

SBIRT IOWA- Screening, Brief Intervention and
Referral to Treatment

Handbook for Completing
6-Month Follow-Up Interviews



SBIRT IOWA is sponsored by the Iowa Department of Public Health, Division of Behavioral Health, and funded by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment

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Purpose of this handbook

The purpose of this handbook is to provide SBIRT IOWA team members with information about the team's process and procedures for completing 6 month follow-up interviews from intake until completion.

The handbook includes information about:

- SBIRT IOWA
- GPRA
- The intake process
- Follow-up process

SBIRT IOWA Background

What is SBIRT IOWA?

SBIRT IOWA (Screening, Brief Intervention, Referral to Treatment) is a collaborative project designed to 1) increase the proportion of persons receiving services within four federally qualified health centers in Blackhawk, Polk, Scott, and Woodbury counties and within the Iowa National Guard who are screened, receive brief advice/brief intervention, treatment and/or referral for alcohol or drug problems, and 2) develop an expanded and trained workforce with SBIRT competencies.

SBIRT IOWA is funded by SAMHSA and subject to requirements of GPRA.

What is SBIRT?

SBIRT (Screening, Brief Intervention, and Referral to Treatment) is a “comprehensive and integrated approach to the delivery of early intervention and treatment services through universal screening for persons with substance use disorders and those at risk” (p. 7, Babor, McRee, Kassebaum, Grimaldi, Ahmed, & Bray, 2007).

For more information, see: <http://sbirt.samhsa.gov/about.htm>

Who is SBIRT IOWA?

SBIRT IOWA includes a large and diverse team of medical and behavioral health professionals, evaluators, and National Guard personnel from:

- Department of Public Health, Division of Behavioral Health; Bureau of Substance Abuse
- Iowa National Guard
- Consortium for Substance Abuse Treatment and Evaluation
- Federally Qualified Health Centers (Community Health Center-Davenport, Peoples Health Care-Blackhawk, Primary Care-Des Moines and Siouxland Community Health Care Sioux City)
- Substance abuse treatment agencies (MECCA, United Community Services, House of Mercy Jackson Recovery, Center for Alcohol & Drugs Inc. and Pathways, Inc).

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Why do we follow some of our individuals?

1. It is a required component to the grant that funds the SBIRT IOWA project (see Government Performance and Review Act (GPRA) section).
2. Following individuals allows us to observe improvements in their lives because of SBIRT IOWA services. This will help us:
 - a. Improve the program
 - b. Monitor and meet our goals
 - c. Guide development of best practices
 - d. Report progress
 - e. Secure/maintain funding
 - f. Plan future activities
 - g. Sustain our services

Why do we ask so many questions?

GPRA requires that we ask certain questions of individuals, including outcomes of:

- Substance use
- Criminal activity
- Mental and physical health
- Family and living conditions
- Education and employment status
- Social Connectedness

Who are we following?

Individuals meeting the following criteria are recruited into the follow-up:

1. Pre-screen positive for at-risk substance use: alcohol = binge drinking (4+ drinks for women, 5+ drinks for men – in one sitting in last 12 months), drug (illegal or non-prescribed prescription) = any
2. Alcohol Use Disorders Identification Test (AUDIT) score qualifies the patient for a brief intervention (BI), brief therapy (BT), or referral to treatment (RT) based on the cut-off scores:
 - a. Individuals scoring >7 for alcohol
3. Drug Abuse Screening Test (DAST-10)
 - a. Individuals scoring >0 for drugs

All recruited individuals are asked to participate, sign releases and consents and are asked for contact information at the initial visit.

Who are the evaluators of SBIRT IOWA?

Researchers from the Consortium of Substance Abuse Treatment and Evaluation who have experience in program evaluation and the prevention and treatment of substance abuse.

What role does the Evaluation Team play?

The Evaluation Team manages the assessment of SBIRT IOWA

1. Provides Analysis of SBIRT IOWA raw data
2. Tracks progress in meeting project goals
3. Analyzes evaluation data
4. Provides feedback to SBIRT IOWA team regarding progress and outcomes
5. Completes evaluation reports

Who is going to complete the 6 month follow-up interview with our individuals?

The SBIRT IOWA Co-located Substance Abuse treatment professionals will complete the 6 month interview

GPRA

What is GPRA?

The Government Performance and Results Act (GPRA) is a public law that was passed by Congress in 1993. GPRA was enacted to improve stewardship in the Federal government and to link resources and management decisions with program performance. This law requires all federal departments to regularly conduct evaluations of their programs, and use the results to explain their successes and failures on the basis of the performance monitoring data.

How do we maintain compliance with GPRA?

All Center for Substance Abuse Treatment (CSAT) discretionary programs must collect information about their individuals and report this information to CSAT. This information is collected at baseline, discharge and **6-months** after baseline (10% of individuals for SBIRT programs) using the CSAT GPRA Core Patient Outcome Measures tool. We are required to collect 6 month follow-up data on 10% of individuals receiving SBIRT services in the categories of Brief Intervention, Brief Treatment and Referral to Treatment.

Where does the GPRA data go?

GPRA data is uploaded to the SAIS web-based data entry system and is submitted to the CSAT Project Office for review of adherence to treatment goals. Ultimately, this information is sent with data from other SAMSHA initiatives and presented to the Department of Human and Health Services, the Office of Management and Budget, and through to Congress where decisions about federal funding are made.

Data helps convince Congress to continue funding services

Processes & Procedures to insure 6 month follow-up

- Step 1. Patient/Soldier pre-screens as at-risk for substance use problems
All individuals receiving pre-screening are reported to CSAT
- Step 2. Health educator approaches patient, asks questions & completes AUDIT or DAST-10.
- Step 3. *Patient/Soldier screens at-risk for substance use with AUDIT or DAST-10. Screen-outs are provided with brief feedback and encouragement.
- *Intervention level determined (BI, BT, or RT)*
 - *GPRA sections given based on intervention level*
 - *Patient receives either BI, BT, or RT*
 - *Brief Intervention may also be conducted at discretion of professional*
- Step 4. Patient/Soldier may be selected, based on system selection, for participation in GPRA follow-up. If selected, the health educator attempts to enroll patient in follow-up.
- Step 5. Patient enrolled in follow-up and explained they will be contacted by a member of their team (co-located substance abuse treatment professional). The health educator verifies and obtains contact information. Health educators inform patient/soldier that they will be provided a \$20 dollar incentive for participation in the 6 month follow-up interview.
- *Patient consents/releases to being followed up, including collateral Contacts Form.*
 - *Full assessment (including all GPRA sections) provided.*
 - *Warm handoffs occur, or appointment made, with substance abuse co- located professional*
- Step 6. Health educator collects information
- Step 7. Patient provided substance abuse professional contact information, reminder about 6 month follow-up appointment, and a copy of consent form to keep
- Step 8. Health educator uploads GPRA data to SAIS system.
- Step 9. Substance abuse professionals obtain contact information for individuals participating in follow-up and begin tracking them, ideally at 7, and 30 60, 90, 120 days, and for the 6 month follow-up interview (send individuals \$20 gift card incentives and thank you note).

How can we insure a completed 6 month follow-up Interview?

1. Good contact information
2. Good rapport & communication about the project and follow-up with individuals
3. Good communication between health educators and substance abuse professionals
4. Good tracking of individuals

1. Good contact information

Collateral Contact Forms are used to collect information for either contacting individuals directly or finding individuals whose address and/or phone number no longer works.

- ✓ Collateral Contact Forms should be completed thoroughly, including as much information as the patient is willing and able to give.
 - You may need to remind the patient that the contact information is kept in a secured location and is only used to follow participants over time to see how they are doing. *It will not be used for billing purposes.*
- ✓ **Always** obtain a current address and telephone number for the patient, as well as the address and phone number of at least 3 other contact people that can help us reach the patient. *Please note who the contact is and their relation to the patient.
- ✓ If the patient's address is **unstable** (e.g., is not certain to be living there in the next year), obtain the addresses and phone numbers of at least 3 other people that can help us reach the patient.
- ✓ If the patient is **homeless**, obtain mobility information as well as the addresses and phone numbers of at least 3 other people that can help us reach the patient.
 - A brief list of places the patient usually hangs out (street corner, park, bridge, etc.)
 - Shelters - which ones does he/she tend to use?
 - What soup kitchen, restaurant, etc. does he/she like to use?
 - Where does he/she cash checks?
 - Does he/she know any service workers in the area where he/she usually hangs out? Get agency and names.
 - Does he/she stay in different places in the winter vs. summer? Get list.

2. Good rapport & communication about the project and follow-up with individuals

Individuals will be more likely to follow-up if they have a good experience with SBIRT Iowa staff and understand that their participation will help us improve services and continue providing services to individuals. A good understanding of the project will help keep communication with individuals clear.

- ✓ Explain to individuals that they have been randomly selected to participate in a follow-up interview to help us improve our services.
- ✓ If needed, you can also briefly explain that the services we are providing are new, funded by the federal government, and that we are required to follow-up with our individuals in order to continue to receive funding.

- ✓ Be clear that the information is confidential and used only so we can follow up with them.
- ✓ Let the patient know that someone from the health care staff (or Iowa National Guard, if working through Guard site) will be assisting with follow-ups and will be contacting them to verify their collateral contact information and complete the follow-up interview with them. Having a good hand-off between the health staff and co-located substance abuse treatment professionals will support continuity for the patient.

Use the SBIRT IOWA name and logo to help individuals remember us!

- ✓ Make sure individuals understand the consent form and are able to state what their participation means.
 - Ask them to identify:
 1. what the purpose of the follow-up is
 2. what will be asked of them
 3. what they will receive in terms of incentive and benefits
 4. whether they have any concerns about costs
 5. whether they have any concerns about confidentiality
 6. what it means for their participation to be voluntary
 7. who they can contact with questions.
 8. how the interview will be completed (telephone)
- ✓ Make sure individuals know we will compensate them for their time.

Sample script for enrolling in follow-up:

“We are inviting a small random sample of SBIRT IOWA individuals to participate in a follow-up phone interview in about 6 months. The questions will be the same as we go through today and will include questions about various aspects of your lifestyle/health.

Your participation will help us improve our services and maintain our funding to provide these services. You will be contacted by our health staff shortly after today’s visit and then every month until about 6 months today. For these calls, we just want to check in with you to see how you are doing and we will not be asking you any other questions on these calls. In about 6 months from today’s visit, as an appreciation of your time, we will call you to ask the same questions we asked today, and we will send you a \$20 gift card for completing the follow-up interview.

The information you give us today will not go in your medical record and will only be used to evaluate our services and to contact you for the 6 month follow-up. All your data will be kept in a secure data system which is password protected and the data obtained will not identify you by your name when it we send it to the Substance Abuse and Mental Health Services Administration (SAMHSA).

Your participation is voluntary and greatly appreciated. You do not have to participate if you do not want to. Even if you agree to participate now, you can decide to stop participating at any time. Your decision to participate will not affect your health care in any way. Would you be willing let us follow-up with you in 6 months?”

Encouraging Participation in the Follow-up:

If an individual tells you up front, “No, I do not want to participate” (an active refusal), try to find out why.

ADDRESS COMMON CONCERNS

- **I want more information.** Ask if the individual needs more information about the follow-up. Also, ask if s/he would like to speak to the follow-up director about any concerns.
- **Is my information really private?** If the individual is worried about confidentiality, carefully explain confidentiality procedures, HIPPA, and the effort the staff takes to protect all individuals’ information.

CONVEY CONCERN FOR THE INDIVIDUAL AND IMPORTANCE OF THEIR PARTICIPATION

- **What difference does it make if I participate?** Rare opportunity to be part of a process that can improve health care. Staying in touch and participating gives them a voice in this process.
- **Who cares?** We care about the individual living a healthy lifestyle and about providing a service that helps most people we serve. The only way we can know it works is if individuals stay in touch.

3. Good communication between health educators and substance abuse professionals

Individuals will be more likely to follow-up if health educators and substance abuse professionals communicate about what works to retain and track individuals.

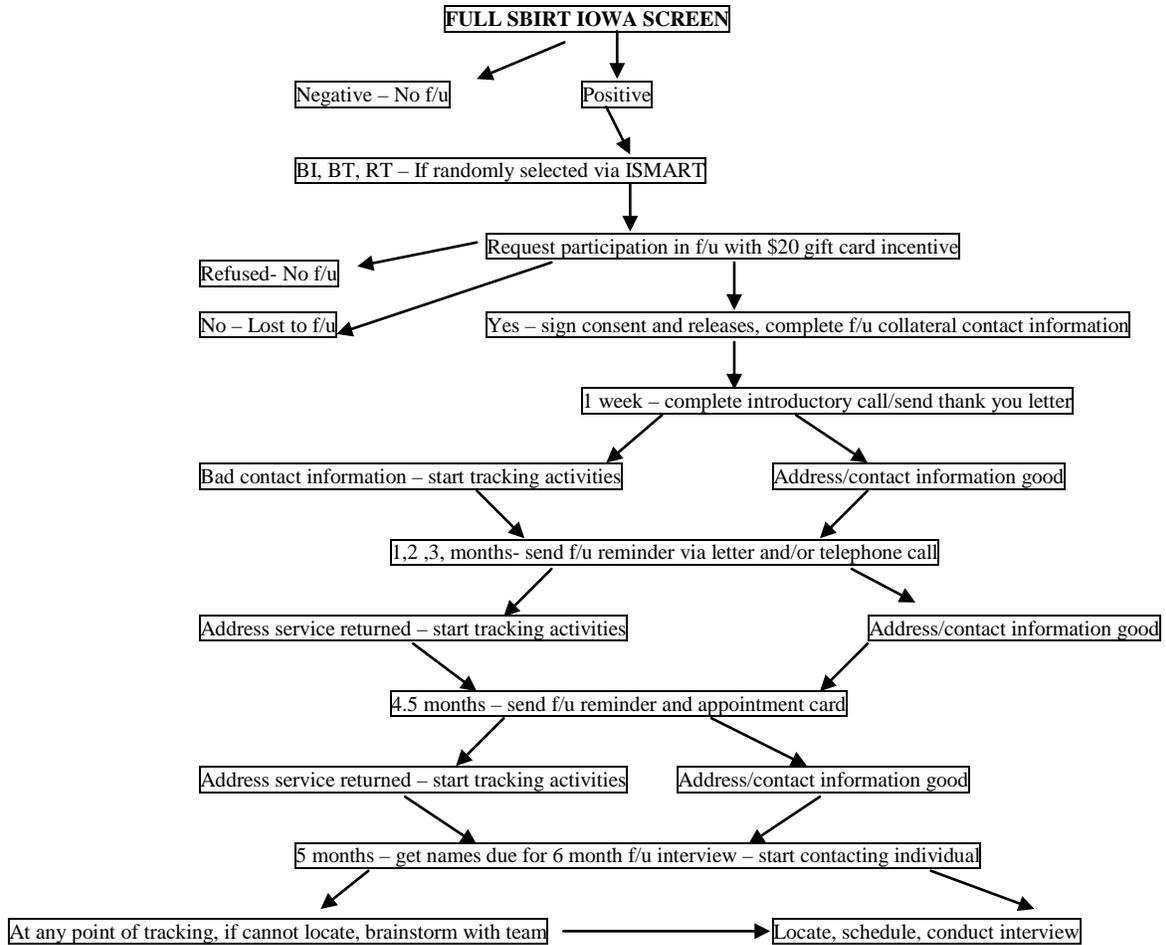
- ✓ Communicate directly, or through project directors, to communicate about concerns, problems, good practices, and changes at hospitals that may affect project protocol.
- ✓ Maintain open lines of communication.

4. Good tracking of individuals

Individuals will be more likely to follow-up if we track them well.

- ✓ Complete Collateral Contact forms thoroughly (substance abuse treatment professionals will track clients using these forms)
- ✓ Provide a warm handoff between health educators and substance abuse treatment professionals. If not possible, provide individuals/soldiers with a business card/information card which includes an appointment date already set for them.

SBIRT IOWA FOLLOW-UP PROCESS



Contact Samples - Purposes & Scripts

7-day phone call

This is the first contact that the substance abuse professionals will have with the individual. *It is recommended to occur within 7 days of intake.* Substance abuse professionals will attempt phone contact to verify the individual's phone number provided. Letters/postcards can be used to contact the individual as well if the phone number does not work. Building a rapport and positive connection with them will make it more likely that they will be responsive to the follow up process. Tasks to complete during this contact include:

- Introduction / Thanks for participating
- Remind individual about the follow-up interview
- Notify them you will call with 30 days to check on their health status and also update contact information with them.
- Verify address and phone number (information on Collateral Contact Form) and update the information if applicable

7 day phone call script

Hi, this is _____ (*interviewer name*) from (*Name of Community Health Center or National Guard*). Is _____ (*individual name*) available?

If the individual is the person that answers: Great, just to maintain confidentiality and to verify your identity, could you tell me your birthday? (*Progress to identity confirmed*)

If the individual is called to the phone: Hi, this is _____ (*interviewer name*) from the *Community Health Center or National Guard*. Just to maintain confidentiality and to verify your identity, could you tell me your birthday? (*Progress to identity confirmed*).

To help prompt memory of the follow-up: The SBIRT IOWA follow-up is affiliated with community health centers and/or the Iowa National

Not currently available: When would be a better time to call back so that I can reach this person? (*Record callback time in tracking log*)

Identity confirmed: Thank you. I am calling about the health follow-up you enrolled in during your recent visit to _____ (*community health center or ING*). I am a member of the *community health center or ING* who will be keeping in touch with you for the next several months in order to complete the 6-month follow-up interview with you. (*remind patient that they agreed during their health or guard appointment*).

Today, I am calling to verify the phone number you gave when you enrolled in the follow-up and let you know that I will be calling you in 30 days to update your contact information in case any of it has changed.

I would also like to remind you that you will receive a \$20 gift card after you complete the follow-up interview in about 6 months (5-8 month range).

I would like to give you a toll-free number where you can reach us, as well as an email address. Can you get a pen and paper to write these down?

Phone: (*insert phone number*) Email: (*insert email address*)

Do you have any other numbers you'd like us to call you at? Thanks for staying in touch!

You may add at any phone call We're so interested in keeping in touch with you because knowing how your doing will help us know how we can improve our services. It will also help us to maintain funding so that we can continue to provide services to more people. Again, thank you for your participation and please don't hesitate to contact us if you get a new number or a new place to stay!

30-day verification

This contact is due within 30 days. This contact is primarily to verify and update the contact information that was provided at the intake/7-day phone call and to remind the individual when their 6 month follow-up is scheduled to occur. A telephone call can be completed or the patient/soldier can be seen face to face.

30 day verification script

Hi, this is *(Name of Community Health Center or National Guard)*. Is _____ *(individual name)* available?

If patient is the person that answers: Great, just to maintain confidentiality and to verify your identity, could you tell me your birthday? *(Progress to identity confirmed)*

If patient is called to the phone: Hi, this is _____ *(interviewer name)* from the *Community Health Center or National Guard*. Just to maintain confidentiality and to verify your identity, could you tell me your birthday? *(Progress to identity confirmed)*

Not currently available: When would be a better time to call back so that I can reach this person? *(Record callback time in tracking log)*

Identity confirmed: Thank you, I'm glad we were able to reach you today. I am calling to update the information we have for you so that we will be able to complete the 6 month follow-up interview that is part of the SBIRT IOWA health follow-up you enrolled in *(remind individual that they agreed during their health or guard appointment)*. Staying in touch with you and completing the interview in 6 months will help us learn about how our program is doing and improve our services. I would like to review the contact information I have for you and you can let me know if something needs to be corrected or added. *(Review the Collateral Contact form to determine any changes)*.

Let me give you our contact information in case your contact information changes or you have any questions. *(Give our phone number and email)*.

Thanks for the update! Don't forget, we'll be calling you back next month *(repeat at month 2,3, and 4.5)* to conduct our 6 month follow up survey for which you will receive a \$20 gift card.

You may add at any phone call We're so interested in keeping in touch with you because knowing how your doing will help us know how we can improve our services. It will also help us to maintain funding so that we can continue to provide services to more people. Again, thank you for your participation and please don't hesitate to contact us if you get a new number or a new place to stay!

4 or 4.5 month contact

This contact is to remind the individual of their appointment with the substance abuse treatment professional and notify them we will be contacting them shortly to complete the interview.

4 month letter

Date: _____

Hello Mr./Ms/Ms _____ (*individual name*),
Greetings from SBIRT IOWA, a follow-up affiliated with the (*Name of Community Health Center or ING*). We are sending you this letter to let you know that in about 1 month we'll be calling you to briefly interview you about how you have been doing since the last interview you completed with us. The upcoming follow-up interview is very important because it lets us know whether our programs have helped you, how they can be improved, and helps us receive funds to be able to continue to provide these services.

The interview will take about 20-30 minutes and you will receive a \$20 gift card for your participation. We want to make this process as convenient for you as possible, so if there's a day of the week and time of day that is better for us to phone you and you have had any changes to your contact phone number, please let us know. You can contact us by phoning us at our toll-free number (*number*), emailing us at (*email address*), or mailing us back the enclosed form on which you can indicate how and when you would like to be contacted.

Please send only what you are comfortable sending via email as we cannot insure its confidentiality. Also, you will need to pay for postage if you choose to send us the "Preferences for 6 month follow-up" form back to us using postal mail. We will make every effort to accommodate your schedule and make the interview as quick and easy as possible.

On behalf of the (*Name of Community Health Care Clinic or ING*) team, I'd like to thank you for your participation and for staying in touch with us. Please note that you may always contact us to request to not be contacted further by our research team.

Community Health Care/ING Health Team Member

You can reach us in a variety of ways:

Toll-free telephone number: (*telephone number*)
Email: (*email address*)
Mailing address: (*mailing address*)

Preferences for 6 month follow-up:

Name: _____

I'd like to be contacted on:

_____ Mondays _____ Tuesdays _____ Wednesdays _____ Thursdays _____ Fridays
_____ Saturdays

_____ Mornings _____ A.M.

_____ Afternoons

_____ Evenings _____ P.M.

Best telephone number to reach me: _____

Best mailing address: _____

Birthday Card

Birthday cards may be sent (if desired) to maintain contact with individuals and remind them of the follow-up.

Letter to be sent on or around patient birthday

Dear (individual first name),
Happy Birthday! -from the (*Community Health Care Clinic Name or ING*) (sign your name)

On card (left-hand side): We at SBIRT IOWA, a health follow-up affiliated with (*Community Health Care name or ING*), thank you for your participation in our follow-up. Please let us know if your contact information has changed so that we can be sure to stay in touch. Please note that you may always contact us to request to not be contacted further by our research team.

You can reach us in a variety of ways:

Toll-free telephone number: (*telephone number*)
Email: (*email address*)
Mailing address: (*mailing address*)

6-month follow-up interview

This is the interview where data will be collected from the individual. This window for this interview is 30 days before and 60 days after the 6 month anniversary. Please complete the interview even if past the due date. The data for interviews past the due date will not be loaded into GPRA but retained in evaluation databases.

6 month follow up interview script

Hi, this is _____ (*interviewer name*) from the *Community Health Center or ING*. Is _____ (*individual name*) available?

If the individual is the person that answers: Great, just to maintain confidentiality and to verify your identity, could you tell me your birthday? (*Progress to identity confirmed*)

If the individual is called to the phone: Hi, this is _____ (*interviewer name*) from the SBIRT IOWA Health Follow-up. Just to maintain confidentiality and to verify your identity, could you tell me your birthday? (*Progress to identity confirmed*)

Not currently available: When would be a better time to call back so that I can reach this person? (*Record callback time in tracking log*)

Identity confirmed: Thank you. I am calling to complete the 6 month follow-up interview with you that is part of the SBIRT IOWA follow-up you are enrolled in (*remind individual that they agreed during their health or guard appointment*). Before we begin I want to make sure that this is a good time for you. This interview will take about 20 or 30 minutes and I will be asking you a variety of questions about your health and health-related behavior. Do you have time to answer these questions right now?

If yes: *Prepare patient for GPRA Interview. Follow script for interview, including: Obtain information about patient's current location*

"Is the number I am calling you at/you are calling me from at _____
(address of individual)?"

If not, "Where are you?" (*document individual's location*)

Prepare individual for personal questions

"This interview will be just like the one you did when you enrolled in the follow-up, and will include question about your substance use, health, and health-related activities. You have the right to decline answering any of these questions."

Emphasize and review confidentiality (including limits to confidentiality)

"We will protect your privacy and will not be sharing any of the information you provide us today with anyone else, including your health care providers. We are interviewing you today to better understand how the services you received at the *community health center or ING* may have been beneficial to you

"We will be mailing you a \$20 gift card when we complete the interview. Can I verify your mailing address?"

If no: Is there a more convenient time we can contact you? (*Attempt to schedule a different date*)

****If your call is dropped during the interview:** Call the individual back to attempt to complete the interview. Continue to try to reach the patient, but please attempt to re-do the interview in its entirety.

**** Individuals are to receive incentive even if they only partially complete the interview.**

Tracking Overview

General Tracking Techniques

- **Telephone:** This is the primary means with which substance abuse professionals will contact individuals. Ask for an alternative telephone number (i.e., work, cell, home); ask which one they prefer you to call on. Ask if you can leave a message on voice mail. Ask for the best day of the week and time to call.
- **Mail/Postcards:** Sending postcards is a good way to keep individuals engaged in the follow-up. Cards should include a thank you message, a time frame during which they will be contacted or appointment time, and a reminder of the intent.

Calling collaterals

If you are unable to contact a patient, try contacting the people listed on the Contact Forms as collaterals. When contacting collaterals, be aware of individual privacy & confidentiality. **DO NOT DISCLOSE THE NATURE OF THE FOLLOW-UP TO COLLATERALS or ANY IDENTIFYING INFORMATION.**

Script for contacting collaterals

Hi, this is _____ (*interviewer name*) from the SBIRT IOWA Follow-up (*affiliated with the Community Health Center or ING*). Is _____ (*collateral name*) available?
(*Individual name*) told me I could contact you for assistance in getting in contact with him/her.
Do you know how I could get in touch with him/her? (Document any information they can provide)
Could I also (*or if won't provide information about the individual*) leave a message with you for _____ (*individual name*)?

The message should say:
Please let _____ (*individual name*) know that we are looking forward to our follow-up telephone interview with him/her and would like him/her to phone us ASAP so that we can schedule the interview. Our toll free number is (*number*).
We also have an email address: (*community health center or ING email address*).

Offender Information

If you are unable to contact an individual, they may be incarcerated. You can check their status in Iowa's Department of Corrections Website:

<http://www.doc.state.ia.us>

Click on offender information, and then enter the offender name within the fields. Basic, non-confidential information as to the legal status of the offender may be obtained. *If during the attempted completion of the GPRA follow-up interview, it is discovered that the individual is living in a restricted setting, the substance abuse treatment professional may contact an individual; dependent on the individual's signature of the SBIRT Voluntary Consent.*

Data Entry at 6 Month Follow Up

- When substance abuse treatment professionals contact an individual for 6 month follow up, their answers are recorded on a hard copy of the GPRA questionnaire or uploaded live through the I-SMART system.
- After the interview is completed and data uploaded, all raw data (GPRA data) is uploaded to the SAMHA SAIS system. Each team member has an I-SMART log on and is responsible for entering their own patient data.

Other Important Thoughts

Privacy & Confidentiality

- SBIRT IOWA partners should be respectful of patient privacy and confidentiality.
- SBIRT IOWA partners should never provide information about individuals to others.
- SBIRT IOWA partners should be vague about the follow-up so as not to divulge personal information to others.
- SBIRT IOWA partners should only discuss details of the follow-up with the patient/soldier.

Participant Requests to Withdraw from the Follow-up Interview

- Individuals have the right to withdraw from the follow-up at any time.
- If an individual completes part, but not the entire interview, they still receive the incentive.
- Consenting to being in the follow-up is a process that continues throughout the individual's time with the follow-up. Individuals also have a right to being informed about the nature of the follow-up and follow-up procedures. Individuals may request to withdraw due to incorrect beliefs about the nature and procedures of the follow-up and it is legitimate to provide them with accurate information.
- If an individual asks to withdraw, you may attempt to understand their concerns and provide corrective information, if applicable. Should the individual not want more information or maintain their request, you are obligated to honor that request.
- Only the individual, who signed the consent agreement, can withdraw from the follow-up (i.e. relatives cannot "speak" for the individual, unless they signed the consent form as the legal guardian).

SAMPLE CALL TRACKING SHEET

Participant Full Name _____

Full Screen Date: _____

Clinic Name: _____ Health Educator: _____

Telephone Number: _____

Comments: _____

Phone Call Tracking

1. Day: _____ Date: _____ Time: _____ Result: _____

2. Day: _____ Date: _____ Time: _____ Result: _____

3. Day: _____ Date: _____ Time: _____ Result: _____

4. Day: _____ Date: _____ Time: _____ Result: _____

5. Day: _____ Date: _____ Time: _____ Result: _____

6. Day: _____ Date: _____ Time: _____ Result: _____

7. Day: _____ Date: _____ Time: _____ Result: _____

8. Day: _____ Date: _____ Time: _____ Result: _____

- Reached person- confirmed number
- Didn't reach person- confirmed number
- Didn't reach person- no confirmed number

Additional Contact Information

Best Phone Number: _____ Alternate Number: _____

Is this a cell number? Yes No

Is this a cell number? Yes No

Can we text this number? Yes No

Can we text this number? Yes No

Can we leave a message? Yes No

Can we leave a message? Yes No

E-mail Address: _____

Best Day(s)/Time(s) to Reach You:

M T W Th F Sat Sun

AM PM

Comments: