



IDPH-Funded System of Care for Substance Use Disorders

Each year, “**IDPH funding**” – a combination of State General Fund appropriations and the federal **Substance Abuse Prevention and Treatment Block Grant** – supports treatment for around 23,000 Iowans without insurance, Medicaid, or other payment resources. IDPH’s system for substance use disorder services has been described as an *efficient and effective statewide network*, designed around:

- regional catchment areas
- uniform eligibility criteria
- standardized core services
- national clinical practice standards for admission, level of care transition, and discharge
- 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
 - **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 has been standardized statewide** since 1994 using the nationally-accepted standard of care, the *American Society of Addiction Medicine – ASAM – Criteria*.
 - All IDPH-funded levels of care are self-managed by providers with annual retrospective review by Magellan for clinical appropriateness, quality assurance, and contract compliance.
 - The ASAM Criteria assess client needs on an ongoing basis in six clinical dimensions:
 - Acute Intoxication and/or Withdrawal Potential
 - Biomedical Conditions and Complications (Physical Health)
 - Emotional, Behavioral, or Cognitive Conditions and Complications (Mental Health)
 - Readiness to Change
 - Relapse, Continued Use, or Continued Problem Potential
 - Recovery/Living Environment
3. **Providers are competitively procured** through a statewide Request for Proposals (RFP) process with resultant contracts in force for a specified period of time, generally, the duration of the Iowa Plan for Behavioral Health contract.
 - Since 1995, IDPH-funded substance disorder treatment has been part of the Iowa Plan for Behavioral Health contract with Magellan, along with Medicaid funding for mental health and substance abuse services.
 - Medicaid pays for substance abuse treatment for about 8,700 enrollees each year.
 - Clients report high levels of satisfaction with IDPH-funded treatment and providers.

4. **23 licensed programs – all local, community-based, not-for-profit, “safety net” organizations and licensed and experienced programs** – were selected through a 2009 RFP to provide IDPH-funded substance disorder treatment statewide through 2014.
 - 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/Magellan contract for SFY 2014 includes \$16.3M from the State General Fund and \$8.9M from the federal Substance Abuse Prevention and Treatment Block Grant.
 - The SAPT Block Grant has a Maintenance of Effort requirement.
 - Magellan pays providers monthly 1/12th 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 number of units of service to be provided.
 - Case rates were based on Iowa Plan Medicaid rates in force for the same services when the RFP was released in 2009.
 - Medicaid reimbursement to substance abuse treatment programs is solely rate-based; providers do not get an annual cost-based reconciliation.
 - IDPH-funded providers did receive an increase in the outpatient case rates for the 2014 contract year thanks to the legislature’s \$1.5M increase in the General Fund appropriation to IDPH for substance abuse treatment.
 - Providers are at-risk for IDPH-funded services – they generally serve more clients and provide more units of service than they’re funded for.
 - 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*
 - *increased provider capacity to serve clients with complex co-occurring mental and physical health problems.*

6. All 23 IDPH-funded programs report *service utilization and related treatment information* through IDPH’s I-SMART **data system** and central data repository.
 - IDPH licenses and regulates 120 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.
 - The I-SMART data system is also a clinical record system. Nationally, the vendor is progressing toward official Electronic Health Record status and providers are interested in this but there is no current funding to support Iowa’s transition.
 - The IDPH data system is used to monitor substance use trends and evaluate treatment outcomes. According to the *Year 15 Outcomes Monitoring System annual evaluation report* on IDPH-funded treatment clients, conducted by the University of Iowa Consortium for Substance Abuse Research and Evaluation:

- Alcohol, marijuana, and methamphetamine, in that order, are the primary substances abused by Iowa adults seeking treatment. For juveniles, the primary substances are marijuana, alcohol, and “other” drugs, a category that includes prescriptions and over-the-counter medications.
- 39.2% of clients assessed for substance use treatment report a mental health problem.
- 54.4% of treatment clients were abstinent at follow-up; clients reporting zero arrests increased from 49% at admission to 85% at follow-up; and employment rose from 41% at admission to 60% after treatment.
- IDPH uses prevention funding to conduct the *Iowa Youth Survey* every two years to track attitudes and experiences of Iowa 6th, 8th, and 11th graders about alcohol and drug use.

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

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

- *Access to Recovery (ATR)* – 6-year, \$3.2M per year, federal grant that funds recovery support services such as transportation, child care, peer coaching, physical healthcare, medications, housing, employment education, and care coordination to 2900 substance use disorder treatment clients and National Guard members each year. (Ends September 2014.)
 - *Culturally Competent Treatment* – 3 state-funded projects serving 200 African-American and Latino families each year
 - *Families in Focus* – 3-year, \$1M per year, federal grant for evidence-based provider training and substance use and mental health treatment to 217 adolescents and families each year.
 - *Iowa Recovery Health IT* – 3-year, \$279,000 per year, federal grant to expand e-health or “distance treatment” options to 750 substance use disorder treatment clients each year.
 - *Opioid Treatment* – 3 state-funded programs serving 1,800 opiate addicted Iowans each year.
 - *Screening, Brief Intervention, and Referral to Treatment (SBIRT)* – 5-year, \$1.5M per year, federal grant that embeds substance use screening and related services in medical settings, and in Iowa, with the National Guard, serving nearly 30,000 Iowans each year.
 - *Women and Children Treatment* – 10 programs, including 3 residential programs admitting mothers and dependent children, funded by the Block Grant to provide expanded treatment and wraparound services to 2,000 women and 4,000 children each year.
 - Formerly – 4 *Jail-Based Treatment* programs that provided specialized treatment to 2,500 people a year in jails and care coordination following release through a federal Department of Justice grant that has ended.
2. 18 contractors provide IDPH-funded **substance abuse prevention** services statewide, reaching more than 200,000 Iowans each year, 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-Bets-Off helpline.
4. IDPH is incorporating **suicide prevention screening and related resources** into substance use disorder prevention and treatment services through the state-funded Your Life Iowa program and through the recently received federal Garrett Lee Smith Youth Suicide prevention grant.

FOCUS: Addictions System Transition

In 2009, following direction by the Iowa Legislature to *align substance abuse and tobacco use prevention efforts* and to *align substance abuse and problem gambling prevention and treatment*, the IDPH Division of Behavioral Health implemented 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
- crisis stabilization services
- data systems
- outcome/performance measures

IDPH has implemented the following steps toward that transition goal:

- a. *Joint licensure standards* for substance abuse and problem gambling treatment programs were implemented on July 1, 2010.
 - The 2010 joint licensure standards require that treatment program clinical staff to be certified addictions counselors or licensed mental health professionals.
 - The standards are currently in the administrative rules process to bring them up to date with the new ASAM Criteria and the DSM-V and to clarify co-occurring capability requirements.
- b. Substance abuse and problem gambling *prevention services have been aligned* and the annual Prevention Conference also includes tobacco prevention contractors each year.
- c. A *data system for problem gambling services* has been implemented using the substance abuse I-SMART information management platform.
- d. In March 2011, providers proposed to implement *substance abuse ambulatory detoxification and crisis stabilization services* that would reduce wait times for primary substance abuse clients accessing the community mental health system and assure timely and lower cost evaluation of 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 fully aligned* effective July 1, 2011.
- f. The *annual Governor's Conference on Substance Abuse* (the 2014 conference will be the 37th) includes training each year on substance use disorders, problem gambling, and mental and physical health issues.
 - IDPH substance use disorder staff 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*. Per a January 2013 survey of the 23 programs, 14 had access to medical staff to treat co-occurring substance use and physical health problems and 20 had licensed mental health professionals on staff to treat co-occurring substance use and 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".