

SBIRT IOWA

SBIRT to Treatment Analysis



THE IOWA CONSORTIUM FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION

**SBIRT to Treatment Analysis
Spring 2016**

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CONSORTIUM**
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INTRODUCTION

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 use disorder professionals work with each site. These staff also conduct brief interventions, brief treatment sessions, and make referrals for substance use disorder treatment. The Iowa Consortium for Substance Abuse Research and Evaluation (Consortium) conducts the evaluation for the SBIRT IOWA project.

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

SBIRT IOWA staff administer the 10-question Alcohol Use Disorders Identification Test (AUDIT) when someone pre-screens positive for risky alcohol use, and the Drug Abuse Screening Test (DAST-10) when someone pre-screens positive for drug use.

From the start of the project in October, 2012 through March 11, 2016, there are 77,597¹ SBIRT records used in these analyses. This study examined SBIRT IOWA clients in the Referral to Treatment (RT) and Brief Treatment (BT) modalities² who subsequently entered substance use disorder treatment³. It also examined all SBIRT IOWA clients who entered residential treatment. Results of a preliminary analysis of SBIRT client treatment admissions, in conjunction with input from the SBIRT IOWA Project Director and Project Coordinator suggested a six-month post-screening cutoff for treatment admissions would be appropriate for this study.

REFERRAL TO TREATMENT (RT)

Time to Treatment

¹ Some individuals were screened more than once, but only one record was used in these analyses.

² The SBIRT modality used in this report is the modality from the Treatment Services section of GPRA, and may differ from the modality based on the screening score.

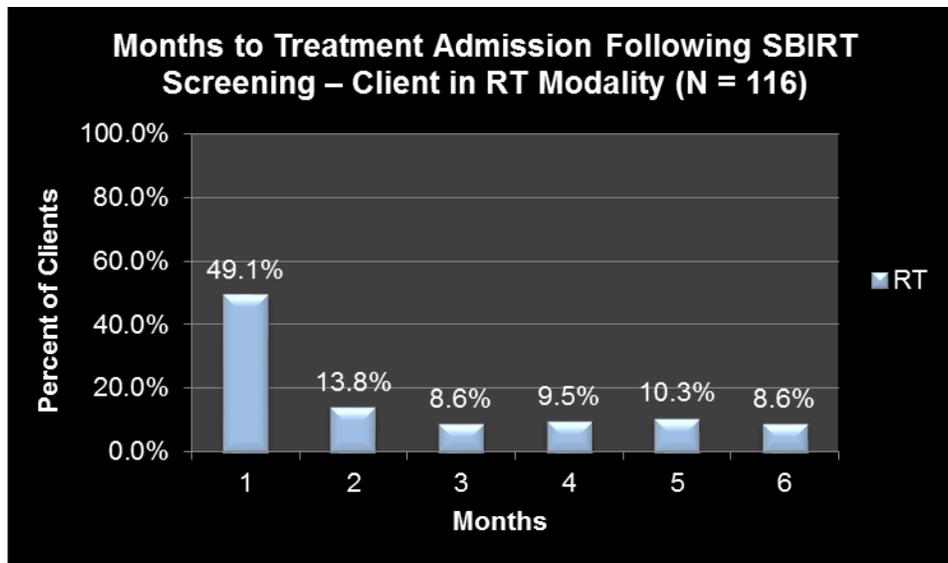
³ Available treatment admission data are from the state's data management system (Central Data Repository) and therefore include only admissions at Iowa licensed treatment facilities.



Screening records show 969 individuals assigned by SBIRT staff to the referral to treatment (RT) modality; 116 of these individuals (12.0%) were admitted to substance use disorder treatment within six months of their SBIRT screening. Just under half (49.1%) of the 116 individuals entered treatment within one month of screening; nearly three-fourths (71.6%) did so within three months of screening.

Figure 1 shows the breakdowns for the number of months to treatment admission following SBIRT screening for the 116 SBIRT RT modality individuals with a subsequent treatment admission.

Figure 1. RT Modality and Months to Admission



Note: Due to rounding, percentages may not add up to exactly 100%.

Screening and Admitting Agencies

All five implementation sites screened individuals who were subsequently admitted to treatment. Table 1 displays information for the 116 RT modality clients admitted to treatment, providing information on the number screened at each site and where those clients entered treatment.

Table 1. SBIRT Agency Conducting Screening and Number Admitted, by Agency of Treatment Admission – RT Clients

SBIRT Agency Conducting Screening and Agency of Admission	Number Admitted (N = 116)
Community Health Care (N = 19)	
Center for Alcohol and Drug Services, Inc. (CADS)	18
Prelude Behavioral Health	1
Peoples Community Health Clinic (N = 6)	
Pathways Behavioral Services	4
Horizons/Covenant Medical Center	2
Primary Health Care, Inc. (N = 53)	
Prelude Behavioral Health	21
United Community Services, Inc.	7
Substance Abuse Treatment Unit of Central Iowa	4
Broadlawns Medical Center	3
House of Mercy	3
Fifth Judicial Center	2
Powell Chemical Dependency Center	2
Prairie Ridge Integrated Behavioral Healthcare	2
Urban Dreams	2
Area Substance Abuse Council	1
Community and Family Resources	1
First Step Mercy Recovery Center	1
Horizons/Covenant Medical Center	1
Jackson Recovery Centers, Inc.	1
Manning Family Recovery Center	1
Zion Recovery Services	1
Siouxland Community Health (N = 33)	
Jackson Recovery Centers, Inc.	27
Transitional Services of Iowa, Inc.	5
Compass Pointe	1
Iowa National Guard (N = 5)^a	
Action Now, Crossroads MHC	1
CADS	1
Heartland Family Services	1
Powell Chemical Dependency Center	1
Prairie Ridge Integrated Behavioral Healthcare	1

^aThe Iowa National Guard numbers may not be inclusive of all admissions as they also refer Soldiers to VA treatment and mental health centers within and outside the state, for which data are unavailable.



Level of Care

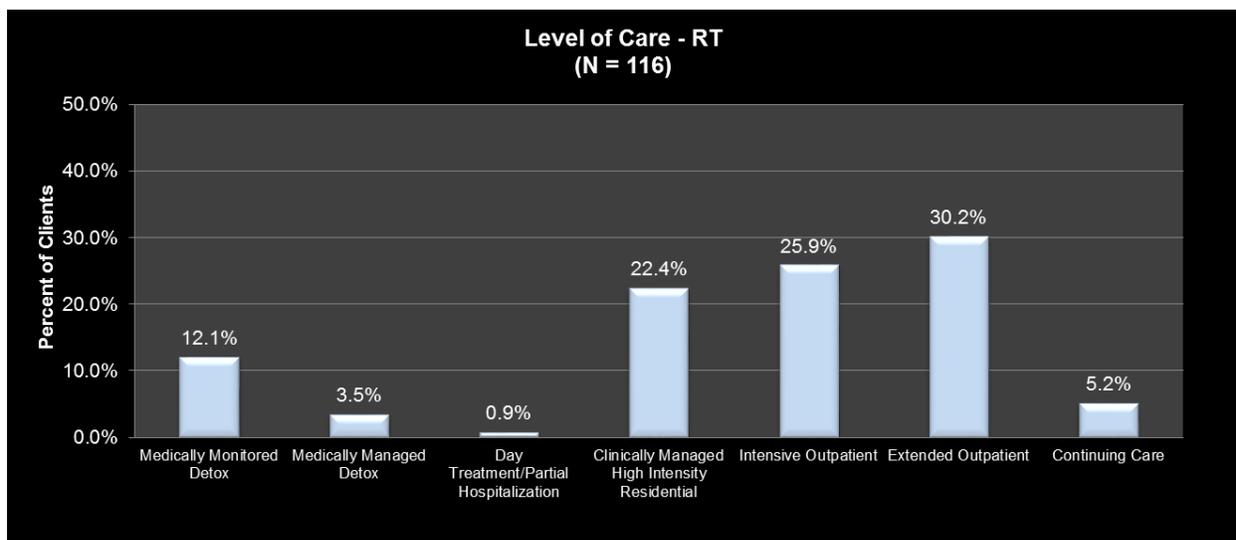
This analysis examined the level of care to which individuals scoring in the RT modality who were admitted. Table 2 displays the number of clients receiving the various levels of care.

Table 2. Level of Care for RT Clients Admitted to Treatment

Level of Care	Number of Clients (N = 116)
Medically Monitored Detox	14
Medically Managed Detox	4
Day Treatment/Partial Hospitalization	1
Clinically Managed High Intensity Residential	26
Intensive Outpatient	30
Extended Outpatient	35
Continuing Care	6

Figure 2 displays the percentage of RT clients at each level of care. Over half (56.0%) were admitted to extended or intensive outpatient treatment. Of the 116 clients in treatment, 26 (22.4%) were admitted to high intensity residential treatment.

Figure 2. Level of Care for RT Clients Admitted to Treatment



Note: Due to rounding, percentages may not add up to exactly 100%.

Access to Recovery Services

This analysis also identified SBIRT IOWA RT modality clients who received services through Access to Recovery (ATR). The ATR program focuses on serving individuals in recovery and



provides vouchers to clients for the purchase of recovery support services. Twenty-four of the 116 RT clients received ATR services while in treatment.

Table 3. Access to Recovery Services for RT Modality

Received ATR Services	Number (n=116)	Percent
Yes	24	20.7%
No	92	79.3%

Note: Due to rounding, percentages may not add up to exactly 100%.

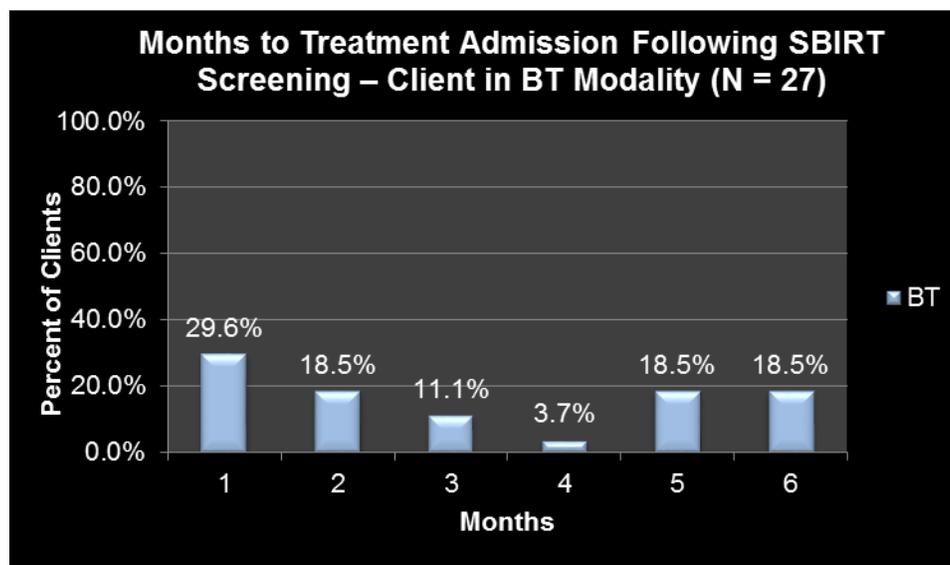
BRIEF TREATMENT (BT)

Time to Treatment

Screening records show 791 individuals were assigned the (Brief Treatment) BT modality by SBIRT staff. Twenty-seven of the 791 individuals (3.4%) entered substance use disorder treatment within six months of their SBIRT screening. Eight (29.6%) of the 27 individuals entered treatment within one month of SBIRT screening; with well over half (59.3%) entering treatment within three months.

Figure 3 shows the months-to-admission breakdown for SBIRT clients who scored in the brief treatment modality (BT recommended modality) who entered treatment within six months of SBIRT screening.

Figure 3. Clients in Brief Treatment Modality and Months to Admission



Note: Due to rounding, percentages may not add up to exactly 100%.

Screening and Admitting Agencies



Four of the five implementation sites screened individuals who scored in the BT modality and who later entered treatment within six months. Table 4 displays information for the 27 BT modality clients admitted to treatment, providing information on the number screened at each site and where those clients entered treatment.

Table 4. SBIRT Agency Conducting Screening and Number Admitted, by Agency of Treatment Admission – BT Clients

SBIRT Agency Conducting Screening and Agency of Admission	Number Admitted
Community Health Care (N = 3)	
CADS	2
Area Substance Abuse Council	1
Primary Health Care, Inc. (N = 17)	
Prelude Behavioral Health	6
First Step Mercy Recovery Center	3
United Community Services, Inc.	2
Urban Dreams	2
Action Now, Crossroads MHC	1
Fifth Judicial District	1
House of Mercy	1
Prairie Ridge	1
Siouxland Community Health (N = 4)	
Jackson Recovery Centers, Inc.	3
Zion Recovery Services	1
Iowa National Guard (N = 3)^a	
House of Mercy	2
United Community Services Inc.	1

Level of Care

This analysis examined the level of care to which individuals scoring in the BT modality were admitted. Table 5 displays the number of clients receiving the various levels of care.

Table 5. Level of Care for BT Clients Admitted to Treatment

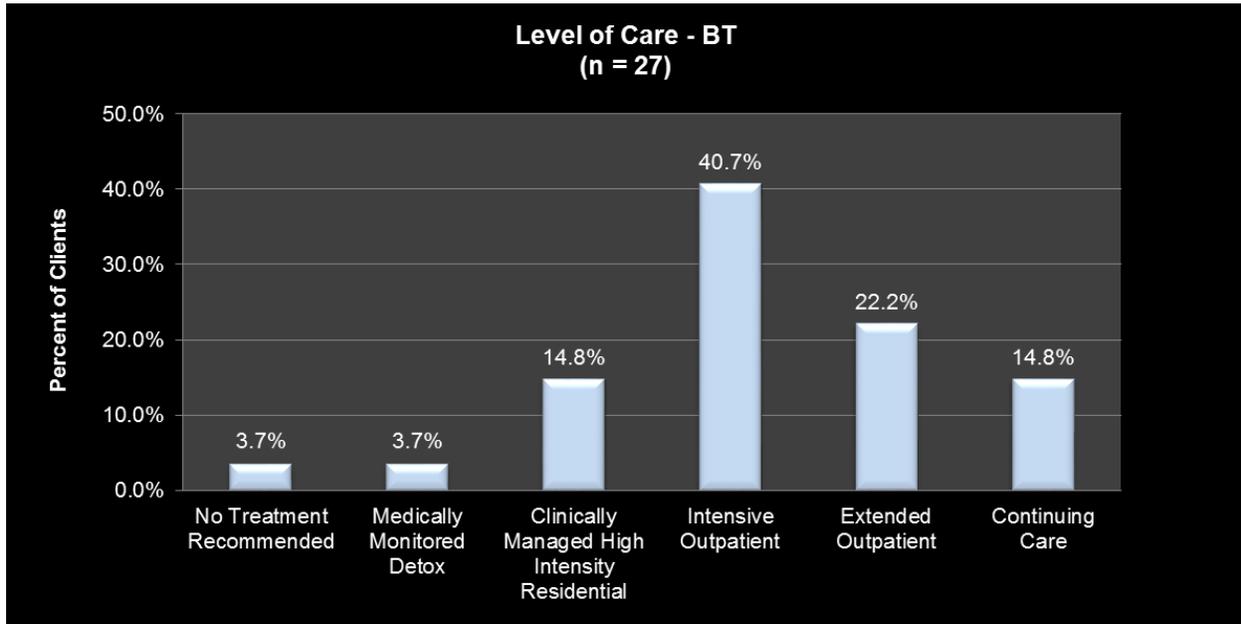
Level of Care	Number of Clients (N = 27)
No Treatment Recommended	1
Medically Monitored Detox	1
Clinically Managed High Intensity Residential	4
Intensive Outpatient	11



Extended Outpatient	6
Continuing Care	4

Figure 4 displays the percentage of BT clients at each level of care. Almost two-thirds (62.9%) were admitted to extended or intensive outpatient treatment.

Figure 4. Level of Care for BT Clients Admitted to Treatment



Note: Due to rounding, percentages may not add up to exactly 100%.

Access to Recovery Services

This analysis also identified SBIRT IOWA BT modality clients who received services through ATR. Two of the 27 BT modality clients received ATR services while in treatment.

Table 6. Access to Recovery Services for BT Modality

Received ATR Services	Number (N = 27)	Percent
Yes	2	7.4%
No	25	92.6%

SBIRT CLIENTS ENTERING RESIDENTIAL TREATMENT

This portion of the study examined individuals screened in SBIRT IOWA who subsequently entered residential treatment within six months of SBIRT screening. The data in this section are derived from the 77,597 unduplicated screening records with unique client identification



numbers. Of those 77,597 individuals screened in SBIRT IOWA, 722 (0.9%) entered residential treatment within six months of their SBIRT screening.

Table 7 displays the percent and number of individuals in each SBIRT modality who entered residential treatment within six months of SBIRT screening, and time to treatment data. The “Median Days from Screening to Agency Contact” column provides the median number of days from SBIRT screening to the client’s initial contact with the agency to request treatment. The “Median Days on Waiting List” column provides the median number of days from the client’s initial contact with the agency to his or her treatment admission. The “Days from SBIRT Screening to Admission” column provides the median number of days from the SBIRT screening to admission to residential treatment.

Compared to the other SBIRT Modalities, individuals scoring in the RT modality contacted the treatment agency sooner (Kruskal-Wallis, $\chi = 16.1$, $df = 3$, $p < .01$). Moreover, those individuals in the RT modality were admitted to treatment sooner (Kruskal-Wallis, $\chi = 19.5$, $df = 3$, $p < .001$). Although, the average number of days on the waiting list was not different across SBIRT modalities (Kruskal-Wallis, $\chi = 3.9$, $df = 3$, $p = .272$).

Table 7. Residential Treatment Admissions and Time to Treatment by SBIRT Modality

SBIRT Modality (N = 722)	Number Entering Residential Treatment	Percent Entering Residential Treatment	Median Days from Screening to Agency Contact ^a	Median Days on Waiting List ^b	Median Days from SBIRT Screening to Admission ^a
Screening	527	0.7%	68.0	2.0	75.0
Brief Intervention	52	1.8%	76.5	1.5	80.0
Brief Treatment	27	3.4%	65.0	0.0	70.0
Referral to Treatment	116	12.0%	29.0	2.0	33.0

^a The differences between SBIRT modalities in median days from screening to agency contact (Kruskal-Wallis, $\chi = 16.1$, $df = 3$, $p < .01$) and median days from screening to admission (Kruskal-Wallis, $\chi = 19.5$, $df = 3$, $p < .001$) were statistically significant.

^b The differences between SBIRT modalities in median days on waiting list were not statistically significant (Kruskal-Wallis, $\chi = 3.9$, $df = 3$, $p = .272$).