## **Iowa Department of Public Health: Biannual Summary**

1. Reporting Period: July 1, 2014 – October 31, 2014

2. RFA Number: TI023799

3. Project Director: Rebecca Swift

### Program at a Glance

## What are the current technologies being utilized by the grantee?

The Iowa Recovery Health Information Technology (IRHIT) project uses the Recoveration Website (http://www.recoveration.org/) to provide services to clients. The site provides videos and resources that aid in recovery efforts. IDPH also uses a Microsoft Access database and the Iowa's Central Data Repository for substance abuse to analyze, evaluate, and report data.

## Are there any notable changes this reporting period?

IDPH has arranged 3 demos with video conferencing providers for the IRHIT partners.

Employee and Family Resources is working with Hazelden, the publisher of the Matrix Model, to get the Addiction Severity Index-Multimedia Version set up so that assessments can be conducted electronically.

Discussions with provider agencies regarding sustainability have begun.

#### What are the grantee's GPRA rates?

	Target	Actual	Percent
Intakes (Baseline)	777	434	56%
6-Month Followup	315	186	59%

# If intake or followup is below 80 percent, has the grantee described its plan to increase GPRA rates?

Intake has been difficult for various reasons – most recently, the implementation of the Affordable Care Act (ACA) has made it increasingly challenging to identify clients that are eligible for IRHIT services. As a result, agencies are screening all clients for eligibility in order to achieve the largest pool of possible candidates. Some agencies are even providing services free of charge in order to meet minimum intakes, while others are setting enrollment targets for counselors. Rebecca Swift (Program Director) has also tried to engage leadership at agencies lagging in intake – it has been found that agencies with involved leaders have higher rates of enrollment.

Regular reminders continue to be sent for follow-ups and Rebecca personally follows up with programs that are at the end of the follow-up timeframe. A new initiative is to ask Access to Recovery program coordinators assist with follow-ups.

## Does the grantee need technical assistance? If yes, does the grantee have a request in SAIS?

The grantee has not requested technical assistance, but could benefit from regular follow-up calls to assist with progress as needed.

## Are there any areas of concern in the report that require GPO attention?

IDPH is working diligently engaging the three cohorts that are part of the IRHIT project, as well as finding solutions to the challenges that arise (e.g., decreased intake due to the ACA). IDPH also has a Learning Collaborative that meets regularly to focus their efforts on sustainability. This is vital since the grant ends in approximately 6 months.

There is no quarterly report available for this reporting period since the new evaluator required several weeks to learn the system developed by his predecessor. It will be important to make sure the next quarterly report includes an evaluation report.