

Service Design Site Visit Report

Iowa Department of Public Health
Des Moines, Iowa



Date of Site Visit: May 27–29, 2013

Prepared by JBS International, Inc., under Contract No. HHSS28320070000311HHSS28300002T

Prepared for the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment



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Executive Summary

The Iowa Department of Public Health (IDPH), Bureau of Substance Abuse, is the administrative authority for Iowa's Screening, Brief Intervention, and Referral to Treatment (SBIRT) State Demonstration Cooperative Agreement. SBIRT is a key part of Iowa's vision for an integrated primary care and behavioral health system.

IDPH is implementing SBIRT in federally qualified health centers (FQHCs) in four regions of the State. The regions were selected based on demonstrated community need consistent with prevalence data, incidence of alcohol-related illness and poverty, and potential impact. Iowa is also implementing an innovative SBIRT program at Fort Dodge, home to the Iowa National Guard. This furthers IDPH's commitment to Iowa's military and ensures that all guardsmen, including those returning from deployment, have access in their communities to substance use screening, brief intervention, education, treatment, and resources.

IDPH collaborates with the Iowa Primary Care Association and the Iowa Behavioral Health Association for training and capacity building; behavioral health care providers for the delivery of SBIRT services and Government Performance and Results Act (GPRA) data collection; the Iowa Consortium for Substance Abuse Research and Evaluation for evaluation; and FEi Systems for Web-based data collection and reporting. Contracts support full-time health educators/behavioral health consultants at each site.

On May 27–29, 2013, the SBIRT site visit team met with the Iowa SBIRT implementation team. The purpose of the site visit was to identify the status of SBIRT program implementation and its strengths and possible challenges. An additional purpose was to identify potential enhancements that might be supported by technical assistance, as approved by the Substance Abuse and Mental Health Services Administration (SAMHSA). The site visit included several components:

- ▶ Meeting with the principal investigator/project director, core senior staff, key partners, project evaluator, project coordinator, and State agency senior leadership
- ▶ Reviewing grant implementation activities to date
- ▶ Visiting SBIRT implementation sites and interviewing staff
- ▶ Reviewing materials
- ▶ Meeting with policy steering committee members

On June 7, a debriefing conference call was conducted. The site visit team provided feedback on grantee organization and leadership, program implementation, practice site implementation, evaluation, and training and workforce development.

Iowa has demonstrated significant accomplishments in its implementation of SBIRT in primary care settings. These include the use of evidence-based brief treatment and the successful adoption of SBIRT within the Iowa Army National Guard, including the use of telehealth to serve soldiers in remote locations. Iowa SBIRT partners have demonstrated exemplary cooperation among State offices, primary care sites, behavioral health organizations, and the National Guard. The grantee has also developed manuals that support SBIRT implementation and GPRA followup.

The site visit revealed several opportunities for addressing the long-term sustainability of SBIRT in Iowa. Current Medicaid restrictions on SBIRT service delivery are areas of concern for the grantee's policy steering committee. The grantee may also seek technical assistance to support the development of a viable SBIRT business model and to facilitate documentation of the impact of SBIRT in military settings.

Iowa Department of Public Health

Grantee Name	Iowa Department of Public Health (IDPH)
Address	321 East 12th Street, Des Moines, IA 50319
Site Visit Dates	May 27–29, 2013
Program Name	SBIRT IOWA
Grant TI Number	TI 023466-01
Grantee Contact Person	Michele Tilotta, Project Director
Government Project Officer	Erich Kleinschmidt
Site Visit Team Members	Kevin Hylton, Joseph Hyde, Jan Pringle

Grantee Project Team Members	
Steve Arndt	Director, Iowa Consortium for Substance Abuse Research and Evaluation
Amy Bloch	Vice President and Chief Clinical Officer, Jackson Recovery Centers; Policy Steering Committee Chair
Connie Coyne-Gowdy	Director, Community Health Care
DeAnn Decker	Chief, Bureau of Substance Abuse, IDPH
Kathy Stone	Director, Division of Behavioral Health, IDPH
Staff Sergeant Shaun Myers	Substance Abuse Prevention Coordinator, Iowa National Guard
Virginia Tonelli	Program Manager, Iowa Primary Care Association
Lieutenant Colonel Mary Parmenter	Iowa National Guard
Colonel Stephen Osborne	Iowa National Guard
Kevin Gabbert	SBIRT Project Coordinator
Atul Bidarkar	SBIRT Project Evaluator
Eric Marquardt	SBIRT Clinician, United Community Services
Sarah Blaser	SBIRT Clinician, House of Mercy

Grantee Project Sites Visited

Iowa Department of Public Health	215 East 7th Street, Room 125 Des Moines, IA 50319
Siouxland Community Health Center	1021 Nebraska Street Sioux City, IA 51105
Iowa National Guard	Fort Dodge, IA
Mecca Services	3451 Easton Boulevard Des Moines, IA 50317

Grantee Overview and Environmental Context

The Iowa Department of Public Health (IDPH), Bureau of Substance Abuse, is the administrative authority for Iowa's Screening, Brief Intervention, and Referral to Treatment (SBIRT) State Demonstration Cooperative Agreement. SBIRT is a key part of Iowa's vision for an integrated primary care and behavioral health system.

Iowa is a large midwestern State of more than 56,000 square miles and a population of approximately 3,000,000 (see figure 1). Sixty percent of the residents live in urban settings, and the remainder live in the State's rural areas. IDPH selected federally qualified health centers (FQHCs) in four regions of the State for SBIRT implementation: central (Polk County), northeast (Black Hawk County), northwest (Woodbury County), and southeast (Scott County). The regions were selected based on demonstrated community need consistent with prevalence data, incidence of alcohol-related illness and poverty, and potential impact. Within the four FQHCs, 68 percent of patients are White, 23 percent are Hispanic, and 16 percent are African American. Sixty-eight percent of the patients live at 200 percent of the Federal poverty level or below; income levels for 28 percent are unknown.

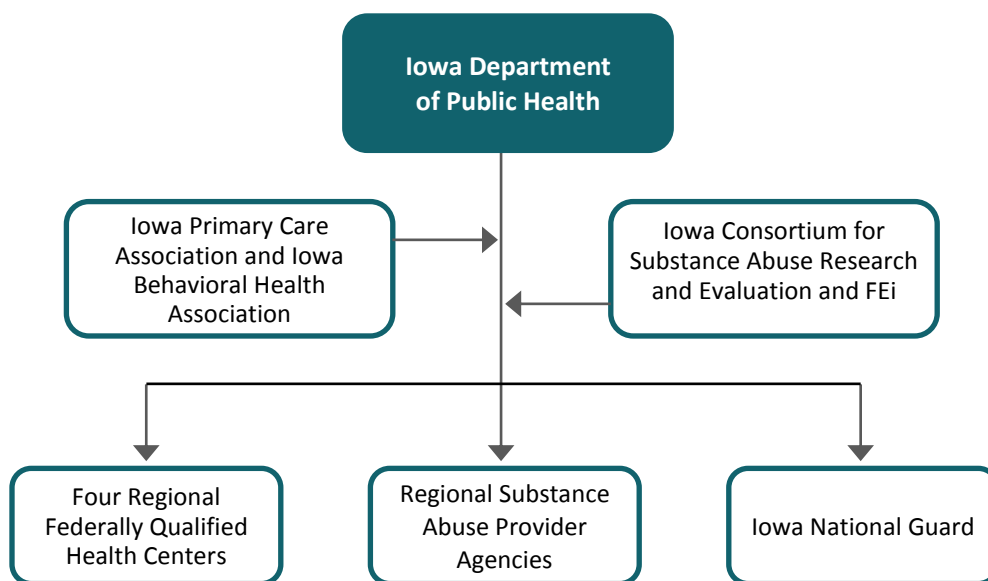
Iowa is also implementing an innovative SBIRT program at Fort Dodge, home to the Iowa National Guard. This furthers IDPH's commitment to Iowa's military and ensures that all guardsmen, including those returning from deployment, have access in their communities to substance use screening, brief intervention, education, treatment, and resources. The Iowa Army National Guard has been the second most deployed Guard to Iraq and Afghanistan during the past decade. The Iowa Army and Air National Guard have a goal of screening all 10,000 guardsmen annually. The SBIRT program has been championed by the Guard colonel and lieutenant colonel.

Figure 1. Map of Iowa



IDPH collaborates with the Iowa Primary Care Association and the Iowa Behavioral Health Association for training and capacity building; behavioral health care providers for the delivery of SBIRT services and Government Performance and Results Act (GPRA) data collection; the Iowa Consortium for Substance Abuse Research and Evaluation for evaluation; and FEi Systems for Web-based data collection and reporting. Contracts support full-time health educators/behavioral health consultants at each site. See figure 2.

Figure 2. Grant Organization



1. Site Visit Overview

The SBIRT State Demonstration Cooperative Agreement for Iowa is in its implementation phase. Past experience has shown that most changes from the expectations of the request for application occur in the first year of implementation. To support grantee success and to address any challenges early, implementation site visits are completed within the first 7 to 10 months of operation. The site visit teams consist of previously successful SBIRT implementers (“grantee mentors”) and staff from the technical assistance contract (JBS International, Inc., and Alliances for Quality Education). The teams are tasked with observing and reporting on grantee implementation progress and providing technical assistance, when appropriate, to enhance program success.

On May 27–29, 2013, the SBIRT site visit team met with the Iowa SBIRT implementation team. The purpose of the site visit was to identify the status of SBIRT program implementation and its strengths and possible challenges. An additional purpose was to identify potential enhancements that might be supported by technical assistance, as approved by SAMHSA. The site visit included several components:

- ▶ Meeting with the principal investigator/project director, core senior staff, key partners, project evaluator, project coordinator, and State agency senior leadership
- ▶ Reviewing grant implementation activities to date
- ▶ Visiting SBIRT implementation sites and interviewing staff
- ▶ Reviewing materials
- ▶ Meeting with policy steering committee members



Siouxland Community Health Center



Iowa National Guard

On May 27, the site visit team met with Iowa SBIRT implementation staff and key stakeholders. The team discussed project implementation, including the approach, sites and settings, key partners, and vision. In the afternoon, the team traveled to Sioux City.

On May 28, the team toured the Siouxland Community Health Center and addressed practice site implementation, strengths, and challenges. The afternoon concluded with a return to Des Moines.

On May 29, the site visit team met with Iowa Army National Guard Command, the Adjutant General, and SBIRT implementation staff. The day concluded with a tour of Mecca Services in Des Moines.

On June 7, a debriefing conference call was conducted. The site visit team provided feedback on grantee organization and leadership, program implementation, practice site implementation, evaluation, and training and workforce development.

2. Program Vision and Design

Iowa seeks broad dissemination of SBIRT within primary care, the Iowa National Guard, and elsewhere as part of an integrated system of behavioral health and primary care. Goals and objectives for the State include the following:

Goal 1: To increase the numbers of persons screened and provide brief intervention and clinically appropriate services in Iowa's FQHCs and National Guard.

Goal 2: To positively affect statewide diffusion and sustainability of SBIRT through a strategic plan. This plan includes policy change, marketing, professional workforce development, sustainability, and applied research.

Objective: To ensure that SBIRT is promoted and well integrated in primary health and the emerging patient-centered medical home system by partnering with Iowa Medicaid Enterprise and the Iowa Primary Care Association. In years 2–5 of the grant, Iowa will disseminate SBIRT education, tools, and processes to other rural health care clinics, local emergency rooms, and primary care and generalist settings.

Objective: To provide continuous multilevel training for executives, health care and behavioral health professionals, and human service professionals by partnering with Training Resources.

Objective: To engage executives and decisionmakers to ensure that State and local funding, reimbursement, and operational policies support SBIRT throughout primary care, including Medicaid and private insurance.

3. Grantee Leadership

Iowa SBIRT is administered by IDPH and conducted through a series of key partnerships statewide. The project management team acts under the guidance of executive management within IDPH and in cooperation with the SBIRT policy steering committee. IDPH is responsible for grant management, reporting, fiscal operations, program planning, and implementation.

At the direction of the chief of the IDPH Bureau of Substance Abuse, Iowa SBIRT is directed by Michele Tilotta with the assistance of Kevin Gabbert. The team works in close cooperation with the evaluation contractor, the data system contractor, and the two professional associations that support training and capacity building.

4. Implementation Plan

Within 3 weeks of grant award, the Iowa SBIRT team convened an implementation planning session with key project personnel and contractors. The team reviewed grant award deliverables; conducted a strengths, assets, and challenges assessment; and developed a plan for program implementation. Following this assessment, the grantee formalized written agreements with all partners that included productivity and performance expectations. The SBIRT team also traveled to each practice site and determined SBIRT integration and workflow that met the site's needs while maintaining fidelity to the model. Communication with each site continues weekly.

SBIRT was initiated within the Iowa Army National Guard in November 2012 and is scheduled for implementation within the Air National Guard in summer 2013. In developing the implementation strategy, meetings were held with IDPH and the Iowa National Guard Command and Adjutant General to secure support, and the Adjutant General issued a letter of instruction describing the scope of SBIRT services.

Iowa's implementation plan is based on implementation science and strategies with which Iowa has found previous success. Elements include—

- ▶ Clearly defined partners, roles, and responsibilities
- ▶ Leadership buy-in, including policymakers and providers
- ▶ Regular and ad hoc meetings and communication among partners to build relationships and address barriers
- ▶ A defined plan and protocols for program operations, including technology and common tools
- ▶ Participatory decisionmaking
- ▶ Ongoing training, technical assistance, monitoring, and coaching to support implementation and fidelity to the model
- ▶ Sensitivity to contextual conditions and the associated need for adaptation
- ▶ Incorporated lessons and consultation from previously successful SBIRT grantees and other SAMHSA initiatives
- ▶ Collaboration with Iowa Medicaid representatives
- ▶ Development of SBIRT and GPRA manuals
- ▶ Close collaboration with FEi, the developer of the Web Infrastructure for Treatment Services (WITS) SBIRT data system, which builds on the system FEi developed for the Center for Substance Abuse Treatment (CSAT) Access to Recovery initiative
- ▶ Development of an electronic data interface between the WITS system and the FQHC electronic health records (in process)
- ▶ Contract with the Iowa Consortium for Substance Abuse Research and Evaluation for program evaluation

Staffing and Workflow

The FQHC staffing model integrates support from front desk staff, medical assistants, nurses, clinicians, and behavioral health staff. Each center is staffed with a grant-funded behavioral health clinician and health educator. The sites use a prescreening protocol upon registration; SBIRT staff then see patients requiring full screening, brief intervention, brief treatment, and referral to specialty treatment. They also collect required GPRA data.

At Fort Dodge, two grant-funded staff provide SBIRT services as described above through annual health assessments for all guardsmen and upon command request. Soldiers who are referred to treatment are encouraged, but not required, to disclose this information to the commander. Those who are initially referred for screening by command staff sign a written release so the findings may be shared with the commander. Guardsmen at remote locations are offered brief treatment through a secure Web portal. In addition to providing SBIRT services and collecting GPRA data, counselors assist at educational events, family events, and case consultations.

All sites actively facilitate “warm handoff” referrals to treatment and, at times, have facilitated transportation. Referrals to contracted providers have been prioritized to minimize delays.

GPRA Followup

Patients selected for GPRA followup are engaged during their first encounter. Patient consent and locator information are collected, and patients are offered an incentive for participation. GPRA data are collected at followup is uploaded into the WITS system. The system appears to be working, and no challenges were noted. Six-month GPRA followup was initiated recently, but data were not yet available at the time of the site visit.

Budget and Funding

IDPH has negotiated memorandums of understanding and performance-based contracts with all partners. Funding supports staff at all practice sites, research and evaluation, training, data systems, and specialty treatment.

The grant augments existing State and Federal resources, serving as “seed money” to support SBIRT startup and implementation until health care and behavioral health care resources can sustain service delivery. To address SBIRT workforce development, Iowa allocates \$38,478 in SBIRT project funds and \$8,700 of existing training funds.

Iowa plans to sustain SBIRT by shifting health care costs, most notably to Medicaid and other insurance programs. Other resources include State general funds and Federal block grant prevention and treatment funds. Based on the patient profiles provided by the four FQHCs, Iowa anticipates that referral and placement in treatment will be supported by Medicaid for an estimated 28–40 percent of patients requiring continuing services.

Iowa has activated insurance codes to support SBIRT services. However, Medicaid restrictions on same-day services create challenges for adoption of SBIRT within an integrated primary care setting. SBIRT service delivery is also restricted to physicians, mid-level nurse practitioners, and physician assistants, within the medical settings with some support allowed by medical assistants and others. Behavioral health practitioners are not eligible for Medicaid

reimbursement for SBIRT services. These limitations were discussed with the grantee as areas of concern for its policy steering committee. Other legislative priorities have taken precedent in the past, but the same-day restrictions will be considered again in the coming legislative cycle.

Training/Workforce Development

A 2-day SBIRT training for clinicians and health educators included an orientation to the program, staff roles, and duties; background and evidence supporting SBIRT; the Alcohol Use Disorders Identification Test (AUDIT), AUDIT-C, and Drug Abuse Screening Test (DAST); Brief Negotiated Interview; motivational interviewing; evidence-based referral procedures; an introduction to the continuum of alcohol, tobacco, and other drug use; cultural competence; data collection; and workflow. Ongoing training and Webinars are also provided.

An initial cohort of 40 clinicians has been trained in Integrated Change Therapy, an evidence-based model of brief treatment for substance use, anxiety, and mood disorders developed for SBIRT grantees. The model includes 14 interventions and integrates motivational enhancement therapy, cognitive behavioral therapy, recovery supports, and medication. The 2-day didactic and skills-oriented training has been followed by ongoing clinical supervision and consultation to support implementation fidelity.

Electronic Medical Records/Information Technology

All health center practice sites have integrated SBIRT elements into their electronic health records and use the WITS system for data management and GPRA reporting. However, staff are currently required to make dual entries for each patient encounter, because there is no interface between the WITS system and the electronic health records.

Pagers are used to alert staff when a patient has been identified as eligible to receive brief intervention. Laptops are brought into the examining rooms and used for immediate data entry into the electronic health record and the WITS system. As noted above, the Iowa Army National Guard uses an innovative, secure Web portal to provide brief treatment to soldiers in remote areas who otherwise would not have access to services.

5. Community Linkages, Partners, and Participation

The Iowa SBIRT policy steering committee has diverse representation including policymakers, representatives from Medicaid and third-party insurers, behavioral health providers, the Iowa Primary Care Association, and project management staff. The grantee is beginning to convene workgroups within the committee to address payment systems and long-term sustainability. Current Medicaid restrictions were identified as a particular area of concern for the committee. At the time of the site visit, only one physician was a member of the committee; the grantee was encouraged to involve additional physicians.

IDPH is supported in this project by a strong organizational team that includes the following:

- ▶ **Iowa Primary Care Association:** Deb Kazmerzak, senior program director at the Iowa Primary Care Association, provides training, technical assistance, and leadership throughout Iowa's community health centers and is a policy steering committee member (delegated to Virginia Tonelli-Program Manager).
- ▶ **Iowa Medicaid Enterprise:** Dennis Janssen, clinical/policy director of Iowa Medicaid Enterprise, is a policy steering committee member.
- ▶ **Iowa National Guard:** Staff Sergeant Shaun Myers, prevention response and outreach coordinator, manages SBIRT services for the Iowa National Guard under the command of Colonel Stephen Osborne and Lieutenant Colonel Mary Parmenter.
- ▶ **Iowa Behavioral Health Association:** Deanna Triplett is chief executive officer for the association and training contractor for the Bureau of Substance Abuse.
- ▶ **Iowa Consortium for Substance Abuse Research and Evaluation:** Dr. Steve Arndt leads performance assessment and evaluation and assists in the dissemination of findings to support diffusion and sustainability.
- ▶ **Substance Abuse/Behavioral Health Providers:** Providers include Pathways Behavioral Services (Waterloo), Jackson Recovery Centers (Sioux City), the Center for Alcohol & Drug Services (Davenport), and Iowa Behavioral Management Services (Des Moines/Urbandale).
- ▶ **FQHCs:** Peoples Community Health Clinic operates two sites in Blackhawk County; Primary Health Care, the largest FQHC in the State, operates 10 clinic sites and a large homeless outreach program; Siouxland Community Health Center operates a single clinic in Sioux City and manages a network of rural health clinics; and Community Health Care operates six community health clinics in Davenport and a homeless outreach program.
- ▶ **FEi:** FEi is an information technology and services company specializing in behavioral and mental health data collection, management, and reporting for Federal, State, and local governments. FEi developed the WITS system.

6. Patient/Client Outreach, Recruitment, and Referral

In the grantee's early planning process they identified communities in greatest need for services. The grantee contracted with organizations within those communities to deliver SBIRT services to their existing patient populations. The organizations served a sufficient patient population to meet the grant required deliverables.

As of May 23, 2013, Iowa SBIRT had served the following:

- ▶ Patients screened: 15,778
- ▶ Patients with positive prescreens: 3,789
- ▶ Patients with positive full screens: 1,087
- ▶ Patients receiving brief intervention: 761
- ▶ Patients receiving brief treatment: 167
- ▶ Patients referred for specialty treatment: 159

Populations served include White (11,389), African American (2,568), and Latino/Hispanic (1,818).

7. Affordable Care Act Readiness

SBIRT Iowa has initiated multiple strategies in preparation for changes in Iowa health care systems associated with the Affordable Care Act implementation. These include:

- Integrating behavioral health workers within primary care settings and patient centered medical homes
- Adoption of evidence based practices supporting patient engagement and treatment
- Use of electronic medical records (EMR) in practice settings
- Imbedding SBIRT procedures into EMRs
- Use of patient utilization and outcome data to guide program planning.

8. Sustainability Plan

IDPH has initiated long-term business and sustainability planning. SBIRT is a key part of Iowa's vision for an integrated primary care and behavioral health system, including patient-centered

medical homes. The SBIRT model in Iowa is aligned with the changing health care environment in the State.

The grantee's policy steering committee has diverse representation from key stakeholders including regulators, primary care and behavioral health provider associations, Medicaid, Blue Cross Blue Shield, researchers, and others. A key role for the committee will be to conduct long-term business planning in support of dissemination and sustainability.

Statewide, IDPH has taken steps to groom SBIRT practice champions in primary care and among other key stakeholders including policymakers and payers. The grantee builds on many years of collaborative relationships with primary care and behavioral health providers, enabling effective communication, decisionmaking, collegiality, and a shared vision for services to the community.

The grantee has been deliberate and transparent in its collection and use of data for SBIRT. Monthly performance reports describing patient utilization and outcomes are posted on the State SBIRT Web site. The data appear to be strategically used to showcase program performance and success and are available to stakeholders and the public.

Current Medicaid restrictions on SBIRT delivery pose challenges to the development of a viable business model for SBIRT in primary care settings. Further, practice sites have not developed business models that would support SBIRT beyond grant funding. The grantee may seek technical assistance in this area specific to the "cost/benefit" of SBIRT.

The innovative application of SBIRT for the Iowa National Guard has received significant recognition both in and outside the State, but sustainability is a challenge. Data showing the benefits of the program in supporting soldier readiness and reducing health care costs could help build a case for long-term support.

9. Grantee Evaluation

Iowa SBIRT has developed a manual that details GPRA procedures for patients who prescreen positive for substance use; patients qualifying for brief intervention based on their AUDIT or DAST screening scores; and those who receive brief intervention, brief treatment, or referral to specialty treatment. GPRA data and patient locator information are collected at the time of the initial patient encounter, and grant-funded treatment staff conduct the 6-month followup.

The evaluation team also tracks sites' weekly progress toward project goals, creates monthly aggregate reports, analyzes evaluation data, and provides feedback on progress and outcomes. Monthly aggregate reports are posted on the IDPH Web site.

Summary

Iowa has demonstrated significant accomplishments in its implementation of SBIRT in primary care settings. These include the use of evidence-based brief treatment and the successful adoption of SBIRT within the Iowa Army National Guard, including the use of telehealth to serve soldiers in remote locations. Iowa SBIRT partners have demonstrated exemplary cooperation among State offices, primary care sites, behavioral health organizations, and the National Guard. The grantee has also developed manuals that support SBIRT implementation and GPRA followup.

The site visit revealed several opportunities for addressing the long-term sustainability of SBIRT in Iowa. Current Medicaid restrictions on SBIRT service delivery are areas of concern for the grantee's policy steering committee. The grantee may also seek technical assistance to support the development of a viable SBIRT business model and to facilitate documentation of the impact of SBIRT in military settings.

Strengths and Considerations for Action

Program Vision and Design

STRENGTHS

- The grantee has successfully implemented SBIRT in four FQHCs and within the Iowa National Guard.
- The grantee's implementation team worked with each site, using a NIATx "walk-through" strategy, to tailor implementation to fit the workflow and culture of the organization.
- The grantee employed a public health planning model using population data to target SBIRT services.
- The grantee has developed a policies and procedures manual for the delivery and operation of SBIRT services.
- The grantee has implemented systems of regular communication with providers.
- Sites have colocated or integrated behavioral health staff who provide full screening, brief intervention, brief treatment, and referral to specialty care.
- The collaborative relationship between the Iowa National Guard and the IDPH Bureau of Substance Abuse in delivering SBIRT and providing access to appropriate and timely care for soldiers and their families is notable and may serve as a model.

CHALLENGES

- There is no interface between the electronic health records and the Web-based reporting system. Staff must make dual entries.
- According to State law, all documents translated by a State office must be approved by the Office of the Attorney General. This review process takes additional time.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The grantee is working with the electronic health record vendors and the Web-based reporting system contractor to create an electronic interface so that data will only have to be entered once.	X		

Grantee Leadership

STRENGTHS

- Iowa SBIRT is managed by a highly experienced team of State personnel and key partners. The initiative builds on more than a decade of collaborative efforts between State and community partners.
- Implementation of SBIRT is part of the strategic vision for the State. The initiative has senior administrative buy-in and support within IDPH.
- The State has significantly invested in infrastructure that supports grant implementation, including Web-based data reporting systems; training and workforce development capacity; performance-based contracting with providers; and the use of population data and evaluation findings to support planning, implementation, and management decisions.
- The grantee has been successful in its engagement with the Iowa National Guard Command.
- The grantee has successful working relationships with the Iowa Primary Care Association, which represents community health centers, and the Iowa Behavioral Health Association, which represents substance use and mental health services providers.

CHALLENGES

- None noted

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	N/A			

Implementation Plan

STRENGTHS

- Each practice site has developed a workflow tailored to the operations of the site.
- Despite initial hesitation, physicians and allied primary care staff are highly supportive of the SBIRT process and the enhanced behavioral health and primary care collaboration.
- Sites are successfully serving diverse patient populations.
- Each site uses technology and a team approach to support the delivery of SBIRT services.
- SBIRT patient encounters are being integrated into electronic health records.
- The grantee has adopted a defined evidence-based practice for brief treatment.
- Sites have adopted evidence-based strategies for patient engagement and retention. As a result, most brief treatment patients are being seen for six to eight sessions, nearly twice the duration reported at other locations.
- The grantee will translate certain program documents into other languages.
- The grantee provided orientation and training to all levels of staff at the sites.
- All practice sites employ “warm handoffs” for patients referred to brief treatment or specialty care, which has greatly enhanced follow-through of patients into services.
- The Iowa National Guard Command, including the Adjutant General’s Office, in cooperation with IDPH, has successfully implemented SBIRT within the constructs of complex Army policies and procedures.
- The Iowa National Guard SBIRT team delivers brief treatment to soldiers in remote locations through a secure defense Web portal.
- The Iowa National Guard practice site provides SBIRT services at the annual health assessment required of all soldiers and accepts command referrals of soldiers who are voluntarily seeking services or are required to seek screening due to an incident or command concern.
- The Iowa National Guard SBIRT team, with the support of the Bureau of Substance Abuse, has been able to prioritize referrals for specialty care when indicated to facilitate rapid access to services, often within 24 hours.
- All electronic health records have uploaded screening tools, prepopulated templates, and American Society of Addiction Medicine patient placement criteria to support appropriate documentation and to inform referrals.
- All sites are using an evidence-based brief intervention, the Brief Negotiated Interview.
- The use of brief treatment with National Guard soldiers appears to be highly successful.

CHALLENGES

- Current Iowa Medicaid regulations limit access to same-day services. This poses significant obstacles for sites in providing integrated care, and for patients with multiple health conditions for whom access and transportation are a challenge. This policy also poses significant challenges for primary care systems adopting a patient-centered medical home model.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The policy steering committee, working in concert with consumers, provider associations, and physician champions, is encouraged to seek change in the policy that limits access to same-day services.	X		

Community Linkages, Partners, and Participation

STRENGTHS

- The grantee has successfully implemented a policy steering committee with diverse representation from key community stakeholders, including regulators, primary care and behavioral health provider associations, Medicaid, Iowa Blue Cross and Blue Shield, researchers, and others.

CHALLENGES

- At this time there is only one physician on the policy steering committee.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The grantee is encouraged to engage other physicians to be SBIRT champions and to participate on the policy steering committee. The grantee may wish to seek technical assistance in this regard, with support from a physician consultant/presenter.	X	X	
2	The policy steering committee may want to address policy issues related to Medicaid access and procedures to support SBIRT dissemination and sustainability.	X		

Patient/Client Outreach, Recruitment, and Referral

STRENGTHS

- The grantee has met all of its contracted deliverables for its first year
- The grantee used a data driven planning process to determine service areas and contracted with service providers in those communities.

CHALLENGES

- None noted

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	N/A			

Affordable Care Act Readiness

STRENGTHS

- The grantee has initiated multiple strategies in preparation for the changes in the Iowa health care systems including behavioral health/primary care integrating, SBIRT integration with FQHCs and use of electronic medical records.

CHALLENGES

- There is no electronic interface between current EMRs and the states electronic data management system.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	N/A			

Sustainability Plan

STRENGTHS

- SBIRT has been identified as part of an overarching strategy by IDPH for integrated primary care and behavioral health services, including patient-centered medical homes.
- SBIRT services are currently reimbursable by Medicaid and other third-party payers.
- SBIRT services are embedded within electronic health records at practice sites.
- The grantee has taken steps to groom SBIRT champions among stakeholders such as primary care providers, policymakers, and payers.
- The collaboration between SBIRT and the Iowa National Guard is highly consistent with the Guard's emphasis on prevention and early intervention.
- Through the policy steering committee, Iowa SBIRT will conduct strategic planning to support sustainability.

CHALLENGES

- Medicaid currently restricts delivery of SBIRT services. This poses challenges to the development of a viable business model for SBIRT in primary care settings.
- Sites have not developed a business model that would support SBIRT beyond grant funding.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The grantee may wish to seek technical assistance in the development of an SBIRT business model supported by a cost/benefit analysis of SBIRT services in primary care.		X	

Grantee Evaluation

STRENGTHS

- The State has contracted with an evaluation and research group that is experienced with large-scale followup activities with populations that are sometimes difficult to reach.
- The evaluation contractor has developed a practice manual that details evaluation activities.
- The grantee is using a Web-based data collection system for the collection and uploading of required GPRA information.
- Practice sites are using portable laptop computers for data collection.
- The evaluation includes both process and outcome measures to inform ongoing program planning and management

CHALLENGES

- The lack of interface between the electronic health records and the data collection system requires additional staff labor to complete dual data entries.
- There is no strategy to capture the impact of SBIRT for military personnel, beyond the required GPRA elements related to substance use and associated risk behaviors. Additional data may provide valuable information to support the long-term adoption of SBIRT in this and other military settings.

Potential Enhancements		Grantee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	The grantee may wish to seek technical assistance to study and document the immediate and broader impact of SBIRT in military settings.	X		

Abbreviations and Acronyms

AUDIT	Alcohol Use Disorders Identification Test
CSAT	Center for Substance Abuse Treatment
DAST	Drug Abuse Screening Test
FQHCs	federally qualified health centers
GPRA	Government Performance and Results Act
IDPH	Iowa Department of Public Health
SAMHSA	Substance Abuse and Mental Health Services Administration
SBIRT	Screening, brief intervention, and referral to treatment
WITS	Web Infrastructure for Treatment Services