



### *IDPH-Funded System of Care for Substance Use Disorders*

Each year, “**IDPH funding**” – a combination of State General Fund appropriations and the SAMHSA Substance Abuse Prevention and Treatment Block Grant – supports treatment for Iowans without insurance, Medicaid, or other payment resources. IDPH services for substance use disorders have been described as an *efficient and effective statewide network*, designed around:

- regional service areas
- uniform eligibility criteria
- standardized core services
- national practice standards for admissions, level of care transitions, and discharges
- capitated funding and contractual performance measures

The following are key elements of the IDPH-funded statewide substance use disorder treatment system.

1. IDPH-funded substance use disorder treatment encompasses a **core set of services statewide**:
  - *24-hour helpline and treatment locator* at 1-866-242-4111 or [www.drugfreeinfo.org](http://www.drugfreeinfo.org)
  - *assessment, evaluation*, and referral
  - *outpatient* and *intensive outpatient* treatment
  - two levels of *short-term subacute residential treatment, plus halfway house* services
2. **Clinical decision-making is standardized statewide** using the nationally-accepted *American Society of Addiction Medicine (ASAM) Criteria*.
  - All IDPH-funded levels of care are self-managed by providers and are retrospectively reviewed for clinical appropriateness, quality assurance, and contract compliance.
  - The ASAM Criteria assess client needs on an ongoing basis in six clinical dimensions:
    - Acute Intoxication/Withdrawal Potential
    - Biomedical Conditions/Complications (Physical Health)
    - Emotional/Behavioral/Cognitive Conditions/Complications (Mental Health)
    - Readiness to Change
    - Relapse/Continued Use/Continued Problem Potential
    - Recovery/Living Environment
3. **Providers are competitively procured** through a Request for Proposals (RFP) process with resultant contracts in force for a specified period of time.
  - Since 1995, IDPH-funded substance use disorder treatment has been part of the Iowa Plan for Behavioral Health managed care contract, along with Medicaid-funded mental health and substance abuse services.
    - Clients report high levels of satisfaction with IDPH-funded treatment and providers.

4. **23 providers – all of them local, community-based, not-for-profit, “safety net”, licensed and experienced programs** – were selected through a 2009 RFP to provide IDPH-funded substance disorder treatment statewide through 2015.
  - The 23 programs assure *outpatient treatment* to residents of all 99 Iowa counties, organized through *20 geographic service areas*.
  - 11 of the 23 programs also provide *statewide residential treatment* for adults or juveniles.
  
5. **Client eligibility and provider reimbursement are consistent statewide.**
  - Un- and under-insured Iowa residents up to 200% of the Federal Poverty Level are eligible for IDPH-funded treatment.
    - *Client co-pays* are determined by a sliding fee scale based on income and family size.
  - IDPH funding in the Iowa Plan for Behavioral Health contract for the current contract year includes \$16.3M in State funding and \$8.9M from the Substance Abuse Block Grant.
  - Providers are paid monthly 1/12<sup>th</sup> disbursements of their annual capitated contracts.
  - Each provider’s total annual IDPH funding is determined by the *minimum number of clients* the provider must serve, multiplied by the “*case rate*” for each service and the projected units of service to be provided.
    - Providers are at-risk for IDPH-funded treatment services – they generally serve more clients and provide more units of service than their contracts require.
  - Small funding sources (NIATx, Robert Wood Johnson, SAMHSA) have been tied to *provider performance measures* that:
    - *decreased wait times*
    - *engaged clients in longer treatment*
    - *expanded provider eligibility for insurance billing*
    - *supported workforce development*
    - *increased provider capacity to serve clients with complex co-occurring mental and physical health problems.*
  
6. All licensed substance use disorder programs, including the 23 IDPH-funded providers, report *service utilization and related treatment information* to IDPH.
  - IDPH licenses and regulates 125 substance use and problem gambling treatment programs.
    - IDPH-funded programs are increasingly seeking national accreditation, such as CARF Integrated Behavioral Health designation, to better represent their services and to be eligible for insurance payment.
  - IDPH’s I-SMART data system is also a clinical record system. Nationally, the vendor is progressing toward full Electronic Health Record certification. Providers are interested in this transition but many have not had funding to purchase an EHR.
    - The IDPH data system is used to monitor substance use trends and evaluate treatment outcomes. According to *annual outcomes monitoring* conducted by the Iowa Consortium for Substance Abuse Research and Evaluation:
      - Alcohol, marijuana, and methamphetamine, in that order, are the primary substances used by Iowa adults seeking IDPH-funded treatment.
      - For juveniles, the primary substances are marijuana, alcohol, and “other” drugs, a category that includes prescriptions and over-the-counter medications.
      - 48.5% of clients assessed for treatment report a current mental health problem.
      - 54.4% of treatment clients were abstinent at follow-up; clients reporting zero arrests increased from 41% at admission to 87% at follow-up; and employment rose from 38.6% at admission to 59.7% after treatment.
  - IDPH uses prevention funding to conduct the *Iowa Youth Survey* every two years to track attitudes and experiences of Iowa 6<sup>th</sup>, 8<sup>th</sup>, and 11<sup>th</sup> graders about alcohol and drug use.

Generally, IDPH-funded substance use disorder treatment providers also contract with IDPH to provide substance abuse education and prevention, specialized treatment, wraparound and gap-filling support services, and problem gambling prevention and treatment.

1. **Specialized treatment and recovery support services** are provided through:

- ***Access to Recovery (ATR)*** – SAMHSA grant that funds recovery support services such as transportation, child care, peer coaching, employment education, and care coordination to substance use disorder clients and National Guard members, through local contractors.
- ***Culturally Competent Treatment*** – State-funded projects serving African-American and Hispanic/Latino families.
- ***Families in Focus*** – SAMHSA grant for provider training and evidence-based substance use disorder and mental health treatment to adolescents and families.
- ***Iowa Recovery Health IT*** – SAMHSA grant to expand e-health or “distance treatment” options for substance use disorder treatment clients.
- ***Medication Assisted Treatment*** – State-funded programs serving addicted Iowans.
- ***Screening, Brief Intervention, and Referral to Treatment (SBIRT)*** – SAMHSA grant that embeds substance use disorder screening and related services in medical settings and with the Iowa National Guard.
- ***Women and Children Treatment*** – Specialized treatment programs for pregnant and parenting women and their dependent children, funded by Medicaid and the Block Grant to expand treatment and wraparound services.
- ***Suicide Prevention*** - SAMHSA grant funding suicide screening and suicide prevention resources. Coordinated with the state-funded YourLifeIowa anti-bullying program.
- Formerly – ***Jail-Based Treatment*** programs that provided specialized treatment to people in jail and care coordination following release, through a federal Department of Justice grant.

2. 18 contractors provide IDPH-funded **substance abuse prevention** services statewide, with a focus on young people.

3. For **problem gambling**, 11 contractors provide state-funded prevention and treatment services and support the 24-hour 1-800-BetsOff helpline.

## ***FOCUS: Addictions System Transition***

Through leadership of a 2005 Co-Occurring Academy and in following a 2008 Iowa Legislature directive to *align substance abuse and tobacco use prevention efforts* and *align substance abuse and problem gambling prevention and treatment*, the IDPH Division of Behavioral Health initiated a transition to a more **comprehensive and integrated resiliency- and recovery-oriented system of care for addictive disorders**. This transition has included review and revision of:

- program licensure standards
- practitioner credentialing
- workforce development and training
- local collaboration
- funding/funding methodologies
- detox and crisis stabilization services
- data systems
- outcome/performance measures

IDPH has implemented the following steps toward that system of care goal:

- a. ***Joint licensure standards*** for substance abuse and problem gambling treatment programs were implemented on July 1, 2010.
  - The joint standards require treatment program clinical staff to be certified addictions counselors or licensed mental health professionals.
  - The licensure standards have been updated to match the current ASAM Criteria and DSM-V and to support enhanced treatment for co-occurring substance use and mental and physical health conditions.
- b. Substance abuse and problem gambling ***prevention services*** were aligned and the annual Prevention Conference includes tobacco prevention contractors each year.
- c. A ***data system for problem gambling*** services was implemented using the substance use disorders services information platform.
- d. In March 2011, providers proposed to implement ***substance abuse ambulatory detoxification and crisis stabilization services*** to reduce wait times for substance abuse treatment clients needing mental health services and to assure timely and lower cost evaluations for Chapter 125 civil commitments by funding psychiatric and medical resources at treatment centers. No funding stream could be identified to support that proposal.
- e. ***Reimbursement rates and performance measures*** for substance abuse and problem gambling treatment were aligned effective July 1, 2011.
- f. The ***annual Governor’s Conference on Substance Abuse*** (38<sup>th</sup> year in 2015) includes training each year on substance use disorders, problem gambling, and mental and physical health issues.
  - IDPH staff also participate in the annual Mental Health and Public Health conferences.
- g. IDPH-funded substance use disorder treatment providers have significantly ***expanded their capacity to serve complex clients through “bi-directional integration”***. Per a January 2013 survey of the 23 programs, 14 had access to medical staff to treat co-occurring physical health problems and 20 had licensed mental health professionals on staff to treat co-occurring mental health problems.
- h. Stakeholders keep informed of IDPH activities through the ***A Matter of Substance*** ***monthly newsletter*** and provide comments on substance use disorder services by going to the IDPH website or participating in local Block Grant “listening posts”.
- i. Public and professional education, per recommendation of the Heroin/Prescription Drug Task Force.