

SBIRT IOWA

Screening, Brief Intervention,
and Referral to Treatment



THE IOWA CONSORTIUM FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION

Year Two Annual Evaluation Report August 2014

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**Year Two Annual Evaluation Report
August 2014**

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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) 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 Two, SBIRT providers conducted 46,618 prescreenings. Results of the Year Two 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 how an individual scores on the screening instrument(s).

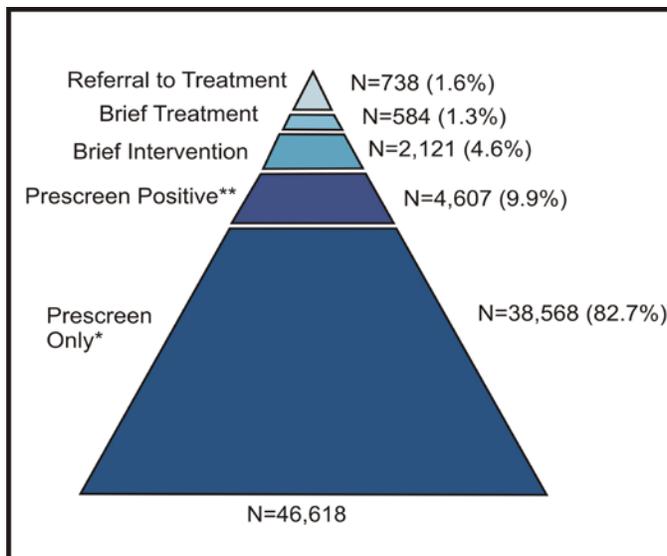
Recommended Services Based on Full Screening Scores				
AUDIT		DAST-10		Recommended Service Modality
Score	Risk Level	Score	Risk Level	
0 - 7	Low Risk/Negative	0	Low Risk	Screening: Encouragement and Education
8 - 15	Risky or Hazardous	1 - 2	Moderate Risk	Brief Intervention
16 - 19	High Risk or Harmful	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 services began being offered to individuals in Iowa 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 Two, there were 46,618 active records for prescreenings for alcohol and illegal drug use and 8,050 records indicating full screenings were conducted.

The median age of individuals receiving prescreening was 43 years. Approximately 56% of the records were for females and nearly 44% were for males. Of the records for individuals receiving prescreening, 76.4% reported their race as White and 14.3% identified as African American; approximately 5% were records for individuals reporting other races. Just over 19% of those indicated they were of Hispanic or Latino ethnicity.

Of the prescreening records through Year Two, 82.7% were for prescreens only; 17.4% indicated the respondent scored positive for alcohol and/or illegal drug use and received a full screening. Just under 10 percent (9.9%) had scores in the low risk use range, yielding a recommendation of Encouragement and Education; 4.6% scored as needing Brief Intervention, 1.3% scored as needing Brief Treatment, and 1.6% scored as needing a Referral to Treatment.



*These are records with no corresponding full-screen instrument scores.

**Screening (Encouragement and Education)

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, 136 individuals completed a follow-up interview through Year Two. At screening, 88 of the individuals (64.7%) reported alcohol use in the past 30 days, 60 (44.1%) reported binge drinking (five or more drinks in one sitting), and 56 (41.2%) reported illegal drug use in the past 30 days. At follow-up, 73 individuals (53.7%) indicated alcohol use in the previous 30 days with 41 (30.1%) reporting binge drinking; 30 individuals (22.1%) 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

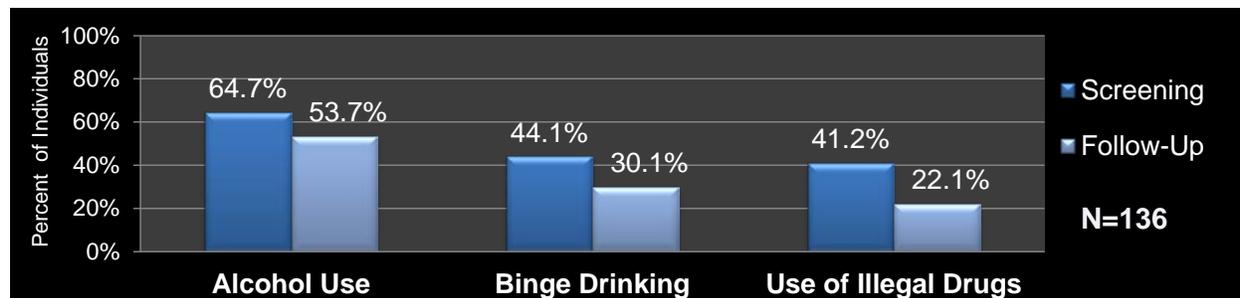


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BACKGROUND

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) 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 Two of the grant period, October 25, 2012 through June 30, 2014.

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 detail on the 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.

In February 2014, staff from the IAARNG, IDPH, House of Mercy, and United Community Services in conjunction with SAMHSA finalized a publication describing SBIRT implementation in the IAARNG. This manual will be an official SAMHSA document and will be distributed to all SBIRT state grantees. To view this publication, go to: <http://www.idph.state.ia.us/sbirt/Information.aspx> and in the 'Guides' section, click on the link for "SBIRT Implementation: The Iowa Army National Implementation Guide."

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 are 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 prescreening and 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. Table 2 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	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

GPRAs 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 prescreenings 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, subsequent screenings are only counted if they result in a different recommended modality. If an individual is pre-screened more than once and the recommended modality entered by staff is the same, according to the 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 4,000 inactive records, representing 8% of the data. Only records considered active through Year Two (i.e., admission records with screening dates up to June 30, 2014) are used for this report.

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 21, 2014 to allow time for sites to enter year-end records and for those records to be uploaded into the system. Three hundred twenty-eight records marked inactive at the time of the data pull were included in the analyses for this report because they were active records at the end of the 2014 project year. It appears those clients had a subsequent SBIRT screening between July 1 and July 21, 2014 that then rendered the earlier screening record inactive.

It is important to note that because records are marked inactive in the electronic records system, data are dynamic. The Year One data included in this report are different than as reported in the Year One report due to some individuals being re-screened in Year Two and those records superseding the Year One records. In addition, SBIRT records in the federal electronic records system, the Services Accountability Improvement System (SAIS), are not rendered inactive at the same time, or possibly for all the same reasons, as in the state system. Therefore, data retrieved from the federal system for the same timeframe may not exactly match data in this report.

As of July 21, 2014, there were 46,618 active records through Year Two for SBIRT IOWA. Those records provide the basis of the data presented in all but the Outcomes section of 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.

In Year One, discrepancies were identified in responses to the GPRA question, “How did the client screen for your SBIRT?” the indicator for whether individuals full-screened positive or negative. The Consortium was unable to verify the actual coding procedures in practice for this GPRA indicator question; therefore, the SBIRT IOWA Project Director indicated records with AUDIT or DAST-10 scores greater than zero are to be considered records for individuals who full-screened positive. This method of determining positive prescreens is used when possible in this report. Consequently, data analyses were conducted in a different manner in the Year Two report than in the Year One report; comparisons with the Year One report should not be made. Records with AUDIT or DAST-10 scores of zero may be individuals who prescreened positive but did not complete a full screen; 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.

Of the 46,618 active records: 42,833 records were from the four FQHC sites and 3,785 records were from the IAARNG. Four hundred sixty-eight individuals have more than one record: 466 have two records and two individuals have three records. Of those with more than one record, nearly all had different modalities recorded by staff. However, two individuals had the same modality recorded for both active prescreening records; for both individuals, prescreening events occurred in different project years.

Based on records with AUDIT and/or DAST-10 scores greater than zero, 8,050 (17.3%) records indicate an individual prescreened positive for alcohol and/or illegal drug use. An additional 2,446 records (5.2%) contained only AUDIT and/or DAST-10 scores of zero and are assumed to reflect individuals who prescreened positive, but did not complete full screening. Table 4 on the following page presents information on positive prescreen records and full screens conducted.

Table 4. Positive Prescreen Records

Screening Instrument	Total Records	Records With Scores of Zero	Records With Full Screens Conducted
AUDIT Only	7,867	1,797	6,070
DAST-10 Only	1,187	345	842
Both AUDIT and DAST-10	1,442	304 (score of zero for both screens)	1,138
Total	10,496	2,446	8,050

Table 5 presents information on positive prescreen records and full screens conducted at the four FQHC sites and the IAARNG.

Table 5. Positive Prescreen Records by Site

Screening Instrument	FQHC Sites			IAARNG		
	Total Records	Records With Scores of Zero	Records With Full Screens Conducted	Total Records	Records With Scores of Zero	Records With Full Screens Conducted
AUDIT Only	5,696	1,786	3,910	2,171	11	2,160
DAST-10 Only	1,181	345	836	6	0	6
Both AUDIT and DAST-10	1,367	304 (score of zero for both screens)	1,063	75	0 (score of zero for both screens)	75
Total	8,244	2,435	5,809	2,252	11	2,241

For individuals completing a full screen, the modality entered by SBIRT staff should reflect the recommended service corresponding with the AUDIT and/or DAST-10 score, regardless of what services were offered to the individual. As noted in the Year One SBIRT IOWA annual report, analyses conducted revealed that the modality selected by staff did not always represent the AUDIT and DAST-10 score service recommendations. In Year Two, the SBIRT IOWA Project Director instructed the Consortium to report modalities based on the AUDIT and/or DAST-10 scores rather than the modality entered by staff. Therefore, it is important to note that data and information in the Year One SBIRT IOWA report were based on a different variable (i.e., modality entered by staff) and comparisons should not be made.

Table 6 on the following page presents the number of records in SBIRT IOWA through Year Two by modality based on the prescreening and full screening score(s). The information in Table 6 does not reflect the modality recorded by staff at prescreening and screening, which may differ.

Table 6. Recommended Modality Based on Prescreen and Full Screening Scores

Recommended Modality Based on AUDIT and/or DAST-10 Scores	All Sites % (N=46,618)	FQHC Sites % (N=42,833)	IAARNG % (N=3,785)
Prescreening Only*	77.5 (36,122)	80.8 (34,589)	40.5 (1,533)
Positive Prescreen, Full Screen Not Completed**	5.2 (2,446)	5.7 (2,435)	0.3 (11)
Screening (Encouragement and Education)***	9.9 (4,607)	6.3 (2,702)	50.3 (1,905)
Brief Intervention	4.6 (2,121)	4.3 (1,850)	7.2 (271)
Brief Treatment	1.3 (584)	1.3 (544)	1.1 (40)
Referral to Treatment	1.6 (738)	1.7 (713)	0.7 (25)

*Records without any AUDIT or DAST-10 scores

**Records with presence of an AUDIT or DAST-10 date and the screening instrument(s) have only scores of zero.

***Full screening score identifies respondent as "low risk."

Figure 1 displays the number of active records indicating prescreens and full screens conducted at the four FQHC sites (combined) by year for SBIRT IOWA. The number of active records for individuals receiving full screening includes all active records with the presence of AUDIT and/or DAST-10 scores greater than zero.

Figure 1. Prescreens and Screens by Year: FQHC Sites

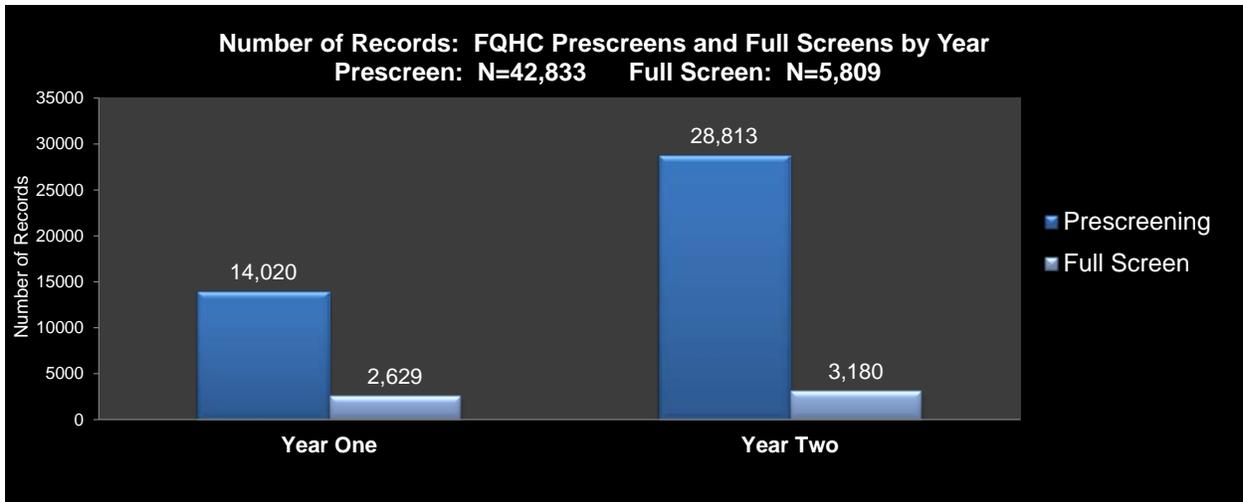


Figure 2 on the following page displays the number of active records indicating prescreens and full screens conducted by the IAARNG by year for SBIRT IOWA. The number of active records for individuals receiving full screening includes active records with the presence of AUDIT and/or DAST-10 scores greater than zero.

Figure 2. Prescreens and Screens by Year: IAARNG

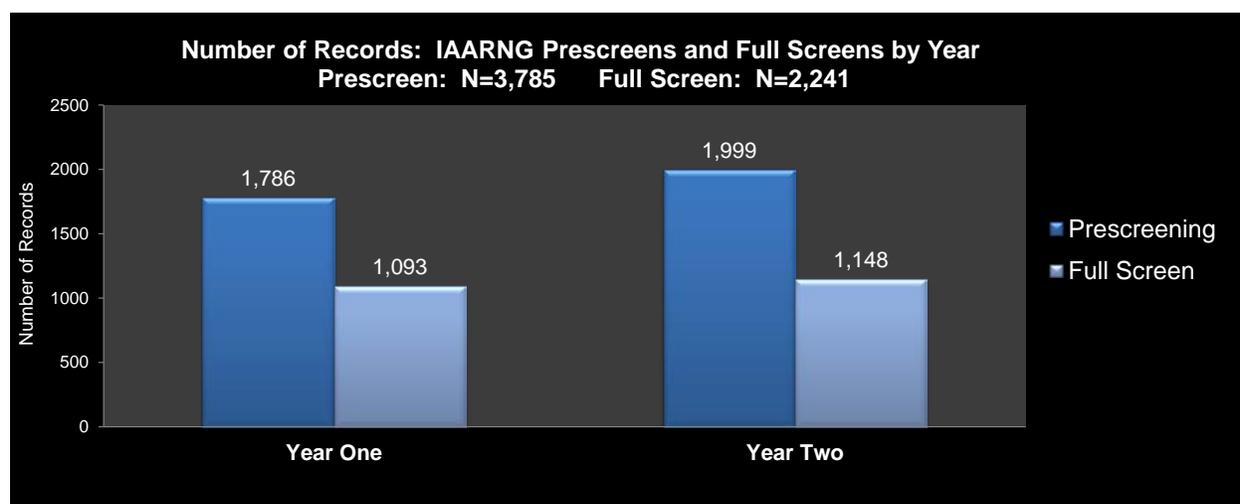


Table 7 provides the annual targets set by SAMHSA for SBIRT IOWA for the number of individuals to be prescreened, number completing full screening, and number in each modality. Data in this figure represent expected modality based on full screen scores rather than modality entered by site staff. Therefore, these data may vary from the SAIS system.

Table 7. Goals for Year Two

SBIRT Modality	Year One and Two SAMHSA Target	SBIRT IOWA Year One and Two Records	Percent of Target Through Year Two
Total Individuals Served	33,810	46,618	137.9%
Screening	17,796	43,175	242.6%
Brief Intervention	12,454	2,121	17.0%
Brief Treatment	1,780	584	32.8%
Referral to Treatment	1,780	738	41.5%

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; 20,472 records (43.9%) were for males and 26,141 records (56.1%) were for females. Sex was not recorded in five records (<0.02%). When comparing gender reported in the Activities dataset to gender reported in the GPRA dataset, discrepancies occur for 46 records. Table 8 shows the sex reported in the Activities records from FQHCs and the IAARNG.

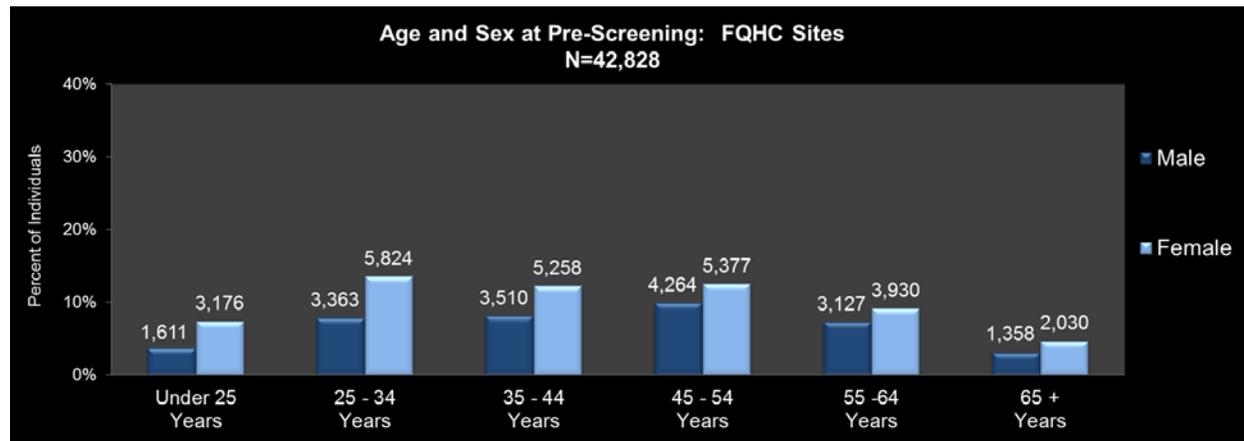
Table 8. Sex

Sex	All Sites % (N=46,618)	FQHC Sites % (N=42,833)	IAARNG % (N=3,785)
Male	43.9 (20,472)	40.2 (17,233)	85.6 (3,239)
Female	56.1 (26,141)	59.8 (25,595)	14.4 (546)
Unknown	0.0 (5)*	0.0 (5)*	0.0 (0)

*0.0% represents anything less than 0.5%.

Records from all sites indicate the median age of all individuals prescreened was 43 years. Figure 3 presents the number of records for males and females prescreened at FQHCs; age is provided in six categories. The median age of individuals at FQHCs was 41 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.

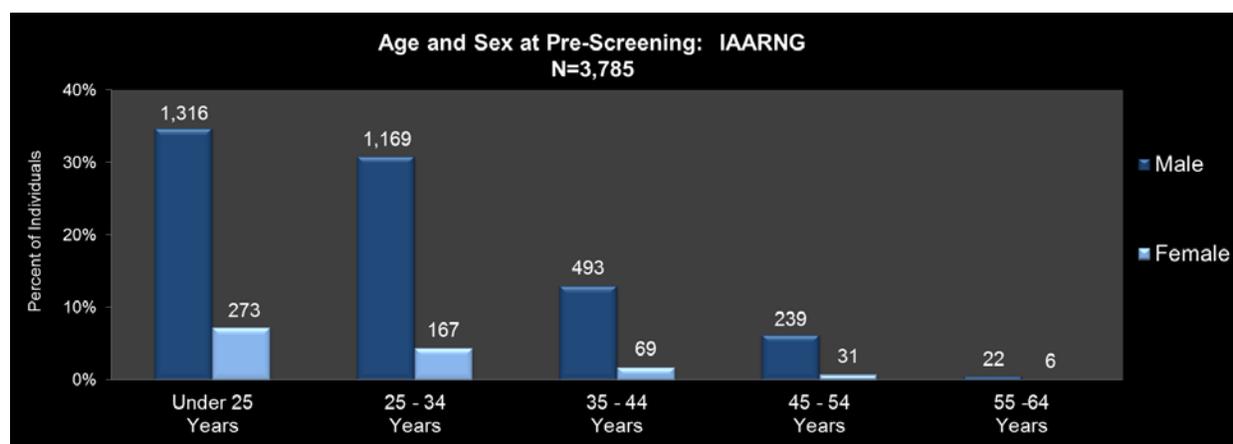
Figure 3. Age and Sex: FQHC Sites



Note: Data for five records are not included due to sex reported as 'unknown.'

Figure 4 on the following page presents the number of records for males and females prescreened through the IAARNG; 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 between 18 and 24 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 presents race and ethnicity reported in records at prescreening. The majority of records (76.4%) for SBIRT IOWA services through Year Two indicated the race as White, 14.3% of records reported race as African American, and the remaining 9.3% reported other races or more than one race. Nearly 20% of the records indicated Hispanic or Latino ethnicity.

Table 9. Race and Ethnicity

Race	All Sites % (N=46,618)	FQHC Sites % (N=42,833)	IAARNG % (N=3,785)
White	76.4 (35,618)	74.6 (31,954)	96.8 (3,664)
African American	14.3 (6,649)	15.4 (6,590)	1.6 (59)
Asian	4.1 (1,897)	4.4 (1,870)	0.7 (27)
Hawaiian/ Pacific Islander	0.2 (102)	0.2 (102)	0.0 (0)
Alaska Native	0.0 (5)*	0.0 (5)*	0.0 (0)
American Indian	0.5 (254)	0.6 (247)	0.2 (7)
Multi-Racial	0.2 (114)	0.2 (100)	0.4 (14)
No Race reported	0.4 (174)	0.4 (167)	0.2 (7)
Missing Data	3.9 (1,805)	4.2 (1,798)	0.2 (7)
Ethnicity	All Sites % (N)	FQHC Sites % (N=42,833)	IAARNG % (N=3,785)
Hispanic/Latino	19.1 (8,919)	20.6 (8,824)	2.5 (95)
Not Hispanic/Latino	80.8 (37,690)	79.4 (34,001)	97.5 (3,689)
Missing Data	0.0 (9)*	0.0 (8)*	0.0 (1)*

*0.0% represents anything less than 0.5%.

DESCRIPTION OF FULL SCREENINGS CONDUCTED

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 8,050 full screenings conducted. Of these, 5,809 records are from FQHCs and 2,241 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 6,070 screenings conducted using the AUDIT only (excluding records with AUDIT scores of zero). Of these, 3,910 records are from FQHCs and 2,160 records are from the IAARNG.
- **DAST-10 only:** Eight hundred forty-two screenings were conducted using the DAST-10 only (excluding records with scores of zero). Six records are from the IAARNG and 836 records are from the FQHC sites.
- **AUDIT and DAST-10:** There are 1,138 screening records containing scores for both the AUDIT and DAST-10 where at least one of the instruments has a score greater than zero. Of these, 1,063 are from FQHC sites and 75 are from the IAARNG.
 - Thirty-six records with AUDIT scores of one or greater contain DAST-10 scores of zero; these records are all from FQHC sites. It is unknown if the DAST-10 actually was administered since individuals recommended for full screening utilizing the DAST-10 should have a pre-populated response for one question on the DAST-10, yielding a score of at least one.
 - Additionally, there are 20 records with DAST-10 scores of one or greater that contain AUDIT scores of zero. Again, the prescreening response for one question should pre-populate on the AUDIT so it is unknown if the AUDIT was administered. Nineteen of these records are from the FQHCs and one record is from the IAARNG.

Tables 10 and 11 on the following pages 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 for records with only AUDIT scores (excluding scores of 0), records with only DAST-10 scores (excluding scores of 0), and records with both AUDIT and DAST-10 scores (where at least one has a score 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=5,809	Recommended Service	Number of Records in Each Modality N=5,809	Scores at Screening	
				Range	Median
Completed AUDIT Only	3,910	Screening (Encouragement and Education)	2,678	1 – 7	4
		Brief Intervention	791	8 – 15	10
		Brief Treatment	157	16 – 19	17
		Referral to Treatment	284	20 – 40	26
Completed DAST-10 Only	836	Brief Intervention	520	1 – 2	1
		Brief Treatment	184	3 – 5	4
		Referral to Treatment	132	6 – 10	7
Completed Both AUDIT and DAST-10	1,063	Screening (Encouragement and Education)	24	AUDIT 2 – 6 DAST-10 0	4 2
		Brief Intervention	539	AUDIT 0 – 15 DAST-10 0 – 2	6 1
		Brief Treatment	203	AUDIT 0 – 19 DAST-10 0 – 5	9 3
		Referral to Treatment	297	AUDIT 0 – 40 DAST-10 0 – 10	21 7

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

Screening Instrument	Total Number of Records N=2,241	Recommended Service	Number of Records in Each Modality N=2,241	Scores at Screening	
				Range	Median
Completed AUDIT Only	2,160	Screening (Encouragement and Education)	1,905	1 – 7	4
		Brief Intervention	236	8 – 15	9
		Brief Treatment	12	16 – 19	16
		Referral to Treatment	7	20 – 31	22
Completed DAST-10 Only	6	Brief Intervention	2	2	2
		Brief Treatment	3	3 – 5	3
		Referral to Treatment	1	6	6
Completed Both AUDIT and DAST-10	75	Screening (Encouragement and Education)	0	NA	NA
		Brief Intervention	33	AUDIT 0 – 15 DAST-10 1 – 2	5 2
		Brief Treatment	25	AUDIT 2 – 18 DAST-10 1 – 5	8 4
		Referral to Treatment	17	AUDIT 4 – 32 DAST-10 2 – 9	15 7

In the SBIRT IOWA Year One report, analyses conducted comparing the recommended modality based on the AUDIT score with the modality selected by SBIRT staff identified discrepancies. The SBIRT IOWA Project Director notified site staff of correct processes to remedy this situation. Analyses conducted for the Year Two report identified 487 records remain with discrepancies. Additionally, there are two records for which modality selected by staff is missing, and AUDIT and/or DAST-10 scores are not present suggesting that these records should be assigned the Screening modality. It is important to note, since staff have the ability to modify the modality selection in individual records, data for SBIRT IOWA are dynamic. Table 12 on the following page displays the discrepancies; the most common discrepancy (43.4%) occurring in records was for individuals scoring for Brief Intervention and being assigned to the Screening modality by staff.

Table 12. Discrepancies with Modality Selection and Full Screening Scores

Recommended Modality Based on Full Screen Score	Modality Recorded by Staff	Number of Records% N=487
Screening	Brief Intervention	0.4 (2)
Screening	Referral to Treatment	0.2 (1)
Brief Intervention	Brief Treatment	2.5 (12)
Brief Intervention	Screening	38.6 (188)
Brief Intervention	Referral to Treatment	0.4 (2)
Brief Treatment	Screening	15.2 (74)
Brief Treatment	Brief Intervention	11.1 (54)
Brief Treatment	Referral to Treatment	0.2 (1)
Referral to Treatment	Screening	18.5 (90)
Referral to Treatment	Brief Intervention	6.4 (31)
Referral to Treatment	Brief Treatment	6.6 (32)

Of records with a completed full screening, based on AUDIT and DAST-10 scores greater than zero, there should be 3,443 records with an assigned modality recorded as Brief Intervention, Brief Treatment, or Referral to Treatment. Section B of the GPRA should be administered to these individuals and contains questions regarding alcohol and drug use in the previous 30 days. Of those 3,443 records, 352 records (10.2%) contained AUDIT scores of 8 or higher (range 8 – 40) and/or DAST-10 scores of one or higher (range 1 – 10), however staff assigned the Screening modality. Although these individuals had scores that should recommend them for further services, since individuals in the Screening modality do not complete Section B of the GPRA, substance use data on these individuals is not available and therefore are not included in this section. Additionally, three records that were assigned the Brief Intervention and Referral to Treatment modalities by staff contained full screening scores that should place them in the Screening modality. Therefore, there are 3,094 records for which Section B of the GPRA was completed.

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 3,094 records, 2,006 (64.8%) were assigned to the Brief Intervention modality, 499 (16.1%) were assigned the Brief Treatment modality, and Referral to Treatment was recorded for 589 (19%) records. The following data were self-reported by individuals.

Of the 3,094 records in Tables 13 and 14:

- One thousand sixty-three (34.4%) were for females and 2,031 (65.6%) were for males.
- Races reported:
 - 2,357 (76.2%) were White;
 - 599 (19.4%) were African American;
 - 77 (2.5%) were other races or more than one race;
 - 61 (2%) were records with no race reported or missing data;
- Two hundred seventy-three (8.8%) reported Hispanic or Latino ethnicity.
- Three hundred thirty-four (10.8%) were records for Soldiers with the IAARNG and 2,760 (89.2%) 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, alcohol was the most common substance at screening with 1,924 records for individuals (62.2%) reporting use in the past 30 days. One thousand fifty-three records (34%) were for individuals who reported the use of illegal drugs in the past 30 days. Of those indicating illegal drug use in the past 30 days, 85% reported marijuana use. 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 from Positive Prescreening Records

Substance Use in Past 30 Days from Positive Prescreen Records	All Sites % (N=3,094)	FQHC Sites % (N=2,760)	IAARNG % (N=334)
Alcohol	62.2 (1,924)	58.8 (1,624)	89.8 (300)
Marijuana/Hashish	28.9 (895)	31.6 (873)	6.6 (22)
Methamphetamine	3.6 (110)	3.9 (107)	0.9 (3)
Cocaine/Crack	1.9 (59)	2.1 (59)	0.0 (0)
Heroin	0.7 (23)	0.8 (22)	0.3 (1)
Morphine	0.2 (6)	0.2 (6)	0.0 (0)
Dilaudid	0.1 (4)	0.1 (3)	0.3 (1)
Demerol	0.0 (0)	0.0 (0)	0.0 (0)
Percocet	0.2 (6)	0.2 (6)	0.0 (0)
Darvon	0.0 (0)	0.0 (0)	0.0 (0)
Codeine	0.3 (9)	0.3 (8)	0.3 (1)
Tylenol 2,3,4	0.1 (4)	0.1 (3)	0.3 (1)
Oxycontin/Oxycodone	1.0 (31)	1.0 (28)	0.9 (3)
Non-Prescription Methadone	0.4 (13)	0.5 (13)	0.0 (0)
Hallucinogens/Psychedelics	0.1 (4)	0.1 (4)	0.0 (0)
Benzodiazepines	0.3 (10)	0.4 (10)	0.0 (0)
Barbiturates	0.0 (0)	0.0 (0)	0.0 (0)
Non-Prescription GHB	0.0 (0)	0.0 (0)	0.0 (0)
Ketamine	0.1 (2)	0.1 (2)	0.0 (0)
Other Tranquilizers	0.2 (5)	0.2 (5)	0.0 (0)
Inhalants	0.1 (3)	0.1 (3)	0.0 (0)
Other Illegal Drugs	1.2 (36)	1.3 (35)	0.3 (1)

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, almost half (46.4%) of the 3,094 records with GPRA Section B indicated the respondent binge drank. Nearly three-fourths (74.6%) of the records for individuals reporting any substance use in the past 30 days indicated binge drinking. In 12.8% of the records, individuals reported use of alcohol and drugs on the same day. Of the 1,053 records with reported illegal drug use, in approximately 5% respondents indicated they injected drugs in the past 30 days.

Table 14. Binge Drinking, Same Day Alcohol and Drug Use, and Injection Drug Use in Past 30 Days at Screening for Positive Prescreening Records

Alcohol and Drugs	All Sites % (N=3,094)	FQHC Sites % (N=2,760)	IAARNG % (N=334)
Binge Drinking (Five or More Drinks in One Sitting)	46.4 (1,436)	42.9 (1,184)	75.4 (252)
Used Alcohol and Drugs on the Same Day	12.8 (397)	13.8 (380)	5.1 (17)
Injection Drug Use	All Sites % (N=3,094)	FQHC Sites % (N=2,760)	IAARNG % (N=334)
Injected Drugs in Past 30 Days	1.7 (53)	1.8 (51)	0.6 (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 through Section G to individuals designated in the Brief Treatment and Referral to Treatment modalities. There are 1,088 records in these categories. Although there are 249 records designated as Screening and Brief Intervention by staff with AUDIT or DAST-10 scores that would qualify individuals for Brief Treatment or Referral to Treatment, GPRA Sections C through G were not completed since staff assigned them to the Screening or Brief Intervention modality.

Tables 15 through 28 on the following pages provide information from the 1,088 records in the Brief Treatment and Referral to Treatment modalities for select GPRA questions. 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 recommended for higher levels of substance abuse treatment services:

Of the 1,088 records described in Tables 15 through 28:

- Four hundred sixteen (38.2%) were for females and 672 (61.8%) were for males.
- Races reported:
 - 849 (78%) were White;
 - 185 (17.0%) were African American;
 - 30 (2.8%) reported other races or more than one race;
 - 24 (2.2%) were records with no race reported or missing data;
- Ninety-two (8.5%) reported Hispanic or Latino ethnicity.
- Sixty-seven (6.2%) were records for Soldiers with the IAARNG and 1,021 (93.8%) were records from FQHCs.
- Nearly 50% reported owning or renting their own apartment, room or house.
- Over 45% experienced stress due to their use of alcohol or other drugs in the past 30 days.
- 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.

- Nearly 50% of the records indicated respondent's experienced serious depression in the past 30 days and over half indicated serious anxiety or tension in the last month. Over one-third of the records indicated respondents experienced trouble understanding, concentrating, or remembering in the past 30 days.
- Many (43.3%) reported experiencing violence or trauma within their lifetime.
- Over 50% indicated they have interaction with family and/or friends who are supportive of their recovery.

Family and Living Conditions at Screening

Table 15. Housing at Screening for Records Assigned to Brief Treatment and Referral to Treatment Modalities

Housing Situation	All Sites % (N=1,088)	FQHC Sites % (N=1,021)	IAARNG % (N=67)
Shelter	7.1 (77)	7.5 (77)	0.0 (0)
Street/Outdoors	2.6 (28)	2.7 (28)	0.0 (0)
Institution (Hospital, Jail/Prison, Nursing Home)	5.4 (59)	5.8 (59)	0.0 (0)
Own/Rent Apartment, Room, House	49.8 (542)	48.3 (493)	73.1 (49)
Someone Else's Apartment, Room, House	25.5 (277)	26.0 (265)	17.9 (12)
Halfway House	0.3 (3)	0.3 (3)	0.0 (0)
Residential Treatment	0.4 (4)	0.4 (4)	0.0 (0)
Dormitory/College Residence	0.5 (5)	0.1 (1)	6.0 (4)
Housed: Other	1.1 (12)	1.1 (11)	1.5 (1)
Declined to Answer Question	4.4 (48)	4.7 (48)	0.0 (0)
Doesn't Know	0.5 (5)	0.5 (5)	0.0 (0)
Missing Data	2.6 (28)	2.6 (27)	1.5 (1)

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=1,088)	FQHC Sites % (N=1,021)	IAARNG % (N=67)
Experienced Stress Due to Use of Alcohol or Other Drugs in Past 30 Days	46.7 (508)	46.4 (474)	50.7 (34)
Use of Alcohol or Other Drugs Caused Reduction or Giving Up Important Activities in Past 30 Days	36.9 (402)	37.5 (383)	28.4 (19)
Use of Alcohol or Other Drugs Caused Emotional Problems in Past 30 Days	42.3 (460)	42.4 (433)	40.3 (27)

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=1,088)	FQHC Sites % (N=1,021)	IAARNG % (N=67)
Have Children	52.5 (571)	54.1 (552)	28.4 (19)
Children Living with Someone Else Due to Child Protection Court Order	5.1 (55)	5.4 (55)	0.0 (0)
Lost Parental Rights For Any Children	6.8 (74)	7.1 (73)	1.5 (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 (Females) % (N=416)	FQHC Sites (Females) % (N=405)	IAARNG (Females) % (N=11)
Currently Pregnant	3.8 (16)	3.7 (15)	9.1 (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=1,088)	FQHC Sites % (N=1,021)	IAARNG % (N=67)
Employed Full-Time (≥35 hrs/wk)	20.7 (225)	18.3 (187)	56.7 (38)
Employed Part-Time (<35 hrs/wk)	10.8 (117)	10.1 (103)	20.9 (14)
Unemployed, Looking for Work	24.9 (271)	25.5 (260)	16.4 (11)
Unemployed, Not Looking for Work	19.4 (211)	20.4 (208)	4.5 (3)
Unemployed, Disabled	10.1 (110)	10.8 (110)	0.0 (0)
Unemployed, Volunteer Work	0.3 (3)	0.3 (3)	0.0 (0)
Unemployed, Retired	1.0 (11)	1.1 (11)	0.0 (0)
Other	2.2 (24)	2.4 (24)	0.0 (0)
Declined to Answer Question	5.8 (63)	6.2 (63)	0.0 (0)
Doesn't Know	1.1 (12)	1.2 (12)	0.0 (0)
Missing Data	3.8 (41)	3.9 (40)	1.5 (1)

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=1,088)	FQHC Sites % (N=1,021)	IAARNG % (N=67)
Zero	85.0 (925)	84.8 (866)	88.1 (59)
One	4.4 (48)	4.1 (42)	9.0 (6)
Two	0.4 (4)	0.4 (4)	0.0 (0)
Three or More	0.1 (1)	0.1 (1)	0.0 (0)
Declined to Answer Question	6.3 (68)	6.7 (68)	0.0 (0)
Doesn't Know	0.6 (6)	0.5 (5)	1.5 (1)
Missing Data	3.3 (36)	3.4 (35)	1.5 (1)

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=1,088)	FQHC Sites % (N=1,021)	IAARNG % (N=67)
Excellent	2.7 (29)	2.1 (21)	11.9 (8)
Very Good	7.6 (83)	5.3 (54)	43.3 (29)
Good	26.3 (286)	26.1 (266)	29.9 (20)
Fair	35.2 (383)	37.0 (378)	7.5 (5)
Poor	18.0 (196)	18.9 (193)	4.5 (3)
Declined to Answer Question	5.8 (63)	6.2 (63)	0.0 (0)
Doesn't Know	1.2 (13)	1.2 (12)	1.5 (1)
Missing Data	3.2 (35)	3.3 (34)	1.5 (1)

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=1,088)	FQHC Sites % (N=1,021)	IAARNG % (N=67)
Physical Complaint	2.1 (23)	5.0 (51)	1.5 (1)
Mental or Emotional Difficulties	8.1 (88)	2.1 (21)	3.0 (2)
Alcohol or Substance Abuse	16.7 (182)	8.4 (86)	3.0 (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=1,088)	FQHC Sites % (N=1,021)	IAARNG % (N=67)
Physical Complaint	16.7 (182)	17.3 (177)	7.5 (5)
Mental or Emotional Difficulties	9.7 (105)	9.5 (97)	11.9 (8)
Alcohol or Substance Abuse	8.2 (89)	8.1 (83)	9.0 (6)

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

Table 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=1,088)	FQHC Sites % (N=1,021)	IAARNG % (N=67)
Physical Complaint	12.5 (136)	13.0 (133)	4.5 (3)
Mental or Emotional Difficulties	2.9 (32)	2.8 (29)	4.5 (3)
Alcohol or Substance Abuse	6.4 (70)	6.7 (68)	3.0 (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=1,088)	FQHC Sites % (N=1,021)	IAARNG % (N=67)
Serious Depression	50.1 (545)	50.3 (514)	46.3 (31)
Anxiety or Tension	55.2 (601)	55.7 (569)	47.8 (32)
Hallucinations	6.2 (67)	6.4 (65)	3.0 (2)
Trouble Understanding, Concentrating, or Remembering	36.3 (395)	37.4 (382)	5.2 (13)
Trouble Controlling Violent Behavior	9.7 (106)	10.1 (103)	4.5 (3)
Attempted Suicide	2.3 (25)	2.3 (23)	3.0 (2)
Prescribed Medication for Psychological/Emotional Problems	21.8 (237)	22.4 (229)	11.9 (8)

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

Table 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=1,088)	FQHC Sites % (N=1,021)	IAARNG % (N=67)
Yes	43.3 (471)	42.2 (431)	59.7 (40)
No	42.0 (457)	42.3 (432)	37.3 (25)
Declined to Answer Question	8.6 (94)	9.2 (94)	0.0 (0)
Doesn't Know	1.1 (12)	1.1 (11)	1.5 (1)
Missing Data	5.0 (54)	5.2 (53)	1.5 (1)

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=1,088)	FQHC Sites % (N=1,021)	IAARNG % (N=67)
Yes	7.0 (76)	6.8 (69)	10.4 (7)
No	79.5 (865)	79.0 (807)	86.6 (58)
Declined to Answer Question	8.1 (88)	8.6 (88)	0.0 (0)
Doesn't Know	1.2 (13)	1.2 (12)	1.5 (1)
Missing Data	4.2 (46)	4.4 (45)	1.5 (1)

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=1,088)	FQHC Sites % (N=1,021)	IAARNG % (N=67)
Attended Any Type of Self-Help Recovery Groups including Religious/Faith-Based, Non-Religious, or any Other in Past 30 Days	25.4 (276)	26.0 (265)	16.4 (11)
Interaction With Family/Friends Who Support Recovery	54.0 (588)	54.2 (553)	52.2 (35)
Have Someone to Turn to When Having Trouble	77.6 (844)	76.9 (785)	88.1 (59)

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 which occurs approximately six months following screening. This selection is based on the modality SBIRT staff select in the system rather than the modality indicated by the screening scores. As previously noted, discrepancies were found between modality selection and service recommendations based on AUDIT and DAST-10 score(s). There were 352 records assigned to the Screening modality for individuals whose AUDIT and/or DAST-10 scores indicated they should be recommended for Brief Intervention, Brief Treatment, or Referral to Treatment. Therefore, some individuals with screening scores indicating risky, harmful, or dependent substance use are not eligible for the follow-up interview since records assigned to the Screening modality are not included in the random selection process.

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 tracks 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. Based on data from those sources, 158 individuals had been randomly selected for follow-up interviews and reached the end of their eligibility period (eight months post screening) by June 30, 2014. Follow-up interviews were completed with 126 of those individuals, yielding a follow-up completion rate of 84.0%. This follow-up rate differs from the SAIS system follow-up rate, as that rate includes those whose eligibility window remained open at the end of Year Two. The follow-up data presented next include those follow-up interviews and some whose records were labeled inactive in I-SMART WITS.

In an effort to more closely match the follow-up rate in the SAIS system at the end of Year Two, data in the following section reflect 136 records obtained from the GPRA dataset from the I-SMART WITS system for individuals with follow-up interview records through June 30, 2014. It is important to note that nine records labeled as inactive in either the screening or follow-up record are included because these records were designated with an active status in the SAIS system; however data from inactive records were not included in previous data in this report. Of the 136 records, the modalities selected by staff in the screening record are:

- Brief Intervention: 78 records (57.4%).
- Brief Treatment: 22 records (16.2%).
- Referral to Treatment: 27 records (19.9%).
- Modality no longer exists: 9 records (6.6%); modality is removed in the system when a subsequent screening record with the same modality selected by staff is entered.

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 168 days (mean = 180 days). Of the 136 individuals who were interviewed:

- Twenty-five (18.4%) were Soldiers with the IAARNG and 111 (81.6%) were screened at FQHCs.
- Forty-six (33.8%) were female and 90 (66.2%) were male.



Sixty-one respondents who completed the follow-up interview were administered the AUDIT during their SBIRT encounter, indicating reported alcohol use at screening; 34 were screened using the DAST-10, indicating reported drug use at screening; and 41 were screened using both instruments. Table 29 provides additional information regarding screening instrument, modality, and scores for the 136 respondents who completed the follow-up interview.

Table 29. Prescreening and Screening Information on Individuals Completing Follow-Up Interview

Screening Instrument	Number Of Records N=136	Recommended Service	Number Of Records In Each Modality N=136	Scores at Screening	
				Range	Median
Completed AUDIT Only	61	Brief Intervention	41	7 – 26	10
		Brief Treatment	5	16 – 19	18
		Referral to Treatment	11	20 – 37	24
		Modality Missing	4	8 – 20	9
Completed DAST-10 Only	34	Brief Intervention	21	1 – 6	2
		Brief Treatment	6	3 – 7	4
		Referral to Treatment	4	6 – 9	8
		Modality Missing	3	1 – 2	1
Completed Both AUDIT and DAST-10	41	Brief Intervention	16	AUDIT 2 – 14 DAST-10 1 – 3	5 1
		Brief Treatment	11	AUDIT 0 – 32 DAST-10 1 – 7	6 4
		Referral to Treatment	12	AUDIT 1 – 36 DAST-10 2 – 10	25 6
		Modality Missing	2	AUDIT 13 – 20 DAST-10 2	17 2

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, 64.7% reported alcohol use in the 30 days prior to screening. The range of days for alcohol use for these 88 respondents was 1 to 30 with a median of 5.5 days (mean = 10.5 days). At follow-up, 73 individuals (53.7%) 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 5 days (mean = 8.6 days).

Sixty individuals (44.1%) indicated binge drinking (drinking five or more drinks in one sitting) at screening; the median number of days they reported binge drinking in the previous 30 days was 5 days (mean = 10.5 days) and ranged from one to 30 days. Forty-one individuals (30.1%) indicated drinking five or more drinks in one sitting in the 30 days preceding the follow-up

interview. The number of days of binge drinking for these respondents ranged from one to 30 with a median of 3 days (mean = 5.1 days).

The number of days of drug use in the 30 days prior to screening for the 56 respondents (41.2%) reporting illegal drug use ranged from one to 30 days with a median of 7.5 days (mean = 12.4 days). At follow-up, 30 respondents (22.1%) 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 5 days (mean = 10.4 days).

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=136)	Follow-Up % (N=136)
Alcohol	64.7 (88)	53.7 (73)
Binge Drinking (Five or More Drinks in One Sitting)	44.1 (60)	30.1 (41)
Use of Illegal Drugs	41.2 (56)	22.1 (30)
Marijuana/Hashish	36.8 (50)	21.3 (29)
Methamphetamine	0.7 (1)	0.7 (1)
Cocaine/Crack	2.2 (3)	0.0 (0)
Heroin	1.5 (2)	0.0 (0)
Morphine	0.7 (1)	0.0 (0)
Oxycontin/Oxycodone	0.7 (1)	0.0 (0)
Benzodiazepines	0.7 (1)	0.0 (0)
Other Illegal Drugs	2.9 (4)	0.0 (0)
Injected Drugs in Past 30 Days	0.7 (1)	0.0 (0)
Used Alcohol and Drugs on the Same Day	21.3 (29)	8.8 (12)

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 (78 of the 136 individuals who completed a follow-up interview) do not complete these sections at screening. Additionally, data are excluded for the nine individuals for whom modality entered by staff is missing as it is unclear if GPRA data in Sections C through G were collected consistently for those individuals. Tables 31 through 44 on the following pages provide responses at screening and follow-up for the 49 individuals for whom GPRA data are available.

Family and Living Conditions at Admission and Follow-Up

Table 31. Housing at Admission and Follow-Up

Housing Situation	Screening % (N=49)	Follow-Up % (N=49)
Shelter	4.1 (2)	4.1 (2)
Street/Outdoors	2.0 (1)	4.1 (2)
Institution (Hospital, Jail/Prison, Nursing Home)	6.1 (3)	10.2 (5)
Own/Rent Apartment, Room, House	46.9 (23)	49.0 (24)
Someone Else's Apartment, Room, House	34.7 (17)	28.6 (14)
Residential Treatment	0.0 (0)	2.0 (1))
Housed: Other	4.1 (2)	0.0 (0)
Declined to Answer Question	0.0 (0)	2.0 (1)
Missing Data	2.0 (1)	0.0 (0)

Table 32. Substance Use Causing Stress, Reduction in Activities, and Emotional Problems at Admission and Follow-Up

Stress, Activities, Emotional Problems Due to Alcohol and Drug Use	Screening % (N=49)	Follow-Up % (N=49)
Experienced Stress Due to Use of Alcohol or Other Drugs in Past 30 Days	51.0 (25)	26.5 (13)
Use of Alcohol or Other Drugs Caused Reduction or Giving Up Important Activities in Past 30 Days	34.7 (17)	14.3 (7)
Use of Alcohol or Other Drugs Caused Emotional Problems in Past 30 Days	49.0 (24)	20.4 (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 Admission and Follow-Up

Children	Screening % (N=49)	Follow-Up % (N=49)
Have Children	53.1 (26)	49.0 (24)
Children Living with Someone Else Due to Child Protection Court Order	2.0 (1)	6.1 (3)
Lost Parental Rights For Any Children	8.2 (4)	4.1 (2)

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

Table 34. Pregnancy at Admission and Follow-Up

Pregnant	Females at Screening % (N=49)	Females at Follow-Up % (N=49)
Currently Pregnant	0.0 (0)	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.

Employment at Admission and Follow-Up

Table 35. Employment at Admission and Follow-Up

Employment	Screening % (N=49)	Follow-Up % (N=49)
Employed Full-Time (≥35 hrs/wk)	18.4 (9)	36.7 (18)
Employed Part-Time (<35 hrs/wk)	14.3 (7)	14.3 (7)
Unemployed, Looking for Work	26.5 (13)	16.3 (8)
Unemployed, Not Looking for Work	18.4 (9)	10.2 (5)
Unemployed, Disabled	14.3 (7)	14.3 (7)
Unemployed, Retired	2.0 (1)	0.0 (0)
Other	4.1 (2)	4.1 (2)
Declined to Answer Question	0.0 (0)	2.0 (1)
Doesn't Know	0.0 (0)	2.0 (1)
Missing Data	2.0 (1)	0.0 (0)

Arrests in Past 30 Days at Screening and Follow-Up

Table 36. Arrests at Admission and Follow-Up

Arrests in Past 30 Days	Screening % (N=49)	Follow-Up % (N=49)
Zero	93.9 (46)	95.9 (47)
One	4.1 (2)	2.0 (1)
Declined to Answer Question	0.0 (0)	2.0 (1)
Missing Data	2.0 (1)	0.0 (0)

Mental and Physical Health Problems and Treatment and Recovery at Admission and Follow-Up

Table 37. Overall Health at Admission and Follow-Up

Self Rating of Overall Health	Screening % (N=49)	Follow-Up % (N=49)
Excellent	2.0 (1)	10.2 (5)
Very Good	12.2 (6)	10.2 (5)
Good	36.7 (18)	42.9 (21)
Fair	34.7 (17)	24.5 (12)
Poor	12.2 (6)	8.2 (4)
Doesn't Know	0.0 (0)	2.0 (1)
Missing Data	2.0 (1)	2.0 (1)

Table 38. Inpatient Treatment at Admission and Follow-Up

Receiving Inpatient Treatment In Past 30 Days	Screening % (N=49)	Follow-Up % (N=49)
Physical Complaint	8.2 (4)	2.0 (1)
Mental or Emotional Difficulties	4.1 (2)	2.0 (1)
Alcohol or Substance Abuse	8.2 (4)	2.0 (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.

Column totals are not equal to the number of records.

Table 39. Outpatient Treatment

Receiving Outpatient Treatment In Past 30 Days	Screening % (N=49)	Follow-Up % (N=49)
Physical Complaint	18.4 (9)	8.2 (4)
Mental or Emotional Difficulties	10.2 (5)	4.1 (2)
Alcohol or Substance Abuse	6.1 (3)	2.0 (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.

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=49)	Follow-Up % (N=49)
Physical Complaint	8.2 (4)	10.2 (5)
Mental or Emotional Difficulties	4.1 (2)	0.0 (0)
Alcohol or Substance Abuse	10.2 (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=49)	Follow-Up % (N=49)
Serious Depression	57.1 (28)	38.8 (19)
Anxiety or Tension	63.3 (31)	53.1 (26)
Hallucinations	10.2 (5)	4.1 (2)
Trouble Understanding, Concentrating, or Remembering	49.0 (24)	28.6 (14)
Trouble Controlling Violent Behavior	12.2 (6)	6.1 (3)
Attempted Suicide	4.1 (2)	2.0 (1)
Prescribed Medication for Psychological/Emotional Problems	24.5 (12)	28.6 (14)

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=49)	Follow-Up % (N=49)
Yes	49.0 (24)	22.4 (11)
No	46.9 (23)	71.4 (35)
Declined to Answer Question	2.0 (1)	4.1 (2)
Doesn't Know	0.0 (0)	2.0 (1)
Missing Data	2.0 (1)	0.0 (0)

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=49)	Follow-Up % (N=49)
Yes	2.0 (1)	2.0 (1)
No	93.9 (46)	93.9 (46)
Declined to Answer Question	2.0 (1)	4.1 (2)
Missing Data	2.0 (1)	0.0 (0)

Social Connectedness

Table 44. Social Connectedness

Social Connectedness	Screening % (N=49)	Follow-Up % (N=49)
Attended Any Type of Self-Help Recovery Groups including Religious/Faith-Based, Non-Religious, or any Other in Past 30 Days	18.4 (9)	32.7 (16)
Interaction With Family/Friends Who Support Recovery	53.1 (26)	77.6 (38)
Have Someone to Turn to When Having Trouble	98.0 (48)	87.8 (43)

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

Column totals are not equal to the number of records.

CONCLUSION

Records marked active in the I-SMART WITS system indicate SBIRT IOWA staff conducted 46,618 prescreenings through Year Two (June 30, 2014); 42,833 at FQHCs and 3,785 through the IAARNG. Based on this number, SBIRT IOWA exceeded the target set by SAMHSA for number of prescreenings done, with a completion rate of 137.9%. In addition, 8,050 full screenings were conducted: 5,809 at FQHCs and 2,241 through IAARNG. Nearly 8% scored as needing further services (Brief Intervention, Brief Treatment, or Referral to Treatment) beyond screening. Analyses are being conducted on the number of clients who subsequently received further treatment services and results will be provided in a separate biannual report. Analyses of change in substance use from screening to 6-month follow-up indicate the number of respondents reporting binge drinking was reduced by approximately a third and illegal drug use was cut nearly in half.

Data Issues and Recommendations

Follow-up data is limited since sections of the GPRA instrument are administered only to 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. The Evaluator also recommends an indicator be placed in the SBIRT Activities data set flagging records for a follow-up interview so they can be unambiguously tracked for data analyses and reporting.

A small but troubling number of inconsistencies were found in multiple aspects of the data, which present challenges for data analysis. First, the labeling of records as inactive creates several difficulties for data analysis. Making records inactive causes the "active" data to become dynamic. Data for a specific time period fluctuates from one reporting time to the next and those discrepancies must be traced. It is unclear at what point records are made inactive in the system, presenting further challenges in determining which records are to be used for a given period. IDPH guidance indicates records are labeled inactive if an individual is rescreened and the screening results in the same modality. However, analyses of active and inactive records suggest that inactive labeling is not totally consistent with this rule. In addition to the two active records found for each of two clients with the same modality (see SBIRT IOWA Record section of this report), seventeen individuals have only inactive and no active records. Further, inconsistencies exist between records labeled active and inactive in I-SMART WITS and those labeled active and inactive in the SAIS system.

Second, the modality entered by staff does not always match the modality based on the AUDIT and DAST-10 scores since staff have the ability to modify the modality selection in individual records. The SBIRT IOWA Project Director indicated a system modification will be implemented in the next release that prevents staff from changing the modality populated from the screening score. The Evaluator recommends discrepancies in current records be corrected, and that an additional field be added for staff to indicate the actual service recommendation given to the client.

Third, analyses of encounter count data indicate encounter records are not being entered in consistent ways (i.e., sites and possibly staff within sites enter encounter records for different reasons). For instance, some individuals in the Screening modality have more than two encounters and some have no encounters. In addition, inconsistency exists for individual records. For example, an SBIRT screening record has an associated encounter dated three days prior to the screening date. IDPH provides monthly reports to all agencies using I-SMART WITS regarding encounter discrepancies. These reports should outline SBIRT IOWA record inconsistencies specifically if the data provided in the reports are not project specific. Sites should receive additional training regarding use of encounter records.

Finally, while the Evaluator can assess which modalities were recommended, we cannot assess whether or not a Brief Intervention or Brief Treatment occurred beyond the screening. An indicator should be added to the data to denote when Brief Interventions are conducted. Additionally, records indicating the occurrence and completion status of Brief Treatment sessions should be provided to the Evaluator.