



## **Discussion Paper – Licensure Standards**

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](http://www.idph.state.ia.us/bh/common/pdf/substance_abuse/alignment_report.pdf). The following is an update on alignment activities, as of April 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.

IDPH implemented integrated problem gambling and substance abuse program licensure July 1, 2010.

## **DISCUSSION ISSUES:**

**(Please note that questions are at the end of the document)**

### ***A. Accreditation/Licensure – Treatment***

As noted in other discussion papers, the IDPH Division of Behavioral Health supports the Substance Abuse Mental Health Services Administration brief entitled "Description of a Good and Modern Addiction and Mental Health Services System" which states that preventing and treating mental and substance use disorders is integral to overall health. As a core component of public health service provision, a modern addictions and mental health service system is accountable, organized, controls costs and improves quality, is accessible, equitable, and effective. It is a public health asset which improves the lives of Americans and lengthens their lifespan. In order to ensure accountability and quality IDPH must look at licensure for all programs delivering problem gambling and substance abuse treatment, and particularly for those services funded by IDPH.

There are two primary ways IDPH could proceed, both of which support service accountability and quality: 1) *continue with program licensure by IDPH*, including the option of deemed status for those programs accredited by national level organizations such as the American Osteopathic Association (AOA), the Council of Accreditation of Rehabilitation Facilities (CARF), the Council of Accreditation of Children and Family Services (COA), and the Joint Commission or, 2) eliminate licensure by IDPH and *require national level accreditation*. In either case, IDPH would retain the authority to assure required accreditation is in place and to investigate complaints.

If IDPH licensure is maintained, and if treatment programs transition to a recovery-oriented system of care, then licensure regulations require review and potential updating. Examples of areas to be addressed could include:

- eliminating any requirement that a client be discharged during periods of inactivity or if referred temporarily to other services, just as your personal physician doesn't "discharge" you between visits or if you're referred to a specialist.
- replacing "treatment plan" with "recovery planning"
- reconsidering requirements for psychosocial histories, service planning, progress notes, etc.
- ensuring that the person served is a partner in all service planning and evaluation of progress
- welcoming family members

### ***B. Accreditation/Licensure – Recovery Support Services***

IDPH's Access to Recovery (ATR) program has standards in place related to the individuals and organizations that are qualified to contract to provide specific recovery support services. Many recovery support providers are not part of any formal organized service delivery system. To support accountability and quality, should recovery support services, such as those funded through ATR, be credentialed through a program licensure process? If licensure were required, should it be limited to only those services funded by IDPH?

### ***C. Accreditation/Licensure – Prevention***

In 2009, the Nevada Substance Abuse Prevention and Treatment Agency requested technical assistance from CSAT (SAMHSA's Center for Substance Abuse Treatment) to research examples and provide a summary report of how other states implement and monitor provider certification/licensing. The report included criteria for certification, definitions of "providers", a description of certification monitoring processes, fee structures, and corrective action guidelines.

The technical assistance reviewed documents and conducted interviews with key staff from the following state agencies or state-designated organizations:

1. Connecticut – Department of Mental Health and Addiction Services
2. Kentucky – Division of Mental Health and Substance Abuse
3. Missouri – Division of Alcohol and Drug Abuse
4. Ohio – Division of Quality Improvement
5. New Mexico – Value Options
6. Pennsylvania – Department of Health, Bureau of Drug and Alcohol Programs
7. Utah – Division of Substance Abuse and Mental Health

Six of the seven states required formal certification/licensure for either all prevention programs or just those prevention programs funded by the state. The seventh state had an informal requirement. The certification standards appear to be similar to what Iowa requires in treatment program licensure. Some

states had a small fee (\$15) for certification, other states determined the cost of certification and reduced the pool of funding distributed to contractors by that amount, while others either had no fee structure or didn't provide fee information.

Again, for accountability and quality purposes, should "program" licensure be required for prevention services? For all prevention services or only those funded by IDPH?

***D. Accreditation/Licensure – Co-Occurring***

As noted in SAMHSA's Strategic Initiatives "mental and substance use disorders often occur together as well as with general medical conditions, such as diabetes or heart disease." In fact, those admitted to treatment reporting psychiatric problems in addition to substance abuse problems more than doubled between 1992 and 2006.

In keeping with the "no wrong door" approach and to best serve substance abuse clients with co-occurring mental health problems, IDPH is working with the Department of Human Services (DHS) to align IDPH substance abuse program licensure and DHS mental health service accreditation and eliminate separate credentialing for mental health services provided by a qualified substance abuse treatment program.

IDPH is also considering language to support coordination of services for other illnesses or problems, such as physical health, housing and homelessness, etc.

**DISCUSSION QUESTIONS:**

**(If you would like to receive this discussion paper as a Word document so responses can be entered directly after each question, please E-mail Janet Zwick at [janetzwick9@gmail.com](mailto:janetzwick9@gmail.com))**

***A. Accreditation/Licensure – Treatment***

What comments would you make related to accreditation/licensure of problem gambling and substance abuse treatment programs? Here are some starter questions:

1. Is there a financial impact of requiring national level accreditation as opposed to licensure by IDPH?
2. Is the financial impact "worth it"?
3. What technical assistance or training issues would IDPH need to address if national accreditation is required?
4. If national level accreditation is not required, how might the current IDPH licensure standards be changed to better support ROSC and quality services?
5. Should credentialing expectations be different for programs funded by IDPH?
6. Other questions, concerns, or input regarding aligning accreditation/licensure standards with the ROSC philosophy?

***B. Accreditation/Licensure – Recovery Support Services***

What comments would you make related to accreditation/licensure of recovery support services? Here are some starter questions:

1. What kinds of regulations or standards would be appropriate for recovery support services and providers?
2. What are the unique financial, documentation, and workforce issues to consider?
3. What technical assistance or training issues would IDPH need to address if accreditation is required?
4. Should credentialing expectations be different for programs funded by IDPH?

5. Other questions, concerns, or input regarding aligning accreditation/licensure standards with the ROSC philosophy?

**C. *Accreditation/Licensure – Prevention***

What comments would you make related to accreditation/licensure of prevention? Here are some starter questions:

1. What is the financial impact of requiring accreditation/licensure?
2. Should credentialing expectations be the same for all prevention programs, regardless of the source of funding?
3. What accreditation/licensure standards would be appropriate for prevention services?
4. Should credentialing expectations be different for different types of prevention organizations, e.g. agencies and coalitions, or different types of prevention services, e.g. problem gambling prevention, comprehensive substance abuse prevention, youth mentoring, etc.?
5. Other questions, concerns, or input regarding aligning accreditation/licensure standards with the ROSC philosophy?

**D. *Accreditation/Licensure – Co-Occurring***

1. Would national level accreditation address services for co-occurring disorders?
2. Will alignment of IDPH and DHS accreditation/licensure support providers in addressing the co-occurring mental health and substance abuse needs of their clients?
3. Would you participate in or otherwise support efforts to integrate DHS and IDPH accreditation/licensure?
4. What are the unique substance abuse financial, documentation, and workforce issues to consider?
5. Are there specific considerations related to problem gambling program licensure?
6. What technical assistance or training issues would IDPH need to address related to co-occurring issues, including mental health, physical health, etc.?
7. Should credentialing expectations be different for programs funded by IDPH?
8. Other questions, concerns, or input regarding aligning accreditation/licensure standards with the ROSC philosophy?

**Please send all comments to [janetzwick9@gmail.com](mailto:janetzwick9@gmail.com) by June 2.**