

# State Youth Treatment – Implementation (SYT-I) Frequently Asked Questions (FAQ's)

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**This is not intended to be all-inclusive of the parameters that should be adhered to for SYT-I. Other parameters are outlined in the provider contract, IowaGrants.Gov, SYT-I Evaluation Protocol (Consortium data collection), CSAT/GPRA, and any other internal provider procedures.**

## **ADMISSION**

### **1. Who is eligible for SYT-I?**

SYT-I participants must be adolescents and transitional aged youth (TAY) 12-25 years old with a substance use disorder (SUD) and/or co-occurring substance use and mental health disorder.

### **2. How do I enroll a client into SYT-I?**

If presenting concerns indicate a client may be a candidate for SYT-I, you should use the appropriate screening assessment at intake. The Comprehensive Adolescent Severity Inventory (CASI) must be used for clients 12-17 years old. For anyone 18-25 years old, agencies may utilize the IDPH approved assessment. In addition to any internal provider procedures, the Government Performance Results Act (GPRA) Intake Interview is required and you must obtain voluntary consent with use of the “Focus Project Consent Form.” A release of information should be obtained when necessary with use of the “Families in FOCUS – Release of Information” or an IDPH approved ROI. For more information about additional required documentation and fields that must be completed in ISMART/EHR, see “FORMS AND DOCUMENTATION” and “DATA COLLECTION”.

### **3. Does SYT-I fund therapy services?**

While SYT-I doesn't fund therapy services, it does fund other unbillable services. SYT-I services are reserved for individuals that are ineligible for public or commercial health insurance programs, individuals for whom coverage has been formally determined to be unaffordable, or for services that are not sufficiently covered by an individual's health insurance plan. If a participant does not have insurance, steps should be taken to assist to enroll and apply in an insurance program. Providers must have policies and procedures in place to ensure participants meet the above criteria and receive assistance to enroll/apply in an insurance program.

### **4. Can I enroll pre-existing clients into SYT-I?**

No. A critical tracking mechanism of the SYT-I grant is to determine a baseline through intake information. If a client is presently utilizing services, a baseline would be inaccurate.

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## **5. Can I enroll a client multiple times in SYT-I?**

No. Participants may be admitted **one time** in SYT-I throughout the entire grant period. CSAT only permits one entry of the same client ID in their data system. Therefore, multiple admissions with the same client ID does not lead to increased grant outcomes.

**If a participant is not following through with services, it will be important to re-engage a participant within 30 days (before the required GPRA discharge is in effect).**

## **EVIDENCE BASED PRACTICES (EBP)– SELECTION & CHANGE OF SERVICES**

### **1. How do I determine which EBP to utilize for a SYT-I participant?**

SYT-I is utilizing MDFT, MET/CBT & MI as EBP interventions. Selecting which EBP is appropriate for each participant is based on age, presenting concerns, and willingness of the client. Internal provider procedures should be in place to help guide you on selection of an EBP.

### **2. What if I want to change the EBP?**

You may change an EBP if it is determined that the participant would be better served by a different EBP. Best efforts should be made to complete the initial EBP before switching to a new EBP. Document EBP changes in the “Intervention Changes” column on the “Monthly Update” spreadsheet sent by the Consortium. Only one case rate per client may be billed for the entire grant period. See “BILLING” for more information.

### **3. What if the participant will end SYT-I services and stay in other treatment services?**

This section is currently under revision. Please contact Cara Weis at IDPH if this situation occurs.

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## **FORMS AND DOCUMENTATION\***

### **1. What are the required forms for SYT-I?**

There are several forms that are required at different points when working with a participant.

#### Admission/Intake:

- “Families in FOCUS – Release of Information”
- “Focus Project Consent Form”
- CASI screening assessment if 12-17 years old
- GPRA intake

#### Monthly:

- Monthly Update spreadsheet (Consortium)

#### 6-Month Post-Admission (5-8 month window):

- GPRA Follow-up

#### Discharge:

- GPRA Discharge

#### 6-Months Post-Discharge:

- Adolescent Global Outcome Measure, Family Global Outcome Measure (Consortium)

\* See #7 under “DATA COLLECTION” and “SYT-I Evaluation Protocol” for information about the Consortium requirements.

### **2. How do I indicate a client is participating in SYT-I in ISMART or my EHR?**

- In the admissions section of ISMART/EHR select the Families in Focus Special Initiative code (11).
- In the encounter section or services of ISMART/EHR, respectively, and the Ancillary Services Rendered, select MET/CBT or MDFT (20/21).

## **DATA COLLECTION**

### **1. What are GPRA's and why do I have to do them?**

GPRA stands for the Government Performance Results Act which is a required element of services through the Center of Substance Abuse and Treatment (CSAT). GPRA's are data collection tools which provide outcome measures. Outcome measures are used to identify performance abilities which assist to improve service delivery, increase accountability of federal spending, and they help to guide congressional decision-making.

Since SYT-I is a grant provided by CSAT, GPRA's are required. The Substance Abuse and Mental Health Services Administration (SAMHSA) requires the GPRA intake, discharge, and 6-month follow-up for SYT-I participants. Additionally, any training provided by IDPH requires a CSAT baseline survey (at end of a training event) and CSAT follow-up survey (30

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days following the training event). The GPRA forms, frequently asked questions and a Question by Question guide can be found at: <http://www.samhsa.gov/grants/gpra-measurement-tools/csat-gpra/csat-gpra-discretionary-services>.

## **2. Do I have to complete paper copies of the GPRA?**

Currently, a paper copy of the GPRA must be completed. IDPH is in the process of developing the ability for GPRA data to be entered into ISMART. Once this functionality is available, providers will be expected to enter all GPRA data in this manner, within 7 days of the GPRA interview taking place. At that time, providers will have the choice of collecting GPRA data on paper and then entering the information into ISMART, or entering the information directly into ISMART during the client interview.

## **3. What do I do with the GPRA's?**

Currently, you must send (via fax or email) all GPRA's (intake, discharge, and 6-month follow-ups) to IDPH and the Consortium. IDPH requires that GPRA's are emailed or faxed to IDPH by the 5<sup>th</sup> of each month at a minimum. See "SYT-I Evaluation Protocol" for the Consortium requirements. IDPH is in the process of developing the ability for GPRA data to be entered into ISMART. Once this functionality is available, providers will be expected to enter GPRA's into ISMART.

## **4. Do I have to complete the GPRA follow-up?**

Yes. The GPRA follow-up is a key requirement of SYT-I. You must try to obtain 100% of GPRA follow-ups, but 80% completion rate of the GPRA follow-ups is the minimum requirement. If you are unable to complete the GPRA Follow-up, you will not enter any information into ISMART when this functionality is available. Instead you will let the GPRA follow-up window close automatically.

## **5. What if I'm below the 80% follow-up rate?**

If your agency is frequently below the 80% follow-rate, funding could become affected. You should have internal provider policy and procedures that should guide you to meet this requirement.

## **6. How do I ensure an 80% follow-up rate?**

Think of follow-up as a process and not as an event. Follow-up starts at intake, continues through the participant's involvement, and ends when all participants are accounted for.

### **Tips for follow-up:**

- Make the intake process a positive experience
- Prepare the participant for tracking at each session
- Have an updated list of collateral contacts

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- Keep in touch with participants between the GPRA Intake Interview and the GPRA Follow-up Interview.
- One month prior to the scheduled GPRA Follow-up Interview, call the participant or schedule a session and call the collateral contacts to verify the participant's whereabouts
- Keep a tracking log
- Make sure the participant has your phone number

## **Examples of different ways to track clients are:**

- Collateral contacts
- Home visits
- Specialized institutional information systems
- Mail contacts
- Public information sources
- Telephone contacts
- Internet searches

**A \$30 gift card should be provided to all participants that complete a GPRA follow-up.** Document the distribution of the \$30 gift card with the "SYT-I Receipt Form."

## **7. What is the Consortium?**

The Iowa Consortium for Substance Abuse Research and Evaluation is often referred to as the Consortium. IDPH contracts with the Consortium to collect data and evaluate SYT-I. The Consortium collects monthly documentation, monitors the data and helps ensure grant requirements are being met, and assists to resolve any data collection issues. See "SYT-I Evaluation Protocol" for additional guidance on the Consortium requirements.

## **RECOVERY SUPPORT SERVICES (RSS)**

### **1. What are recovery support services and why are they important?**

All SYT-I participants may receive recovery support services. Participants select the recovery support services that best meet their needs. Funding for RSS is intended to help to reduce barriers to treatment and recovery. Please see "SYT-I RSS Type/Definitions" for more details. Providers are strongly encouraged to utilize RSS for participants.

### **2. What is the funding limit for RSS for SYT-I participants?**

- \$750 is available toward RSS for each SYT-I participant utilizing MDFT.
- \$375 is available toward RSS for each SYT-I participant utilizing MET/CBT.

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### **3. How do I document RSS?**

Documentation of all RSS should be included in the participant file per internal provider procedures. Also, when distributing an item to a participant (i.e. gas card), it is required to use the “SYT-I Receipt Form.” A receipt of purchase should be obtained when applicable. See “SYT-I RSS Type/Definitions” for more information.

### **4. What if the participant doesn't provide a receipt or reports losing a receipt?**

A “SYT-I Exception Request” may be submitted to IDPH if a participant doesn't follow the procedures as indicated on the “SYT-I RSS Type/Definitions” and “SYT-I Receipt Form.” Approval of the exception request is at IDPH discretion.

### **5. How can I help a client that cannot be re-admitted to SYT-I but still would benefit from RSS?**

It is **STRONGLY ENCOURAGED** that clients are referred to Access to Recovery (ATR) for additional supports if clients aren't eligible for SYT-I.

## **BILLING**

### **1. How do I bill for services?**

All services are billed through IowaGrants.gov. The Iowa Grants helpdesk can be contacted at [iowagrants.helpdesk@idph.iowa.gov](mailto:iowagrants.helpdesk@idph.iowa.gov) or 1-866-520-8987.

### **2. If I changed EBP's in the course of treatment, how do I bill?**

Only one case rate may be billed per SYT-I participant. Generally, the case rate of the EBP selected at intake will be the case rate to use during billing. However, if the criteria for “Continuous Service Involvement” haven't been met then only the EBP that has met the criteria can be billed. The criteria for “Continuous Service Involvement is defined as involvement for 30 days for MET/CBT and 45 days for MDFT AND minimum number of sessions (4 sessions for MET/CBT or 12 sessions for MDFT).

**Please contact Cara Weis, SYT-I Project Director if you have questions via email at [cara.weis@idph.iowa.gov](mailto:cara.weis@idph.iowa.gov) or (515) 281-3763.**