# Discussion Paper – Service Areas

In 2009, the Iowa Department of Public Health Division of Behavioral Health (IDPH) initiated a transition to a comprehensive and integrated recovery-oriented system of care for addictive disorders, built on coordination and collaboration across problem gambling and substance abuse prevention and treatment.

Key system transition elements include:

- program licensure standards
- practitioner credentialing
- workforce development and training
- client/family leadership
- geographic service areas
- local collaboration
- funding/funding methodologies
- crisis services and wraparound supports
- data systems
- outcome/performance measures

Currently separate IDPH contracts for substance abuse comprehensive prevention, substance abuse treatment, and problem gambling prevention and treatment will all end June 30, 2014. IDPH anticipates release in 2013 of an integrated RFP for local contractors who will together assure coordinated provision of addiction services – problem gambling and substance abuse prevention and treatment and associated recovery support services – in designated geographic service areas statewide, effective July 1, 2014.

To be effective, the system of care must encompass community partners, prevention organizations, the recovery community, treatment providers, and other state and local stakeholders, as well as IDPH.

*This is one in a series of IDPH strategic planning discussion papers. This paper provides background information, offers general discussion considerations on service area-related issues, and poses questions to facilitate input from stakeholders.*

**BACKGROUND**

Currently, designated geographic service areas for problem gambling prevention/treatment, substance abuse prevention, and substance abuse treatment are different throughout the state. Substance abuse treatment service areas were established approximately 25 years ago, basically matching the clusters of counties that IDPH-funded programs served at the time. A few years later, substance abuse prevention service areas were established, taking into consideration some, but not all, of the existing treatment service areas. Problem gambling prevention/treatment service areas were initially established when gambling was under the Department of Human Services and alignment with substance abuse areas was not a priority. While changes have been made to service areas over the years, most of the changes were associated with factors like program closings or organizational mergers rather than consideration of the infrastructure of the service system as a whole.

Currently, IDPH has separate contracts for service area-specific problem gambling prevention/treatment, substance abuse prevention, and substance abuse treatment. Contracts for Access to Recovery services may consider geographic distribution but are not tied to service areas. These multiple separate contracts often have different performance measures and potentially conflicting reporting requirements and timeframes. IDPH recognizes that multiple contracts may be inefficient for both IDPH and contractors and may be ineffective in supporting a full continuum of care at the local level. This is true whether a single program or organization holds most of the contracts in a local area or if different programs/ organizations hold different contracts. Resources – money, workforce, and time – are too scarce to continue with the status quo.

## DISCUSSION ISSUES:

Whether provided by a single organization with a single contract or by a group of separate organizations linked together as parties to a shared contract, the full continuum of addiction-related care must be assured in each service area. If IDPH is to release an RFP in 2013 for local contractors who will together assure coordinated provision of problem gambling and substance abuse prevention, treatment, and recovery supports, service areas must be aligned.

The federal Office of Management and Budget (OMB) defines metropolitan and micropolitan statistical areas following a set of official standards as published in the Federal Register. Each statistical area consists of a core area containing a substantial population nucleus, together with adjacent communities having a high degree of economic and social integration with that core. "Metropolitan statistical areas" contain at least one U. S. Census Bureau-defined urbanized area of 50,000 or more population. "Micropolitan statistical areas" contain at least one Census Bureau-defined urban cluster of at least 10,000 and less than 50,000 population.

A draft service area map that encompasses problem gambling, substance abuse prevention, and substance abuse treatment is attached to this discussion paper. In drafting the map, IDPH considered:

- current geographic service areas for problem gambling, substance abuse prevention, and substance abuse treatment
- metropolitan and micropolitan statistical areas
- the areas of overlap and gaps across all three maps, with a focus on those counties and population centers that were in one service area on one map but were in a different service area or areas on one or both of the other maps
- problem gambling and substance abuse prevalence data
- problem gambling and substance abuse historical utilization data

## DISCUSSION QUESTIONS:

1. How might service area contracts be structured to support local collaboration and partnership as well as statewide infrastructure?
2. What are the pros and cons of more or less service areas?
3. What other things should IDPH take into consideration in realigning service areas?
4. Are there performance indicators or outcome measures that can be linked to service areas?
5. Is it necessary to have an office in each county to assure services are available to all residents of a service area? If the answer is no, how is access assured and what can contractors do so stakeholders are confident that they are being well-served?
6. If prevention services are hard to quantify, e.g. if a simple head count or event count isn't meaningful or doesn't tell the whole story, how should prevention services be measured?
7. How can cultural competency of services be assured?
8. Some current contracts aren't linked to a service area, e.g. Access to Recovery, Youth Development, County Prevention Contracts, etc. How do these contracts fit into service areas?