Service Design Site Visit Report

Iowa Department of Public Health

Des Moines, Iowa

Dates of Site Visit: April 9–11, 2014

◆ Adolescent ◆

Prepared by JBS International, Inc., under Contract No. HHSS283200700003I/HHSS28300002T

Prepared for the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment

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Iowa Department of Public Health

Awardee Name	Iowa Department of Public Health
Awardee Phone Number	515-281-3763
Address	321 East 12th Street, Des Moines, IA 50319
Site Visit Dates	April 9–11, 2014
Program Name	Families in Focus
Grant TI Number	TI 12-006
SAIS Number (TA Number)	3731
Awardee Contact Person	Lonnie Cleland, LISW, Project Director, Families in Focus
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Left to right: Lonnie Cleland, Kathy Stone, DeAnn Decker

Awardee Project Sites Visited	
Youth & Shelter Services, Inc.	Met with IDPH staff at 321 East 12th Street, Des Moines, IA 50319
Chemical Dependency Services of Prairie Ridge	Met with IDPH staff at 321 East 12th Street, Des Moines, IA 50319

Executive Summary

The Iowa Department of Substance Abuse was created on January 1, 1978, through a merger of the Division of Alcoholism (Department of Public Health) and the Iowa Drug Abuse Authority. The department became a division of the new Iowa Department of Public Health (IDPH) on July 1, 1986, as a result of State government reorganization.

IDPH is among 12 States and 1 territory awarded a Substance Abuse and Mental Health Services Administration State Adolescent Treatment Enhancement and Dissemination (SAT-ED) cooperative agreement in October 2012. The award provides funding to improve treatment for adolescents with substance use disorders or substance use and co-occurring mental health disorders through the development of a learning laboratory with collaborating local community-based treatment provider sites.

Through the collaboration of the State or territory and two local treatment provider sites, an evidence-based practice (EBP) is implemented for youth and families and a feedback loop is established to identify barriers to successful implementation and test solutions in real time. Awardees are expected to—

- Address needed changes to policies and procedures
- Develop financing structures that support the current service delivery environment
- Develop and implement a statewide workforce development dissemination plan
- Create a blueprint to increase the use of EBPs

Youth and their families are critical to this effort and must be included in planning, implementation, and dissemination of all activities and knowledge. To meet these expectations, SAT-ED awardees are required to—

- Improve interagency collaboration
- Conduct financial mapping to inform the development of funding and payment strategies that are practical and feasible in the funding environment
- Expand the qualified workforce to meet increasing service delivery needs
- Disseminate EBPs
- Involve youth and their families at all levels to inform policy, program, and effective practice implementation processes

During the April 9–11, 2014, site visit to Iowa, the site visit team reviewed Iowa's SAT-ED accomplishments, provided sustainability technical assistance (TA), and considered other areas

where TA might enhance performance and services. The following overview highlights major strengths and challenges.

IDPH has the opportunity to apply lessons learned from its midpoint implementation experience to the selection and placement of its imminently vacant position for SAT-ED director. The new SAT-ED director will face opportunities and challenges while addressing the financing and policy reforms, interagency collaboration, workforce development, and inclusion of the youth and family voice needed to sustain effective adolescent SUD treatment. These tasks will require significant skills, leadership, and single State authority involvement.

Awardee Overview and Environmental Context

Iowa's Department of Public Health (IDPH) is located in Des Moines. Within IDPH is the Division of Behavioral Health (DBH), Iowa's single State authority (SSA). The division supports a broad range of programs under two bureaus and two offices: the Bureau of Substance Abuse; the Bureau of HIV, STD, and Hepatitis; the Office of Disability, Injury, and Violence Prevention; and the Office of Gambling Treatment and Prevention.

IDPH is located in Des Moines' vibrant downtown district near shops, dining, and commerce.

Yearly, only approximately 10 percent of Iowa's adolescents who need treatment receive it. IDPH data show that 23,272 Iowa adolescents need treatment for alcohol and an additional 11,440 need treatment for illicit drug use. IDPH manages the State Adolescent Treatment Enhancement and Dissemination (SAT-ED) initiative, Families in Focus, to expand access to quality treatment to youth with substance use disorders (SUDs) and SUDs with co-occurring mental health disorders. IDPH is also a recipient of the Substance Abuse and Mental Health Services Administration's Access to Recovery (ATR) initiative that, while primarily focused on adults, also serves some adolescents.

Many changes are occurring rapidly in Iowa that affect its SUD system, its providers, and the youth and families being served. For example, near-term, third-party reimbursement reforms may be challenging and Iowa's pediatric health home implementation currently include youth with a primary mental health disorder diagnosis but exclude youth with a primary SUD diagnosis. Iowa's youth with primary SUDs and their families do not have equitable access to the robust services and supports that youth with primary mental health disorders and their families have, such as wraparound, in-home services and peer recovery supports.

1. Site Visit Overview

A team composed of staff from JBS International, Inc., its subcontractor Georgetown University, a coach consultant, and a technical assistance (TA) consultant conducted a site visit in Iowa on April 9–11, 2014. Ruby Neville, Iowa's SAT-ED Government Project Officer (GPO), participated in sessions via telephone. The site visit team reviewed the awardee's accomplishments and identified areas for growth and TA opportunities to enhance performance and services.

On the first day of the visit, the site visit team met with Iowa's SSA, the chief of the Bureau of Substance Abuse, the Strategic Prevention Framework State Incentive Grant (SPF-SIG) director, and the SAT-ED project director, evaluation team, and pilot site providers to review the goals and expectations of the site visit and receive an overall project update. The SSA and SAT-ED team provided an overview of the State's organizational structure, its progress with the SAT-ED initiative, and its coordination with other State efforts. This session was followed by a

discussion about Iowa's interagency collaboration and a discussion on SUD treatment financing for youth with SUD and issues related to funding evidence-based practices (EBPs). The day ended with sessions involving families of youth with SUDs and SUDs with co-occurring mental health disorders and discussions with youth in recovery.

The second day of the visit began with a meeting with staff from the two SAT-ED provider sites—Youth & Shelter Services, Inc., and Chemical Dependency Services of Prairie Ridge—to review their implementation of evidence-based assessment and treatment. This session was followed by a discussion of Iowa's workforce development and training strategies and a State-requested TA session on making the business case for the financial sustainability of EBPs and recovery support services. The day ended with a discussion with Iowa's SAT-ED evaluation team to review the evaluation plan and direct observations.

The final day of the site visit began with delivery of TA on financial mapping and concluded with an exit interview with the site visit team and DBH and SAT-ED leadership.

2. Awardee Leadership

Iowa's SAT-ED management team includes a full-time project director. Iowa's SSA director and bureau chief also provide SAT-ED oversight at 0.05 percent and 0.10 percent, respectively. All three actively participated in the site visit activities. Iowa's full-time SAT-ED project director is retiring in June, and planning is underway to identify a replacement. The site visit team suggested that it is critical to carefully consider the strengths and qualifications of the project director candidates and develop a succession plan to complete and sustain the SAT-ED activities with the breadth and depth required. Significant required SAT-ED tasks remain, particularly involving high-level interagency collaboration and financial mapping and leveraging the funding to expand access to services. Given these important tasks to be accomplished within a limited timeframe, IDPH might consider enhancing its SAT-ED staffing through the State process or through contracts. The new staff could serve as a change agent by linking and coordinating site-level funding with policy development. The team suggested increased involvement of the SSA director in the day-to-day SAT-ED initiative. An example of the added value she contributed during her site visit participation was the identification of an enhanced Medicaid billing code that provided at least a partial solution to a SAT-ED provider reimbursement challenge. For this reason and others, it is recommended that the new SAT-ED director report directly to the SSA.

3. Interagency Collaboration

IDPH created a subcommittee of its SPF-SIG advisory council to function as its required SAT-ED interagency council. An interagency council Web site with award activities has been created on the IDPH server. IDPH has developed memoranda of understanding with several youth-serving agencies and has held two subcommittee meetings. The SAT-ED subcommittee's membership lacks some of the required members: a Medicaid representative and a youth member are not on the subcommittee. Although the Department of Education is represented on the SPF-SIG advisory council, the department is not currently represented on the SAT-ED subcommittee. While the SAT-ED award is housed within IDPH, the agency should consider adding a staff member or medical professional to the SAT-ED committee to more directly represent the delivery of public health services. IDPH might consider adding representatives from professional licensing and program review agencies and the Governor's Office of Drug Control Policy, although these members are not required.

The site visit team stressed the importance of the SPF-SIG advisory council involving representatives to meet the SAT-ED award requirements at the council and subcommittee levels. The council has not been holding regular meetings, there is limited shared understanding of the award goals, and the subcommittee members have not developed a shared agenda and mission statement. In terms of staffing, IDPH needs a committee chair who is knowledgeable in policy development and can work across all levels of government.

The interagency council is the foundation of the SAT-ED initiative and the mechanism for creating the high-level policy, practice, and funding reforms necessary to create and sustain an evidence-based adolescent treatment system for youth with SUDs and their families. While acknowledging that a family member may make an excellent cochair, the site visit team encouraged the selection of a subcommittee chair from within government who has strong knowledge of policy development and youth SUDs. The team suggested that IDPH may wish to contact SAT-ED staff in Kentucky to discuss effective cochair model strategies. Because neither the SAT-ED subcommittee nor its higher level SPF-SIG advisory council has high-level system leaders, IDPH needs to develop a formalized structure for access to policymakers at the highest levels of State government to address SAT-ED issues. Likewise, IDPH should develop formal relationships that create a comprehensive communication plan to connect the council to policymakers, youth and families, and site-level treatment providers. IDPH needs to ensure that the work of the council focuses on system-level development rather than project maintenance and sustainability. The site visit team encouraged IDPH to seek TA and connect to other States as needed.

4. Financing and Financial Mapping

A significant strength in Iowa is that approximately 60 percent of adolescent treatment services for SUDs and co-occurring SUDs and mental health disorders are reimbursed through Medicaid, with 30 percent supported through private insurance. The State's use of Substance Abuse Prevention and Treatment (SAPT) block grant funds is creatively aligned with individuals' needs to access treatment services and supports some adolescent services. ATR also provides recovery services to a small number of adolescents with SUDs, and pediatric health homes are in the second phase of statewide implementation. This funding mix increases the sustainability potential for SAT-ED services.

Still, several financing challenges remain for IDHP. Although Iowa has created some flexibility in Medicaid treatment coding, all service types available for adolescents with mental disorders are not available for adolescents with SUDs. Rates may vary by diagnosis, causing a "dollars follow the diagnosis" model. Another challenge is that Iowa has not developed a formal strategy to leverage the SAT-ED award in establishing a strong working relationship to incorporate adolescent SUD treatment as a partner in the development and implementation of new health care programs and financing options. For example, pediatric health home implementation currently includes youth with a primary mental disorder diagnosis but excludes youth with a primary SUD diagnosis. IDPH needs to work with Medicaid to create more equitable opportunities for youth with primary SUDs and their families to access the robust services and supports such as wraparound, in-home services and peer recovery supports that are offered to youth with primary mental health disorders and their families. IDPH needs to continue developing the financial map of resources that support services to adolescents with SUD and SUD with co-occurring mental health disorder so that additional opportunities to leverage funding for this population can be identified and used.

To leverage the SAT-ED award, Iowa established a fiscal mapping workgroup with representation from child welfare, mental health, Medicaid, and Magellan Health Services. The group established informal processes for sharing information and working collaboratively that create a solid foundation to move the initiative forward. Although the group has begun to collect data, it needs to identify a chair with financial expertise and to establish the structure to carry out the mapping process. There is also a need to engage leadership of the child-serving agencies to identify and authorize staff to actively participate in executing the financial mapping process. The awardee will benefit from developing a strong partnership with Medicaid and Magellan Health Services on the financial mapping process and utilization. Recruiting staff from IDPH and other Iowa child-serving agencies who are authorized to participate in the financial mapping process is also critical. The Iowa SAT-ED team needs to develop outcomes that will demonstrate the change in financial strategies and associated policies developed as direct results from the financial mapping work. IDHP plans to submit a draft financial map by the end of June 2014.

5. Workforce Development

Approximately 40 percent of Iowa's clinicians treating adolescents with behavioral health disorders either are licensed professionals or have both a master's degree and SUD credential rendering them eligible for reimbursement by most, if not all, third-party payers. Members of the remaining 60 percent of the treatment workforce, however, are limited to delivery of a smaller scope of third-party reimbursable services. Near-term, third-party reimbursement reforms may further limit the practice of this latter workforce group.

Although IDPH recognizes that training needs for mental health and SUD treatment clinicians are different, no standard training initiatives exist. IDPH noted the need to develop competency-based education for any licensed clinical professionals. It is aware of the gaps in education about adolescent-specific SUD screening, referral, assessment, continuing care, and recovery between bachelor's degree curricula and master's degree curricula. IDHP also acknowledges the vulnerability of the adolescent SUD treatment certified-only workforce and may address these issues as an allowable SAT-ED activity. The SAT-ED award has provided the impetus for IDPH to engage with representatives from higher education to develop training and education to fill the curriculum gaps.

As IDHP develops its required statewide workforce dissemination plan, opportunities remain to strengthen competencies among the specialty adolescent behavioral health workforce through the strong relationships SAT-ED has built within Iowa's higher education systems. IDPH may share information on Health Resources and Services Administration student loan programs for qualified health care professionals. As the entity responsible for professional licensing, IDPH is well positioned to improve adolescent SUD treatment workforce standards particularly among licensed professional who have not had sufficient SUD training and education. IDPH can also build on its existing training efforts to improve workforce understanding and capacity of Iowa's other child-serving agencies to address SUDs and co-occurring mental health disorders.

The site visit team recommended cross-disciplinary training for partner agency staff in child welfare, juvenile justice, education, medical care, mental health, and law enforcement on identification, screening, and referral to SUD treatment. IDPH may use brief exposure trainings and include topics such as adolescent brain development, the neuroscience of adolescent substance use, and evidence-based screening tools, assessments, and treatment practices.

IDPH is disseminating the Comprehensive Adolescent Severity Inventory (CASI) and the Multidimensional Family Therapy (MDFT) treatment model statewide. SAT-ED staff have the opportunity to present on MDFT in a provider panel at the upcoming Governor's conference where a workforce survey will be distributed. The site visit team stressed that, as IDPH develops MDFT presentations for conferences across Iowa, it should work collaboratively with youth and family panelists on the conference agendas. IDPH will continue to develop a comprehensive multiyear workforce training plan to improve staff competence and disseminate the use of EBPs.

6. Implementation of Evidence-Based Practices

Iowa's two SAT-ED providers (Youth & Shelter Services, Inc., and Chemical Dependency Services of Prairie Ridge) completed all required training and certification to implement the selected CASI assessment instrument and MDFT evidence-based treatment model. Its adolescent SUD treatment provider leadership and staff demonstrated commitment to using the EBPs. They are increasing the provision of high-fidelity family treatment and are recruiting and mentoring other provider agencies throughout the State to expand MDFT.

The providers reported satisfaction with CASI's family domains but on balance found the instrument too long and repetitive. They expressed little likelihood that they would sustain this assessment after SAT-ED funding ends. The providers reported great satisfaction with the MDFT model and find it difficult to justify going back to their former treatment-as-usual approach. However, the required MDFT paperwork and activities involve a significant number of nonbillable staff hours. The intensity of MDFT means clinicians manage a smaller-than-usual caseload, which reduces productivity and increases treatment costs. These challenges, along with a high rate of clinician turnover, lack of data, and the small client sample size when assessing client outcomes, combine to diminish the sustainability of this model. The providers and SAT-ED staff remain hopeful that the short- and long-term outcomes associated with this intensive family model will outweigh the costs and other challenges.

Iowa has a lack of in-home and school-based adolescent SUD service options and limited continuing care and recovery support services. Although ATR services are available, they are underused for adolescents. IDPH needs to reduce barriers to ATR support services. The site visit team advised IDPH and the providers to develop a conceptual framework for the ideal Iowa adolescent SUD and recovery service delivery system. This includes identifying the funding and regulatory structural changes needed to accommodate a seamless service continuum that involves step-up and step-down levels of care, continuing care, and recovery supports. The framework should also prepare for changes in the behavioral health care environment to ensure that adolescent SUD treatment is included in the statewide initiatives such as pediatric health homes.

7. State-Requested TA: Making the Business Case

IDPH requested TA on "making the business case" for the financial sustainability of MDFT and recovery support services. The two treatment providers shared information on data and reimbursement that will assist in the initial development of the business case plan. The consultant and site visit team suggested expanding the business plan to incorporate a generic, evidence-based, business case model. The consultant will follow up with Magellan Health

Services (the managed care organization managing the Medicaid behavioral health benefit) and the SAPT block grant fund managers to identify existing payment codes for MDFT and other needed information.

It appears that organizations providing SUD-only services receive the lowest reimbursement rates and 60 percent of the IDPH-funded SUD workforce is certified but not licensed, placing them at risk for future Medicaid and third-party reimbursement potential. Teasing out the rate differentials among provider types and practitioner certification/licensure status will be important information for making the business case. Providers reported significant nonbillable hours for staff involved in MDFT, including both direct care therapists and supervisors. Nonbillable activities include clinical supervision, session preparation, completing required MDFT forms and documents, followup telephone calls, home visits, travel time, and case planning/consultation. The two Iowa SAT-ED providers reported that they currently pay between 40 and 50 percent of their MDFT employees' salaries from the award. The site visit team recommended that IDPH provide clarification and learning opportunities for treatment providers to enhance negotiations with Magellan on reimbursement rates for EBPs.

Providers also reported having to hire additional therapists to cover the caseloads of MDFT therapists. For example, one provider reported that a typical treatment-as-usual outpatient therapist carries a 40-client caseload whereas MDFT requires a maximum of 8 clients. Therefore, the provider had to hire another therapist using other funding sources to provide the necessary services to the other 32 adolescents. To move the SAT-ED initiative forward, it is essential for IDPH to work more closely with Magellan and Medicaid.

8. Family and Youth Involvement

The site visit team interviewed parents and youth who shared their stories of accessing SUD treatment, recovery, and continuing care services. Parents and youth were uniformly positive about their experiences with MDFT and the treatment providers. One parent expressed gratitude that her child was covered by Medicaid, which made access to MDFT possible. Parents and youth pointed out several challenges in their experiences with the SUD treatment system, such as the lack of parent-peer support, limited continuing care recovery options, difficulty in navigating the service system, low reimbursement rates, and transportation issues. In addition, they identified a need for youth-serving agencies and staff to be informed about adolescent SUD treatment.

Youth reported many attempts to obtain assistance with their SUDs from child-serving systems including schools to no avail. They reported staff from these systems either did not recognize their substance use issues or chose not to help them. Parents and youth recommended several system enhancements to improve early identification, screening, and referral to treatment of adolescents with SUDs in all child-serving systems, especially schools. Parents suggested working with school staff to identify and screen youth with SUDs, placing certified alcohol and

drug counselors in every middle and high school, and developing school-based treatment and recovery support services. IDPH needs to develop a parent-peer information and referral service, and it may be beneficial to include a parent page and referral resources on the Families in Focus Web site. Also, parents and youth said that Iowa needs an expanded continuing care model that moves away from treating SUDs as isolated treatment episodes. Parents requested more options in continuing care and support services for themselves and their children to support the transition out of treatment and to help youth maintain their treatment gains.

Youth shared they had the opportunity to make choices that led them to seek treatment and recovery and develop healthful relationships. Recovery services have helped them obtain a safe place to live and learn life skills and provided them with peer support and supportive foster parents. They mentioned that, in many cases, their parents use substances and in some instances introduced them to substances. Youth recommended that children of adults with SUDs should be a population of focus and that all parents involved with the child welfare system receive drug tests before a child is placed back in the home. Currently, Iowa does not have any structured support to enable family members or youth to convey their thoughts to State leadership or to provide mutual support to one another. IDPH should develop ways to formally involve parents and youth in policy development. Iowa has requested TA from the National Family Dialogue to begin to address these issues, and the TA team strongly supports this plan.

9. Evaluation

The SAT-ED evaluators demonstrated a collaborative working relationship with Iowa's SAT-ED implementation staff. Although the evaluation of required infrastructure tasks did not occur in year 1, the evaluators expressed a genuine interest in learning about infrastructure evaluation. Iowa's SAT-ED initiative will now use carryover funds to enhance the overall SAT-ED evaluation and to incorporate infrastructure evaluation. IDPH and the evaluators should clearly distinguish between the roles of the implementers and those of the evaluators in the SAT-ED initiative and ensure members of the evaluation team do not serve on implementation committees that could potentially skew the evaluation. The Iowa SAT-ED team may consider asking its GPO or coach to coordinate peer-to-peer conference calls between their SAT-ED evaluators and SAT-ED evaluators in other States. The infrastructure evaluation plan is due to Iowa's GPO (Ruby Neville) by May 19, 2014.

Strengths and Considerations for Action

Awardee Leadership

STRENGTHS

- Iowa's SSA director from IDPH's DBH and other key staff participated in the site visit.

CHALLENGES

- Award activities are occurring at a bureau staff level and need greater involvement of upper-level policymakers.
- Many high-level activities will need to take place in the remaining 18 months of the award.
- In June 2014, the current SAT-ED project director is leaving the position.

	Potential Enhancements	Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Enhance SAT-ED staffing to adequately accomplish the numerous high-level required tasks in the remaining timeframe.	X		
2	Develop a clear succession plan for a new SAT-ED project director and consider elevating this position to a direct report to the SSA.	X		
3	Increase the involvement and leadership of the SSA director in the SAT-ED initiative.	X		

Interagency Collaboration

STRENGTHS

- IDPH has some of the required interagency council members.
- An interagency council Web site has been created on the IDPH server and includes access to important SAT-ED information and Webinars.
- The Web site can be found at http://www.idph.state.ia.us/bh/families_focus.asp

CHALLENGES

- Iowa's SAT-ED team uses a subcommittee of its SPF-SIG advisory council to meet its SAT-ED interagency council requirement, and its respective representatives are not fully inclusive of the award's requirements. Members from the Iowa Medicaid Enterprise, Iowa Department of Education, and youth in recovery are not represented.
- The council has not held regular meetings, there is limited shared understanding of the award goals, and the subcommittee members have not developed a shared agenda and mission statement.
- There is no clear and formalized communication structure for activities of the SPF-SIG advisory council to ensure access to policymakers with high-level authority.
- A formal sustainability plan has not been developed to move the work of the subcommittee from a short-term award oversight collaboration to a long-term system transformation opportunity that will continue after funding ends.

	Potential Enhancements	Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Develop a formalized structure for access to policymakers at the highest levels of State government to address SAT-ED issues.	X		
2	Recruit and add members to the SPF-SIG advisory council and the SAT-ED subcommittee to meet the SAT-ED award requirements.	X		
3	Enhance the activities of the SPF-SIG advisory council and the SAT-ED subcommittee to work on system-level policy, funding, and cross-collaboration transformation activities.	X		
4	Recruit a SAT-ED subcommittee chair who is strong in policy development and can work across government levels at horizontal and vertical levels. Although a family member may make an excellent cochair, the team suggests that IDPH contact SAT-ED staff in Kentucky to discuss effective cochair model strategies.	X	X Can include peer-to-peer TA	

Financing

Strengths

- Iowa has advanced in its combined use of public, private, and other payer resources to fund adolescent SUD treatment.
- Approximately 60 percent of adolescent SUD treatment is paid by Medicaid, 30 percent is paid by private insurance, and 10 percent is from other sources.
- The use of SAPT block grant funding in Iowa is creatively aligned with a person's need to access treatment services (copays) and paying for youth services.
- ATR is providing service to adolescents.
- Iowa has created flexibility in the Medicaid treatment billing codes and the potential to bill at an enhanced rate for certain services.
- Pediatric health homes are in the second phase of statewide implementation.

Challenges

- Iowa does not have parity between the services that are provided for youth with a primary mental health disorder diagnosis and those that are for youth with a primary diagnosis of SUD.
- As all service types are not available for adolescents with SUDs, treatment providers sometimes use mental health codes to get treatment for SUDs in the "dollars-follow-the-diagnosis" model.
- The pediatric health home implementation is available for youth with a primary mental disorder diagnosis but not for those with a primary SUD diagnosis.
- Iowa's development and implementation of new health care programs and financing opportunities have not included a formal strategy to maximize the SAT-ED award activities to ensure adequate resources for adolescent SUD treatment and recovery resources.

	Potential Enhancements	Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Pursue policy change opportunities that will establish parity in the service array and reimbursement rates for treating youth with a primary mental health disorder diagnosis and those with a primary diagnosis of SUD.	X		
2	Explore opportunities for SAT-ED treatment providers to be reimbursed at an enhanced rate for CASI assessment and MDFT services.	X		

Financial Mapping

Strengths

- The SAT-ED subcommittee fiscal mapping workgroup has good representation from the Iowa Department of Human Services; Division of Adult, Children and Family Services; Division of Mental Health and Disability Services; and Medicaid Enterprise.
- The workgroup has collaborative informal processes for sharing information and working together, which create a solid foundation to complete award activities.
- The fiscal mapping workgroup has begun to collect data.

CHALLENGES

- The workgroup needs to establish a formal structure to carry out the mapping activities and to identify a chair with financial expertise.
- Leadership from the child-serving agency needs to identify and authorize staff to participate in, work in, and execute the financial mapping process.
- The mapping process activities need to begin, and a draft financial map should be completed by June 2014.
- A plan needs to be developed to demonstrate policy and funding changes that will occur over the next 18 months that are directly related to the fiscal mapping activity.

	Potential Enhancements	Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Continue to develop a strong partnership with Medicaid Enterprise and Magellan Health Services to complete the financial mapping process and use findings.	X		
2	Submit a draft financial map by the end of June 2014.	X		
3	Recruit a staff person from the Department of Human Services who is authorized to participate in the financial mapping planning and in its execution.	X		
4	Develop outcomes that will demonstrate the change in financial strategies and associated policies that directly result from the financial mapping workgroup.	X		

Workforce Development

STRENGTHS

- The April 2014 Governor's Conference on Substance Abuse included a session on adolescent SUD treatment and the distribution of a workforce survey.
- The SAT-ED initiative held two Webinars on cultural competency.
- SAT-ED stakeholders and staff recognize the need to develop adolescent-specific SUD education for inclusion in behavioral health curricula for bachelor's degrees and master's degrees.

CHALLENGES

- Current licensing and certification agency standards are not specific for the delivery of adolescent SUD treatment.
- Adolescent-specific SUD treatment training initiatives are not currently available.
- Cross-disciplinary adolescent SUD training does not exist for partner agencies that include child welfare, juvenile justice, school services, medical, mental health, and law enforcement staffs.

Workforce Development				
	Potential Enhancements	**Awardee Resources To Be Used**	**Will Request TA From CSAT**	**Information Requested**
1	Use IDPH's positioning as the entity responsible for professional licensing to improve adolescent SUD treatment workforce standards, particularly among licensed professional who have not had sufficient SUD training and education.	X		
2	Enhance education of Iowa's behavioral health workforce about Health Resources and Services Administration student loan programs for qualified health care professionals.	X		
3	Develop and coordinate presentations of MDFT and youth and family panels on the agendas of child- and youth-serving Governor's and professional conferences.	X		
4	As IDPH develops MDFT presentations for conferences across Iowa, work collaboratively with youth and family panelists on the conference agendas.	X		
5	Continue to develop and implement a comprehensive sustainable multiyear workforce training dissemination plan.	X		

Implementation of Evidence-Based Practices

STRENGTHS

- The two SAT-ED treatment provider sites demonstrated strong leadership in their commitment to provide MDFT to youth and families as the new treatment-as-usual approach.
- The two sites clearly articulated the transformational effect of MDFT on their agencies, staffs, and family clients. The sites have changed their practices, and they do not want to go back to business as usual.
- The two provider sites proactively share their clinical expertise and motivate others throughout the State.
- The SAT-ED team and the two provider sites have developed a mentoring model to expand the use of the MDFT EBP to the SAT-ED expansion sites.
- The CASI assessment tool is compatible with MDFT.

CHALLENGES

- The SAT-ED providers expressed little likelihood that they would sustain the CASI assessment after SAT-ED funding ends.
- The SAT-ED team and treatment sites shared a need to develop fiscal payment strategies to sustain the practice of MDFT after the award.
- A high rate of clinician turnover, lack of data, and the small client sample size when assessing client outcomes combine to diminish the sustainability of the MDFT model.
- The intensity of MDFT means clinicians manage a smaller-than-usual caseload, which reduces productivity and increases treatment costs.
- IDPH recognizes the need to develop in-home adolescent SUD treatment service options and school-based SUD treatment.
- Few continuing care and recovery support services are available to youth and families after formal treatment ends.
- Iowa's ATR services are underused for adolescents.
- Iowa's treatment providers are not at the table to develop new health care financing.

	Potential Enhancements	Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	IDPH and the two SAT-ED treatment providers could benefit from continued collaboration on the development of the business case model through their TA request.	X	X If additional assistance is needed.	
2	IDPH and the SAT-ED treatment providers will continue to work together to reduce barriers for youth to receive ATR resources.	X		

Implementation of Evidence-Based Practices

	Potential Enhancements	Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
3	Iowa's adolescent SUD treatment providers need additional preparation to adapt and thrive in the changing behavioral health care environment. This includes activities that identify the funding and regulatory structural changes needed to accommodate a seamless service continuum that includes step-up and step-down levels of care. Iowa is encouraged to maximize the opportunities of this award and consider developing a conceptual model/framework for the ideal Iowa adolescent SUD treatment and recovery service delivery system.	X		

State-Requested TA: Making the Business Case

STRENGTHS

- The two MDFT treatment providers are strong partners in sharing reimbursement fee structures and costs of implementing, maintaining, and sustaining MDFT treatment.
- The State has requested TA to develop a business case for funding EBPs.
- Magellan Health Services sets precedence for developing rates for types of EBPs.

CHALLENGES

- Cost and outcomes data need to be gathered.
- The MDFT client sample size is small for use in evaluating treatment effectiveness and outcomes.
- The business case plan could be expanded to the general category of EBP models.

	Potential Enhancements	Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Ensure IDHP and the SAT-ED providers engage in followup and coordinated work with Magellan Health Services to determine funding ability and flexibility within current payment codes for MDFT reimbursement.	X		
2	Ensure treatment providers engage Magellan Health Services in a discussion to negotiate reimbursement strategies for MDFT provision.	X		

Family and Youth Involvement

Strengths

- Iowa's SAT-ED staff recruited parents and youth for the site visit who were willing to share their personal stories with the site visit team.
- Parents reported positive experiences participating in MDFT.
- Parents indicated that their youth's eligibility for Medicaid was an important factor in accessing SUD treatment.
- The State has recognized the need to develop resources and collaborative processes for all Iowa parents whose youth need referral, treatment, and recovery services and has requested TA to work with the National Family Dialogue for this purpose.
- Youth shared their achievements in early remission.
- Services that youth felt helped them included—
  - A safe place to live where they can learn life skills
  - Peer support
  - A life-changing experience with a foster mother who offers unconditional support
  - Mutual-support groups
  - A choice in accepting visitors and developing healthful adult relationships

Challenges

- Iowa's parents do not have centralized access to information to help them navigate adolescent SUD referral, treatment, and recovery services.
- There are no parent-to-parent peer support structures or continuing care and recovery services after formal treatment ends.
- Teachers, child welfare workers, juvenile justice officials, physicians, nurses, and faith- and community-based organizations are not sufficiently informed about adolescent SUD treatment and recovery and are not sensitive to the complexity of this health care issue.
- Transportation to treatment providers is a challenge in Iowa's rural communities.
- Iowa's youth face cultural challenges when seeking and maintaining recovery in rural communities.
- Youth reported many attempts to reach out for assistance with their SUDs from child-serving systems including schools to no avail. They reported staff from these systems either did not recognize their substance use issues or chose not to help them.

Family and Youth Involvement				
	Potential Enhancements	**Awardee Resources To Be Used**	**Will Request TA From CSAT**	**Information Requested**
1	Add a parent page to the Families in Focus Web site with information on accessing adolescent SUD treatment and recovery services and phone numbers.	X		
2	Develop an expanded continuing care recovery model.	X		
3	Develop formal structures to hear from parents and youth about their needs and involve them in developing meaningful policy solutions. Use the TA opportunity with the National Family Dialogue to assist parents.	X		
4	Address the request from youth to administer drug screens to parents before placing a removed youth back in the home or permitting home visitations.	X		
5	Address the request from youth that every middle school and high school have an onsite certified SUD counselor.	X		
6	Increase options available to youth to access continuing care and recovery services and supports after formal treatment ends.	X		

Evaluation

STRENGTHS

- Collaborative working relationships exist between IDPH and the SAT-ED evaluation team.
- The Substance Abuse and Mental Health Services Administration approved carryover funding to expand the evaluation contract to include the evaluation of infrastructure activities.

CHALLENGES

- A plan needs to be developed to evaluate infrastructure activities and outcomes.
- There is a continuing need to maintain the distinction between implementation and evaluation.

	Potential Enhancements	Awardee Resources To Be Used	Will Request TA From CSAT	Information Requested
1	Ensure evaluators continue to obtain information for the fiscal pilot report and the bi-annual report while developing the infrastructure data plan.	X		
2	Develop an infrastructure plan and send it to Ruby Neville, CSAT Grants Project Officer, by Monday, May 19.	X		
3	Encourage evaluators to review the SAT-ED Webinar on evaluation and to request a conference call with evaluation presenters from other SAT-ED States.	X		

Abbreviations and Acronyms

ATR	Access to Recovery
CASI	Comprehensive Adolescent Severity Inventory
EBP	Evidence-based practice
DBH	Division of Behavioral Health
GPO	Government Project Officer
IDPH	Iowa Department of Public Health
MDFT	Multidimensional Family Therapy
SAMSHA	Substance Abuse and Mental Health Services Administration
SAPT	Substance Abuse Prevention and Treatment
SAT-ED	State Adolescent Treatment Enhancement and Dissemination
SPF-SIG	Strategic Prevention Framework State Incentive Grant
SSA	Single State authority
SUD	Substance use disorder
TA	Technical assistance