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ment of Public Health (DPH), to make 10 percent cuts, noted Kathy Stone, LMSW, director of the DPH division of behavioral health and professional licensure. "He asked us to be very clear about the effect of the reductions," said Stone, who is the single state authority with control over the block grant and state appropriations for substance abuse treatment. "We tried to spell out the number of Iowans who would be affected: probably about 550 would not get treatment at all, and 2,000 youths would not receive prevention services."

Medicaid, which is controlled by the Department of Human Services, will probably be impacted by cuts.

There are three separate pools of expenditures that Stone works with: direct services that flow through contracted providers, the administrative expense of her department, and an array of external contracts involving things like program evaluation, workforce development, and training. "We did our best to preserve services," in proposing the 10-percent cuts, Stone told *ADAW*. "But that's also our biggest expenditure."

'Individual programs have a bigger impact than they give themselves credit for.'

Deanna Triplett

Treatment programs themselves had a lot to do with the governor's decision, said Deanna Triplett, lobbyist for the Iowa Behavioral Health Association (IBHA). "Individual programs have a bigger impact than they give themselves credit for," she told *ADAW*. "They're so focused on their clients and trying to serve them and working with the little amount that they have, that they forget the great service they do for their communities."

In addition, lawmakers can see that treatment is paying off, said Triplett. With the exception of last year, Iowa has had incremental increases for the past five years in substance abuse prevention and treatment, she told *ADAW*. "People can now see that this investment is paying off by looking at the prison numbers, which have dropped," she said.

The IBHA sent a letter to the governor, and Mary O'Neill, board chair, said "I'm sure that letter helped." But in addition, she said, the Governor probably didn't want to lose any of the matching funds from the federal government.

O'Neill also credited Stone, who is familiar with the state's managed care system as well as substance abuse treatment funding. "She's very much an advocate," said O'Neill. "She comes to our meetings, we give her updates, she gives us updates, and it's been a good partnership."

Finally, O'Neill also said having a lobbyist is invaluable. When the Governor first requested the proposals for 10-percent cuts, Triplett asked members how this would affect their agencies. "So she had some scenarios she could give legislators," said O'Neill.

The cuts and the backfill are immediate, and don't require legislative approval, said Triplett. •

NIATx calls for proposals for its new health reform initiative

Known for its work helping treatment providers give more care more efficiently through process improvement, NIATx has announced a project to help those providers cope with parity and health care reform. In seeking applications for its new Accelerating Reform initiative, NIATx is hoping to help programs "thrive in a dramatically different funding environment," according to the group's Oct. 29 request for proposals.

Funding will include travel stipends for participants to attend a February leadership forum, coaching on process improvement and system change, and access to expertise from various fields.

Noting that health care reform includes both provisions to cover the uninsured, as well as medical accountability, NIATx announced that all participants will conduct a project focusing on service integration, technology, or financial management. Any participant focusing on service integration must select and work with their partner, which could be a local emergency department, hospital, or clinic.

Health care reform "should result in increased access to care for vulnerable populations and an integrated system of care that meets the needs of the whole individual and his/her family," NIATx said in its announcement. The organization identified seven areas in which providers must adapt to "a new care delivery model" (see table, page 5). Each participant would select the area or areas that are most important for that agency to address.

As part of the application process, programs should identify activities they have already engaged in to prepare for reform. They should also describe technology problems they are facing, describe a community partner who could collaborate, and identify what they would like to learn from peers or leaders about reform. They must also be prepared to commit their own organizational resources to the initiative.

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Selection criteria will be based on commitment to preparing for reform, interest in giving access to underserved populations, commitment to an integrated health care system, openness to innovative change, and the extent to which the applicant's preparation for reform will improve its ability to increase the number of patients served.

Applications are due November 24, with an informational call set for 12:00 noon central time November 10 (call 1-866-642-1665, pass code 468162). •

Conditions for reform	What exists	What's needed
Patient identification	Primarily through criminal justice referral	Referrals from all health care systems and non-traditional health systems and population centers
Accountability for patient care and outcomes	Specialty care focus	Integrated health services, seamless handoffs and follow-up
Treatment practices	Mix of personal experience, evidence-based practices and self help	National Quality Forum Evidence-Based Practices Data driven treatment planning
Patient and family role	Dependent on clinician for treatment and care management Family has no formal role	Goal of self-care that is technology enabled Family and peer support or knowledge exchange Family supports self-care
Workforce	Sparse M.D., sparse R.N.; up to 50% licensed	More M.D.s, more R.N.s; 70% licensed and trained peers
Technology	Limited to billing systems	Need for follow-up and track across the continuum; EMR, patient self management
Infrastructure (Business system)	Separate registration, appointment and follow-up systems Difficult to accept new payers	Integrated patient and business management systems Easy to accept new payment sources A data repository for evaluation or ongoing assessment of business operations

Source: NIATx

Health Care Reform Update

Indian health care now included in House version

Both houses of Congress are moving toward passing health care legislation, with the House of Representatives a step ahead of the Senate, which is still trying to combine the health and finance committee bills. As *ADAW* went to press, the House was planning to vote on its bill November 7. And just last week, the House added language that would add services for Indian health, with many new programs for alcohol and drug abuse.

Below is a summary of the substance abuse related provisions of the new section, called the Indian Health Care Improvement Act of 2009. (Thanks to Daniel Guarnera, government relations director for NAADAC, the National Association for Addiction Professionals, for this information.)

- Substance Abuse Counselor Educational Curricula Demonstration Programs. Accredited tribal colleges and community colleges may receive grants to establish demonstration programs to develop educational curricula for substance abuse counseling.
- A study of staff needs. Includes tribes' needs for alcohol and substance abuse positions.
- Comprehensive School Health Education Programs. A grant program to tribes is established that may be used to develop substance abuse prevention programs and behavioral health wellness programs.
- Development of a comprehensive school health education program for students in preschool through 12th grade.

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