

SBIRT IOWA

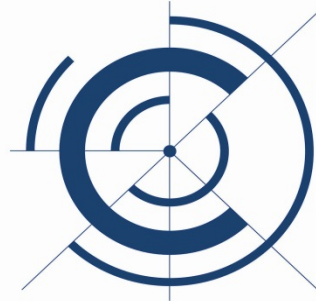
SBIRT-to-Treatment Analysis



THE IOWA CONSORTIUM FOR SUBSTANCE ABUSE RESEARCH AND EVALUATION

**2015
SBIRT-to-Treatment Analysis
March, 2015**

With Funds Provided By:
Iowa Department of Public Health,
Division of Behavioral Health;
Substance Abuse and Mental Health Services
Administration, Center for Substance Abuse Treatment
Grant Number T1023466



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

**SBIRT IOWA
SBIRT-to-Treatment Analysis
March 2015**

**Kristin L. White, MA
Evaluation Coordinator**

**Stephan Arndt, PhD
Director**

**Iowa Consortium for Substance Abuse
Research and Evaluation
University of Iowa**

Suggested Citation:

White, K., & Arndt, S. (2015) SBIRT IOWA SBIRT-to-Treatment Analysis – March 2015. (Iowa Department of Public Health contract #5885YM50). Iowa City, IA; Iowa Consortium for Substance Abuse Research and Evaluation. <http://iconsortium.subst-abuse.uiowa.edu/>

TABLE OF CONTENTS

Introduction	1
Referral to Treatment (RT) Clients.....	1
Time to Treatment.....	1
Figure 1. Clients Referred to Treatment and Months to Admission.....	1
Screening and Admitting Agencies	2
Table 1. SBIRT Agency Conducting Screening and Number Admitted,.....	2
Level of Care	3
Table 2. Level of Care for RT Clients Admitted to Treatment	3
Figure 2. Level of Care for RT Clients Admitted to Treatment	3
Access to Recovery Services.....	4
Table 3. Access to Recovery Services	4
 Brief Treatment (BT) Clients	 4
Time to Treatment.....	4
Figure 3. Clients in Brief Treatment Modality and Months to Admission	4
Screening and Admitting Agencies	5
Table 4. SBIRT Agency Conducting Screening and Number Admitted,.....	5
Level of Care	6
Table 5. Level of Care for BT Clients Admitted to Treatment.....	6
Figure 4. Level of Care for BT Clients Admitted to Treatment	6
Access to Recovery Services.....	7
Table 6. Access to Recovery Services	7
 SBIRT Clients Entering Residential Treatment	 7
Table 7. Residential Treatment Admissions and Time to Treatment by SBIRT Modality ..	7
 Appendix A: Fidelity Assessments	 8
Table 8. Fidelity Assessments for BI and BT	8



Introduction

SBIRT IOWA staff conducted 63,383¹ SBIRT screenings from the start of the project in October, 2012 through March 15, 2015. This study examined SBIRT IOWA clients in the Referral to Treatment (RT) and Brief Treatment (BT) modalities² who subsequently entered substance abuse treatment³. It also looked at 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.

This study also examines fidelity to the models used in Brief Interventions and Brief Treatment sessions resulting from SBIRT screenings. Information regarding fidelity assessment data collection is provided in the Appendix.

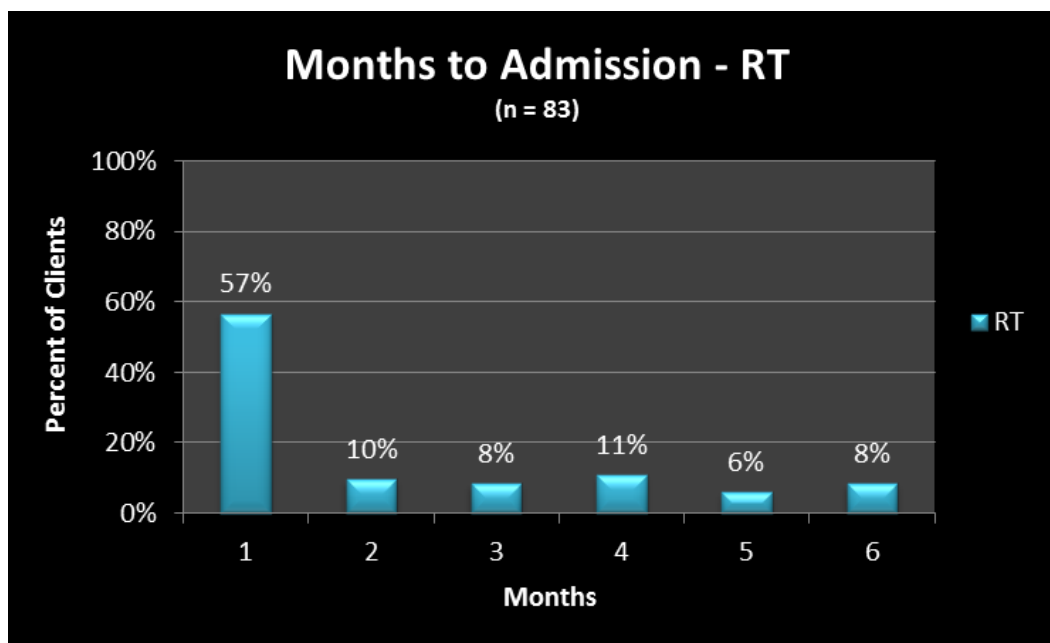
Referral to Treatment (RT) Clients

Time to Treatment

Screening records show 788 clients in the RT modality. Eighty-three of them (10.5%) went into treatment within six months of their SBIRT screening. More than half (56.6%) of those 83 clients entered treatment within one month of screening; almost three-quarters (74.7%) did so within three months of screening.

Figure 1 shows the months-to-admission breakdowns for the 83 SBIRT RT modality clients with a subsequent treatment admission.

Figure 1. Clients Referred to Treatment and Months to Admission



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

¹Some individuals were screened more than once.

²The 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.

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



Screening and Admitting Agencies

All five implementation sites screened clients who were subsequently admitted to treatment. Table 1 displays information for the 83 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
Community Health Care (n = 15)	
CADS	14
MECCA Services (Prelude Behavioral Health)	1
Peoples Community Health Clinic (n = 6)	
Pathways Behavioral Services	4
Horizons/Covenant Medical Center	2
Primary Health Care, Inc. (n = 20)	
MECCA Services (Prelude Behavioral Health)	7
Substance Abuse Treatment Unit of Central Iowa	3
Powell	2
United Community Services, Inc.	2
Clearview Recovery	1
Fifth Judicial District	1
First Step Mercy Recovery Center	1
Jackson Recovery Centers, Inc.	1
Manning Family Recovery Center	1
Prairie Ridge Addiction Treatment Services	1
Siouxland Community Health (n = 38)	
Jackson Recovery Centers, Inc.	31
Transitional Services of Iowa, Inc.	4
Alcohol and Drug Dependency Services of Southeast Iowa	1
Compass Pointe	1
Substance Abuse Treatment Unit of Central Iowa	1
Iowa National Guard (n = 4)^a	
Heartland Family Services	1
MECCA Services (Prelude Behavioral Health)	1
Powell	1
Prairie Ridge	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 is unavailable.



Level of Care

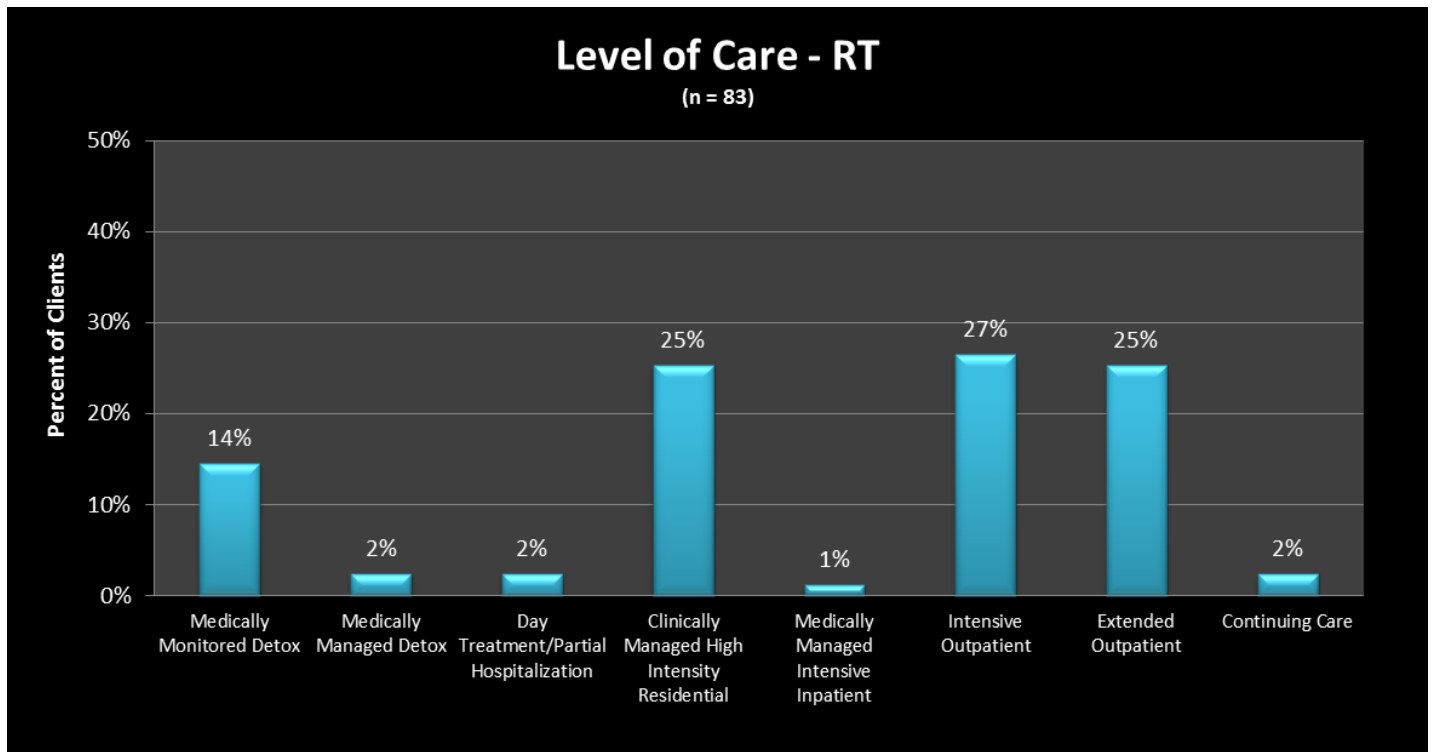
The analysis examined the level of care to which RT clients were admitted. Table 2 displays the numbers of clients receiving the various levels of care.

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

Level of Care	Number of Clients
Medically Monitored Detox	12
Medically Managed Detox	2
Day Treatment/Partial Hospitalization	2
Clinically Managed High Intensity Residential	21
Medically Managed Intensive Inpatient	1
Intensive Outpatient	22
Extended Outpatient	21
Continuing Care	2

Figure 2 displays the percentage of RT clients at each level of care. Over half (51.8%) were admitted to extended or intensive outpatient treatment. Just over one-fourth (25.3%) 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). Twenty-two of the 83 RT clients received ATR services while in treatment.

Table 3. Access to Recovery Services

Received ATR Services	Number	Percent
Yes	22	26.5%
No	61	73.5%

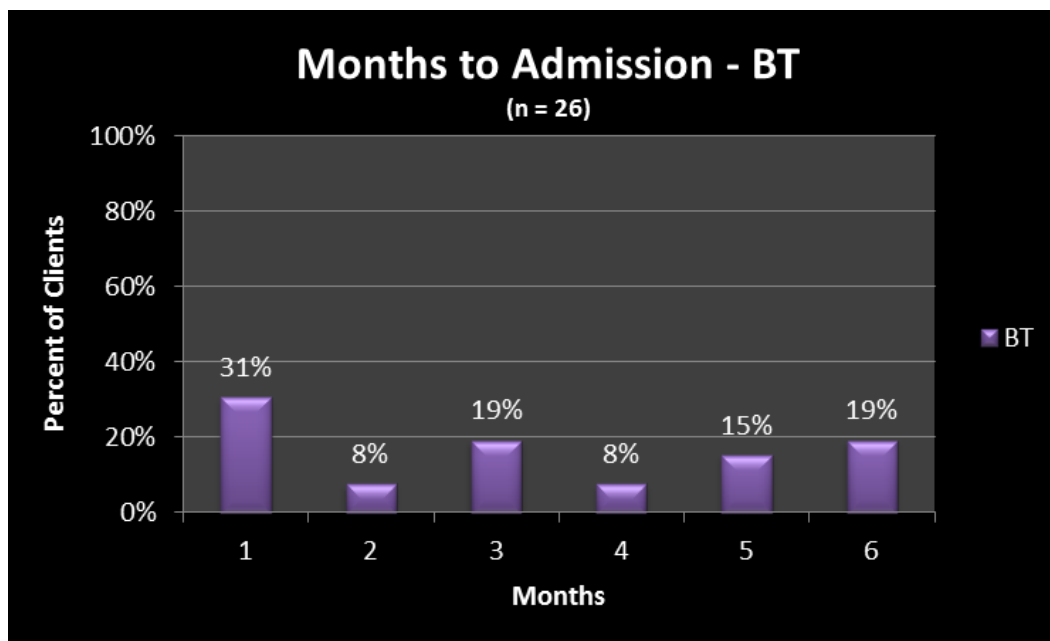
Brief Treatment (BT) Clients

Time to Treatment

Screening records show 631 clients in the BT modality. Twenty-six of them (4.1%) entered a treatment within six months of their SBIRT screening. Nearly one-third (30.8%) of those 26 entered treatment within one month of SBIRT screening; well over half (57.7%) entered treatment within three months.

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

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



Screening and Admitting Agencies

Four of the five implementation sites screened BT modality clients who later entered treatment. Table 4 displays information for the 26 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 = 4)	
CADS	4
Primary Health Care, Inc. (n = 12)	
MECCA Services (Prelude Behavioral Health)	3
First Step Mercy Recovery Center	2
United Community Services, Inc.	2
Urban Dreams	2
Action Now, Crossroads MHC	1
House of Mercy	1
Prairie Ridge Addiction Treatment Services	1
Siouxland Community Health (n = 8)	
Jackson Recovery Centers, Inc.	7
Transitional Services of Iowa, Inc.	1
Iowa National Guard (n = 2)	
House of Mercy	2



Level of Care

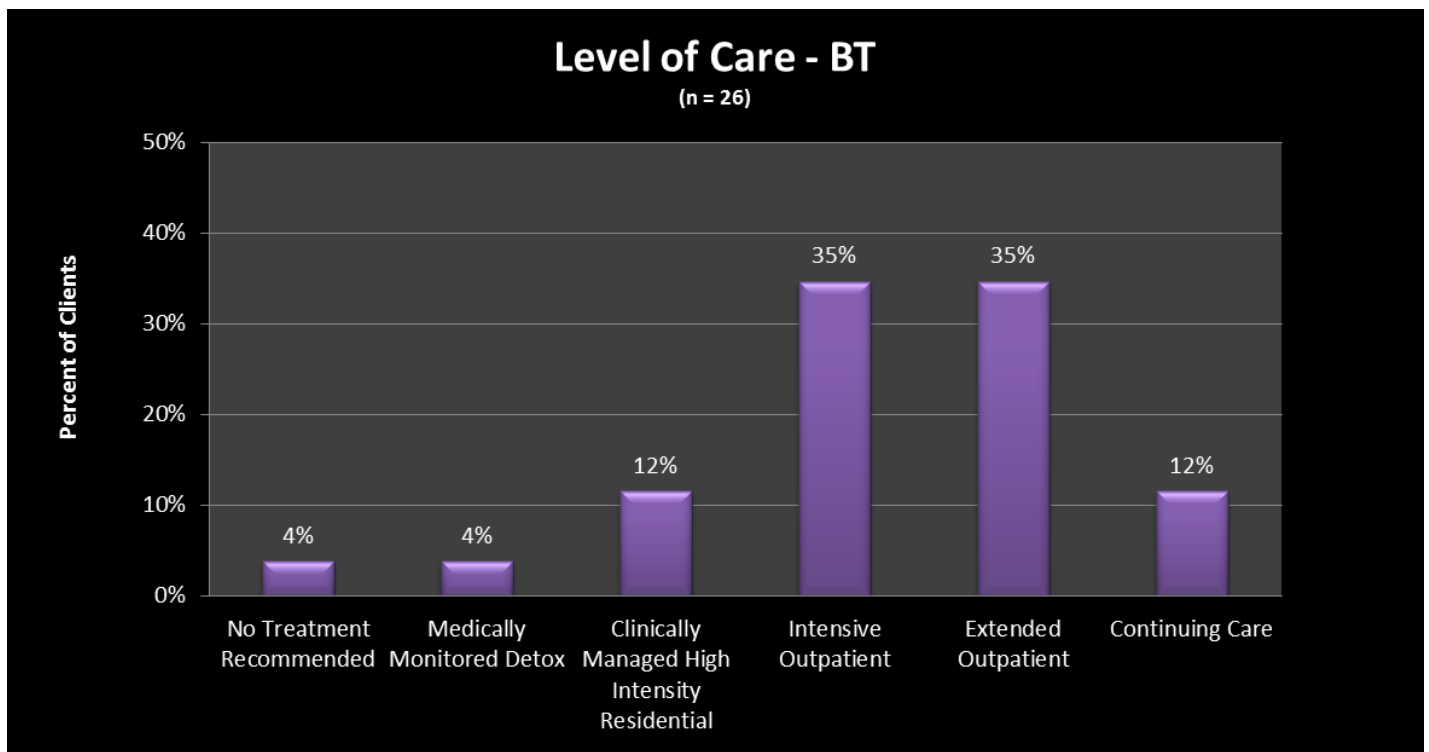
The analysis examined the level of care to which BT clients were admitted. Table 5 displays the numbers of clients receiving the various levels of care.

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

Level of Care	Number of Clients
No Treatment Recommended	1
Medically Monitored Detox	1
Clinically Managed High Intensity Residential	3
Intensive Outpatient	9
Extended Outpatient	9
Continuing Care	3

Figure 4 displays the percentage of BT clients at each level of care. More than two-thirds (69.2%) 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 Access to Recovery (ATR). Two of the 26 BT modality clients received ATR services while in treatment.

Table 6. Access to Recovery Services

Received ATR Services	Number	Percent
Yes	2	7.7%
No	24	92.3%

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 60,785 unduplicated screening records with unique client identification numbers. Of those 60,785 individuals screened in SBIRT IOWA, 604 (1.0%) entered residential treatment within six months of their SBIRT screening.

Table 7 displays the percent and number of clients in each SBIRT modality who entered residential treatment within six months of SBIRT screening, and time to treatment data. The “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 “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.

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

SBIRT Modality (N = 60,549)	Percent Entering Residential Treatment	Number Entering Residential Treatment	Days from Screening to Agency Contact ^a	Days on Waiting List ^b	Days from SBIRT Screening to Admission ^a
Screening	0.8%	456	68.5	3.0	77.5
Brief Intervention	1.6%	39	48.0	2.0	51.0
Brief Treatment	4.1%	26	71.5	0.5	73.5
Referral to Treatment	10.5%	83	21.0	5.0	28.0

^aThe differences between SBIRT modalities in median days from screening to agency contact and median days from screening to admission were statistically significant (Kruskal-Wallis, $p < 0.0001$).

^bThe differences between SBIRT modalities in median days on waiting list were not statistically significant (Kruskal-Wallis, $p = 0.338$).



APPENDIX A: FIDELITY ASSESSMENT SUBMISSIONS

Assessments of fidelity to the therapy models used for Brief Interventions (Brief Negotiated Interview model) and Brief Treatment sessions (Integrated Change Therapy model) began in October, 2014. Clinicians, Supervisors, and clients were to complete an assessment questionnaire regarding the clinician's approach in one randomly selected session each quarter. Clinician and Supervisor assessments are matched by clinician name, session date, and client identification number for Brief Interventions and by clinician name, session date, client identification number and session number for Brief Treatment sessions.

There currently are not sufficient numbers of matched assessments on which to assess fidelity. Fidelity outcomes data will be provided with the FY15 annual report. The following table presents the number of matched pairs of clinician and supervisor assessments, the number of client assessments, and the number of unmatched clinician and supervisor assessments submitted through March 15, 2015.

Table 8. Fidelity Assessments for BI and BT

SBIRT Therapy Session	Matched Pairs (Clinician and Supervisor)	Soldier Assessments	Unmatched Clinician Assessments	Unmatched Supervisor Assessments
Brief Intervention	26	26	1	2
Brief Treatment	13	13	1	1

