

SBIRT

Screening, Brief Intervention,
and Referral to Treatment **IOWA**

SBIRT IOWA Policy Manual



October 2012

1-515-281-4816
www.idph.state.ia.us/sbirt

A. Introduction

Screening, Brief Intervention and Referral to Treatment (SBIRT) Iowa is a five-year grant awarded to the Iowa Department of Public Health (IDPH) by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment (SAMHSA) in July 2012. SBIRT Iowa services will use a comprehensive, integrated, public health approach, based on universal screenings, to identify, reduce, and prevent risky alcohol or drug use, abuse, and dependence on alcohol and drugs. Through SBIRT Iowa partnerships, IDPH will co-locate substance abuse professionals from local IDPH-funded treatment agencies at Federally Qualified Health Centers (FQHC's) in Blackhawk, Polk, Scott and Woodbury counties and Camp Dodge, home to Iowa's National Guard.

SBIRT Iowa will increase the numbers of individuals screened for substance use/misuse, provide brief intervention and clinically appropriate services in Iowa's FQHCs and National Guard, and implement a strategic plan for statewide diffusion of SBIRT services.

SBIRT Iowa is consistent with IDPH's "recovery-oriented system of care" approach that expands and enhances the state's continuum of care to include universal screening, brief intervention, and referral to treatment services for adults, age 18 and over. Total funding available for SBIRT Iowa covered services is \$7,575,000. SBIRT Iowa will provide the following services each year of the grant, from November 1, 2012 through October 30, 2017:

Service	Number of individuals to be seen
<i>Prescreening</i>	35, 595
<i>Screening</i>	8,898
<i>Brief Intervention</i>	890
<i>Brief Treatment</i>	890
<i>Referral to Treatment</i>	890

SBIRT covered services are managed through IDPH's Iowa Service Management and Reporting Tool (I-SMART) data system. FQHC, National Guard and substance abuse agency staff enter SBIRT services into their electronic health record and the I-SMART system, either through direct link or web interface. Pre-Screening, Screening, Brief Intervention and Brief Treatment services are funded by SBIRT Iowa. For individuals receiving Brief Treatment or a Referral to Treatment, co-pays, drug testing and transportation can be funded through SBIRT, for individuals who do not have insurance or ability to pay. Providers must submit quarterly expenditures via SharePoint for treatment services rendered. All expenditures received will be matched to services entered into the ISMART clinical record system. For more information on the SBIRT process, see *Appendix A-Flow Charts*.

SBIRT policies and requirements are addressed in this *Policy Manual*. SBIRT information is also available at www.idph.state.ia.us/sbirt.

This Policy Manual and its requirements are incorporated by reference into IDPH contracts with SBIRT providers.

B. SBIRT Vision and Principles

SBIRT Iowa is a public health approach which promotes integration of routine screenings and interventions within Federally Qualified Health Center and the National Guard to ensure a more coordinated and comprehensive approach to chronic disease management.

Iowa's implementation of SBIRT is based on the following principles:

- Individuals with substance abuse or misuse disorder have the right to a coordinated approach to chronic disease management.
- Individuals should be given tools to maximize the use of proven self-management techniques to improve their health status outcomes.
- Individuals are part of a recovery-oriented system of care that honors each individual's familial, cultural, spiritual, economic, and logistical needs.
- Universal screenings and brief interventions strengthen individual commitment to and success in reduction or absence of alcohol or drug use/misuse, and assist in promoting optimum wellness.
- Participation in SBIRT is voluntary and can be terminated by the individual at any time, without repercussion to the individual.
- IDPH is committed to shared decision-making with its partners and stakeholders to ensure a successful SBIRT project. Examples of these include: discussions, advisory council meetings, individual and provider surveys, and solicitation of staff feedback during IDPH site visits. IDPH staff is available for technical assistance and case consultation.

C. SBIRT Iowa Individual Eligibility

An individual who meets all of the following criteria is eligible for participation in SBIRT:

1. resident of the state of Iowa
2. age 18 or older
3. screen positive for at-risk or hazardous levels
4. receive services at an established, contracted SBIRT provider site

FQHC and National Guard staff must maintain and document individual eligibility, Government Performance and Review Data (GPR), Pre-Screening and Screening results from the Two-Question Pre-Screen, the AUDIT and DAST, and Brief Intervention, Brief Treatment, and Referral to Treatment covered services.

D. SBIRT Iowa Partners

SBIRT Iowa includes a large and diverse team of partners including: researchers, Medicaid representatives, medical, substance abuse and National Guard professionals, public health and training support agencies from the following partners:

Central Iowa

- [House of Mercy](#)
- [Iowa Behavioral Health Association](#)
- [Iowa Medicaid Enterprise](#)
- [Iowa Primary Care Association](#)
- [MECCA](#)
- [Primary Health Care](#)
- [Training Resources](#)
- [United Community Services](#)

Eastern Iowa

- [Center for Alcohol & Drug Services, Inc.](#)
- [Community Health Care](#)

Northern Iowa

- [Pathways Behavioral Services](#)
- [Peoples Health Center](#)

Western Iowa

- [Jackson Recovery Centers](#)
- [Siouxland Community Health Center](#)

Statewide and National Partners

- [FEi, Inc.](#)
- [Iowa Consortium for Substance Abuse Research and Evaluation](#)
- [Iowa National Guard](#)
- [Substance Abuse and Mental Health Services Administration](#)

E. SBIRT Implementation Processes

For the purposes of this project, IDPH has established protocols for each SBIRT covered services listed below. Providers should follow their agency established policies and procedures when providing services to individuals presenting in a medical crisis or intoxicated state.

1. Pre-Screening:

All SBIRT participants receive a universal Pre-Screening using a Two-Question pre-screen (see *Appendix B-Pre-Screening Questions*):

- *How many times in the past year have you had 5(male) or 4 (female) or more drinks in a day?*
- *How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?*

Universal screening helps identify the appropriate level of services needed based on the individual's risk level. Individuals, who indicate little or no risky behavior and have a Pre-Screening score of 0, may not need further intervention. Individuals who score above a zero on either question are considered "positive pre-screened" clients, and will be referred for an AUDIT and/or DAST-10 full screen. Pre-Screening typically takes 1-2 minutes. See *appendix B-Pre-Screening Questions*.

At FQHCs, Pre-Screening is conducted by FQHC staff. At the National Guard site, Pre-Screening is provided by National Guard and co-located substance abuse treatment agency staff.

2. Screening: AUDIT and DAST-10

Positive "pre-screened" individuals will be provided the AUDIT and/or DAST-10. If the individual pre-screens positive on the alcohol related question, the AUDIT is given. If the individual pre-screens positive on the drug-related question, the DAST-10 is given. If the individual pre-screens positive on both questions, both the AUDIT and DAST-10 are given.

The Alcohol Use Disorders Identification Test (AUDIT) identifies preliminary signs of hazardous drinking and mild dependence (see Appendix C. AUDIT). It is used to detect alcohol problems experienced within the last year. It is one of the most accurate alcohol screening tests available, rated 92 percent effective in detecting hazardous or harmful drinking. The test (See Appendix C. AUDIT) contains 10 multiple choice questions on quantity and frequency of alcohol consumption, drinking behavior and alcohol-related problems or reactions. Each question ranges in point value from 0 to 4. Scores from questions 1-8 range from 0 to 4 as follows:

- The first response for each question (never) score 0
- The second (monthly or less) score 1
- The third (2-4 times per month) score 2
- The fourth (2-3 times per week) score 3
- The fifth (4 or more times per week) score 4

Scores from questions 9-10 have three responses and score at 0, 2 or 4 points.

Questions 1-10 are scored on a point system as outlined below:

<u>Score</u>	<u>Risk Level</u>	<u>Recommendation</u>
0 – 7	Low-risk level/Negative	Encouragement and Education
8 – 15	Risky or Hazardous level	Brief Intervention
16 – 19	High-risk or Harmful level	Brief Treatment
20 or more	High-risk	Referral to Treatment

The Drug Abuse Screening Test (DAST-10) was designed to provide a brief instrument for clinical screening and treatment evaluation research (see *Appendix D. DAST-10*). The test contains 10 self-report items that are combined in a total DAST score to yield a quantitative index of problems related to drug misuse. For all questions, with the exception of question 3, each "yes" response receives 1 point and each "no" response receives 0. For question 3, a "no" reply receives 1 point and "yes" receives a 0. The answers are scored on a point system as outlined below:

<u>Score</u>	<u>Risk Level</u>	<u>Recommendation</u>
0	Low risk level	Encouragement and Education

1 - 2	Moderate risk level	Brief Intervention
3 - 5	Substantial risk level	Brief Treatment
6- 10	Severe risk level	Referral to Treatment

Encouragement and Education consists of offering words and written advice about risks of alcohol and drug usage; praise for current low risk practices; and a reminder to stay within recommended allowances if they do drink or use drugs.

At FQHCs, Screening is conducted by FQHC staff. At the National Guard site, Screening is provided by National Guard and co-located substance abuse treatment agency staff.

3. Brief Intervention:

The goal of a Brief Intervention (can take as little as 5 minutes) is to educate individuals and increase their motivation to reduce risky behavior. Using Motivational Interviewing techniques, individuals are provided information specific to their alcohol or drug use. Substance use/misuse occurs on a continuum and services are prescribed based on where the individual screened resides on that continuum. With that being said, the majority of individuals Pre-screened using the SBIRT process will not be deemed appropriate for any services.

Brief intervention consists of having a brief motivational conversation with an individual and guides the person through the standard drink sizes and safe drinking levels (recommended limits), the drinkers pyramid, and the physical effects diagram. The clinician gauges the individual’s readiness to change and motivation for change and provides feedback about the results, discusses the individuals AUDIT/DAST-10 score, discusses the area(s) of concern, provides encouragement to reduce their risks and discusses the risks of continued drug and/or alcohol use. The clinician assists the individual in setting a wellness goal and ends the session with praise and encouragement.

At FQHCs, Brief Intervention service is conducted by FQHC staff. At the National Guard site, Brief Intervention is conducted by National Guard and co-located substance abuse treatment agency staff.

4. Brief Treatment:

The goal of Brief Treatment (usually 5-12 sessions) is to change not only the immediate behavior or thoughts about a risky behavior, but also to address long-standing problems with harmful drinking and drug misuse and help individuals with higher levels of disorder obtain more long term care. Brief Treatment may also require the use of Motivational Enhancement and Cognitive Behavioral approaches to help individuals address unhealthy cognitions and behaviors associated with current use patterns and adopt change strategies.

Individuals who score positive and voluntarily consent for Brief Treatment interventions must sign a Brief Treatment Consent and Release of Information (see *Appendix E- Brief Treatment Consent; and Appendix F- Release of Information*). Brief Treatment Consents and Release of Information forms should be obtained by the FQHC/National Guard Staff and provided to the co-located substance abuse treatment staff. A copy of the consent should be provided to the individual.

Generally, SBIRT Brief Treatment services meet the American Society of Addiction Medicine Patient Placement Criteria 2R (ASAM) Level 0.5 Early Intervention criteria. ASAM is the most widely used and comprehensive set of guidelines for placement, continued stay and discharge of patients with addiction disorders. On occasion, SBIRT Brief Treatment will meet ASAM

Level I Extended Outpatient Treatment. Substance abuse agency staff shall evaluate individuals using professional clinical judgment to determine if further assessment using the ASAM criteria is required. If ASAM Level I treatment services are recommended, the individual should be discharged from SBIRT Brief Treatment and be referred to the treatment agency. If the individual chooses to receive this service at the FQHC/National Guard, this could be provided pending the provider meets Iowa Plan contractual requirements. If an individual meets criteria for treatment services that the treatment provider is contracted to provide, this individual may be counted towards Iowa Plan for Behavioral Health contractual minimum individual number requirements as long as all of the requirements of the Iowa Plan contract and agency licensure/accreditation standards are met.

Brief Treatment consists of sessions matched to the individual's motivational level and stage of change. Stages of change include: Pre-contemplation (feedback about results and information of misuse); Contemplation (benefits of change, resource sharing, pro's/con's of use, risks of delaying, ambivalence challenge, goal review); Preparation (choosing a goal, praise and encouragement) action (trigger reduction, putting plan in action, healthy behavior substitution, support network) and Maintenance (continued goal setting for relapse prevention). Clinicians may refer individuals to self-help and/or faith-based programs and if clinical judgment and/or stage of individual dictate, may refer to higher level of care.

At FQHC sites and at the National Guard, Brief Treatment is conducted by the co-located substance abuse treatment agency staff. If the AUDIT and DAST-10 are both positive and a level of recommendation is provided, the provider should record the highest score and provide the highest level of recommendation between the AUDIT and DAST-10.

5. Referral to Treatment:

Referral to Treatment is made when this service is recommended through use of one of the identified screening tools used in Iowa's SBIRT project. Referral to treatment is determined by the AUDIT and/or DAST 10 scores. The referral is generally facilitated by the community health staff or the National Guard staff. The co-located treatment provider may assist in the referral process.

Referral to Treatment consists of discussions with the individual to support them in getting specialized substance abuse treatment. The clinician uses motivational interviewing and provides feedback about results (use exceeds limits, current problems that exist, dependence symptoms, dangers to health (medical, psychiatric, social), and the clinician provides clear messages about continued risk of use. The clinician provides resources and referrals and may obtain assistance from the co-located substance abuse professional. The clinician coordinates medical, psychiatric and or substance abuse referrals and provides encouragement and support.

Referral to Treatment is conducted by the substance abuse treatment agency at their agency location and not at the FQHC or National Guard.

F. Payment

SBIRT provider's document provision of SBIRT covered services, enter Pre-Screenings, Screenings, Brief Interventions, Brief Treatment and Referral to Treatment in the SBIRT I-SMART system and submit requests for payment to IDPH, as described below:

- Each SBIRT provider must submit quarterly expenditures via SharePoint by the 15th of the month following each quarterly period that summarizes payment requested for all SBIRT covered services. Treatment providers must also submit quarterly expenditures via SharePoint by the 15th of the month following each quarterly period that summarizes payment requested for substance abuse treatment co-pays (co-pays for treatment services at the Iowa Plan/SBIRT provider are reimbursable through SBIRT funding only when there is no other funding source for that service) drug testing services, GPRA incentives, and transportation bus passes/gas cards/cab expenditures.
- Substance abuse agency staff is responsible for determining and documenting lack of funding for treatment services, rendered co-pays, use of GPRA data incentives, transportation expenditures, and drug testing expenditures.
- Generally, IDPH processes and pays claim requests within 60 days of receipt.
- Providers should adhere to their own agencies billing, licensure, coding and payment procedures.

If an SBIRT covered treatment service is a covered service under any other payor, that service cannot be submitted to IDPH for payment, regardless of whether or not payment is received from that other payor.

G. GPRA Data Collection Requirements

As part of the SBIRT grant, participating providers are required to collect GPRA (Government Performance Results Act) data at three specific times, using the GPRA tool:

- Intake (Program admission/baseline)
- 6 Month Follow-up (5-8 months after the GPRA Intake)
- Discharge

For SBIRT GPRA data collection, an individual may be discharged and counted again only if the individual is coded in a different category (screening and positive feedback, brief intervention, brief therapy or referral to treatment, but one individual will only count once in each category. The following indicates which specific GPRA requirements are to be met at which time in the GPRA process:

Pre-Screening Only	<u>Client Profile Information</u> (Section A of the GPRA Tool)
Screening Only	<u>Baseline Intake Data</u> (Section A of the GPRA Tool)
Screening and Brief Intervention	<u>Baseline Intake Data</u> (Sections A and B of the GPRA Tool)

Discharge Data

- Upon completion of a Brief Intervention, the GPRA discharge, Sections A, J and K of the GPRA tool must be completed on the individual.

Follow-up Data

- For a representative 10% sample of individuals in this category who should have or did receive brief intervention, the follow-up GPRA items asked are limited to the substance use domain and follow-up sections of the tool (See Sections A, B and I of the GPRA tool).
- Data must be collected at 6 months after baseline and entered into the CSAT web-based GPRA data entry and reporting system. This can occur anywhere between 5 and 8 months after GPRA intake/baseline. CSAT will provide grantees the sampling method to obtain the representative sample of 10%.
- Grantees will be notified which individuals have been selected as part of the representative sample and need to be located for follow-up via a web based notification report. Consent for SBIRT follow-up is obtained at time of GPRA intake.
- Grantees are expected to achieve a follow-up rate of at least 80% of those selected for the follow-up sample.
- GPRA follow-ups will be completed by co-located substance abuse treatment providers and may be conducted by telephone.
- Six-month GPRA follow-up interviews must be completed with each individual selected. Interviews may be conducted within the 5-8 month window. In order to assist the providers in locating the individuals, substance abuse treatment providers should ask SBIRT participants to list at least two personal contacts (This information can be collected using *Appendix G- SBIRT Iowa - Collateral Contacts Form* or in the profile section of I-SMART), and sign a release of information to each contact to help the provider locate the individual to complete the GPRA Follow-up Interview.

Screening and Brief Treatment-

Baseline Intake Data (Sections A through G of the GPRA tool)

Discharge Data

- If Brief Treatment is completed more than 7 days from the time of intake, Sections A through G, J and K of the GPRA tool must be completed on the individual.
- If the treatment is 7 days or less from the time of intake, Sections A, J and K of the GPRA tool must be completed.

Follow-up Data

- For a representative 10% sample of individuals in this category who, based on the results of their screening, should have or did receive services beyond brief intervention, follow-up data (all domains, see Sections A through G and I of the GPRA tool) are to be collected at 6 months after the initiation of substance abuse treatment services
- CSAT will provide grantees the sampling method to obtain the representative sample of 10%.
- Grantees will be notified which individuals have been selected as part of the representative sample and need to be located for

follow-up via a web-based notification report. Consent for SBIRT follow-up is obtained at time of GPRA intake.

- Grantees are expected to achieve a follow-up rate of at least 80% of those selected.
- GPRA follow-ups will be completed by co-located substance abuse treatment providers and may be conducted by telephone.
- Six-month GPRA follow-up interviews must be completed with each individual selected. Interviews may be conducted within the 5-8 month window. In order to assist the providers in locating the individuals, substance abuse treatment providers should ask SBIRT participants to list at least two personal contacts (This information can be collected using Appendix G- SBIRT Iowa - Collateral Contacts Form or in the profile section of I-SMART), and sign a release of information to each contact to help the provider locate the individual to complete the GPRA Follow-up Interview.

Screening and Referral to Treatment

Baseline Intake Data (Sections A through G of the GPRA tool)

Discharge Data

- If Treatment is completed more than 7 days from the time of intake, Sections A through G, J and K of the GPRA tool must be completed on the individual.
- If the treatment is 7 days or less from the time of intake, Sections A, J and K of the GPRA tool must be completed.

Follow-up Data

- For a representative 10% sample of individuals in this category who, based on the results of their screening, should have or did receive services beyond brief intervention, follow-up data (all domains, see Sections A through G and I of the GPRA tool) are to be collected at 6 months after the initiation of substance abuse treatment services
- CSAT will provide grantees the sampling method to obtain the representative sample of 10%.
- Grantees will be notified which individuals have been selected as part of the representative sample and need to be located for follow-up via a web-based notification report. Consent for SBIRT follow-up is obtained at time of GPRA intake.
- Grantees are expected to achieve a follow-up rate of at least 80% of those selected.
- GPRA follow-ups will be completed by co-located substance abuse treatment providers and may be conducted by telephone.
- Six-month GPRA follow-up interviews must be completed with each individual selected. Interviews may be conducted within the 5-8 month window. In order to assist the providers in locating the individuals, substance abuse treatment providers should ask SBIRT participants to list at least two personal (This information can be collected using Appendix G- SBIRT Iowa - Collateral Contacts Form or in the profile section of I-SMART) and sign a release of information to each contact to help the provider locate the individual to complete the GPRA Follow-up Interview.

GPRA interviews must be entered into the I-SMART system within seven calendar days of the date of the interview. A SBIRT consent must be obtained by the individual anytime a GPRA Follow-up is conducted (see *Appendix H- GPRA Follow-up Consent*). Information regarding the administration of the GPRA tool can be found in the SBIRT User Guide at www.idph.state.ia.us/sbirt.

H. Confidentiality

Confidentiality of client information is an ethical obligation for all providers and a legal right for every individual, whether such information is received verbally or in writing and whether it is received from the individual or a third party. SBIRT providers must comply with confidentiality of client information and protected health information requirements as set forth in state and federal regulations.

Providers conducting GPRA Intakes (Section A through G) ask SBIRT participants to list three personal contacts on the Collateral Contacts Form within the client profile in the ISMART system, and sign a release of information to each contact to help the provider locate the individual to complete the GPRA Follow-up Interview.

Providers should use the unique client identification number assigned by the ISMART system when referring to an SBIRT participant in written communications, including e-mail. The provider may not disclose protected health information in e-mail communications.

I. Additional Requirements

SBIRT providers must comply with the following additional requirements:

1. **Audit or Examination of Records**

The Auditor of the State of Iowa or any authorized representative of the State and, where Federal funds are involved, the Comptroller General of the United States or any other authorized representative of the United States Government, shall have access to, and the right to examine, audit, excerpt and transcribe any pertinent books, documents, paper, and records of the provider related to order, invoices, or payments of the SBIRT contract. The provider agrees that IDPH may have access to client SBIRT records.

2. **Cultural Competence**

SBIRT participants have the right to culturally competent services. If a provider is unable to provide SBIRT services to an individual with specific cultural needs, the provider should locate appropriate services for the individual or contact IDPH for assistance in locating services.

3. **Health and Safety**

All individuals shall be served in a safe facility. Providers shall maintain documentation of all inspections and correction of all cited deficiencies to assure compliance with state and local fire safety and health requirements. All facilities must be clean, sanitary and in good repair at all times. All facilities will be tobacco free environments. Firearms and other weapons are prohibited on the premises.

4. **Volunteer Policy**

Volunteers who work with SBIRT participants must comply with policies required by the provider through which they volunteer and with the *SBIRT Policy Manual*. Volunteers must follow standard provider personnel policies, including, but not limited to: ethical behavior,

safety, confidentiality, protected health information, computer use, financial responsibility, and drug and alcohol use.

5. Conflict of Interest

The contractor shall establish safeguards to prevent employees, consultants, and members of governing bodies from using their positions for purposes that are, or give the appearance of being, motivated by the desire for private gain for themselves or others with whom they have family, business, or other ties. SBIRT participants may not purchase services or goods from any person or persons whom a potential conflict of interest may occur.

6. Program Evaluation

The Iowa Consortium for Substance Abuse Research and Evaluation will evaluate, review and analyze data from all five project sites through outcome reporting, interviews, qualitative discussions, and site visits. The Consortium will monitor fidelity to the SBIRT model through data collection and analysis, interviews, surveys and focus groups.

J. Guiding Principles

Provider staff and volunteers must comply with the guiding principles listed below. Provider staff who are licensed or certified in a specific profession must comply with the code of ethics for their profession as well as with the guiding principles, whichever is the higher standard.

- SBIRT participants and family members are treated with honesty, dignity, and respect.
- Providers shall abstain from alcohol or other drug usage prior to or during the provision of SBIRT services.
- Providers shall not accept commissions, gratuities, rebates, gifts, favors, or any other form of non-IDPH payment for SBIRT services.
- Providers shall not misrepresent themselves or their qualifications, licensing or other accreditation requirements, education, experience, or status.
- Providers shall not perform services outside their area of expertise, scope of practice, training, or applicable license or other accreditation by the State of Iowa.
- Providers who are unable to provide a service to a participant will refer the individual to a provider qualified to provide that service.
- Providers shall not discriminate on the basis of color, age, gender, sexual orientation, national origin, socio-economic status, spiritual/faith beliefs, psychiatric or physical status, or culture, ethnic, or racial background.
- Providers shall not participate in false or fraudulent activities including, but not limited to, submission of claims for services not rendered, submission of false data, knowingly assisting another provider to enter false claims or data, charging a individual for all or any part of a service, and/or providing false representation of credentials, qualifications, insurance, or licensure documents.

K. Monitoring and Evaluation

IDPH monitors and evaluates SBIRT services and providers. Monitoring and evaluation areas include, but are not limited to, individual eligibility, provider eligibility, provider facilities and policies, service documentation, ISMART data, GPRA reporting, SharePoint, critical and provider incidents, and satisfaction surveys. IDPH will conduct site visits and may talk with SBIRT individuals and with

provider staff. Providers are generally notified of planned site visits in advance but IDPH retains the right to conduct site visits at IDPH discretion.

Providers who do not meet requirements as stated in the *SBIRT Policy Manual* and the contract may receive technical assistance from IDPH and may be required to conduct corrective action. Certain violations, safety concerns, or performance below established requirements may result in termination of the provider's cooperative agreement.

1. Complaints

Providers must have a policy for handling participant complaints. SBIRT participants may file a complaint with IDPH by going to www.idph.state.ia.us/ by calling 1-515-281-4816, or by writing to:

Iowa Department of Public Health
Division of Behavioral Health
SBIRT - Complaint
Lucas State Office Building, 6th Floor
321 E. 12th Street
Des Moines, IA 50319

2. Adverse Incident Reporting

Critical Incidents are those events that occur while an individual is receiving SBIRT services that negatively impact the individual, individual's family, other individual or the SBIRT program including but not limited to:

- death
- suicide attempt
- injury to self
- assault or injury to others
- incarceration
- are life-threatening (places the subject at immediate risk of death from the event as it occurred)
- result in a persistent or significant disability/incapacity or medical emergency

Providers must submit an SBIRT - Adverse Incident Report (see [Appendix I- Adverse Incident Report](#)) within 24 hours of becoming aware of the incident.

IDPH researches Adverse Incidents as indicated. Follow-up on reported incidents may include, but is not limited to, technical assistance, requirement of corrective action, funding repayment, cooperative agreement revision or termination, or determination that no inappropriate incident occurred. Fax Adverse Incidents to IDPH to 515-281-4535.

3. Documentation Requirements

All SBIRT providers must document SBIRT services including:

- have an organized system to document SBIRT covered services
- document each participant's name, SBIRT unique identification number, address, and phone number in the Health Care data system and/or I-SMART WITS system
- document the date, time and length of each SBIRT covered service provided
- summarize the SBIRT covered service provided

- maintain records in a secure manner that ensures confidentiality and complies with all state and federal laws and regulations pertaining to confidentiality of records
- document any treatment, co-pays, or drug testing provided on behalf of individuals using SBIRT funds
- all providers must maintain records of services provided for a minimum of five (5) years unless specific licensure/accreditation dictates a longer period
- ensure each individual signs all SBIRT consents/releases of information forms where a signature is required
- Maintain treatment records consistent with licensure/accreditation/scope of practice requirements
- Document outcomes of drug screens
- Document co-pays are consistent with federal poverty guidelines, for IDPH block grant funded treatment services
- Document payment of services for SBIRT treatment services
- Document the distribution, including method of delivery, of incentive gift cards to the individual or designee
- Document the distribution and maintain receipts of expenditures made on behalf of clients using Transportation services; including bus, pass or cab expenses.
- Document pre-screening, screening, brief intervention, brief treatment and referral to treatment services and outcomes including: pre-screening and screening score, advice, readiness and motivation to change number, wellness goal, any planned return to services, brief treatment sessions and summary of progress and any referral to treatment provided.
- Document Brief Intervention (*see Appendix J-Documentation of a Brief Intervention*)

4. Fraud, Abuse, and Waste Monitoring

IDPH takes all necessary measures to prevent, detect, investigate, and prosecute acts of fraud and abuse committed against the SBIRT project.

- a. For SBIRT project purposes, fraudulent practices include, but are not limited to:
 - falsifying information on the provider application or omitting relevant material facts
 - misrepresenting staff credentials or qualifications or billing for services provided by unqualified staff
 - falsifying participant files, records, or other documentation
 - billing for services not rendered
 - billing multiple times for the same service
 - accepting payment for services not rendered
 - improper billing to individuals for services rendered
- b. For SBIRT project purposes, abusive practices include, but are not limited to:
 - making improper diagnoses
 - providing services that are not necessary or services that are inappropriate for the participants condition
 - knowingly not billing a primary payor for an eligible participant
 - offering or accepting payment to refer participants to a particular provider
 - coercing a individual to choose a particular provider
 - misrepresenting participant outcomes

- c. If a provider or any of its employees, volunteers, or board members commits participant abuse, neglect or exploitation; malpractice; or fraud, embezzlement, or other serious misuse of funds, IDPH may terminate the provider's participation in the SBIRT project immediately upon written notice to the provider and may seek repayment of funds.
- d. If a participant commits fraud or other serious misuse of funds, IDPH may terminate the individuals participation in the SBIRT project immediately upon written notice to the individual and providers and may seek repayment of funds.

5. Programming and Licensure Changes

It is the provider's responsibility to inform IDPH of any change in licensure status or other qualifications or in programming that may affect the provider's ability to provide SBIRT covered services.

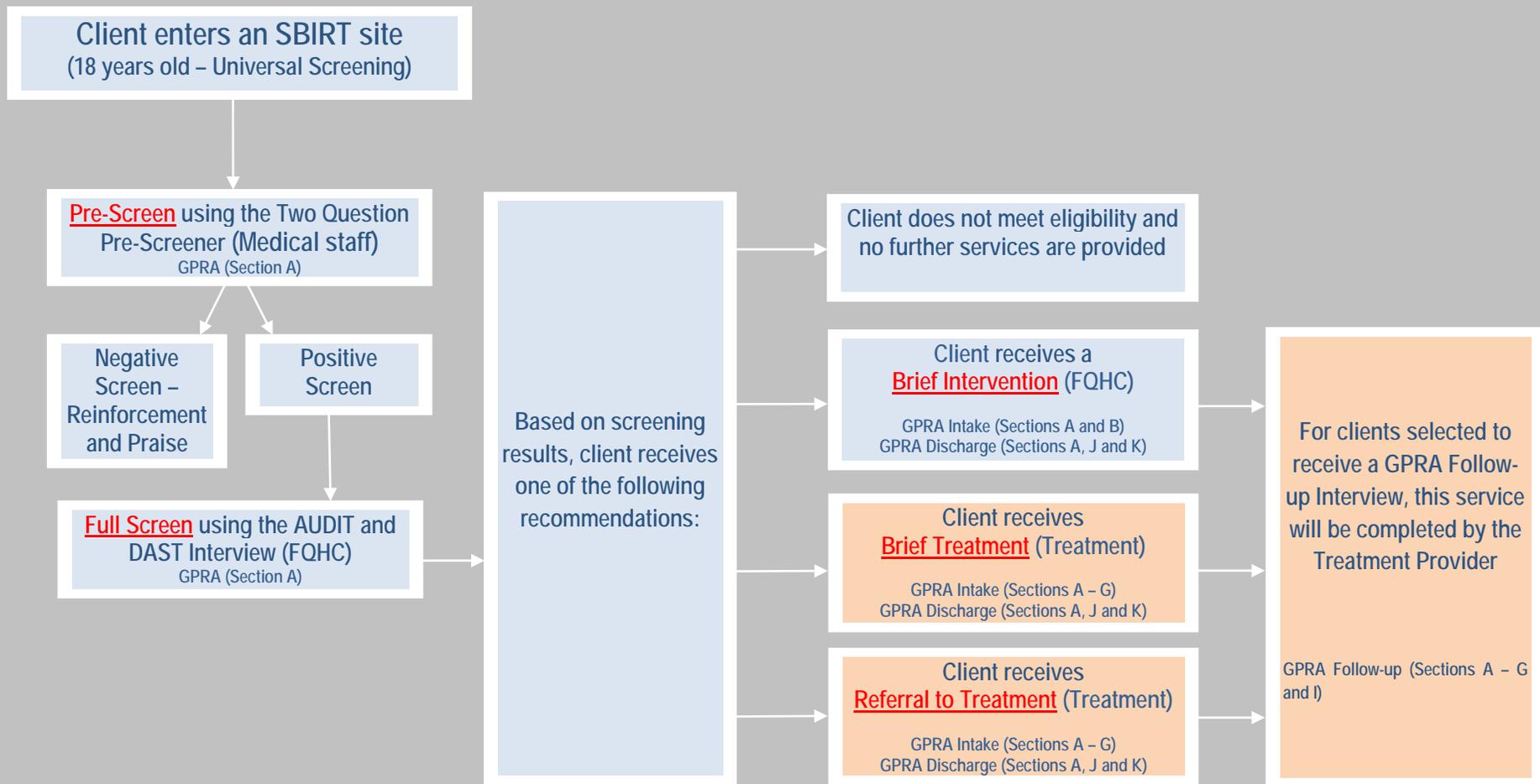
L. Changes or Exceptions to the Policy Manual

The *SBIRT Policy Manual* is subject to change. IDPH will endeavor to inform providers of any changes 30 days before the effective date of the change using the following methods:

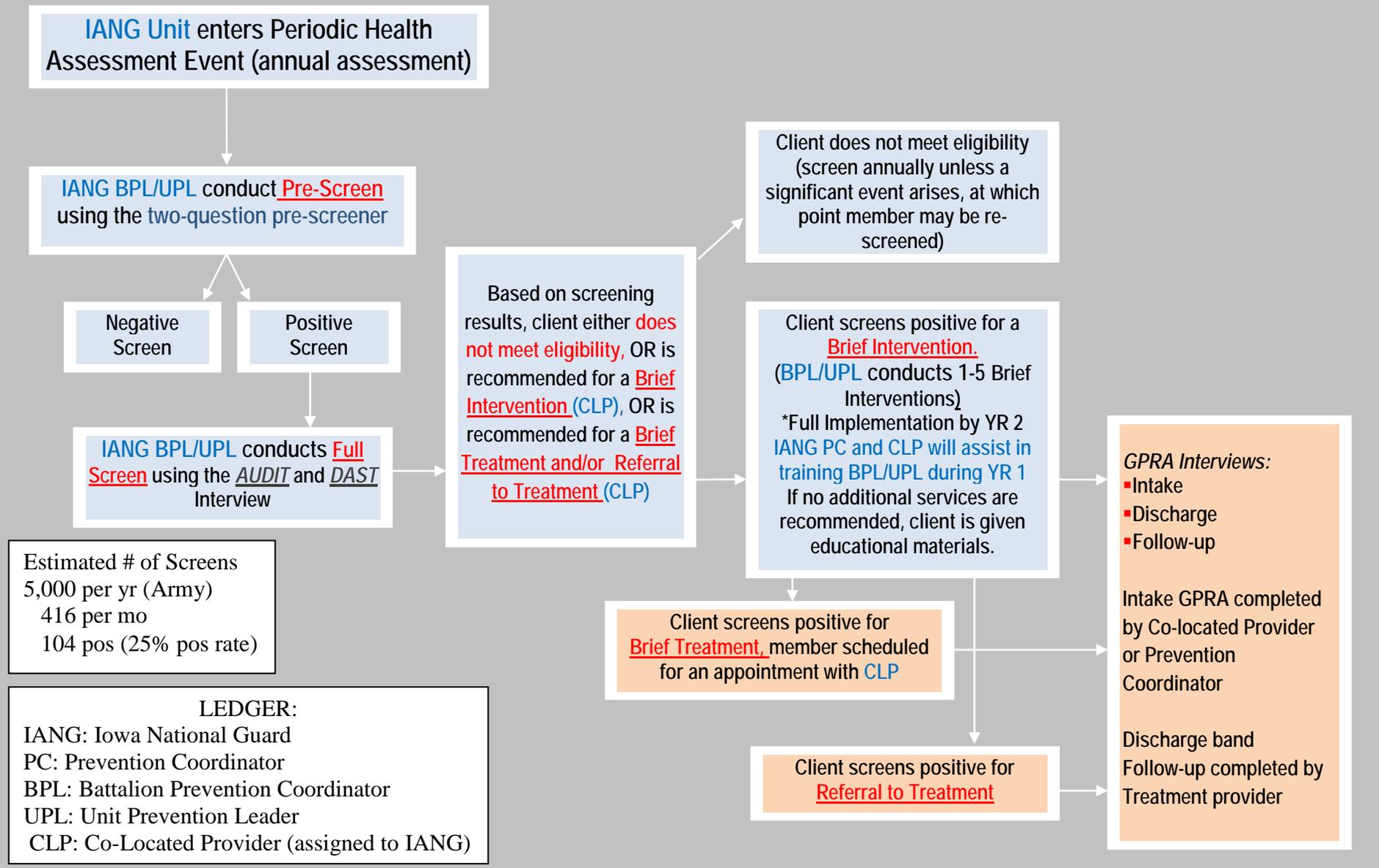
- website update
- provider calls
- e-mail notification

In order to stay current on changes to the *SBIRT Policy Manual*, it is the provider's responsibility to regularly review the SBIRT website and participate in provider calls.

SBIRT/FQHC Flow Chart



SBIRT/IANG Flow Chart



Appendix B- Pre-Screening Questions

idph.state.ia.us/SBIRT | 515-281-4816



Name _____

Annual questionnaire

Drinking alcohol and using drugs other than those required for medical reasons can affect your health. These activities can also affect the medications you take. Please help us provide you with the best possible medical care by answering the questions below.



Male	How many times in the past year have you had 5 or more drinks in a day?	None	1 or more
Female	How many times in the past year have you had 4 or more drinks in a day?	None	1 or more
Anyone over 65 years old	How many times in the past year have you had 4 or more drinks in a day?	None	1 or more

Examples of drugs may include: methamphetamines (speed, crystal); cannabis (marijuana, pot); inhalants (paint thinner, aerosols, glue); benzodiazepines (Valium), barbiturates, cocaine, ecstasy, hallucinogens (LSD, mushrooms); narcotics (opioids); or synthetic cannabinoids (K2, spices) and cathinones (bath salts).

	How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?	None	1 or more
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Appendix C- AUDIT

idph.state.ia.us/SBIRT | 515-281-4816



Name _____

Alcohol Use Disorders Identification Test (AUDIT)

Drinking alcohol can affect your health and the medications you take. Please help us provide you with the best possible medical care by answering the questions below.



1. How often do you have a drink containing alcohol?	Never	Monthly or less	2 to 4 times a month	2 to 3 times a week	4 or more times a week
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	0 to 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have five or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No	Yes, but not in the last year	Yes, in the last year		
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No	Yes, but not in the last year	Yes, in the last year		

Staff Use

Score _____	Low Risk (Neg) 0 – 7	Risky (BI) 8 – 15	Harmful (BT) 16 – 19	Dependent (RT) 20+
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Appendix D- DAST-10

idph.state.ia.us/SBIRT | 515-281-4816



Name _____

Drug Abuse Screening Test (DAST-10)

Using drugs other than those required for medical reasons can affect your health and some medications you take. Please help us provide you with the best possible medical care by answering the questions below.

These questions refer to the past 12 months.

- | | | |
|--|-----|----|
| 1. Have you used drugs other than those required for medical reasons? | Yes | No |
| 2. Do you abuse more than one drug at a time? | Yes | No |
| 3. Are you always able to stop using drugs when you want to? | Yes | No |
| 4. Have you ever had blackouts or flashbacks as a result of drug use? | Yes | No |
| 5. Do you ever feel bad or guilty about your drug use? | Yes | No |
| 6. Does your spouse (or parents) ever complain about your involvement with drugs? | Yes | No |
| 7. Have you neglected your family because of your use of drugs? | Yes | No |
| 8. Have you engaged in illegal activities in order to obtain drugs? | Yes | No |
| 9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? | Yes | No |
| 10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)? | Yes | No |

Staff Use	Low Risk (Neg)	Risky (BI)	Harmful (BT)	Dependent (RT)
	Score _____ 0	1 – 2	3 – 5	6+

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Appendix E- Brief Treatment Consent

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Brief Treatment Consent Form

Congratulations on taking the first step in choosing to live a healthier lifestyle. Today, we will spend about an hour together to discuss your lifestyle and the impact substance use may have on your goal of becoming healthy. You may receive some benefits from your session, including making some goals about your health and quality of life. At the same time, you may experience sadness as we talk through situations. You may also find that not all of your issues have been resolved. If you choose, we can schedule some future sessions depending on your wellness goals. At the end of our session today or future sessions, you may choose to have further treatment. If you do, I can help you select a treatment plan that meets your health goals. If anything we discuss makes you feel uncomfortable, you do not have to answer the questions. If you choose to not come back for further sessions, that is your choice.

I have read and understand the benefits of Brief Treatment along with the aspects that may be uncomfortable described above. I understand that my participation is voluntary.

Name	Date
Signature	Date
Witness Signature	Date

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Appendix F- Release of Information

idph.state.ia.us/SBIRT | 515-281-4816



Screening, Brief Intervention and Referral to Treatment Release of Information

I _____ authorize _____
(Name) (Health Staff/National Guard)

to exchange information verbally and/or in writing with:

(Individual/Provider)

The nature and amount of the information shared will be as limited as possible, but may include:

- personal identifying information
- treatment recommendations
- participation and status in SBIRT Government Performance and Results Act (GPRA) data collection
- drug test results
- collateral contacts
- other (specify): _____

This consent is specific to my participation in SBIRT covered services and may also include activities such as: service monitoring and evaluation, collateral contacts, and submitting claims to the Iowa Department of Public Health.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Pts. 160 & 164. Federal rules prohibit any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted in writing. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, and that, in any event, this consent expires automatically on the date on which all billing and reporting requirements related to my participation in SBIRT have been completely processed.

I understand that, generally, a program may not condition my services on whether I sign a release of information. In the special circumstances of the voluntary SBIRT project, however, I understand that I cannot participate if I do not sign a release of information.

Signature

Date

Witness Signature

Date



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Appendix G- Collateral Contacts Form

**Screening, Brief Intervention and Referral to Treatment
Collateral Contacts Form**

The SBIRT project requires a GPRA Follow Up interview be completed for individuals selected by SAMHSA. To assist with this requirement, obtain at least two collateral contacts from the individual in locating the person six months after intake. Collateral contacts can be individuals that have regular contact with the person (e.g. friends, family members, or other health professionals). Obtain a release of information from the individual for each collateral contact.

***Documentation of collateral contacts may be completed
in the SBIRT Iowa data system in lieu of completing this form.***

Contact #1

Name: _____

Address: _____

Phones: _____

E-mail: _____

Relationship: _____

Contact #2

Name: _____

Address: _____

Phones: _____

E-mail: _____

Relationship: _____

Relationship: _____

Appendix H- Voluntary Consent

idph.state.ia.us/SBIRT | 515-281-4816



Screening, Brief Intervention and Referral to Treatment Voluntary Consent Form

Introduction: Welcome to the Screening, Brief Intervention, and Referral to Treatment (SBIRT) project. SBIRT is a five-year Iowa Department of Public Health (IDPH) project funded by a grant from the Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment (SAMHSA/CSAT).

The goal of SBIRT is to improve the lives and health of people by providing early substance use screening and intervention. Involvement is strictly voluntary. Services could range from a Screening, Brief Intervention, Brief Treatment or a referral for more extensive Treatment services.

Information from the SBIRT project will help local, state, and federal providers and funding authorities improve the way services are delivered for individuals with a possible substance abuse/misuse issue. We are asking you to answer a series of questions. You may feel uncomfortable answering some of these questions. If you are uncomfortable with any of the questions, you do not have to answer them.

Benefits: You may feel better after talking about your health status and quality of life. In addition, your participation may benefit others by helping us find out whether receiving certain services helps decrease problems related to use of alcohol or other drugs. SBIRT may assist you in paying for services.

Data Interviews: If you consent to participate in SBIRT, you will be asked to take part in three Government Performance Results Act (GPRA) data interviews that take 15 to 45 minutes each—one at admission, one at 6 months and one at discharge from the program. GPRA interviews include questions about alcohol and drug use, education and employment, family and living conditions, involvement in the criminal justice system, and participation in social support and recovery groups. This data will be used to monitor your involvement and potential benefit received. The data is confidential and will not identify you by name. You will receive a \$20 dollar gift card for completing the GPRA follow-up interview. If during the attempted completion of the GPRA follow-up interview it is discovered that you are residing in a restricted setting, by signing this consent you grant the interviewer the ability to contact you, which may include disclosure to the facility at which you reside of your involvement in SBIRT.

Release of Information: As part of your involvement in SBIRT, you are authorizing contact between IDPH, SAMHSA, the Iowa Consortium for Substance Abuse Research, and the SBIRT staff where you are receiving services, to obtain information necessary for SBIRT project management. This may include, but is not limited to, screening questionnaires, interviews, information related to fiscal reporting, quality improvement, individual progress, and data collection. By signing this form you are authorizing release of information between you, IDPH, SAMHSA, the Iowa Consortium for Substance Abuse Research and the staff at the location you are seeking services. You may revoke your release of information at any time except to the extent that action has already been taken.

SBIRT is voluntary: You can refuse to participate in SBIRT or leave at any time. Refusal to participate in SBIRT will not affect any current or future services you receive at the site location. You may refuse to answer certain questions and still participate in SBIRT. If you refuse to answer a question, no one associated with SBIRT will seek the information you did not provide



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from some other sources. If you participate in SBIRT and later choose not to participate, information you already have given will remain in the project.

Risks and Confidentiality: IDPH and SBIRT staff take the privacy of your information seriously. SBIRT staff, IDPH, the Iowa Consortium for Substance Abuse Research, and SAMHSA must comply with confidentiality and protected health information requirements as set forth in Federal and State Confidentiality Regulations (42 CFR, Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, 160 & 164). Your records are protected and cannot be disclosed without your written consent. Because SBIRT involves coordination of services you want, providers will ask you to sign a release of information to allow them to talk with other providers. You may revoke your release of information at any time except to the extent that action has already been taken. Generally, a program may not condition your services on whether you sign a release of information. However, in the special circumstances of the voluntary SBIRT project, you cannot participate if you do not sign the Voluntary Consent Form. There are no foreseeable physical, medical, psychological, or legal risks involved in this project.

A unique identification number will be assigned to you as an SBIRT participant. Authorized representatives from IDPH may have access to records that identify you by name. Any information you provide that is part of aggregate data given to SAMHSA will not include your name or other identifying data. If any publications or presentations result from the SBIRT project, you will not be identified.

Rights: You have the right to:

- appropriate and considerate care and protection
- recognition and consideration of your cultural and spiritual values
- be told of all available SBIRT covered services and providers
- refuse a recommended service or plan of care
- review records and information about your services
- expect providers, IDPH, the Iowa Consortium for Substance Abuse Research, and SAMHSA to keep all communications and records confidential

Questions: If you have questions or concerns about the SBIRT project, contact IDPH at 515-281-4816 or at www.idph.state.ia.us/sbirt.

I have received, read, and understand the SBIRT - Voluntary Consent Form and all its contents. I agree to the conditions outlined above and choose to participate in the SBIRT project.

Name

Date

Signature

Date

Witness Signature

Date



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Appendix I- Adverse Incident Report

SBIRT - Adverse Incident Report

Please fax to: IDPH at 515-281-4535 within 72 hours of becoming aware of the incident

Today's Date: _____ Date of Critical Incident: _____

Name/Title of Individual Completing Form _____

Address: _____ City: _____ Phone: _____

Location where Incident Occurred: _____

INDIVIDUAL INVOLVED IN INCIDENT

Name: _____ DOB: _____ SBIRT ID #: _____

Male Female

List any other involved party (i.e. other individual, visitor, staff, etc.):

NATURE OF INCIDENT

- Death (from any cause after entry into SBIRT services) - cause of death: _____
- Suicide attempt
- Injury to self
- Injury to or assault on others
- life-threatening (places the subject at immediate risk of death from the event as it occurred)
- result in a persistent or significant disability/incapacity or medical emergency
- Incarceration
- Other - specify: _____

Describe incident:

Follow-up actions taken:

Appendix J- Sample template- Brief Intervention Documentation

The individual was provided:

- A) Pre-screening completed and results were _____ B) Screening (AUDIT/DAST-10) score(s)

The results of the Audit placed the person in the:

- A) Low Risk range _____ B) Risky range _____ C) Harmful range _____
D) Dependent range _____

Was not discussed further because the person:

- A) Refused
B) Ran out of time
C) The individual was at low –risk and the score did not warrant further intervention
D) Individual wanted to come back at a later time
E) Other _____

Readiness to change was a _____ on a scale of 0-10 and we briefly discussed why the score was not lower or higher and explored the person's motivation to change. Possible reasons include: _____

Advice provided to individual included:

- A) Abstain
B) Decrease drinking to no more than 4 drinks in one day or no more than 14 drinks in one week (men)
C) Decrease drinking to no more than 3 drinks in one day or no more than 7 drinks in one week (women or over 65)
D) Other advice related to health concern is _____

The person agreed to:

- A) Cut back to _____ drinks per day or week
B) Avoid alcohol when prescribed _____
C) Abstain from use
D) Avoid when using machinery, driving, if pregnant or taking _____
E) Wellness goal of _____
F) Other _____

The person was referred to:

- A) Brief Treatment
B) Treatment
C) Self-help
D) Access to Recovery
E) Medical provider
F) Mental Health provider
G) Other _____

In total, the amount of time spent in administering the pre-screens, screens, and intervention include:

- A) 15-30 minutes _____
B) 30 minutes or greater _____