared to the client. Figure 6 on the following page is the recreated item on the Scoring Sheet.

**Figure 6: General Performance Assessment**

Percent of talking by patient compared to interviewer (Voice)

| 0% | 20% | 40% | 60% | 80% |
|---|---|---|---|---|

Figure 7 shows the frequency distribution for the General Performance Assessment. Again, the illustrated frequencies demonstrate the tendency for Supervisors to endorse more positive items and Clinicians to endorse fewer positive items.

**Figure 7: General Performance Assessment: Percent of talking by patient compared to interviewer (Voice)**

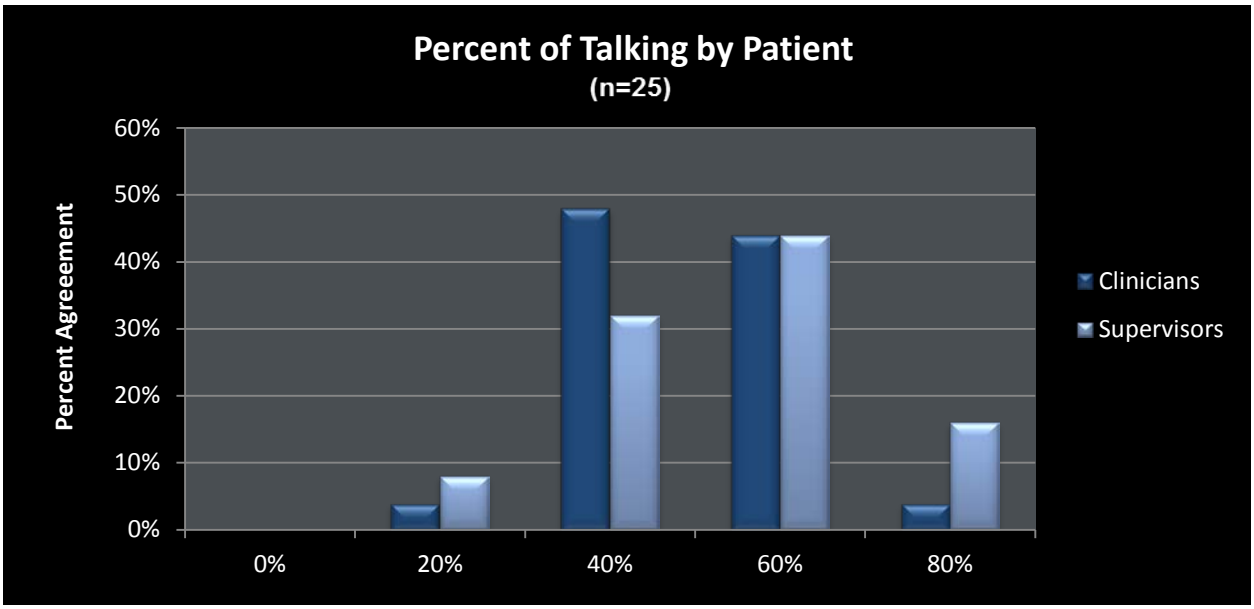



Table 47 on the following page presents data on Supervisor ratings for the remaining nine General Performance Assessment items. Each performance item had a rating scale of zero (lowest rating) to five (highest or best rating). Most Supervisors ranked Clinicians on the upper half of the rating scale for these items. Supervisors rated Clinicians highest on “Respect” and lowest on “Listening for cues.”

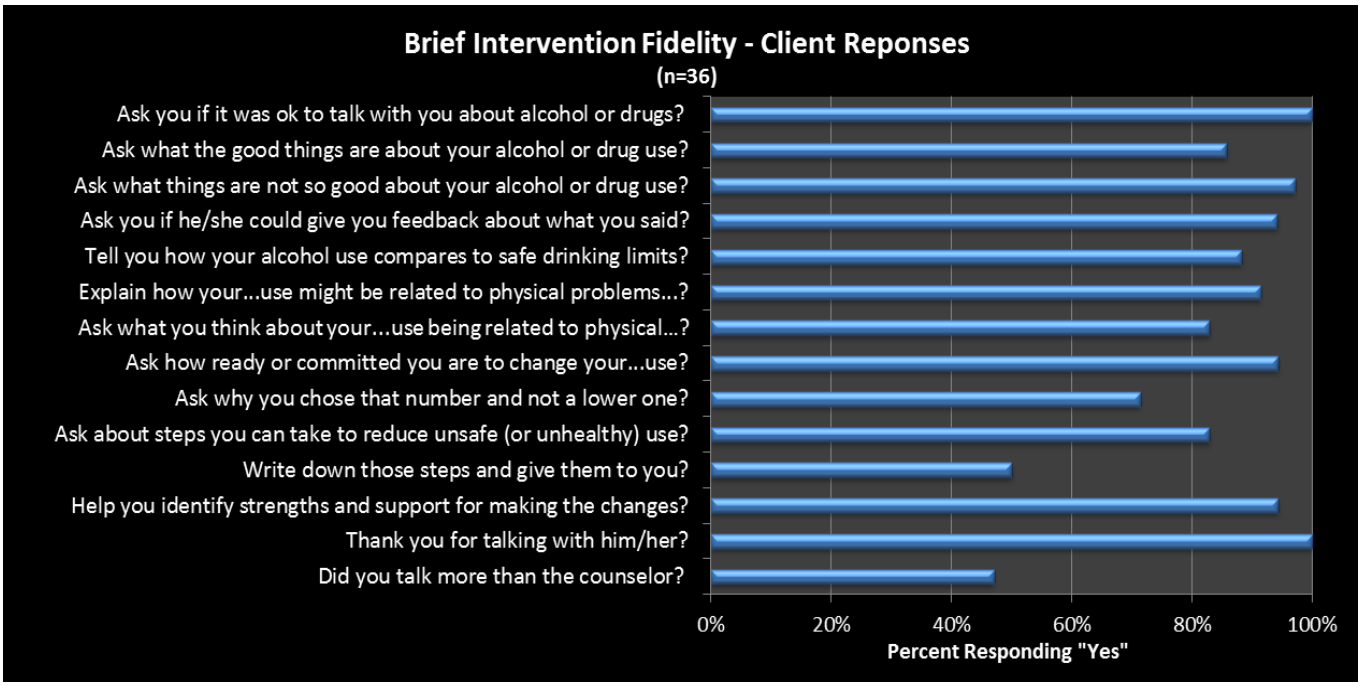
**Table 47. Supervisor Ratings on General Performance Feedback Items**

| General Performance Feedback Category | Scale Score | | | | | |
|---|---|---|---|---|---|---|
| | 0 | 1 | 2 | 3 | 4 | 5 |
| Language appropriate | 0% | 0% | 0% | 8% | 4% | 88% |
| Reflective listening | 0% | 0% | 0% | 12% | 28% | 60% |
| Respect | 0% | 0% | 0% | 0% | 16% | 84% |
| Negotiation (Choice) | 0% | 8% | 0% | 16% | 16% | 60% |
| Affirmations | 0% | 4% | 0% | 8% | 16% | 72% |
| Knowledge of facts | 0% | 4% | 0% | 0% | 20% | 76% |
| Knowledge of resources | 0% | 0% | 0% | 4% | 20% | 76% |
| Allowing for silence | 0% | 4% | 4% | 28% | 40% | 24% |
| Listening for cues | 0% | 4% | 12% | 4% | 36% | 44% |

### Brief Intervention Client Responses

Clients completed a 14-item questionnaire related to counselor fidelity to the Brief Intervention model. Client questions were designed to address the same general components of the session that Clinicians and Supervisors assessed. Thirty-six clients submitted SBIRT IOWA Service Feedback Forms during Year Three. One client declined to answer all but the first question, indicating in the Comments section that he/she did not feel the questions related well to the session with the Clinician. Figure 8 on the following page presents the percent of clients answering "Yes" for each question on the survey. One hundred percent of clients indicated the Clinician asked their permission to talk about alcohol or drugs and thanked them for talking with him/her. More than 80% of clients responded "Yes" to all but three items. The item with the lowest percentage of affirmative responses was "Did you talk more than the counselor?" with less than half (47.1%) saying "Yes."

**Figure 8: Brief Intervention Fidelity Assessment – Client Feedback**




As indicated above, clients were allowed to provide narrative comments regarding their Brief Intervention session. Ten clients included comments, as follows:

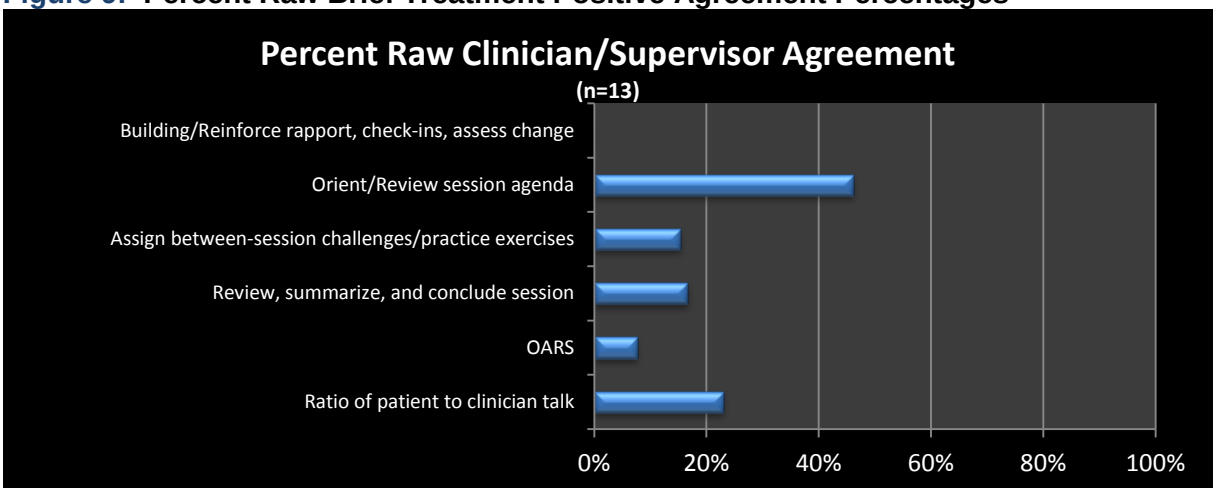
- "(The Clinician) was very helpful and did not judge me for anything."
- "Only used one time and it was a mistake."
- "I do not feel that these questions relate accurately with the discussions we had about drug and alcohol use."
- "Went well, made me feel comfortable, easy to talk to."
- "I'm 50 years old, I could write a book on how booze and drugs destroyed my life. I love smoking weed and god is ok with that. Thanks for taking the time to talk to me."
- "It was a good talk."
- "I explained how I have already made changes to my drinking and why so I was able to make the talk faster."
- "She's very friendly."
- "All well/understood well."
- "It was very good, she was very nice and clear in her explanations. Thank you."

## Brief Treatment Fidelity

For Brief Treatment, the positive agreement required a different type of conceptualization. The Universal Components of Integrated Change Therapy (ICT) Sessions form includes only affirmative items, which require endorsing "Extensive," "OK," or "Little." This form assumes all tasks were completed and leaves no space to endorse not completing a task. To assess for agreement, we thought to combine "extensive" and "OK" as a positive endorsement. After evaluating the fidelity data, it was apparent that neither the Clinicians nor Supervisors endorsed "extensive" on any of the items. The following analyses represent items endorsed "OK," as positive, and "Little" as non-positive.

For the last item, “Ratio of patient to Clinician talk,” the possible responses were “70/30,” “50/50,” and “30/70.” We considered “70/30” and “50/50” as positive endorsements and “30/70” as non-positive. Figure 9 illustrates the raw percent of positive agreement for each item.

**Figure 9: Percent Raw Brief Treatment Positive Agreement Percentages**




Note: Raw positive agreement for “Building/Reinforce rapport…” was 0%.

The raw agreements in the Brief Treatment analysis are significantly lower than in the Brief Intervention analysis. Raw agreement does not account for agreement due to chance. Further statistical procedures employed represent a better sense of program fidelity[3]. There were low chance corrected levels of agreement between Clinicians and Supervisors. The highest percent of agreement beyond chance was 13.3%. All of the universal components are being conducted, however the Clinician and Supervisor did not agree upon the extents to which the tasks are completed.

### Brief Treatment Client Responses

Clients completed an 11-item questionnaire related to counselor fidelity to the Brief Treatment model. Client questions were designed to address key universal components of the session. Seven questions have a three-point Likert scale in which clients could select “A Lot,” “Some,” or “Not at All” regarding how much they thought the Clinician did each item listed. The remaining four questions had “Yes” and “No” response options. Sixteen clients submitted SBIRT IOWA Brief Treatment Client Feedback Forms during Year Three.

Figure 10 on the following page presents clients’ responses to the Likert scale questions. Clients rated Clinicians highly on these items, with more than 80% responding “A Lot” on all items. One hundred percent of clients responded “A Lot” regarding how much the Clinician helped them feel comfortable, respected their right to make their own choices, and understood their feelings and concerns. No clients selected the “Not at All” response to any of the items.

[3] *Cohen, J. (1960). A coefficient of agreement for nominal scales. Educational and Psychological Measurement, 20(1), 37-46*

**Figure 10: Brief Treatment Fidelity Assessment – Client Feedback Items 1-7**

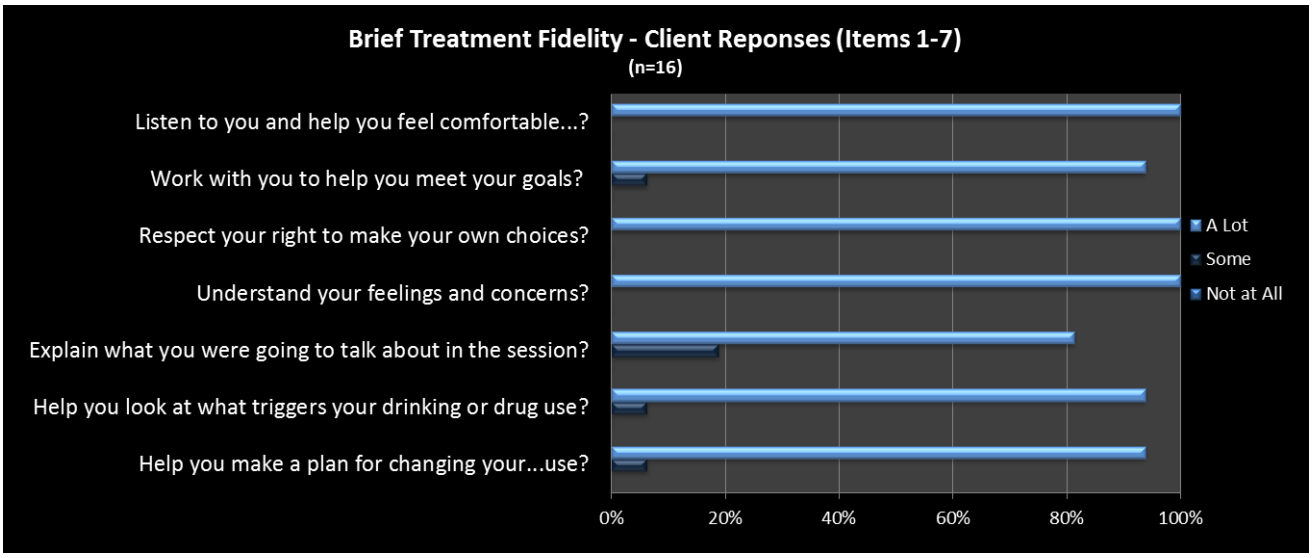
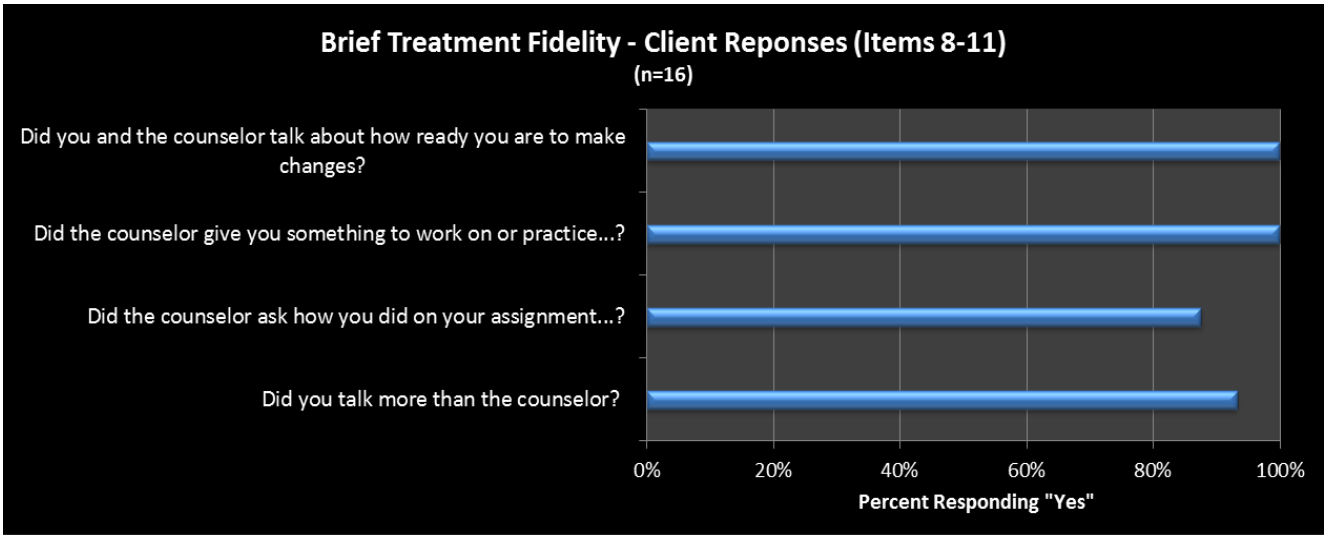



Figure 11 presents the percent of clients answering "Yes" to the four "Yes/No" questions on the survey. One hundred percent of clients indicated he/she and the Clinician discussed the client's readiness to make changes and that the Clinician gave them a between-session assignment.

**Figure 11: Brief Treatment Fidelity Assessment – Client Feedback Items 8-11**



### Summary

Overall, Evaluators found low levels of agreement when statistically correcting for chance occurrences. There are many possible interpretations of these data. However, it appears that the material may be too subjective to agree upon at this point. It is suggested that the Clinicians and Supervisors work together to define the tasks in an objective manner. Developing a clear agreement on measurable definitions would help to improve program fidelity. By developing agreed upon hallmarks, both Clinicians and Supervisors involved in the SBIRT Brief Intervention and Brief Treatment models can insure proper credit for completed tasks. These analyses may suggest there is a possible miscommunication. The uncorrected agreements suggest that Clinicians are doing well in most areas of intervention and treatment. However, the two parties involved seem to be uncertain about accurately endorsing specific tasks.

## CONCLUSION

Based on records marked active in the I-SMART WITS system, SBIRT IOWA staff conducted 67,167 prescreenings through Year Three (June 30, 2015); 61,125 at FQHCs and 6,042 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 130.2%.

SBIRT IOWA has provided early identification of risky substance use behavior in five thousand two hundred sixty-five 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 Bi-Annual Reports.

Two hundred twenty-seven follow-up interviews were completed through Year Three. Analyses of substance use data for those completing follow-up interviews indicate the number of respondents reporting binge drinking was reduced by approximately a third and illegal drug use was cut nearly in half from screening to follow-up. Additionally, the number of individuals reporting stress as a result of their substance use was reduced by nearly half, and the numbers reporting emotional problems or giving up important activities were cut by approximately two-thirds.

FQHC and IAARNG Clinicians, Supervisors and patients/Soldiers (Clients) participated in fidelity monitoring of randomly selected Brief Intervention and Brief Treatment sessions. Raw fidelity assessment data suggest Clinicians are doing well on many areas of Brief Intervention and Brief Treatment model implementation. Supervisors tended to rate Clinicians slightly higher than the Clinicians did themselves. Clients tended to rate Clinicians highly on most items. Further analyses of Clinician and Supervisor responses indicate low levels of agreement, however, on the implementation of specific key components of the models. Analyses of therapy outcomes based on degree of fidelity are ineffective without close agreement on the level of fidelity achieved. Refresher trainings and discussions between Clinicians and Supervisors regarding what actions constitute each key aspect of the models are recommended, and may increase agreement on future assessments.

## 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 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.

Finally, the Evaluators have been unable to effectively track follow-up interviews due or calculate follow-up completion rates this project year because of problems in the federal Common Data Platform. The Evaluators 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.

# APPENDIX: FIDELITY ASSESSMENT INSTRUMENTS

## Brief Intervention
## Fidelity Assessment Forms

## The BNI-ART Institute
## Brief Intervention and Referral: Adult Interview Scoring Sheet
## Clinician Form

Date of Session: ____ /____ /_____ Clinician's name: _____

Agency: _____ ISMART Unique Client Number: _____

**PART 1**
**Please mark Yes (Y) or No (N) to indicate whether you did the following:**

| CRITERIA | Y | N |
|---|---|---|
| **Engagement** | | |
| • Raise subject & ask permission for talk about alcohol | ☐ | ☐ |
| • Elicit values and how drug/alcohol fits into life | ☐ | ☐ |
| Comments: | | |
| **Pros and Cons of Alcohol/Drug Use** | | |
| • Elicit good things | ☐ | ☐ |
| • Elicit additional pros | ☐ | ☐ |
| • Elicit things liked less | ☐ | ☐ |
| • Elicit additional cons, using reason for visit | ☐ | ☐ |
| • Sum up and restate in patient's own words (reflective listening) | ☐ | ☐ |
| Comments: | | |
| **Feedback/Discussion** | | |
| • Ask permission to provide feedback | ☐ | ☐ |
| • Compare screening responses (self-report of drug & alcohol use) to low risk use (NIAAA low risk drinking guidelines) | ☐ | ☐ |
| • Make connection with health problems | ☐ | ☐ |
| • Elicit patient response | ☐ | ☐ |
| Comments: | | |
| **Assess Readiness to Change** | | |
| • Use general readiness to change question (ruler) | ☐ | ☐ |
| • Reinforce positives | ☐ | ☐ |
| • Ask, why not less? | ☐ | ☐ |
| • Elicit other reasons for changing | ☐ | ☐ |
| • Identify strengths and supports | ☐ | ☐ |
| Comments: | | |
| **Create Action Plan (Prescription for Change)** | | |
| • Elicit specific steps | ☐ | ☐ |
| • Write steps on the prescription for change form | ☐ | ☐ |
| • Sum up/restate in patient's own words | ☐ | ☐ |
| • Give referrals if needed | ☐ | ☐ |
| • Thank the patient | ☐ | ☐ |
| Comments: | | |

**PART 2**
**General Performance Assessment.**

| | |
|---|---|
| • Percent of talking by patient compared to interviewer (Voice) | *0% 20% 40% 60%* |

## The BNI-ART Institute

### Brief Intervention and Referral: Adult Interview Scoring Sheet
### Supervisor Form

Date of Session: _____ /_____ /_____ Clinician's Name _____

Supervisor's Name _____ Agency _____

ISMART Unique Client Number _____

## PART 1

**Please mark Yes (Y) or No (N) to indicate whether the Clinician did the following.**

**Engagement**

- Raise subject & ask permission for talk about alcohol ☐ ☐
- Elicit values & how drug/alcohol fits into life ☐ ☐

Comments:

**Pros and Cons of Alcohol/Drug Use**

- Elicit good things ☐ ☐
- Elicit additional pros ☐ ☐
- Elicit things liked less ☐ ☐
- Elicit additional cons, using reason for visit ☐ ☐
- Sum up and restate in patient's own words (reflective listening) ☐ ☐

Comments:

**Feedback/Discussion**

- Ask permission to provide feedback ☐ ☐
- Compare screening responses (self-report of drug and alcohol use) to low risk use (NIAAA low risk drinking guidelines) ☐ ☐
- Make connection with health problems ☐ ☐
- Elicit patient response ☐ ☐

Comments:

**Assess Readiness to Change**

- Use general readiness to change question (ruler) ☐ ☐
- Reinforce positives ☐ ☐
- Ask, why not less? ☐ ☐
- Elicit other reasons for changing ☐ ☐
- Identify strengths and supports ☐ ☐

Comments:

**Create Action Plan/Prescription for Change**

- Elicit specific steps ☐ ☐
- Write steps on the prescription for change form ☐ ☐
- Sum up/restate in patient's own words ☐ ☐
- Give referrals if needed ☐ ☐
- Thank the patient ☐ ☐

Comments:

## PART 2

**General Performance Feedback. Please rate the following components of the Clinician's performance on the scales provided by circling the number on the scale.**

- Language appropriate

Not appropriate — Appropriate

| 0 | 1 | 2 | 3 | 4 | 5 |

- Reflective listening

Not reflective — Reflective

| 0 | 1 | 2 | 3 | 4 | 5 |

- Percent of talking by patient compared to interviewer (Voice)

| 0% | 20% | 40% | 60% | 80% |

(1) (5)

- Respect

Disrespectful — Respectful

| 0 | 1 | 2 | 3 | 4 | 5 |

- Negotiation(Choice)

One-sided Agenda — Shared Agenda

| 0 | 1 | 2 | 3 | 4 | 5 |

- Affirmations

Not Encouraging — Encouraging self-change

| 0 | 1 | 2 | 3 | 4 | 5 |

- Knowledge of facts

Low — High

| 0 | 1 | 2 | 3 | 4 | 5 |

- Knowledge of resources

Low — High

| 0 | 1 | 2 | 3 | 4 | 5 |

- Allowing for silence and duration of pauses before jumping in

No pause — Uses silence effectively

| 0 | 1 | 2 | 3 | 4 | 5 |

- Listening for cues

Misses opportunities — Uses opportunities to go deeper

| 0 | 1 | 2 | 3 | 4 | 5 |

## SBIRT IOWA Service Feedback Form

We would appreciate your feedback about your appointment here today. Please answer the following questions as honestly as possible to help us improve our services.

Health Care Center Name (or National Guard): _____

**Please check the box under Yes or No to answer the following questions. Did the staff member:**

| | | |
|---|---|---|
| 1. Ask you if it was ok to talk with you about alcohol or drugs? | ☐ | ☐ |
| 2. Ask what the good things are about your alcohol or drug use (if you didn't already tell him/her)? | ☐ | ☐ |
| 3. Ask what things are not so good about your alcohol or drug use? | ☐ | ☐ |
| 4. Ask you if he/she could give you feedback (tell you his/her thoughts) about what you said? | ☐ | ☐ |
| 5. Tell you how your alcohol use compares to safe drinking limits (if you talked about alcohol)? | ☐ | ☐ |
| 6. Explain how your alcohol or drug use might be related to physical problems you may have? | ☐ | ☐ |
| 7. Ask what you think about your alcohol or drug use being related to your physical problems? | ☐ | ☐ |
| 8. Ask how ready or committed you are (on a scale of 1 to10) to change your drinking or drug use? | ☐ | ☐ |
| 9. Ask why you chose that number and not a lower one? | ☐ | ☐ |
| 10. Ask about steps you can take to reduce unsafe (or unhealthy) use? | ☐ | ☐ |
| 11. Write down those steps and give them to you? | ☐ | ☐ |
| 12. Help you identify strengths and support you have for making the changes? | ☐ | ☐ |
| 13. Thank you for talking with him/her? | ☐ | ☐ |
| 14. Did you talk more than the counselor? | ☐ | ☐ |

Comments (anything else you'd like to say about your talk with the staff person):

_____

_____

_____

_____

Thank you for your feedback!

# Brief Treatment
# Fidelity Assessment Forms

Date of Session: ___/___ /___ Clinician's name: _____

Supervisor's Name _____ Agency: _____

ISMART Unique Client Number: _____

## Universal Components of Integrated Change Therapy (ICT) Sessions

Please indicate the extent of the Clinician's use of the following:

| | | | |
|---|---|---|---|
| **U1. Building/Reinforce rapport, check-ins, assess change** | ☐ | ☐ | ☐ |
| **U2. Orient/Review session agenda** | ☐ | ☐ | ☐ |
| **U3. Assign between-session challenges/practice exercises** | ☐ | ☐ | ☐ |
| **U4. Review, summarize, and conclude session** | ☐ | ☐ | ☐ |
| **MI Skills and Strategies Practiced:** | | | |
| **U5. OARS** | ☐ | ☐ | ☐ |
| **U6. Ratio of patient to Clinician talk** | **70/30** | **50/50** | **30/70** |

**SN. ICT Session conducted (Session number):** _____

EXAMPLE

## SBIRT IOWA BRIEF TREATMENT FIDELITY FORM – CLINICIAN & SUPERVISOR FORM

Date of Session: ___/___ /___ Clinician's name: _____

Supervisor's Name _____ Agency: _____

ISMART Unique Client Number: _____

# ICT Session 1
# Adherence and Competence Checklist

| | | | |
|---|---|---|---|
| 3. Complete bridging form using data gathered in screening/assessment | ☐ | ☐ | ☐ |
| 4. Review bridging form/ Facilitate the patient's reflection on substance use | ☐ | ☐ | ☐ |
| 5. Explore the patient attitudes about change, including ambivalent attitudes | ☐ | ☐ | ☐ |
| 6. Affirming readiness for change, "change plan," and change strategies | ☐ | ☐ | ☐ |
| **MI Skills and Strategies Practiced** | **Extensive** | **OK** | **Little** |
| 10. Decisional balance | ☐ | ☐ | ☐ |
| 11. Readiness Ruler | ☐ | ☐ | ☐ |

**Comments:**

EXAMPLE

## SBIRT IOWA BRIEF TREATMENT FIDELITY FORM – CLINICIAN & SUPERVISOR FORM

Date of Session: ___/___ /___ Clinician's name: _____

Supervisor's Name _____ Agency: _____

ISMART Unique Client Number: _____

# ICT Session 2
# Adherence and Competence Checklist

| | | | |
|---|---|---|---|
| 2. Reassess readiness | ☐ | ☐ | ☐ |
| 3. Patient describes three to five incidents of use in recent history | ☐ | ☐ | ☐ |
| 4. Identify internal and external factors/triggers associated with use | ☐ | ☐ | ☐ |
| 5. Discuss associated skills/needs and associated treatment sessions | ☐ | ☐ | ☐ |
| 6. Prioritize treatment sessions | ☐ | ☐ | ☐ |
| 7. Establish a change plan | ☐ | ☐ | ☐ |
| **MI and CBT Skills and Strategies Practiced** | **Extensive** | **OK** | **Little** |
| 12. Decisional balance | ☐ | ☐ | ☐ |
| 13. Functional analysis | ☐ | ☐ | ☐ |
| 14. Planning skills | ☐ | ☐ | ☐ |

**Comments:**

EXAMPLE

## SBIRT IOWA BRIEF TREATMENT FIDELITY FORM – CLINICIAN & SUPERVISOR FORM

Date of Session: ___/___ /___ Clinician's name: _____

Supervisor's Name _____ Agency: _____

ISMART Unique Client Number: _____

# ICT Session 3
# Adherence and Competence Checklist

| | | | |
|---|---|---|---|
| 3. Introduce motivational strategy regarding readiness ruler (pre-assessment) | ☐ | ☐ | ☐ |
| 4. Introduce and teach decision-making steps | ☐ | ☐ | ☐ |
| 5. Complete steps 1 through 3 of the Decisionmaking Guide | ☐ | ☐ | ☐ |
| 6. Discuss read and potential future for patient without change and with change | ☐ | ☐ | ☐ |
| 7. Reintroduce readiness ruler (post-assessment) | ☐ | ☐ | ☐ |
| 8. Summarize the change talk discussions emphasizing any change | ☐ | ☐ | ☐ |
| 9. Complete the Decisionmaking Guide | ☐ | ☐ | ☐ |
| **MI Skills and Strategies Practiced** | **Extensive** | **OK** | **Little** |
| 11. Decisional balance and Readiness Ruler | ☐ | ☐ | ☐ |
| 12. Express empathy, develop discrepancy, awareness of ambivalence, roll with sustain talk/discord, support self-efficacy | ☐ | ☐ | ☐ |

**Comments:**

EXAMPLE

## SBIRT IOWA BRIEF TREATMENT FIDELITY FORM – CLINICIAN & SUPERVISOR FORM

Date of Session: ___/___ /___ Clinician's name: _____

Supervisor's Name _____ Agency: _____

ISMART Unique Client Number: _____

# ICT Session 4
# Adherence and Competence Checklist

| | Extensive | OK | Little |
|---|---|---|---|
| 3. Discuss the importance of maintaining happiness and excitement throughout recovery, discuss the types of replacement activities | ☐ | ☐ | ☐ |
| 4. Brainstorm a list of both types of activities | ☐ | ☐ | ☐ |
| 5. Engage the patient in commitment discussion | ☐ | ☐ | ☐ |
| **MI Skills and Strategies Practiced** | **Extensive** | **OK** | **Little** |
| 9. Brainstorming | ☐ | ☐ | ☐ |
| 10. Express empathy, support self-efficacy | ☐ | ☐ | ☐ |

**Comments:**

EXAMPLE

## SBIRT IOWA BRIEF TREATMENT FIDELITY FORM – CLINICIAN & SUPERVISOR FORM

Date of Session: ___/___ /___ Clinician's name: _____

Supervisor's Name _____ Agency: _____

ISMART Unique Client Number: _____

# ICT Session 5
# Adherence and Competence Checklist

| | Extensive | OK | Little |
|---|---|---|---|
| 3. Discuss the importance of solving problems | ☐ | ☐ | ☐ |
| 4. Provide examples of problem-solving practice | ☐ | ☐ | ☐ |
| 5. Describe problem-solving skills | ☐ | ☐ | ☐ |
| 6. Practice (role-play) problem-solving skills | ☐ | ☐ | ☐ |

| **MI and CBT Skills and Strategies Practiced** | Extensive | OK | Little |
|---|---|---|---|
| 10. Role-playing | ☐ | ☐ | ☐ |
| 11. CBT Essentials: 20/20/20, skill rationale, transferred, practiced and assigned | ☐ | ☐ | ☐ |

**Comments:**

EXAMPLE

**SBIRT IOWA BRIEF TREATMENT FIDELITY FORM – CLINICIAN & SUPERVISOR FORM**

Date of Session: ___/___ /___ Clinician's name: _____

Supervisor's Name _____ Agency: _____

ISMART Unique Client Number: _____

## ICT Session 6
## Adherence and Competence Checklist

| | Extensive | OK | Little |
|---|---|---|---|
| 3. Practice exercise | ☐ | ☐ | ☐ |
| 4. Defining different styles of communications | ☐ | ☐ | ☐ |
| 5. Discussion: defining different styles of communication | ☐ | ☐ | ☐ |
| 6. Explain benefits of assertiveness | ☐ | ☐ | ☐ |
| 7. Introducing assertiveness skills guidelines | ☐ | ☐ | ☐ |
| 8. Role-play exercise with relevant current situation | ☐ | ☐ | ☐ |
| **MI and CBT Skills and Strategies Practiced** | **Extensive** | **OK** | **Little** |
| 12. Role-playing | ☐ | ☐ | ☐ |
| 13. Support self-efficacy | ☐ | ☐ | ☐ |

**Comments:**

EXAMPLE

## SBIRT IOWA BRIEF TREATMENT FIDELITY FORM – CLINICIAN & SUPERVISOR FORM

Date of Session: ___/___ /___ Clinician's name: _____

Supervisor's Name _____ Agency: _____

ISMART Unique Client Number: _____

# ICT Session 7
# Adherence and Competence Checklist

| | Extensive | OK | Little |
|---|---|---|---|
| 3. Explore the development of addictive patterns | ☐ | ☐ | ☐ |
| 4. Self-knowledge, understanding high-risk situations and triggers | ☐ | ☐ | ☐ |
| 5. Putting the pieces together; draw connections, consider new roads and build coping strategies | ☐ | ☐ | ☐ |

| **MI and CBT Skills and Strategies Practiced** | Extensive | OK | Little |
|---|---|---|---|
| 9. Functional analysis | ☐ | ☐ | ☐ |
| 10. Support self-efficacy | ☐ | ☐ | ☐ |

**Comments:**

EXAMPLE

## SBIRT IOWA BRIEF TREATMENT FIDELITY FORM – CLINICIAN & SUPERVISOR FORM

Date of Session: ___/___ /___ Clinician's name: _____

Supervisor's Name _____ Agency: _____

ISMART Unique Client Number: _____

# ICT Session 8
# Adherence and Competence Checklist

| | Extensive | OK | Little |
|---|---|---|---|
| 3. Clinician introduces the concept of mindfulness | ☐ | ☐ | ☐ |
| 4. Clinician conducts experiential exercises demonstrating mindfulness | ☐ | ☐ | ☐ |
| 5. Clinician discusses meditation | ☐ | ☐ | ☐ |
| 6. Clinician conducts experiential meditation exercise | ☐ | ☐ | ☐ |
| 7. Clinician provides patient with meditation guide | ☐ | ☐ | ☐ |

| **MI and CBT Skills and Strategies Practiced** | Extensive | OK | Little |
|---|---|---|---|
| 11. Role-play | ☐ | ☐ | ☐ |
| 12. Support self-efficacy | ☐ | ☐ | ☐ |

**Comments:**

EXAMPLE

## SBIRT IOWA BRIEF TREATMENT FIDELITY FORM – CLINICIAN & SUPERVISOR FORM

Date of Session: ___/___ /___ Clinician's name: _____

Supervisor's Name _____ Agency: _____

ISMART Unique Client Number: _____

# ICT Session 9
# Adherence and Competence Checklist

| | Extensive | OK | Little |
|---|---|---|---|
| 4. Identify cues and triggers for cravings | ☐ | ☐ | ☐ |
| 5. Discuss strategies for coping with triggers | ☐ | ☐ | ☐ |
| 6. Complete exercise in session | ☐ | ☐ | ☐ |

| **MI and CBT Skills and Strategies Practiced** | Extensive | OK | Little |
|---|---|---|---|
| 10. Functional analysis | ☐ | ☐ | ☐ |
| 11. Support self-efficacy | ☐ | ☐ | ☐ |

**Comments:**

EXAMPLE

**SBIRT IOWA BRIEF TREATMENT FIDELITY FORM – CLINICIAN & SUPERVISOR FORM**

Date of Session: ___/___ /___ Clinician's name: _____

Supervisor's Name _____ Agency: _____

ISMART Unique Client Number: _____

## ICT Session 10
## Adherence and Competence Checklist

| | Extensive | OK | Little |
|---|---|---|---|
| 3. Identify thought patterns associated with use | ☐ | ☐ | ☐ |
| 4. Discuss automatic thoughts and strategies for coping | ☐ | ☐ | ☐ |
| 5. Identify thought patterns associated with use | ☐ | ☐ | ☐ |
| 6. Explore conceptual difficulties | ☐ | ☐ | ☐ |
| 7. Develop skills for coping with automatic thoughts | ☐ | ☐ | ☐ |
| 8. Practice skills for coping with automatic thought | ☐ | ☐ | ☐ |
| **MI and CBT Skills and Strategies Practiced** | **Extensive** | **OK** | **Little** |
| 12. Role-play | ☐ | ☐ | ☐ |
| 13. Support self-efficacy | ☐ | ☐ | ☐ |

**Comments:**

EXAMPLE

## SBIRT IOWA BRIEF TREATMENT FIDELITY FORM – CLINICIAN & SUPERVISOR FORM

Date of Session: ___/___ /___ Clinician's name: _____

Supervisor's Name _____ Agency: _____

ISMART Unique Client Number: _____

# ICT Session 11
# Adherence and Competence Checklist

| | Extensive | OK | Little |
|---|---|---|---|
| 2. Introduce concept of "working with" emotions | ☐ | ☐ | ☐ |
| 3. Discuss the value and role of various emotions in day-to-day life | ☐ | ☐ | ☐ |
| 4. Explore the patient's experience with difficult emotions, his or her connection with AOD use, and how the patient tends to regulate his or her emotional state | ☐ | ☐ | ☐ |
| 5. Provide a rationale for fostering positive emotions | ☐ | ☐ | ☐ |
| 6. Review pleasant activities list and develop a plan for increasing opportunities for positive emotion | ☐ | ☐ | ☐ |
| 7. Provide rationale for decreasing the impact of negative emotions | ☐ | ☐ | ☐ |
| 8. Discuss thinking patterns or cognitive distortions that depress mood; link negative moods with alcohol or substance use | ☐ | ☐ | ☐ |
| 9. Build internal resources for handing automatic thoughts | ☐ | ☐ | ☐ |

| **MI and CBT Skills and Strategies Practiced** | Extensive | OK | Little |
|---|---|---|---|
| 13. Functional analysis | ☐ | ☐ | ☐ |
| 14. Support self-efficacy | ☐ | ☐ | ☐ |

**Comments:**

EXAMPLE

## SBIRT IOWA BRIEF TREATMENT FIDELITY FORM – CLINICIAN & SUPERVISOR FORM

Date of Session: ___/___ /___ Clinician's name: _____

Supervisor's Name _____ Agency: _____

ISMART Unique Client Number: _____

# ICT Session 12
# Adherence and Competence Checklist

| | Extensive | OK | Little |
|---|---|---|---|
| 3. Elicit patient's experience of engaging in treatment process | ☐ | ☐ | ☐ |
| 4. Summarize areas of progress, strength and continued challenges | ☐ | ☐ | ☐ |
| 5. Discuss the potential effects of major life changes | ☐ | ☐ | ☐ |
| 6. Present personal care plan: high-risk situation | ☐ | ☐ | ☐ |
| 7. Present personal care plan: in case of lapse | ☐ | ☐ | ☐ |
| 8. Review strategies from previous skill topics that patient found helpful | ☐ | ☐ | ☐ |
| 9. Encourage patient to write or record his or her story | ☐ | ☐ | ☐ |
| 10. Highlight the courage and effort the patient demonstrated | ☐ | ☐ | ☐ |
| **MI and CBT Skills and Strategies Practiced** | **Extensive** | **OK** | **Little** |
| 13. Termination and resources for self-help and continued care | ☐ | ☐ | ☐ |
| 14. Support self-efficacy | ☐ | ☐ | ☐ |

**Comments:**

EXAMPLE

## SBIRT IOWA BRIEF TREATMENT FIDELITY FORM – CLINICIAN & SUPERVISOR FORM

Date of Session: ___/___ /___ Clinician's name: _____

Supervisor's Name _____ Agency: _____

ISMART Unique Client Number: _____

# ICT Session 13
# Adherence and Competence Checklist

| | Extensive | OK | Little |
|---|---|---|---|
| 3. Initiating a discussion about the use of medications | ☐ | ☐ | ☐ |
| 4. Exploring patient's knowledge and experience regarding use of medications | ☐ | ☐ | ☐ |
| 5. Providing information when appropriate | ☐ | ☐ | ☐ |
| 6. Addressing negative perceptions | ☐ | ☐ | ☐ |
| 7. Facilitating patient reflection on risks and benefits | ☐ | ☐ | ☐ |
| 8. Following up on a decision for a medication evaluation (when indicated) | ☐ | ☐ | ☐ |
| **MI and CBT Skills and Strategies Practiced** | **Extensive** | **OK** | **Little** |
| 13. Facilitating referral process | ☐ | ☐ | ☐ |
| 14. Support self-efficacy | ☐ | ☐ | ☐ |

**Comments:**

EXAMPLE

## SBIRT IOWA BRIEF TREATMENT FIDELITY FORM – CLINICIAN & SUPERVISOR FORM

Date of Session: ___/___ /___ Clinician's name: _____

Supervisor's Name _____ Agency: _____

ISMART Unique Client Number: _____

# ICT Session 14
# Adherence and Competence Checklist

| | Extensive | OK | Little |
|---|---|---|---|
| 3. Discuss patient's previous experience, knowledge, and beliefs regarding AA and NA | ☐ | ☐ | ☐ |
| 4. Process patient concerns, ambivalence regarding participation in self-help | ☐ | ☐ | ☐ |
| 5. Providing information as needed | ☐ | ☐ | ☐ |
| 7. Agree on a concrete plan for coming weeks regarding patient attendance | ☐ | ☐ | ☐ |

| **MI and CBT Skills and Strategies Practiced** | Extensive | OK | Little |
|---|---|---|---|
| 10. Functional analysis | ☐ | ☐ | ☐ |
| 11. Support self-efficacy | ☐ | ☐ | ☐ |

**Comments:**

EXAMPLE

## SBIRT IOWA BRIEF TREATMENT FIDELITY FORM – CLINICIAN & SUPERVISOR FORM

Date of Session: ___/___ /___ Clinician's name: _____

Supervisor's Name _____ Agency: _____

ISMART Unique Client Number: _____

# ICT Session 15-1
# Adherence and Competence Checklist

| | Extensive | OK | Little |
|---|---|---|---|
| 3. Complete PTSD screening if indicated | ☐ | ☐ | ☐ |
| 4. Review and summarize the results of PRS and PTSD screen as part of reflective discussion | ☐ | ☐ | ☐ |
| 5. If indicated, seek further evaluation | ☐ | ☐ | ☐ |

| **MI and CBT Skills and Strategies Practiced** | Extensive | OK | Little |
|---|---|---|---|
| 9. Personalized reflective discussion | ☐ | ☐ | ☐ |
| 10. Express empathy, develop discrepancy, awareness of ambivalence, roll with sustain talk/discord, support self-efficacy | ☐ | ☐ | ☐ |

**Comments:**

EXAMPLE

**SBIRT IOWA BRIEF TREATMENT FIDELITY FORM – CLINICIAN & SUPERVISOR FORM**

Date of Session: ___/___ /___ Clinician's name: _____

Supervisor's Name _____ Agency: _____

ISMART Unique Client Number: _____

## ICT Session 15-2
## Adherence and Competence Checklist

| | Extensive | OK | Little |
|---|---|---|---|
| 3. Educate patient on the effects of trauma | ☐ | ☐ | ☐ |
| 4. Elicit personal discussion with patient on trauma and substance use | ☐ | ☐ | ☐ |
| 5. Introduce safety plan and rationale | ☐ | ☐ | ☐ |
| 6. Screen for past suicidal history (Suicidal Behaviors Questionnaire, Revised –SBQ-R) | ☐ | ☐ | ☐ |
| 7. Complete safety plan | ☐ | ☐ | ☐ |
| 8. Introduce, train, and practice deep-breathing relaxation | ☐ | ☐ | ☐ |
| 9. Distribute PTSD information sheet | ☐ | ☐ | ☐ |
| **MI Skills and Strategies Practiced** | **Extensive** | **OK** | **Little** |
| 12. Personalized reflective discussion | ☐ | ☐ | ☐ |
| 13. Express empathy, develop discrepancy, awareness of ambivalence, roll with sustain talk/discord, support self-efficacy | ☐ | ☐ | ☐ |

**Comments:**

EXAMPLE

**SBIRT IOWA BRIEF TREATMENT FIDELITY FORM – CLINICIAN & SUPERVISOR FORM**

Date of Session: ___/___ /___ Clinician's name: _____

Supervisor's Name _____ Agency: _____

ISMART Unique Client Number: _____

## ICT Session 15-3
## Adherence and Competence Checklist

| | Extensive | OK | Little |
|---|---|---|---|
| 3. Introduce and ask patient to complete trauma/substance use awareness handout | ☐ | ☐ | ☐ |
| 4. Discuss and elicit three to five situations triggering trauma affects/symptoms and/or substance use | ☐ | ☐ | ☐ |
| 5. Discuss situations to gain full understanding using personalized reflective discussion | ☐ | ☐ | ☐ |
| 6. Identify and prioritize skills and strategies to address trauma symptoms and associated ICT sessions/activities | ☐ | ☐ | ☐ |
| **MI Skills and Strategies Practiced** | **Extensive** | **OK** | **Little** |
| 11. Personalized reflective discussion and functional analysis | ☐ | ☐ | ☐ |
| 12. Express empathy, support self-efficacy | ☐ | ☐ | ☐ |

**Comments:**

## SBIRT IOWA Brief Treatment Client Feedback Form

We would appreciate your feedback about your appointment here today. Please answer the following questions as honestly as possible to help us improve our services.

Agency Name (or National Guard): _____

| **Please check the box under "A lot" "Some" or "Not at All" to give your answer. In your opinion, how much did the counselor do the following:** | **A lot** | **Some** | **Not at All** |
|---|---|---|---|
| 1. Listen to you and help you feel comfortable talking to him/her? | ☐ | ☐ | ☐ |
| 2. Work with you to help you meet your goals? | ☐ | ☐ | ☐ |
| 3. Respect your right to make your own choices? | ☐ | ☐ | ☐ |
| 4. Understand your feelings and concerns? | ☐ | ☐ | ☐ |
| 5. Explain what you and he/she were going to talk about or do in the session? | ☐ | ☐ | ☐ |
| 6. Help you look at what triggers your drinking or drug use? | ☐ | ☐ | ☐ |
| 7. Help you make a plan for changing your drinking or drug use? | ☐ | ☐ | ☐ |

| **Please check the box under "Yes" or "No" to give your answer.** | **Yes** | **No** |
|---|---|---|
| 8. Did you and the counselor talk about how ready you are (like, on a scale of 1 to10) to make changes? | ☐ | ☐ |
| 9. Did the counselor give you something to work on or practice before you meet with him/her next? | ☐ | ☐ |
| 10. Did the counselor ask how you did on your homework/practice assignment from the last time you met (if you met before)? | ☐ | ☐ |
| 11. Did you talk more than the counselor? | ☐ | ☐ |

Thank you for your feedback!