

## **Spread and Sustainability**

Iowa's SSA Director Kathy Stone directs the Iowa Department of Public Health's Division of Behavioral Health. As SSA director, Ms. Stone oversees Iowa's 116 licensed substance abuse assessment and treatment agencies. Iowa contracts with Magellan Behavioral Care of Iowa to fund the states' 23 block grant agencies as well as to manage the state's substance abuse Medicaid contract.

Iowa's licensed agencies serve over 45,000 clients yearly for both assessments and admissions to substance abuse treatment. Over the last 2 ½ years since Iowa received funding for process improvement through the STAR-SI grant, nearly 83 percent of all clients admitted into treatment in 2008 were served by agencies that have been involved in the STAR-SI project.

Creating a systemic focus on improving access and retention was new territory for the state and providers alike. During Iowa's first STAR-SI grant year, only eight agencies were involved in the project. These agencies provided the impetus to begin more aggressively attacking not only access and retention issues in Iowa but also IDPH's relationship with its licensed agencies.

An important part of how Iowa wants to "live" NIATx principles and the STAR-SI project involves promoting "cultural change" not only with our state-licensed treatment agencies but also within the department. "Cultural change" involves changing how we think about and resolve problems, no longer satisfied or relying on the status quo. Questions we are constantly encouraged by our STAR-SI experience to ask include how can we improve what we are doing, how can we work more effectively, and how can we better reach and serve the public?

During Iowa's first STAR-SI State Learning Collaborative meeting, IDPH encouraged agencies to provide feedback to the state on barriers to access and retention. It was apparent from this first survey that these eight agencies had many questions related to state licensure regulations. The state change team met and decided to approach this issue in a straightforward fashion.

On August 23, 2007, the state change team held its first ICN training/learning session on state licensure requirements and reviewed myths about requirements that had been brought up by the eight Year 1 STAR-SI providers. Whereas the first learning collaborative session included eight agencies, the ICN training provided training to 94 participants from agencies located in all parts of Iowa. Using a pre and post-training test as one evaluation tool, we were able to provide CEU's to all attendees for participating. This training was, by all accounts, a great success. But, even more important, it was a huge step in IDPH's move to use a more collaborative approach in our relationships with providers.

Since that first STAR-SI grant year, Iowa's collaborative has grown from eight agencies to 21. In each of the grant years, new participating agencies have been funded at \$18,000

to provide for data coordination, a change leader devoting 20 hours/month to the project, and for travel to local, state, and national NIATx/STAR-SI meetings. In this final grant year, we are funding an additional nine agencies, all of which were involved in either Years 1 or 2. Each of these agencies is being funded at \$3,700 to sustain previous change projects. Our decision to fund these agencies was based on our experience that without some funding to defer the cost of change leader, data coordinator, and change team time, agencies have been unable to sustain projects. This appears to be especially true for change projects in agencies where there is high staff turnover. Unless staff is regularly updated and supported to maintain procedures that were instituted during the change process, procedures tend to “drift” away best practices. This funding also helps to support agencies in attending learning collaboratives, which they continue to find extremely helpful for both sharing knowledge and supporting one another in change.

This collaborative approach is also reflected in our use of agency staff to help train agency staff to use the I-SMART data system and later the use of the data walk-through concept to provide IDPH with agency and NIATx feedback on our data system. In 2007, Iowa was awarded a grant that included funding to train agencies to use I-SMART. As part of that grant, we wrote in funding for agency staff to act as co-trainers. Our belief was that including agency staff in this process would not only secure buy-in from providers’ staff, but also provide users with a more rounded learning experience. We now believe that the data system users are the real experts and should be provided opportunities to share that knowledge with other agencies. This is an approach that grew out of our STAR-SI experience.

Furthermore, we consider the data flow walk-through (June 2008) a significant milestone in Iowa’s process improvement life cycle. Prior to this, we had thought of the walk-through as only a treatment-focused process. After the data walk-through we had some idea of the flexibility of the concept. We have since used it in creating an IDPH Bureau of Administration, Regulation and Licensure change project—walking an agency relicensure application through the process from bureau initiation of the process to final license renewal.

IDPH supports NIATx processes by giving providers an opportunity to participate in other important activities such as the NIATx Change Leader Academy. Thus far, Iowa has hosted three change leader academies, training 77 people to be agency change leaders. We are committed to providing this opportunity and view it as a vital element of our diffusion efforts.

We also encourage providers to sign up for the ACTION Campaign. IDPH highlights it on our website as a tool to learn about process improvement and best-trying practices from other states. During Iowa’s Governor’s Conference on Substance Abuse, we distributed ACTION Campaign materials to Iowa treatment providers. Our providers and state team staff have contributed to the ACTION Campaign by participating in calls, presenting on the calls, and answering surveys. Several have contributed participant profiles for the ACTION Campaign monthly electronic newsletter, or have been interviewed about implementing process improvement activities. The notices sent out about calls, the

ACTION e-news, and opportunity notices are all helpful and keep the change teams thinking in terms of sustaining their process improvements. Our state team encourages change leaders to ask other providers if they have tried a change idea they are considering, by posting the question to the discussion group.

The STAR-SI project has literally two lives in Iowa. The first is the well-documented funded life where agencies are actively involved in data-driven projects focused on improving client access and retention. The second life, thriving just below the surface, is one that focuses on the reordering of state and local agency priorities and processes that has occurred as a consequence of Iowa's participation in the STAR-SI project.

Because Iowa's block grant funded agencies work in a capitated world where funding might not increase despite increased admissions, the bottom line is not always the driving force for change. NIATx principles have begun to inform other areas of agency life. In the fall of 2006, SASC became a participant in the STAR-SI Program. SASC's Director, Diane Thomas, informed SASC's board of directors that they were participating in the STAR-SI project and gave them periodic updates at board meetings. The concepts of data-driven decision-making and process improvement found a home at SASC.

SASC's experience is but one example of how agencies are beginning to think in "NIATx process terms" rather than in more staff-bound pathology-based terms. Other examples abound, from Cornerstone's paperwork reduction project diffusing throughout its parent agency, to Heartland's agency-wide fee collection project, to ADDS's diffusion of the principles into its residential treatment food service.

We have been able to build on the successes of the experienced change leaders by training them as peer mentors for other agencies becoming involved with STAR-SI. Our intention is to build a statewide system of peer mentors and change leaders who are prepared to lead and support agencies in their change processes.

At the state level, IDPH intends to continue building on our STAR-SI experience by endeavoring to completely transform how IDPH thinks about the prevention and treatment process. One aspect of this transformation is Ms. Stone's commitment to writing "pay for performance" concepts into Iowa's next managed care contract. While fee-for-service may not be practical in Iowa's managed care environment, quality assurance and performance-based incentives certainly are.

To this end, IDPH is involved in the Whole Systems Change project through NIATx. The two goals of IDPH's Whole Systems Change project are to: (1) decrease substance abuse treatment client wait times, and (2) increase substance abuse treatment retention. Both goals are proven effective in increasing successful outcomes of substance abuse treatment. Whole systems change has as its goal to embed process improvement practices in substance abuse treatment agencies.

We have also expanded NIATx concepts into both substance abuse prevention and gambling treatment.

Iowa Department of Public Health in partnership with Prairielands Addiction Treatment Technology Center is offering an opportunity to state-funded problem gambling treatment programs to participate in an effort to apply NIATx principles to problem gambling treatment. They have begun walk-throughs and intend to work on increasing admission and improving continuation.

The Bureau of Substance Abuse Prevention and Treatment's Prevention Office is also "NIATx-ing" its processes. Iowa's substance abuse prevention field has yet to embrace a process improvement system, but IDPH believes this model can work for prevention if thoughtfully implemented. In January 2009, one IDPH prevention consultant attended the NIATx Coaching Academy in Charleston, South Carolina. Upon returning from the training, she contacted several prevention agencies about piloting a NIATx project. Three agencies, each of which has been involved in STAR-SI, volunteered for the pilot project. This pilot will start in May. IDPH Prevention staff is also working to create new aims that focus on prevention systems and are involving the state's 23 Substance Abuse Prevention Block Grant providers in that discussion.

Iowa no longer views process improvement as simply a project in which a few agencies can participate. It is on its way to becoming the "way of life" for service delivery in Iowa.