Iowa Department of Public Health
Promoting and Protecting the Health of Iowans

Discussion Paper – Service System Transition

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 activities, 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 and an update on system transition efforts to-date, offers general discussion considerations on certain related issues, and poses questions to facilitate input from stakeholders.

BACKGROUND

Senate File 2425 (2008) and House File 811 (2009) directed IDPH to align the problem gambling and substance abuse delivery system as follows:

> *"… to standardize the availability, delivery, cost of delivery, and accountability of gambling and substance abuse treatment services statewide, the department shall… create a system for delivery of… services. To ensure the system provides a continuum… that best meets the needs of Iowans, … services in an area may be provided either by a single agency or by separate agencies submitting a joint proposal…*
>
> *The process shall include the establishment of joint licensure for gambling and substance abuse treatment programs that includes one set of standards, one licensure survey, comprehensive technical assistance, and appropriately credentialed counselors to support the following goals:*
>
> *(1) Gambling and substance abuse treatment services are available to Iowans statewide.*
> *(2) To the greatest extent possible, outcome measures are uniform statewide for both gambling and substance abuse treatment services and include but are not limited to prevalence indicators, service delivery areas, financial accountability and longitudinal clinical outcomes.*
> *(3) The costs to deliver gambling and substance abuse treatment services in the system are based upon best practices and are uniform statewide."*

UPDATE

In December 2009, IDPH submitted a system alignment report to the Legislature. The full report can be found at http://www.idph.state.ia.us/bh/common/pdf/substance_abuse/alignment_report.pdf. The following is an update on alignment activities, as of February 2011:

- Program Licensure Standards: IDPH implemented integrated problem gambling and substance abuse program licensure standards July 1, 2010.

- Practitioner Credentialing: Under integrated program licensure, clinical staff hired after July 1, 2010 must be certified in problem gambling/substance abuse counseling and/or licensed in a counseling-related field within 24 months of employment. If certified in problem gambling only, 20 hours of substance abuse education are required to provide substance abuse services. If certified in substance abuse only, 20 hours of problem gambling education are required to provide problem gambling services. If licensed in a related field, 20 hours of problem gambling and/or substance abuse education are required to provide problem gambling/substance abuse services.

- Workforce Development and Training: In 2009, IDPH began coordinating previously separate problem gambling and substance abuse training and workforce development activities such as the statewide Prevention Conference, that in 2010 also included tobacco prevention, and the annual Governor's Conference on Substance Abuse.

- Client/Family Leadership: As described in a previous discussion paper, the recovery-oriented system of care (ROSC) philosophy supports self-directed approaches to care. Substance abuse clients can access a menu of recovery services through the Access to Recovery (ATR) program. A similar menu of services will be offered to problem gambling clients beginning July 1, 2011.

- Funding/Funding Methodologies: Problem gambling service rates have been adjusted to more closely align with substance abuse treatment service rates and will be implemented July 1, 2011.

- Data Systems: A new gambling service reporting system using the I-SMART substance abuse information management platform will be implemented July 1, 2011.

- Outcome/Performance Measures: In July 2010, problem gambling prevention began using the SAMHSA Six Prevention Strategies. Effective July 1, 2011 contractual performance measures for substance abuse treatment and problem gambling prevention/treatment will be aligned.

RELATED ISSUES AND INPUT QUESTIONS

A. Information and Resources

People seek information on general health topics and on specific health-related topics of interest or concern to themselves and their families. IDPH provides health information statewide to a wide variety of stakeholders, both directly and through various contracts, using a broad range of delivery methods.

Input is requested on the following:

A1. *Public health information*, as defined by the American Public Health Association, protects individuals, their families and their communities from preventable health threats and fosters community-based health promotion and disease prevention activities.
Question: How and where do you get information about the health issues you work with?

A2. Iowa's *health information stakeholders* include, but are not limited to, the general public, individuals with specific health questions, concerned families and friends, community groups, health professionals, and policy makers.

Questions: How and where do your stakeholders get health information? How about the general public?

A3. *Health information delivery methods* include, but are not limited to, helplines, printed materials, websites, and education and training.

Questions: What delivery methods are missing from the list above? What health information delivery methods do you see as most effective? Are there specific resources you go to again and again because they are useful and reliable?

A4. ***Other questions, concerns, or input related to public health information and resources?***

B. Focus on Prevention

The *"Description of a Good and Modern Addiction and Mental Health Services System"* brief distributed by SAMHSA (http://www.samhsa.gov/healthReform/docs/good_and_modern_12_20_2010_508.pdf), includes the following principles:

- Prevention of mental and substance use disorders is integral to overall health
- The system should use information and science to deliver services and rely on what works …
- Service delivery must achieve high quality standards and results as well as outcomes that are measurable and are measured
- Services that are proven effective or show promise … will be funded and should be brought to scale; ineffective services and treatments that have not shown promise will not be funded

The brief goes on to say that "the field of prevention science, well-known for advancing the health of people at risk for illnesses such as cancer, diabetes, and heart disease, has also produced effective strategies for the mental health and substance abuse fields. The system must have three levels of prevention practice: *universal*, which addresses populations at large, *selective prevention*, which targets groups or individuals who are at higher risk of developing a substance abuse problem or mental illness; and *indicated prevention*, which addresses individuals with early symptoms or behaviors that are precursors for disorder but are not yet diagnosable. … "

Iowa is implementing the SAMHSA Strategic Prevention Framework (SPF) State Incentive Grant to build a foundation for delivering and sustaining effective substance abuse prevention services locally and statewide. The goals of the SPF are to:

- Prevent the onset and reduce the progression of substance abuse, including … underage drinking,
- Reduce substance abuse-related problems in communities, and;
- Build prevention capacity and infrastructure at both the State and community levels.

SPF is a five-step framework that assesses community problems, mobilizes communities, develops strategic plans, implements evidence-based practices, and evaluates results. The framework is built on risk and protective factors and a series of guiding principles. SPF was included in the 2010 Comprehensive Prevention RFP and resultant contracts. IDPH envisions using the framework for problem gambling and additional substance abuse prevention programming.

Input is requested on the following:

B1. IDPH has multiple prevention funding streams and contracts, such as comprehensive prevention, community coalitions, problem gambling, youth mentoring, etc.

Questions: Should these funding streams remain separate? Should the funding streams be pulled together in some way to support multiple strategies within the strategic prevention framework?

B2. Community coalitions are funded throughout the state, but are not necessarily integrated with comprehensive prevention agency services.
Questions: What are the unique characteristics and strengths of community coalitions? Are there ways coalitions and prevention agencies could collaborate that would expand their impact and benefit communities?

B3. There are many other efforts around the state aimed at preventing serious health and social problems such as bullying, school drop-out, sexual violence, tobacco use, and youth suicide. Frequently, these efforts are led by many of the same people working to prevent substance abuse.
Questions: Are there key principles that span all prevention services? How can shared principles co-exist with efforts focused on specific health and social problem s? What can be done to effectively and efficiently support all prevention efforts?

B4. Prevention is a significant focus in federal healthcare reform. If that legislation is implemented as passed, certain prevention services could be funded through Medicaid, insurance expansion, or other third party payment. Community organizing could expand to a broader range of behavioral health concerns and would need to demonstrate outcomes for each of those concerns. There could be stronger linkages with local public health agencies and primary care providers, as well as adaptation to a health or medical home model.
Questions: Is prevention prepared for these potential changes? What assistance do prevention organizations need and what areas should be addressed?

B5. An integrated system can't work without close collaboration between prevention and treatment.
Question: What can be done to support partnership between prevention and treatment organizations and across prevention and treatment in the same organizations?

B6. ***Other questions, concerns, or input related to prevention?***

C. Quality Improvement

"*Improving the Quality of Health Care for Mental and Substance Use conditions: Quality Chasm"* (2005, Institute of Medicine (IOM) http://iom.edu/Reports/2005/Improving-the-Quality-of-Health-Care-for-Mental-and-Substance-Use-Conditions-Quality-Chasm-Series.aspx) outlines six aims:

- Safe: avoid injuries to patients from care that is intended to help them
- Effective: provide services based on scientific knowledge to all who could benefit and refrain from providing services to those not likely to benefit
- Person-centered: provide care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions
- Timely: reduce waits and harmful delays for those who receive care
- Efficient: avoid waste
- Equitable: provide care that does not vary in quality because of personal characteristics

IDPH has incorporated the six IOM aims into problem gambling and substance abuse prevention and treatment quality improvement through efforts such as the following:

- Evidence Based Practices: Through a variety of training methodologies, problem gambling and substance abuse prevention and treatment providers gained expertise in evidence-based practices. Frequently, IDPH contract conditions require use of evidence-based programming.

- NIATx: IDPH-funded gambling, comprehensive substance abuse prevention, and substance abuse treatment contractors have been trained in NIATx process improvement techniques using a PDSA (plan, do, study, act) model.

- ROSC: The recovery-oriented system of care philosophy supports person-centered and self-directed approaches to care that build on the strengths and resilience of individuals, families and communities to take responsibility for their sustained health, wellness, and recovery.

Input is requested on the following:

C1. ***Question: What topics or areas of quality improvement require IDPH focus?***

C2. ***Question: How can IDPH support quality and process improvement in contractor organizations and in services statewide?***

C3. ***Question: What steps can be taken to support implementation of evidence-based practices by problem gambling and substance abuse prevention and treatment organizations?***

C4. ***Questions: What benchmarking information should IDPH provide to contractors? What information should be provided to other stakeholders and organizations?***

C5. ***Other questions, concerns, or input related to quality improvement?***

D. Data/Clinical Record System

Reliable data is necessary to understand trends, apply for federal grants, keep stakeholders informed, monitor contracts, and conduct quality improvement activities.

IDPH has data systems in place for problem gambling and substance abuse prevention and treatment. Although the problem gambling and substance abuse treatment data systems have not used the same platform in the past, the information gathered was similar, including the number and characteristics of clients and the types and amount of treatment provided. Approximately 10 years ago, the substance abuse treatment data system added a clinical record capability. Effective July 1, 2011, the problem gambling data system will use the same platform as substance abuse, including clinical record capability.

Input is requested on the following:

D1. The platform on which IDPH's data systems is based has modules for a variety of service types, such as Access to Recovery, correctional services, drug courts, and mental health.
Question: Should IDPH consider expanding the existing problem gambling and substance abuse data systems to include other services/service systems?

D2. ***Questions: What are your needs related to data? How do you gather data now?***

D3. Both state and national health care reform efforts incorporate electronic health records (EHRs).
Questions: What are your plans for developing EHR capability? How might IDPH support your efforts?

D4. ***Other questions, concerns, or input related to data/clinical record systems?***