Iowa

UNIFORM APPLICATION
FY 2022/2023 Only ApplicationBehavioral Health Assessment and Plan

SUBSTANCE ABUSE PREVENTION AND TREATMENT BLOCK GRANT

OMB - Approved 03/02/2022 - Expires 03/31/2025
(generated on 07/19/2022 11.12.03 AM)

Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

State Information

State Information

Plan Year

Start Year	2022
End Year	2023

State DUNS Number

Number	808345920
Expiration Date	

I. State Agency to be the Grantee for the Block Grant

Agency Name	Iowa Department of Public Health
Organizational Unit	Division of Behavioral Health
Mailing Address	321 E. 12th St.
City	Des Moines
Zip Code	50319-0075

II. Contact Person for the Grantee of the Block Grant

First Name	DeAnn
Last Name	Decker
Agency Name	Iowa Department of Public Health
Mailing Address	321 E. 12th St.
City	Des Moines
Zip Code	50319-0075
Telephone	515-281-0928
Fax	515-281-4535
Email Address	deann.decker@idph.iowa.gov

III. Expenditure Period

State Expenditure Period

From	
To	

IV. Date Submitted

Submission Date	9/28/2021 9:48:27 AM
Revision Date	6/17/2022 10:40:33 AM

V. Contact Person Responsible for Application Submission

First Name	Michele
Last Name	Tilotta
Telephone	515-229-3985
Fax	
Email Address	michele.tilotta@idph.iowa.gov

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority

Fiscal Year 2022

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
Funding Agreements
as required by
Substance Abuse Prevention and Treatment Block Grant Program
as authorized by
Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
and
Tile 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	**Title**	**Chapter**
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As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
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10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions

to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds $25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
    a. Checking the Exclusion Extract located on the System for Award Management (SAM) at http://sam.gov
    b. Collecting a certification statement similar to paragraph (a)
    c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work place in accordance with 2 CFR Part 182 by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
b. Establishing an ongoing drug-free awareness program to inform employees about--
    1. The dangers of drug abuse in the workplace;
    2. The grantee's policy of maintaining a drug-free workplace;
    3. Any available drug counseling, rehabilitation, and employee assistance programs; and
    4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
    1. Abide by the terms of the statement; and
    2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
    1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
    2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-construction Programs and other Certifications summarized above.

State: _____

Name of Chief Executive Officer (CEO) or Designee: _____

Signature of CEO or Designee[1]: _____

Title: _____ Date Signed: _____

mm/dd/yyyy

[1]If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

KIM REYNOLDS
GOVERNOR

OFFICE OF THE GOVERNOR

ADAM GREGG
LT GOVERNOR

February 8, 2021

Supervisory Grants Management Specialist
Office of Financial Resources, Division of Grants Management
Substance Abuse and Mental Health Services Administration
5600 Fisher Lane, Rm. 17E201
Rockville, MD 20857

To Whom It May Concern:

As the Governor of the State of Iowa, for the duration of my tenure, I delegate authority to DeAnn Decker, Bureau Chief, of the Division of Behavioral Health, in the Department of Public Health, to sign funding agreements and certifications, provide assurances of compliance to the Secretary, and to perform similar acts relevant to the administration of the Substance Abuse Prevention and Treatment Block Grant until such time this delegation of authority is rescinded.

Sincerely,

Kim Reynolds
Governor of Iowa

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority

Fiscal Year 2022

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10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions

to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds $25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
   a. Checking the Exclusion Extract located on the System for Award Management (SAM) at http://sam.gov
   b. Collecting a certification statement similar to paragraph (a)
   c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work place in accordance with 2 CFR Part 182 by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
b. Establishing an ongoing drug-free awareness program to inform employees about--
   1. The dangers of drug abuse in the workplace;
   2. The grantee's policy of maintaining a drug-free workplace;
   3. Any available drug counseling, rehabilitation, and employee assistance programs; and
   4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
   1. Abide by the terms of the statement; and
   2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
   1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions."

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-construction Programs and other Certifications summarized above.

State: Iowa

Name of Chief Executive Officer (CEO) or Designee: Donna Deckow

Signature of CEO or Designee[1]: Donna M. D. Deck

Title: Bureau Chief of Substance Abuse SSA

Date Signed: July 19 - 2021
mm/dd/yyyy

[1]If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

DISCLOSURE OF LOBBYING ACTIVITIES

OMB Control Number: 4040-0013
Expiration Date: 2/28/2022

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

1. * Type of Federal Action:	2. * Status of Federal Action:	3. * Report Type:
☐ a. contract	☐ a. bid/offer/application	☒ a. initial filing
☒ b. grant	☒ b. initial award	☐ b. material change
☐ c. cooperative agreement	☐ c. post-award	
☐ d. loan		
☐ e. loan guarantee		
☐ f. loan insurance		

4. Name and Address of Reporting Entity:

☒ Prime ☐ SubAwardee

*Name: State of Iowa; Department of Public Health

*Street 1: 321 East 12th Street Street 2:

*City: Des Moines State: IA: Iowa Zip: 50319-0075

Congressional District, if known:

5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:

6. * Federal Department/Agency:	7. * Federal Program Name/Description:
SAMHSA	Iowa Substance Use and Prevention Block Grant
	CFDA Number, *if applicable:* 93.959

8. Federal Action Number, *if known:*	9. Award Amount, *if known:*
	$

10. a. Name and Address of Lobbying Registrant:

Prefix: *First Name: N/A Middle Name:

*Last Name: N/A Suffix:

*Street 1: Street 2:

*City: State: Zip:

b. Individual Performing Services (including address if different from No. 10a)

Prefix: *First Name: N/A Middle Name:

*Last Name: N/A Suffix:

*Street 1: Street 2:

*City: State: Zip:

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

* Signature: DeAnn L. Decker

*Name: Prefix: * First Name: DeAnn Middle Name:

* Last Name: Decker Suffix:

Title: Bureau Chief of Substance Abuse/SSA Telephone No.: 515-473-8347 Date: 07/19/2021

Federal Use Only:

STANDARD FORM LLL (REV. 7/1997)
Authorized for Local Reproduction

State Information

Disclosure of Lobbying Activities

To View Standard Form LLL, Click the link below (This form is OPTIONAL).

Standard Form LLL (click here)

Name

Title

Organization

Signature: Date:

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

Planning Steps

Step 1: Assess the strengths and organizational capacity of the service system to address the specific populations.

Narrative Question:

Provide an overview of the state's M/SUD prevention, early identification, treatment, and recovery support systems of care, including the statutory criteria that must be addressed in the state's Application. Describe how the public M/SUD system of care is currently organized at the state and local levels, differentiating between child and adult systems. This description should include a discussion of the roles of the SMHA, the SSA, and other state agencies with respect to the delivery of M/SUD services. States should also include a description of regional, county, tribal, and local entities that provide M/SUD services or contribute resources that assist in providing the services. The description should also include how these systems of care address the needs of diverse racial, ethnic, and sexual and gender minorities, as well as American Indian/Alaskan Native populations in the states.

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

BG App 2022- 2023

Planning Step I- Strengths and Organizational Capacity of the Substance Use Disorder System.

Organizational background of the Iowa Department of Public Health

The Iowa Department of Public Health (IDPH) is the parent organization to the Division of Behavioral Health, the Single State Authority (SSA) for the Substance Abuse Prevention and Treatment Block Grant (SABG). IDPH's vision for Iowa is "Healthy Iowans in Healthy Communities: and the mission statement is "Protecting and Improving the Health of Iowans."

In addition to the Division of Behavioral Health, IDPH has four other divisions operating under its authority:

- Acute Disease Prevention, Emergency Response, and Environmental Health
- Administration and Professional Licensure
- Health Promotion and Chronic Disease Prevention
- Tobacco Use Prevention and Control

IDPH Division Directors report to the IDPH Department Deputy Director, who reports directly to the Interim Director of the IDPH and Director of the Iowa Department of Human Services (DHS); Ms. Kelly Garcia. Governor Kim Reynolds appointed Ms. Garcia to oversee the state's health and social services agency in November 2019. She was unanimously confirmed by the Iowa Senate on February 26, 2020. On June 30, 2020, it was announced by Governor Kim Reynolds that Director Garcia would take on the role of Interim Director at the Iowa Department of Public Health effective August 1, 2020 following the retirement of the past IDPH director.

In addition to the five operating divisions, IDPH also houses four professional boards:

- Dental Board
- Board of Medicine
- Board of Nursing
- Board of Pharmacy

As the parent organization, IDPH provides budgeting, fiscal management, information technology, and planning support to the professional boards.

Advisory Body to the Iowa Department of Public Health

The State Board of Health is the policy-making body for IDPH and has advisory responsibilities for IDPH activities, including the SABG. The State Board of Health

has the powers and duties to adopt, promulgate, amend and repeal rules and regulations, and advises or makes recommendations to the Governor, the General Assembly, and the IDPH Interim Director. The State Board of Health Substance Abuse and Gambling Treatment Program Committee reviews and acts on IDPH recommendations for the regulation of treatment programs. The SSA participates in the monthly Substance Abuse and Gambling Treatment Program Committee meetings to provide policy-level information and seek input on substance use services. The SSA makes reports to the full State Board of Health at their bi-monthly meetings, as requested.

Division of Behavioral Health

The Division of Behavioral Health, Ms. Sarah Reisetter, Deputy Director, serves as the Interim Behavioral Health Director and is selected by and serves as directed by the Interim IDPH Department Director. Ms. DeAnn Decker, Bureau Chief of Substance Abuse, leads all SUD treatment, prevention and recovery support initiatives and has served as the Single State Authority (SSA) for Substance Use Disorders (SUD) since January 2021.

The SSA leads, funds, monitors and supports statewide substance abuse prevention, treatment, and recovery efforts through the specific programs and efforts described below. Overall, the SSA is responsible for comprehensive statewide planning, coordination, delivery, monitoring and evaluation of substance abuse treatment, recovery supports and prevention services including: collaboration at local, state and national levels on prevention initiatives and policy; community- based activities, coalitions, and programs; data management and reporting; evidence-based curricula and models; prevention practitioner training and workforce development; and public and professional information and education at: www.yourlifeiowa.org.

The SSA provides support to the Tobacco Use Prevention and Control Division to align tobacco efforts. SSA staff work directly with the Tobacco Division and the Alcoholic Beverages Division on Synar-related activities. SSA staff also work across other IDPH divisions, to ensure cross division collaboration. The division supports a broad range of programs under two bureaus and two offices:

The Bureau of HIV, STD, and Hepatitis works to reduce the impact of communicable diseases in Iowa and to eliminate illness and deaths associated with these diseases. Prevention and care services target chlamydial infection, syphilis, gonorrhea, HIV/AIDS, and viral hepatitis. Program staff guides community-based prevention planning, monitors current infectious disease trends, prevents transmission of infectious diseases, and provides access to medications for these diseases. The bureau also partners with local public health departments, private health care agencies, regional disease prevention specialists, and community-based organizations to provide hepatitis A and B immunizations for adults, behavioral prevention programming, testing, treatment, case management, and other supportive services for persons at risk

for or living with these diseases. Although Iowa is not a federally designated state for HIV, the HIV/AIDS Program coordinates statewide HIV/AIDS prevention and care services for Iowa residents. The HIV/AIDS Program consists of these components: Prevention, Care & Support Services, Data & Disease Reporting, and an HIV/AIDS/Hepatitis Integration Project. As of December 31, 2019, there were 2,938 Iowans who were diagnosed with HIV and living in Iowa. There were 98 Iowans newly diagnosed in 2019. Males are disproportionately impacted by HIV in Iowa. There are about four males diagnosed for every female and Iowans who are black/African American and Latino are also disproportionately impacted by HIV in Iowa. This is not because they are more likely to engage in behaviors putting them at risk for HIV, but because of social determinants of health impacting access to care and services. For more information and reports: HIV/AIDS Program - Data and Statistics

The Bureau of Substance Abuse provides technical assistance to individuals, groups, and contracted agencies and organizations; coordinates and collaborates with multiple state agencies and organizations for assessment, planning, and implementation of statewide prevention initiatives; and coordinates, trains, and monitors funding to local community-based organizations for alcohol, tobacco, and other drug prevention services. In addition, the bureau regulates licensure for approximately 100 substance abuse/gambling treatment programs and administers state and federal-funds for substance abuse treatment. Division of Behavioral Health SSA duties, including the SABG, are implemented through the Bureau of Substance Abuse. For more information on the Bureau of Substance Abuse: Bureau of Substance Abuse - Programs

The Office of Disability, Injury and Violence Prevention coordinates' unintentional injury programs within IDPH and houses programs that aim to prevent or reduce interpersonal violence in Iowa. Program staff collaborates with other programs, state agencies and community organizations to address injury and violence using public health strategies. More information and data can be found at: Disability and Health Program - Disability and Health Surveillance

The Office of Gambling Treatment and Prevention works to reduce the harm caused by problem gambling by funding a range of services for Iowans. These services include: outpatient counseling for problem gamblers, concerned persons and family, recovery support services, financial counseling including budgeting and debt reduction plans and a state-wide help line that provides information and referral services. In addition, the program funds prevention and education services for schools, community groups, casino employees, and other at-risk groups.

IDPH, through the Bureau of Substance Abuse Integrated Provider Network, contracts with twenty local agencies to provide problem gambling prevention, treatment and recovery support services in nineteen service regions that together serve Iowans in all 99 counties. Problem gambling treatment programs must be licensed by IDPH and are selected for contracting through a competitive request for proposals process.

During SFY 2020, Iowans seeking to gamble could choose from 19 casinos licensed by the Iowa Racing and Gaming Commission (IRGC): four tribal casinos; 2,400 lottery outlets; over 2,000 licensed social and charitable gambling options, amusement concession and bingo games; and over 5,000 registered amusement devices. In addition, Iowans have access to a broad range of social media and smartphone gambling-like games and applications, as well as an expanding number of internet-based and other (often illegal) gaming.

Upon declaration of the Statewide Emergency Response for COVID-19, (Iowa Problem Gambling Services SFY2020 Annual Report), IDPH worked with IPN providers to ensure the safety of staff, through enhancing telehealth efforts, to ensure Iowans were able to access problem gambling prevention and treatment services. With the closure of casinos in the state from March 16th to June 5th of 2020, 1-800-BETS OFF/Your Life Iowa gambling contacts dropped 70% March-June 2020 compared to the previous quarter. Other data indicates that:

- 5,158 hours of problem gambling prevention, education, crisis, early intervention and treatment services were provided to Iowa residents.
- Over 2,600 Iowans were screened for problem gambling.
- 182 Iowans received problem gambling crisis, intervention, treatment and recovery support services.
    - This is about 1% of the estimated 18,504 adult Iowans meeting criteria for a gambling disorder (*Gambling Attitudes and Behaviors: A 2018 Survey of Adult Iowans)*.
    - While this is greater than the national average of 0.25% (*2016 National Survey of Problem Gambling Services*), it suggests there is a large gap between the number of Iowans who would benefit from problem gambling treatment services and the number who receive those services.
- 1,511 contacts (phone, text, chat) to Your Life Iowa (includes 1-800-BETS OFF calls) on problem gambling were responded to, providing over 1,000 referrals for assistance (456 in state, 545 out of state).
- Over 18,200 Iowans visited the gambling pages at yourlifeiowa.org/gambling. 17,550 were first time visitors.
    - Your Life Iowa is the integrated platform for phone, text and social media resources for gambling, alcohol, drug and suicide concerns, and the new home of 1-800-BETS OFF and 1800BETSOFF.org, as of October 2017.
- The average wait to be admitted to treatment was 8.4 days and 79% of those admitted waited for 14 or fewer days.
- Patients who received four or more services within the first 30 days of admission were more likely to have a higher number and duration (total hours of services) of treatment sessions.

- Almost 9 in 10 Iowans (88%) are aware of the 1-800-BETS OFF helpline. 54% (compared to 41% in 2015) were aware of the 1800BETSOFF.org (now part of the Your Life Iowa website at yourlifeiowa.org/gambling).

The Office of Medical Cannabidiol

The office of Medical Cannabidiol (OMC), https://idph.iowa.gov/omc is located at the Iowa Department of Public Health. The office aims to provide high-quality, effective, and compliant medical cannabidiol programing for Iowa residents with serious medical conditions. The OMC works to balance a patient's need for access to treatment of their debilitating medical condition, with the requirement to ensure the safety and efficacy of the products. Iowa has three state-wide dispensary locations.

Individuals can qualify based on a "Debilitating medical condition" which is defined to mean any of the following:

- Cancer, if the underlying condition or treatment produces one or more of the following: Severe or chronic pain, nausea or severe vomiting, cachexia or severe wasting.
- Multiple sclerosis with severe and persistent muscle spasms.
- Seizures, including those characteristic of epilepsy.
- AIDS or HIV as defined in Iowa Code section 141A.1.
- Crohn's disease.
- Amyotrophic lateral sclerosis.
- Any terminal illness, with a probable life expectancy of under one year, if the illness or its treatment produces one or more of the following:
- Severe or chronic pain.
- Nausea or severe vomiting.
- Cachexia or severe wasting.
- Parkinson's disease.
- Chronic pain.
- Severe, intractable autism with self-injurious or aggressive behaviors.
- Post-traumatic stress disorder.
- Any medical condition that is recommended by the medical cannabidiol board and adopted by the board of medicine by rule pursuant to Iowa Code section 124E.5 and that is listed in 653—subrule 13.15(1).

Iowa's medical cannabidiol program began distributing medical cannabis to certified patients on December 1, 2018. Chapter 124E allows Iowa's two licensed manufacturers to manufacture products in the following forms: oral forms (tinctures, capsules, tablets and sublingual forms), topical forms (gels, ointments, creams, lotions and transdermal patches), nebulizer forms, suppository forms and vaporized forms (vaporized forms became available for sale on August 7, 2019). In order to purchase medical cannabidiol products from Iowa's licensed dispensaries, patients must have their qualifying medical condition certified by a healthcare practitioner. Once certified, a patient can apply for a registration card that is valid for one year. For further information and data related to Iowa's cannabidiol program, The Office of Medical Cannabidiol - For Patients and Caregivers

Patients in Iowa are eligible for a reduced fee when applying for their medical cannabidiol registration card. If a patient can provide proof of Social Security Disability Benefit (SSD), Supplemental Security Income (SSI), or Medicaid, they are eligible for a reduced fee. Figure 8 depicts the percentage of standard ($100) or reduced ($25) fee applications, as well as the percentage of each reduced fee type.

- Since the beginning of the program, 1415 new and cumulative Iowa practitioners have certified their first unique patient, a steady increase from the program implementation.
- In May 2021, there were 6, 286 total individual cardholders that have active registration cards for the program. A steady increase since program implementation,

Assessment of Behavioral Health Substance Use Disorder (SUD) System

Integrated Provider Network (IPN) Background

The Iowa Department of Public Health (IDPH) Substance Use and Problem Gambling Services Integrated Provider Network (IPN) is a statewide, community-based, resiliency- and recovery-oriented system of care for substance use and problem gambling services (prevention, early intervention, treatment, and recovery support).

The IPN brings together three previously separate service systems: Substance Abuse Prevention, Substance Use Disorder Treatment, and Problem Gambling Prevention and Treatment, as directed in legislation beginning in 2009.

- IPN providers were selected in late 2018 through a competitive Request for Proposals (RFP) process and launched January 1, 2019. Integrated Provider Network services are funded by the State General Fund appropriation to IDPH for substance abuse and problem gambling services under the Addictive Disorders appropriation, and through the SAMHSA Substance Abuse Prevention and Treatment Block Grant (SABG). Of the

approximately 100 licensed substance abuse licensed facilities in Iowa, 20 providers were competitively selected to provide prevention, treatment and problem gambling services to Iowans on a statewide basis. This new integrated network is required to provide education, prevention, early intervention, treatment and recovery support services spread across 19 geographical regions. The Integrated Provider Network (IPN), supports services for Iowans without insurance, Medicaid, or other payment resources.

- Goals were developed for the IPN to:
  - Establish and maintain a comprehensive and effective system of care for substance use and gambling problems through a statewide integrated network of services and providers.
  - Reduce substance use and gambling problems in Iowa through public education, evidence-based prevention, and early intervention services
  - Increase remission and recovery from substance use disorder and problem gambling through timely, accessible, ongoing, and effective treatment services

- IPN providers conduct, support and participate in continuous quality improvement (CQI) activities that improve IPN services by identifying, implementing, and monitoring
  critical performance measures on an ongoing basis, based on valid and reliable data, and stakeholder input. IDPH supports CQI with by:
  - Critical incident reports
  - Data integrity reports
  - Engagement and retention performance measures
  - Outcome performance measures
  - Process "walk-throughs" and improvement projects; including simulated calls to providers regarding priority population access and engagement into services
  - Frequently asked question and answer (Q & A) documents
  - IPN mailbox dedicated site for submission of exception requests, questions, replies to questions, concerns, challenges, stakeholder feedback
  - IPN Guides (waitlist, data management systems, fact sheets, recovery support form templates, user manuals, Treatment Entry Matrix, claim's progress reports and instructions, etc)
  - Bi-Annual IPN director and key staff face to face meetings focused on IPN and SABG priorities/requirements/other
  - Monthly IPN Director meetings with SSA and SSA staff
  - Monthly Community Practice Calls
  - Quarterly progress reporting

- IDPH SSA staff monitor contractor performance against contract

requirements through data and claims reporting and through narrative reports submitted.

- IDPH received supplemental funding from SAMHSA in FY20 and FY21. The funding supports both prevention and treatment needs including: 1) a virtual training series supporting both prevention and treatment training, a subscription to the Legal Action Center to enable providers to have access to legal representatives on confidentiality of health information, and to assist with questions and concerns on HIPAA, and other legal matters, 2) Strategic Planning for the Bureau, 3) Support for the annual Governor's Conference which provides prevention and treatment educational opportunities, and 4) a statewide education platform (Relias) to provide on-line training opportunities for all licensed SUD programs in the state.
- All licensed SUD providers are required to use ASAM Criteria for clinical assessment and placement
- The IDPH, in an ongoing process improvement process, modified the process of collecting co-pays for individuals seeking services through the IPN. During a meeting held on June 15, 2020, comments were provided to the Department to implement a more efficient manner in collecting co-pays; specifically moving from a sliding fee system to a flat fee for service model; while still maintaining financial federal poverty eligibility guidelines and internal processes of monitoring. IDPH allows for the existing sliding scale system of collection of copays; in addition to allowing for some providers to move towards the flat fee system. These options are optional for the IPN provider and provide the ability for the IPN provider to choose which eligibility system meets the needs of the individuals they serve; offering a more efficient model in collecting co-pays to SABG funded providers.
- The IPN providers are required to provide Network Support, Prevention Services and Outpatient Treatment. Through the competitive RFP process, providers could apply to provide optional services related to: Adult Residential Treatment, Juvenile Residential Treatment, Women and Children Treatment and Methadone Treatment.
    - ***Network Support***- providers participate in and conduct activities that support community collaboration and outreach, health promotion education, quality improvement, and workforce development. Under Network Support Covered Services; providers must:
        - Collaboration and Community Outreach: providers conduct, support, and participate in collaboration and community outreach activities that establish the contractor as a primary resource for substance use and problem gambling issues in the Service Area and statewide. providers coordinate planning and service delivery in collaboration with IDPH, other providers, and stakeholders, based on and aligned with community, service area, and state needs and strengths.

- Needs Assessment: providers conduct, support, and participate in local and state needs assessment processes that support understanding of substance use and problem gambling needs, trends, and service gaps. Needs Assessment processes may include, but are not limited to:
    - County Assessment Workbooks
    - Each county's Community Health Needs Assessment and Health Improvement Plan (CHNA HIP)
- Health Promotion: providers conduct, support, and participate in health promotion activities that inform and educate Iowans on substance use and gambling problems. Health promotion also supports access to prevention, early intervention, treatment, and recovery support resources and services. Health Promotion activities may include, but are not limited to:
    - Contractor websites and social media presence
    - IDPH's YourLifeIowa and 1-800-BETS OFF helpline and website
    - IDPH's "A Matter of Substance" and "Opioid" newsletter and other publications and communications.
    - IDPH's substance abuse prevention and treatment focused media campaigns
    - The IDPH website and social media platforms
    - Contractor and IDPH efforts directed to specific topics and issues
- Workforce Development: providers conduct, support, and participate in workforce development activities that recruit, retain, and develop highly qualified staff to provide Integrated Provider Network services.
  Workforce Development activities may include, but are not limited to, strategies to:
    - Support recruitment and retention of qualified staff
    - Enhance staff competency and performance
    - Expand the roles of persons in recovery and family members/friends in planning and delivering services
- Meetings, Trainings and Technical Assistance: providers conduct, support, and participate in meetings, training, and technical assistance activities that enhance, expand, and improve Integrated Provider Network services. Meetings, training, and technical assistance may be face-to-face or may be conducted through electronic means, as determined by IDPH. Meetings, trainings and technical assistance may include, but are not limited to:

- Governor's Conference on Substance Abuse (annual, held virtually during Covid-19)
- Integrated Provider Network – Substance Use and Problem Gambling Services meetings and trainings; held bi-annually
- Reporting requirements and processes (as scheduled)
- Technical assistance (as scheduled)
- Topic-specific trainings (as scheduled)
- Community of Practice (IPNCoP). These meetings allow providers to exchange tools and information, provide IDPH opportunities to educate providers on various contract requirements and provide a venue for learning among the IPN providers. For additional information see: https://idph.iowa.gov/substance-abuse/Integrated-Provider-Network/Meetings

■ Other Core Services include:
- Care Coordination
  - Care Coordination encompasses the broad range of patient- specific people, systems, and issues related to the patient's current situation and future recovery. These may include, but are not limited to, family members, referral sources, employers, schools, medical and mental health professionals, the child welfare system, the courts and criminal/juvenile justice systems, housing status, legal needs, and recovery support. Care Coordination includes use of electronic information and telecommunication technologies to support patients through check-in calls and texts.
  - Crisis Counseling is a response to a crisis or emergency situation experienced by an individual, family member and/or significant others related to substance use disorders, such as:
    - Crisis counseling services shall provide a focused intervention and rapid stabilization of acute symptoms of mental illness or emotional distress. The interventions shall be designed to de-escalate situations in which a risk to self,

others, or property exists.
        - Crisis counseling services shall assist a member to regain self-control and reestablish effective management of behavioral symptoms associated with a psychological disorder in an age-appropriate manner.
        - Crisis counseling services with family members or friends using general counseling methods.
        - Crisis counseling services can occur in person or over the phone.
- Early Intervention (based on ASAM Level 0.5)
    - Early Intervention may be provided to persons who have received an Initial Assessment but do not meet criteria for a substance use disorder. Individuals that previously received an Initial Assessment and do meet criteria for a substance use disorder may not be provided Early Intervention.
    - Early Intervention could be considered as an equivalent to SBIRT Brief Treatment, which is a more intensive intervention than a SBIRT Brief Intervention.
- Interim Services for Priority Populations funding
    - Interim Services are those minimum services which must be offered when priority populations cannot be admitted within required timeframes and would benefit from IPN funded services.
    - The purposes of these services are to reduce the adverse health effects of substance use, promote the health of the individual, and reduce the risk of transmission of disease.
- Medication Assisted Treatment Medical Evaluation, Medical Care
    - Medical Evaluation means an assessment conducted by a physician or other licensed prescriber to determine the need for medication-assisted treatment and/or tobacco cessation services.
    - Medical Care means ongoing medical

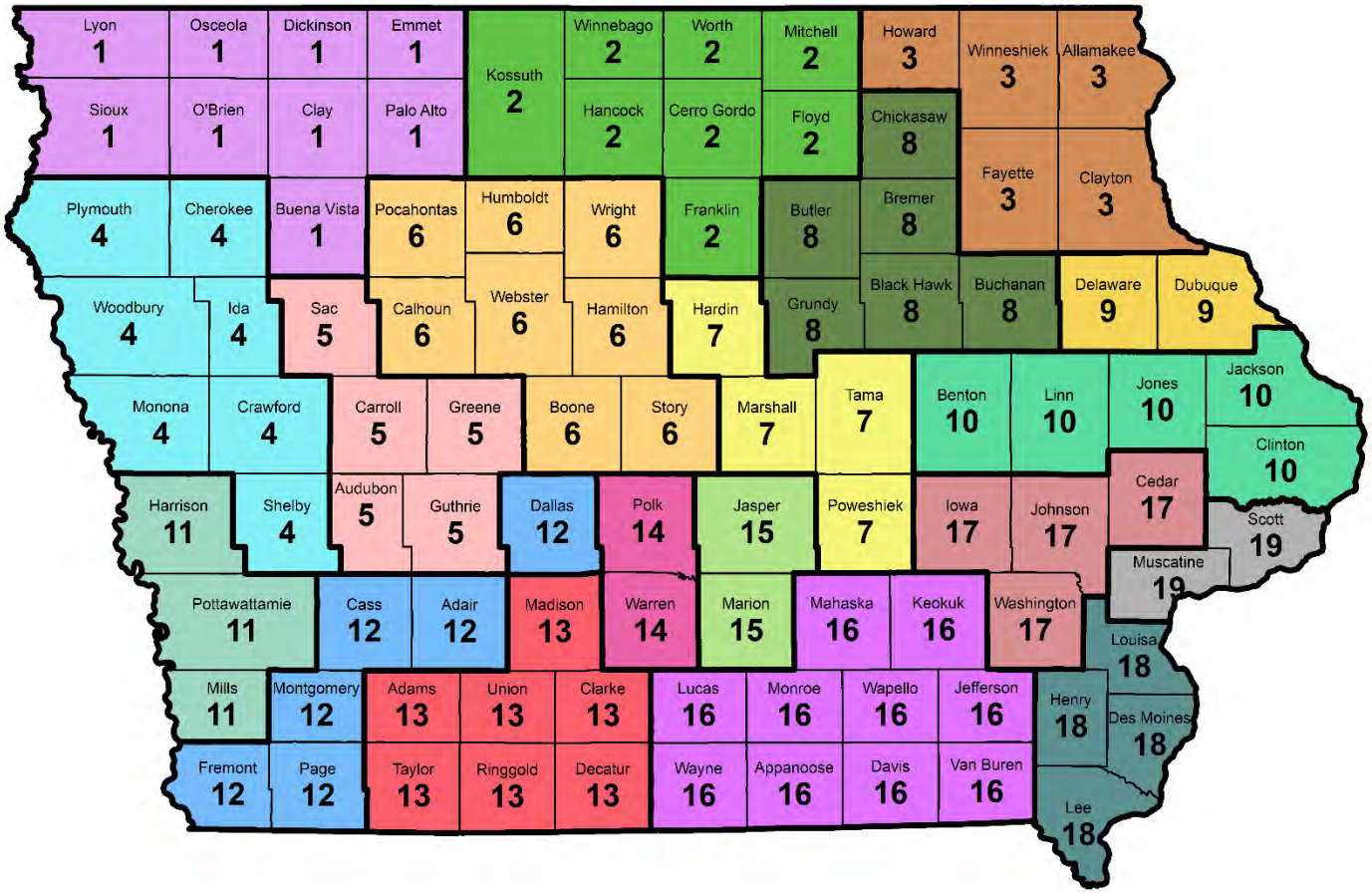
evaluation services provided by a licensed medical prescriber to assess appropriateness for continued medication-assisted treatment and/or tobacco cessation services.
    - Medicated-Assisted Treatment (MAT) is the use of FDA- approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of Alcohol Use Disorders, Opioid Use Disorders, and/or tobacco use
- Medication Assisted Treatment Drug Testing
    - Drug Testing means routine monitoring of MAT compliance by testing for the presence of other substances (e.g., urine drug screen)
- Screening, Brief Intervention and Referral to Treatment (SBIRT)
    - is an integrated, evidence-based approach that offers providers the tools to effectively and efficiently screen individuals for risky substance use and problem gambling
    - SBIRT services are to be provided by substance use and problem gambling treatment providers in a variety of locations outside of a treatment center. Examples include primary care settings, schools, and casinos
- Transportation
    - Transportation means assistance in the form of gas cards or bus passes, given directly to the patient for the purpose of transportation to and from an activity related to the patient's treatment plan or recovery plan.
- Other Covered Services for Persons who are not Patients
    - Family Education Services: Education on various topics related to substance use and problem gambling disorders, treatment and recovery, for family members and concerned persons of individuals in treatment

- The Bureau of Substance Abuse has developed multiple resource guides, set up an IPN Provider Mailbox, developed contractor manuals, attestation documents, and have, and continue to hold, extensive trainings and

meetings to educate the IPN on contractual requirements including:

- Claims processes and reporting procedures
- ISMART Data user manuals (prevention and treatment)
- Critical Incident Forms and processes
- Exception Request Processes
- IPN Provider Manual and Provider Releases
- IPN Prevention Services Orientation Guide
- IPN Maps
- IPN Strategic Prevention Framework Overview and Deliverables
- Prevention Survey Overview
- Prevention Guide
- SABG Regulations
- Recovery Peer Coaching guidance documents
- IPN meetings (topics related to SABG requirements, claims, reporting, data and quality improvement activities, problem gambling, prevention requirements, data reporting and collection, contractual responsibilities). For meetings and trainings see:Bureau of Substance Abuse - Integrated Provider Network - Meetings & Trainings
- Developed IPN documents and forms. For more information see: http://idph.iowa.gov/substance-abuse/Integrated-Provider-Network/Documents

Integrated Provider Network (IPN) Service Area Map and Contractors
Substance Use and Problem Gambling Services*



Service Area	Contractor	Service Area	Contractor
1	Rosecrance Jackson Centers, Spencer Phone: 800-472-9018	13	Crossroads Behavioral Health Services, Creston (4) Phone: 641-782-8457
2	Prairie Ridge Integrated Behavioral Healthcare, Mason City (1) Phone: 866-429-2391	14	House of Mercy, Des Moines (1,3) Phone: 515-643-6500
3	Northeast Iowa Behavioral Health, Decorah (4) Phone: 800-400-8923		Prelude Behavioral Services, Des Moines (1) Phone: 515-262-0349
4	Jackson Recovery Centers, Inc., Sioux City (1, 2, 3) Phone: 800-472-9018		UCS Healthcare, Des Moines (4) Phone: 515-280-3860
5	Community Opportunities DBA New Opportunities, Carroll Phone: 712-792-9266	15	House of Mercy, Newton Phone: 641-792-0717
6	Community and Family Resources (CFR), Fort Dodge (1, 2, 4) Phone: 866-801-0085		UCS Healthcare, Knoxville Phone: 515-280 -3860
7	Substance Abuse Treatment Unit of Central Iowa, Marshalltown Phone: 641-752-5421	16	Southern Iowa Economic Development Association (SIEDA), Ottumwa (4) Phone: 800-622-8340
8	Pathways Behavioral Services, Inc., Waterloo (1, 4) Phone: 319-235-6571	17	Prelude Behavioral Services, Iowa City (1) Phone: 319-351-4357
9	Substance Abuse Services Center (SASC), Dubuque Phone: 563-582-3784	18	Alcohol & Drug Dependency Services (ADDS), Burlington (1, 4) Phone: 319-753-6567
10	Area Substance Abuse Council, Inc. (ASAC), Cedar Rapids (1, 2, 3, 4) Phone: 319-390-4611		

11	Heartland Family Service, Council Bluffs (1, 3) Phone: 712-322-1407	**19**	Center for Alcohol & Drug Services, Inc. (CADS), Davenport (1) Phone: 563-322-2667
12	Zion Recovery Services, Inc., Atlantic (1), Phone: 712-243-5091		Robert Young Center, Muscatine, Phone: 563-264-9409 (4)
Additional Specialized Treatment Statewide Services **(1) Adult Residential Treatment (2) Juvenile Residential Treatment (3) Women and Children Treatment (4) Methadone Treatment**			

*The IPN contractors (providers) are funded by IDPH to provide substance use and problem gambling services to eligible Iowans. For more information about the providers listed, click on the provider name or call the phone numbers listed. For more information about other treatment and prevention programs, visit https://yourlifeiowa.org/facility-locator.

Revised June 2021

Partnerships

One of the significant strengths IDPH has, in both treatment and prevention, is the broad array of partnerships which include:

- Local Boards of Health
- Alcohol Beverages Division
- Community Coalitions
- Community Colleges
- County Boards of Supervisors
- Department on Aging, Aging and Disability Resource Centers, Area Agencies on Aging
- Department of Corrections
- Department of Education, both public and private school districts
- Department of Inspections and Appeals
- Department of Human Rights
- Department of Human Services
- Department of Public Health programs and services, State Board of Health
- Department of Public Safety
- IDPH Division of Tobacco Use and Control
- IDPH Bureau of Emergency and Trauma Services
- IDPH Bureau of HIV, Hepatitis, and STDs
- Governor's Office of Drug Control Policy
- Primary Care Providers
- Judicial Branch; including Children's Justice, Family Treatment Courts and Juvenile Justice
- Local public health agencies
- Iowa Collaboration for Youth Development
- Iowa Youth Advisory Council
- Iowa Boards of Pharmacy, Medicine, Nursing, and Dentistry
- Iowa Behavioral Health Association
- Iowa Army National Guard
- Iowa Veterans Administration
- Iowa Primary Care Association
- Iowa Healthcare Collaborative
- Iowa Harm Reduction Coalitions
- Iowa Medical Society
- Iowa State University Conference Planning and Management
- Law Enforcement Personnel including Sheriffs' Association and Police Chiefs' Association
- University of Iowa Health Care, Department of Pharmaceutical Care,
- UIHC Psychiatry and Internal Medicine
- Mental Health and Disability Services Regions

- Meskwaki Nation -Sac & Fox Tribe of the Mississippi in Iowa
- Midwest Counterdrug Training Center
- Iowa Regent Universities
- Iowa Hospital Association
- Iowa Poison Control Center
- Midwest High Intensity Drug Trafficking Area
- Iowa State Extension Partnerships in Prevention Science Institute
- Iowa Board of Certification
- Iowa Prevention & Treatment Supervisors Association
- Iowa Mentoring Partnership
- Department of Transportation
- IDPH Division of Tobacco Use and Control
- IDPH Bureau of Emergency and Trauma Services
- IDPH Bureau of HIV, Hepatitis, and STDs
- Governor's Office of Drug Control Policy
- Primary Care Providers
- Judicial Branch; including Children's Justice, Family Treatment Courts and Juvenile Justice
- Local public health agencies
- Iowa Collaboration for Youth Development
- Iowa Youth Advisory Council
- Iowa Boards of Pharmacy, Medicine, Nursing, and Dentistry
- Iowa Behavioral Health Association
- Iowa Army National Guard
- Iowa Veterans Administration
- Iowa Primary Care Association
- Iowa Healthcare Collaborative
- Iowa Harm Reduction Coalitions
- Iowa Medical Society
- Iowa State University Conference Planning and Management
- Law Enforcement Personnel including Sheriffs' Association and Police Chiefs' Association
- University of Iowa Health Care, Department of Pharmaceutical Care,
- UIHC Psychiatry and Internal Medicine
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- Midwest Counterdrug Training Center
- Iowa Regent Universities
- Iowa Hospital Association
- Iowa Poison Control Center
- Midwest High Intensity Drug Trafficking Area
- Iowa State Extension Partnerships in Prevention Science Institute
- Iowa Board of Certification

- Iowa Prevention & Treatment Supervisors Association
- Iowa Mentoring Partnership

Collaboration with Native Americans/American Indians

Although this is not a population of focus under the SABG, coordination of care with Native Americans/American Indians is a priority of the Department. There is only one federally recognized tribe within Iowa, the Sac & Fox of the Mississippi in Iowa (locally known as the Meskwaki Nation). Due to the very small size of the population, the health services for the Meskwaki people are all provided in one health center. In order to track and coordinate the services and communications with the tribe, IDPH established a point of contact team that includes a designated SSA staff person from the Bureau of Substance Abuse. The Meskwaki have a SUD treatment center within their health center, and several IDPH SSA staff have provided technical assistance and access to training for SUD prevention and treatment topics over the last several years.

Legislation

9-8-8

In August 2019, the Federal Communications Commission (FCC) staff—in consultation with the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration, the Department of Veteran Affairs, and the North American Numbering Council—released a report recommending the use of 988 as the 3-digit code for the National Suicide Prevention Lifeline. In July 2020, the FCC adopted rules designating this new phone number for Americans in crisis to connect with suicide prevention and mental health crisis counselors. The transition, which will take place over the next two years, will result in phone service providers directing all 988 calls to the existing National Suicide Prevention Lifeline (NSPL) by July 16, 2022.

Vibrant, the NPSL contractor, offered states a planning grant opportunity in December 2020 to support development of state 988 implementation plans. The focus of the grant is for the state to develop clear roadmaps to address key coordination, capacity, funding and communication strategies that are foundational to the launching of 988 which will occur on or before July 16, 2022 and plan for the long-term improvement of in-state answer rates for 988 calls. IDPH applied for, and is the lead agency, for the 988 work. In addition, IDPH is collaborating with DHS on grant activities. IDPH and DHS staff meet weekly to work on overall plan deliverables. Core planning considerations include:

- 24/7 statewide coverage for 9-8-8 calls, chats and texts
- Identify and support funding streams
- Capacity building
- Operational, clinical and performance standards for lifeline centers
- Local resource and referral listings and linkages to local community crisis services
- Follow up services
- Consistent public messaging

IDPH and DHS are working closely with the crisis centers in Iowa that answer the NSPL to develop a landscape analysis and a plan to build capacity for the increased volume once 9-8-8 is launched. Another key component of the grant is the development of a 9-8-8 coalition. The Iowa 9-8-8 coalition is made up of key stakeholders, who have met monthly since April 2021, to provide guidance for the implementation plan and integration of 9-8-8 into the current crisis system.

Children's Behavioral Health System State Board

The Children's Behavioral Health System State Board (Children's Board) is the single point of responsibility in the implementation and management of a Children's Mental Health System (Children's System) that is committed to improving children's well-being, building healthy and resilient children, providing for educational growth, and coordinating medical and mental health care for those in need. Signed into law on May 1, 2019, House File 690 established requirements for the Children's Behavioral Health System after receiving the Strategic Plan for the Children's System State Board as ordered by Executive Order No. 2 signed April 23, 2018.

The Children's Board consists of 17 voting members appointed by the Governor. The Children's Board is co-chaired by the Department of Human Services and Department of Education. Members of the Children's Board were selected based on their interest and experience in the areas of children's mental health, education, juvenile court, child welfare, or other related fields. The Department of Public Health staff serve on the Children's Board and other staff, including SSA staff, attend board meetings.

In continuation of the Children's Board ongoing work, HF 690 was passed and signed into law in May, 2019. Within this legislation, the *"DHS and IDPH shall provide a single, statewide twenty-four hour crisis hotline that incorporates information for families of children with a serious emotional disturbance which may be provided through the expansion of the "yourlifeiowa platform"*. Resources for the addition of the children's resources, to YLI, are currently led by the SSA staff and planning, development, and contractual work is currently underway. For more information visit: Your Life Iowa: Homepage

HF766- Co-Occurring Conditions Enhanced Delivery of Services

House File 766, Division VIII, Section 41 directed the Directors of the Departments to: "examine the current service delivery system to identify opportunities for reducing the administrative burden on the departments and providers, evaluate the use of an integrated helpline and website and improvements in data collection and sharing of outcomes, and

create a structure for ongoing collaboration. The directors shall submit a report including findings, a five-year plan to address co-occurring conditions across provider types and payers', and other recommendations."

The Departments convened a focus group in October 2019 representing co-occurring service providers, mental health and disability services regions, and individuals and family members with lived experience. The following themes emerged from the focus group:

- CCBHC is an effective model for the delivery of co-occurring services
- Community partnerships are essential to providing individualized services
- Flexible funding is needed to provide co-occurring services and current payment structures do not allow flexibility
- Workforce shortages are a barrier to providing effective services
- Provider accreditation and licensure should be streamlined wherever possible and unnecessary paperwork eliminated
- Mental health providers need a data collection system similar to the system used by IDPH for licensed substance use disorder providers
- Systemic barriers should be identified, reviewed, and where possible minimized or eliminated, e.g. professional licensure processes

A Co-Occurring conditions Enhanced Delivery of Services Report was completed and submitted to the Iowa Legislature in December 2019. The report recommends and outlines a Five-Year plan to address co-occurring conditions in Iowa. Highlights from the plan include:

- Explore the certified community behavioral health clinic (CCBHC) model to build a joint statewide network of substance use disorder and mental health safety net providers (Safety Net Providers). The state currently has 12 CCBHC's; three of which are IPN providers.
- Assess and align reimbursement rates for community mental health centers (CMHCs) and the substance use disorder integrated provider network (IPN)
- Evaluate Your Life Iowa at the end of three years allowing for time to gather data and provide a more complete assessment
- Explore the integration of mental health data and providers into Iowa Department of Public Health's integrated data system
- Collaborate on projects designed to reduce stigma in effort to create "no wrong door" access to care.

Consistent with the five-year plan, IDPH and DHS are currently implementing Stage 1-Planning and preparing (years 1-2). The Department staff are currently meeting monthly and are in the process of reviewing the following activities:

- Review the mental health accreditation and substance use disorder licensure processes and review options for a joint review process
- Review and research the current state of CCBHC in Iowa and other states for areas of strength and improvement
- Pilot CMHCs using IDPH's data collection system
- Continue to review prior authorization requirements for Medicaid services and work with the managed care organizations on aligning paperwork requirements
- Provide recommendations on changes to law related to statewide

implementation of Safety Net Providers using the CCBHC model including potential funding sources
- Establish an educational platform for mental health and substance use disorder providers
- Review the current marketing plan for Your Life Iowa and determine how to incorporate content for reducing stigma
- Review professional licensure requirements and identify any workforce barriers that can be eliminated

IDPH Strengths

- The IDPH annually plans and funds the annual Governor's Conference on Substance Abuse providing educational opportunities to Iowa's workforce; held successfully virtually in 20 and 21 and attended by approximately 500 treatment, prevention, gambling and medical professionals.
- IDPH Contracts with the Iowa State University Event Planning Group to implement training on various topics and evidenced based practices to support the SUD IPN network
- SSA and SSA staff meet with Iowa Behavioral Health Association members on a monthly basis to obtain input, provide training, identify barriers and opportunities for collaboration and problem solve.
- IDPH provides opportunities for feedback through the Bureau Newsletter, meetings, Board of Health meetings, monthly IPN meetings between the SSA and IPN contractor directors, and other stakeholder meetings
- SSA staff ensure a full continuum of prevention, treatment and recovery support services are available statewide and have aligned geographical service areas for problem gambling, substance abuse prevention, and substance use disorder treatment.
- SSA staff have strong partnerships across prevention agencies, community coalitions, and treatment providers, facilitating local and statewide meetings.
- SSA staff use evidence-based prevention practices that consider risk and protective factors, and have expanded prevention workforce development training.
- The SSA staff participates in annual child welfare meetings and initiatives and participates in meetings associated with child welfare policy review on a regular basis.
- Iowa has two Veterans Administration (VA) health centers located in Des Moines and Iowa City, Iowa. The VA provides comprehensive substance use disorder and mental health services to Iowa Veterans. The Central Iowa VA systems provides inpatient and outpatient substance use disorder services. SSA staff serve on the VA Stakeholders quarterly meetings. In addition, Veterans are represented on the Mental Health Planning Council - a council attended by a SSA representative and a VA representative is engaged in the suicide planning efforts and meetings.
- SSA staff is a member of the planning committee meetings for the annual Public Health Conference
- SSA staff are involved in committee work related to Drug Endangered Children (DEC). Coordination of efforts to identify, intervene and treat children

endangered by caregiver drug use, manufacturing, and distribution

- IDPH collaborates with the Iowa Board of Certification (IBC). The IBC is a professional credentialing organization for substance abuse counselors in Iowa. IBC is an ICRC entity. It is not affiliated with IDPH's professional licensing boards (e.g. social workers, marriage and family therapists, etc.).
- SSA staff are involved in the Children's Justice Initiative which is dedicated to improving the lives and future prospects of children who pass through Iowa's dependency courts. The Children's Justice State Council is made up of representatives, appointed by the Supreme Court, from those organizations that are involved in the child welfare system or that might be impacted by systemic change resulting from initiative efforts, including representatives of state agencies with decision and/or policy-making authority: Attorney General, State Public Defender, Department of Education, State Mental Health Authority (SMHA), and SSA.
- IDPH has partnered with a local SUD MAT provider to successfully expand medication units, a model which Iowa has been asked to speak about on numerous occasions to other states. Utilizing a co-location model, the SUD OTP provides MAT services through a Medication Unit model of delivery. The SUD OTP partners with a licensed treatment provider(s) throughout the state to deliver the MAT; while the SUD licensed treatment agency staff provide the counseling services.
- SSA staff is a member of the Children's Justice State Advisory Council. Membership represents stakeholders appointed by the Supreme Court to address issues in the child welfare system that might require legislative, funding, policy or statewide practice change. The Council refers issues to or makes recommendations to member organizations or develops multidisciplinary work groups to resolve issues that require joint solutions. Court process issues, even if multidisciplinary, would be referred to the Children's Justice Advisory Committee for action.
- SSA staff have a collaborative relationship with the IDPH Tobacco Use Prevention and Control Division (TUPAC) and SSA staff attend the quarterly Tobacco Commission meetings. The SSA staff and TUPAC staff collaborate on SYNAR efforts and report development.
- SSA led efforts to quickly respond (within 7 days) to the delivery of telehealth services during the COVID-19 Public Health Emergency Iowa Governor Proclamation in March of 2020 by providing telehealth services, including audio only telephone transmission for the delivery of medically necessary, clinically appropriate SUD services. The SSA has been involved in the presentation of this information at the annual conferences of the National Association of State Alcohol and Drug Abuse Directors (NASADAD) meetings held in 2020 and 2021.
- SSA and SSA staff implemented a state-wide on-line learning management system (LMS) *Relias* to all licensed SUD providers in the state. Relias offers staff compliance training and continuing education for behavioral health, mental health, addiction treatment, developmental disability, community action and child welfare organizations. The Relias LMS not only provides free training to the workforce, but also provides the ability to track and manage

courses provided and completed by provider and provider organization. Since Relias was implemented in June of 2020, the following data has been reported:

- Total courses completed: #48, 905
- Total unduplicated users: #1,376
- Top completed courses of the licensed SUD providers include topics such as: workplace violence, customer service, infection control, client/patient rights, ethics, incident reporting, cultural competence, first aid, confidentiality of substance use treatment information, sexual harassment, and blood borne pathogens.

Early Intervention

- **Media Campaign** Supported by OD2A and the State Opioid Response Grants, IDPH launched a campaign named "*See the Person. Not the Addiction*". The goal of the campaign is to minimize some of the more common assumptions and misperceptions about drug addiction that may act as a source of shame for people who use drugs. Foundational research was conducted through focus groups to understand beliefs related to stigma. Focus groups were also conducted with people with lived experience to understand the impacts of stigma. This campaign is currently being implemented in nine Iowa counties. For further information visit the Your Life Iowa Media Center at: Prevention Media Center
- **Early Intervention Services through the Iowa Provider Network.** Based on the 0.5 ASAM level of care which explores and addresses problems or risk factors that appear to be related to an addictive disorder and which helps the individual recognize potential harmful consequences. Examples include Screening, Brief Intervention and Referral to Treatment Brief Treatment curricula.

Primary Prevention

IDPH directs 20% of the SABG and certain State legislative appropriations to 19 community-based agencies through the Integrated Provider Network (IPN) contracts. Providers were selected through the integrated competitive Request for Proposals (RFP) process. The RFP explicitly referenced the Strategic Prevention Framework (SPF) model and was built around SPF principles. The 19 unique providers serve 19 different prevention service areas, each generally covering 2- 10 counties, and collectively encompassing all 99 Iowa counties. The contracts support substance misuse prevention services to all counties in Iowa, twelve months of each contract year. In SFY20, 61,366 prevention participants were served and 10,065 direct service hours were provided.

IPN prevention providers provide services through the lifespan and may be directed to all ages and populations not in need of direct treatment services. IPN prevention services maintain and advance public health activities, essential services, core public health functions, and strong relationships with community partners.

The objectives of IPN prevention contracts are to:

- Provide primary substance abuse prevention in all 99 Iowa counties
- Utilize the Strategic Prevention Framework to drive all prevention services
- Implement evidence-based programs, practices and policies
- Provide culturally responsive services

- Assist in developing substance abuse community coalition capacity
- Sustain positive outcomes related to prevention services
- Evaluate services based on common outcomes
- Provide services that do not duplicate or overlap other prevention services with the same target population

Iowa's IPN prevention services are based on a multi-strategic approach, encompassing all six primary prevention strategies, that aims at multiple populations including youth, adults, high risk individuals, community coalitions, and workplaces. These strategies all comply with the Institute of Medicine Prevention Classifications, the Strategic Prevention Frameworks and SAMHSA six prevention strategies. All contracted providers have to address services across the lifespan for prevention of: alcohol, marijuana, methamphetamine, prescription medications, opioids, problem gambling, suicide and tobacco. Problem gambling and suicide efforts are funded priorities from State funding. For additional information on priorities visit: https://idph.iowa.gov/Bureau-of-Substance-Abuse/Prevention-Related-Programs/Prevention-Priorities

Prevention Services are driven by the Strategic Prevention Framework planning model and the Iowa Epidemiological Profile which is reviewed and discussed regularly by the State Epidemiological Workgroup and Prevention Partnerships Advisory Council (SEWPPAC). Additional information can be found at: https://idph.iowa.gov/Bureau-of-Substance-Abuse/Prevention-Related-Programs/Prevention-Advisory-Council-and-Workgroups

The Epidemiological Profile provides direction to the prevention services provided through IDPH. Prevention programs use the six prevention strategies, as appropriate to each result area, and follow the Center for Substance Abuse Prevention (CSAP) evidence-based program definitions. For additional information on the The Bureau of SUD has developed a prevention guide for use by all providers. The prevention guide can be found at: https://idph.iowa.gov/Bureau-of-Substance-Abuse/Prevention-Related-Programs/Prevention-Supports/Prevention-Guide

The Five-Year Substance Abuse Prevention Strategic Plan follows the Strategic Prevention Framework (SPF) model and is guided by the principles of cultural competence and sustainability throughout all five steps of the process. The Strategic Plan focuses on strategies for Evidence-Based Practices, Continuous Quality Improvement, Prevention Education, Workforce Development, and includes a special focus area on strategies to Reduce Opioid Use Disorder.

Established performance indicators that will be monitored to assess the impact of the implemented strategies include:

- Decrease underage drinking from 11% to 7% or fewer youth reporting alcohol consumption. Measured by the Iowa Youth Survey (IYS). State rate in 2016 of 3% for 6th graders, 5% for 8th graders, and 21% for 11th graders.
- Decrease marijuana use from 9% to 7% or fewer youth reporting its use. Measured by the Iowa Youth Survey. The 2016 IYS shows 1%, 2%, and 10% for 6th, 8th, and 11th graders, respectively.

- Decrease by 5% the number of 11th grade youth reporting misuse of prescription medications. Measured by the Iowa Youth Survey. Reduce by 5% (n=65) the current numbers of 11th grade youth (n=1,299) reporting prescription medication misuse.
- Decrease in binge drinking among adults from 28.6% (baseline 2008-09) to 20.3% (2019-20 reported data). Measured by NSDUH. Behavioral Health Barometer, Iowa reports that 18.1% of individuals aged 12-20 in Iowa engaged in binge drinking within the past month, higher than the national rate of 14.0%. NSDUH 2013-14 reports binge rate at 25.36 for Iowans 12+, 47.04 for 18-25 year-olds.

For additional information on the Prevention Strategic Plan visit: https://idph.iowa.gov/Bureau-of-Substance-Abuse/Prevention-Related-Programs/Prevention-Strategic-Plan

The Bureau of Substance Abuse has supported a Workforce Development Task Force since 2003. This task force has assisted with a variety of projects over that timeframe which help support Iowa's prevention workforce. Currently, the Workforce Development Task Force focuses on the following strategies:

- Develop a workforce survey to assess current prevention workforce
- Define needs, identify gaps and craft a plan to address subject matter training for all experience levels of prevention professionals.
- Diversify the field of prevention professionals to reflect the population of Iowa through recruitment and retention strategies.
- Identify an onboarding model for prevention professionals to ensure basic competencies are met across all IDPH-recognized primary prevention strategies.
- Foster and encourage partnerships between prevention professionals and community stakeholders (e.g. youth serving organizations, faith leaders, local law enforcement, health care, educators) across the state to ensure consistent practices are applied.
- IDPH prevention contractors will be required to identify county specific disparate populations through the planning step in the Strategic Prevention Framework planning model. During this process, contractors will create a strategic plan where they will document identified populations, identify strategies to address disparities and provide steps on how prevention strategies will be provided to the populations identified. IDPH collaborates with the University of Northern Iowa and Iowa State University to complete environmental scans and these initiatives will assist in identifying underserved populations and health equity needs.

For additional information on workforce survey results visit: https://idph.iowa.gov/Bureau-of-Substance-Abuse/Prevention-Related-Programs/Prevention-Advisory-Council-and-Workgroups/Workforce-Development-Task-Force

The Bureau of Substance Abuse supports a Evidence-Based Practices Workgroup that includes a diverse membership of prevention professionals throughout Iowa. Working in collaboration with these partners, the Evidence-Based Practices Workgroup focuses on completing the following strategies:

- Develop a resource guide of substance abuse prevention best practices, programs, and policies that are evidence-based or evidence-informed as defined by IDPH.
- Develop a template of questions around substance use/misuse to be used in community needs assessments across Iowa.
- Develop and launch a toolkit for communities to use when advocating for public policy change

in the prevention of substance abuse.

The Evidence-Based Review Team serves as a subcommittee of the Evidence-Based Practices Workgroup. This Review Team is responsible for reviewing submitted Waiver Request and Adaptation Forms from contracted agencies. These forms are submitted if a contractor requests to utilize a program, policy, or practice not currently listed in the IDPH approved list of evidence-based programs or if a contractor would like to request an adaptation of an evidence-based program, policy or practice.

Prevention Services and Problem Gambling:
Problem gambling education and prevention services inform Iowans about the risks and responsibilities of gambling. This work encompasses the six prevention strategies identified by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention: community-based process, environmental, information dissemination, education, alternatives, and problem identification and referral. Examples include:

- Health promotion campaigns to encourage Iowans to evaluate their gambling behavior and seek help if they have a problem. Includes collaborative health promotion activities with the Iowa Lottery and Iowa Gaming Association.
  - Problem Gambling Awareness Month – each March
  - Responsible Gaming Education Week – each August
- Educating employers about the cost of problem gambling to their businesses (*Gambling in the Work Place Tool Kit*).
- Partnering with state-regulated casinos to train employees, and educate and inform patrons *(Responsible Gaming Toolkits)k*
- Partnering with the Iowa Lottery to inform players that help is available for problem gambling.
- School-based prevention efforts for youth (*IGPS prevention page*).
- Educating the problem gambling treatment and prevention workforce on regional, statewide, and national trends and best practices to improve service delivery and outcomes.

The effectiveness of IDPH education and prevention efforts can be seen in the following data from the Gambling Attitudes and Behaviors: A 2018 Survey of Adult Iowans

Prevention COVID-19 Modifications
For the delivery of Prevention services during the duration of the Governor's Disaster Proclamation, IDPH offered information and guidance regarding contractual provisions. IDPH provided IPN contract guidance documents to assist providers during the progression of COVID-19. The following contractual changes occurred:

- Sustainability plans. IDPH required sustainability plans to be developed and submitted to the IDPH
- Virtual Conferencing. IDPH allowed for services to be provided in person or through use of electronic means or written communications vs. only face to face services
- Consideration of service delivery. IDPH provided guidance to conduct services related to the Assessment step of the Strategic Prevention Framework via electronic means/phone, when applicable
- Work plan revisions. IDPH provided guidance regarding work plan revisions and if modifications were needed to notify the Department. Further guidance was provided that

if a prevention strategy needed to be revised and/or removed, agencies should consider other prevention services that may occur given current events.

- Virtual Meetings. IDPH encouraged the use of virtual meetings to conduct and/or attend coalition/community meetings/presentations.

Iowa Substance Abuse Prevention Data Reporting

Beginning in January of 2019 and continuing through June 30-2021, Iowa implemented and utilized a prevention module within the ISMART data collection system, which was already in use by Iowa use disorder and problem gambling treatment and prevention programs. The I-SMART system enables the Iowa Department of Public Health (IDPH), substance use disorder treatment programs, community-based service providers, and others to collect and report the numbers served and types of services delivered. Substance misuse and problem gambling prevention providers use the I-SMART prevention module to report direct services provided through the IDPH Integrated Provider Network (IPN) contract. The prevention module provides a uniform method of collecting group-level process data and primary prevention services. Prevention providers enter information into I-SMART about the services they provide in their communities on an ongoing basis. The aggregate data in the database makes it possible to explore the extent to which organizations are implementing various types of programs and to see which general populations are being served. Providers can enter, store, and retrieve data and generate data exports using predefined and user-selected criteria.

Primary Prevention providers use the IDPH Prevention Survey to collect pre/post survey data from recurring educational programs. The results are then entered into Qualtrics, a web-based system used to collect and report individual-level survey data. This web-based evaluation tool provides a structure and framework for collecting prevention process data. This system allows questionnaires to be built interactively, the set of respondents to be defined and data to be collected. Qualtrics further assists evaluation efforts by performing basic statistical reporting and providing detailed data downloads that allows evaluation staff to perform more exhaustive statistical analysis.

Data Integrity

Each month, IDPH conducts Data Integrity checks to ensure that data reported are complete and accurate. Data Integrity Reports are distributed monthly. Agencies are expected to review their individual reports and to make the corrections noted by the 15th of the following month. Examples of data integrity checks include comparing the Strategy IOM to the IOM Classification, duration minutes are entered as directed, recurring programs have the required number of sessions, etc.

Data System Enhancements

In July 2021, Iowa will transition from I-SMART and Qualtrics to the Research Electronic Data Capture (REDCap) data collection system, developed by Vanderbilt University. REDCap is a secure web platform for building and managing online databases and surveys. REDCap will give primary substance abuse prevention providers the ability to report one-time prevention services, evidence-based programs, and individual-level surveys in one system. This will make for stronger data collection and integrity processes. It will also provide export processes for data downloads to Excel and other statistical applications. IDPH offers a Help Desk to answer questions and provide assistance on data reporting requirements and the data system. The Help Desk can be reached via

phone or via email at SAPGData@idph.iowa.gov. Help Desk hours are M-F from 9-3 (excluding holidays). Help Desk calls are automatically answered with messages transcribed and sent to the help desk email. Help desk personnel respond to requests within 1 business day.

Treatment

One of IDPH's priorities is direct services to Iowans through treatment covered services. Iowans have available a wide range of substance use disorder treatment services. Many private insurance plans offer specific benefits for their members that may cover certain types of treatment. The public substance use disorder services system is decentralized and multi-faceted, with responsibility spread across multiple government agencies. In addition, external advocacy and stakeholder groups make important contributions to the system. Public substance abuse services are funded from state and federal sources that encompass such diverse but related areas as criminal justice, child- welfare, education, employment, housing, mental health, physical health, and public safety, as well as the Single State Authority (SSA) substance use disorder prevention, treatment, and recovery support system. Iowa's SSA assures an accessible, comprehensive, coordinated, and effective safety-net system of care for the broad range of substance-related issues faced by Iowans, through both statewide resources and specific local services.

In Iowa, treatment services are provided through the IPN network in each service area and statewide.

In CY20, more than 61,366 Iowans participated in substance misuse and problem gambling prevention services, and nearly 43,000 Iowans received substance use disorder treatment services. These individuals may have been screened for risk, been admitted to treatment and/or received crisis intervention services.

IPN funded providers are selected through a competitive request for proposals process that assures access through outpatient geographic services areas and statewide residential services. Providers must be not-for-profit, licensed substance abuse treatment programs. A limited number of Iowa hospitals have inpatient substance abuse treatment units and/or outpatient treatment programs. Hospitals may provide inpatient medical withdrawal services. Any licensed prescriber can provide outpatient/ambulatory withdrawal management. Programs are increasingly seeking national accreditation, such as Commission on Accreditation of Rehabilitation Services (CARF), Council on Accreditation (COA) and the Joint Commission. National accreditation supports insurance reimbursement eligibility.

In addition, in compliance with IDPH program licensure standards, providers must integrate culturally and environmentally-specific customs and beliefs of a given population into assessment and treatment planning.

IPN/SSA-funded substance abuse treatment services follow SABG requirements:

- Meeting required set asides
- Include Outpatient and Intensive Outpatient for problem gambling and substance use disorders
- May apply to provide Adult Residential, Juvenile Residential, Women and Children treatment, and/or Methadone treatment services.
- Services for women and pregnant women, including time frames for women requesting

and in need of treatment and interim services if program is at capacity

- Services to injecting drug users, including: time frames for individuals requesting and in need of treatment and interim services if program at capacity
- Use of outreach services
- Tuberculosis services
- Resident of Iowa with income at or below 200% of the federal poverty guidelines who is not insured or for whom third party payment is not available to pay for services and who seeks substance use disorder services funded by IDPH. Cannot be an Iowa Medicaid member eligible for Medicaid funded substance use disorder services. May be an Iowa Health and Wellness Plan member due to restrictions to available substance use disorder services.
- IPN-funded services have been described by stakeholders as an efficient and effective statewide system of care, organized around:
  - Regional service areas
  - Uniform eligibility criteria
  - Standardized core services
  - National practice standards for admissions, level of care transitions, and discharges
  - Contractual performance measures
- Priority in treatment:
  - Given to those clients with the greatest clinical need
  - Given to substance abuse that results in the highest personal and social cost
  - Ranked priority for admissions to treatment:
    1) Pregnant women injecting drug users
    2) Pregnant substance abusers
    3) Persons who inject drugs
    4) All others

The IPN funded services also support services categorized as: Care Coordination, Medical Evaluations and Medical Care, Medication, Medication Assisted Treatment, Drug Testing, Interim Services for Priority Populations, Recovery Peer Coaching, Transportation, Early Intervention, suicide Screening, and Outreach, Quality Improvement, Network Support, and Workforce Development initiatives. Network Support services include expectations that providers provide comprehensive and integrated care and must coordinate and ensure provision of all required services in their respective service area. For further information on IPN treatment, meetings, data reporting, quality improvement and trainings, see: Bureau of Substance Abuse - Integrated Provider Network - Meetings & Trainings

IPN funding may be used to pay for treatment covered services that are not covered under the Iowa Health and Wellness Plan, specifically, residential treatment. The ACA was enacted in Iowa as the Iowa Health and Wellness Plan. Iowa's plan included co-pays, coinsurance, and deductible requirements. The Iowa Health and Wellness Plan members have a limited set of behavioral health benefits but are able to access the full Medicaid benefit package through determination of medical exemption. The Iowa Health and Wellness Plan does not provide coverage for Substance Disorder residential treatment.

- The Iowa Health and Wellness Plan includes three options:
  - *The Iowa Wellness Plan* for Iowans with income up to/including 100% of the Federal Poverty Level (FPL) and medically exempt individuals with income

up to/including 133% of the FPL through Medicaid managed care.
- *Marketplace Choice Plan* for non-medically exempt individuals with income 101-133% of the FPL, through premium assistance to enroll in qualified health plans in the health insurance marketplace; and
- *Health Insurance Premium Payment Program* which provides premium assistance for individuals with income up to/including 133% of the FPL who have access to cost-effective employer-sponsored insurance coverage.

IPN funding may also be used to pay for treatment covered services that are not covered during the gap period between enrollment in Medicaid and assignment to a managed care organization (MCO) because of B3 services requirements. All IDPH funding requirements, including, but not limited to, IDPH Participant eligibility, apply. Providers must actively support enrollment in Medicaid.

Treatment COVID-19 Modifications

For the delivery of treatment services during the duration of the Governor's Disaster Proclamation, IDPH offered information and guidance regarding contractual provisions. IDPH provided IPN contract guidance documents to assist providers during the progression of COVID-19. The following contractual changes occurred:

- Treatment eligibility. To assist Iowan's impacted financially, IDPH waived the use of federal poverty guidelines and collection of patient co-pays,
- Treatment care coordination rates. IDPH increased unit rates of care coordination services from $75 to $500 through FY21
- Sustainability plans. IDPH required sustainability plans to be developed and submitted to the IDPH
- Visitation Restrictions. IDPH allowed for immediate visitation to facilities and allowed alternative methods for visitation
- ASAM Criteria Reduction in hours. IDPH allowed for a reduction in required hours of clinically managed treatment services for the following levels of care:
  - 3.5 Clinically Managed High Intensity (minimum 50 hours/week)
  - 2.5 Partial/Day Treatment (minimum 20 hours/week)
  - 2.1 Intensive Outpatient (minimum 9 hours/week for adults and minimum of 6 hours/week for juveniles).
- Immediate notification to IDPH upon closing. IDPH required notification to IDPH upon program closing or intention to close
- Telehealth. Pursuant to the Iowa Governor Proclamation on March 26, 2020, telehealth temporarily suspended the regulatory provision of Iowa Code chapters & 514C.34 to the extent that it excluded from the definition of telehealth the provision of services through audio-only telephone transmission
  - Telehealth guidance was provided regarding originating site, data reporting guidance, consent and confidentiality processes
  - Due to COVID-19 impacts, SUD Evaluations/Admissions (March 2020-February 2021) saw a drop of 24.6% in evaluations completed (9,993 fewer) and a 19.5% drop in Admissions (5,540 fewer). Telehealth implementation was immediately implemented.
  - As a result of the telehealth implementation, IDPH sent a survey to the licensed providers in April of 2020 and 67% licensed providers responded. The following indicates the responses regarding Outpatient Telehealth services:

- 14,688 received a telehealth service during CY 2020 (Outpatient) (48.2% of patients, 36.3% of services) - as reported by 45 agencies
- 7,222 received telehealth service during CY 2021 (through March 2021) 59.8% of patients, and 46.4% of services) - as reported by 40 agencies.
- Gambling Treatment - .1% Telehealth in CY2019, just over 40% in CY 2020 and so far in CY 2021.

Iowa Substance Use Disorder Treatment Data Reporting

The IDPH Division of Behavioral Health collects patient level data from licensed substance use disorder treatment agencies to meet state and federal data (TEDS, etc.) reporting requirements.

The Central Data Repository (CDR) is Iowa's data warehouse (Microsoft Sequel Server 2008) of substance use disorder treatment data. Client level data (Client Profile, Crisis, Placement Screening, Admission, Discharge, Service and Follow-up) is collected from approximately 100 licensed substance use disorder treatment programs. IDPH monitors and uses these data to assist in decision making regarding system trends (utilization, demographic, drug of choice, level of care, etc.), system/network improvements (access, engagement, retention, continuation, quality of life, etc.) and health equity.

Data Reporting Methods

Licensed substance use disorder treatment programs have several options to submit patient level data electronically to the CDR:

- Secure File Transfer Protocol (SFTP): Licensed substance use disorder treatment agencies that currently use or are planning to procure an EHR/EMR (Electronic Health Record or Electronic Medical Record), may submit patient level data per the CDR Vendor Submission Guide (http://www.idph.iowa.gov/ismart/repository)
- I-SMART (Iowa Service Management and Reporting Tool): Licensed substance use disorder treatment Agencies that don't currently have an EHR/EMR or whose EHR/EMR does not currently meet the CDR Vendor Submission Guide, may choose to submit data via data entry in I-SMART. ISMART data entry ended June 30, 2021 and was replaced with the Iowa Behavioral Health Reporting System (IBHRS)
- IBHRS: Effective July 1, 2021, IBHRS is a newly developed statewide integrated substance use disorder and problem gambling treatment reporting system will launch on July 1, 2021. IBHRS fulfills the integration of licensure and data reporting requirements set in motion by Senate File 2425 (2008) and House File 811 (2009), where the Iowa Legislature directed the Department to align SUD and problem gambling (PG) treatment systems. IBHRS combines SUD and PG data model and has extensive validation rules to ensure data submitted to IBHRS meets the Department's standards.

Data Integrity

Each month, IDPH conducts Data Integrity checks to ensure that data reported are complete and accurate. Data Integrity Reports are sent via encrypted mail on the 17th of the month. Agencies are expected to review their individual reports and to make the corrections noted by the 15th of the following month. Examples of data integrity checks include identifying when an admission has occurred without any associated services, inaccurate data such as "pregnant" and "male" reported for a single patient, etc. IDPH offers a Help Desk to answer questions and provide

assistance on data reporting requirements and the data system. The Help Desk can be reached via phone email or via email at SAPGData@idph.iowa.gov. Help Desk hours are M-F from 9-3 (excluding holidays). Help Desk calls are automatically answered with messages transcribed and sent to the help desk email. Help desk personnel respond to requests within 1 business day.

Data System Enhancements

Several recent enhancements have been made to the treatment data systems used in Iowa. These include updating the GPRA to meet new expectations and development of the Opioid Treatment Program (OTP) Registry. The Department worked with a vendor to create the next generation system called the Iowa Behavioral Health Reporting System (IBHRS). This data warehouse model collects integrated data across SUD, problem gambling, and mental health. IBHRS streamlines the data collected, includes robust validation rules and checks to improve data reporting accuracy/quality, and includes previously unreported Treatment Episode Data Set (TEDS) elements. IDPH has provided extensive training statewide since January 6, 2021 and has offered bi-monthly technical assistance to onboard providers and EHR vendors.

Licensure

IDPH SSA staff license and regulate approximately 100 substance use disorder and problem gambling treatment programs. On-site inspections are conducted with recommendations on the length and type of license reported to the State Board of Health Substance Abuse/Program Gambling Program Licensure Committee for action. The Department shall offer the following program licenses:

- A substance use disorder assessment and OWI evaluation only
- A substance use disorder treatment program license
- A problem gambling license
- A substance use disorder and problem gambling treatment program license.

SSA licensure staff provides technical assistance to programs in the general areas of clinical services, program administration, and overall compliance with licensure standards. Licenses can be issued for an initial 270 days or for one, two, or three years. Licenses may be granted under deemed status to organizations accredited by the Joint Commission, CARF or COA.
For more information on IDPH's licensure requirements visit: Bureau of Substance Abuse - Program Licensure and Regulation

IDPH program licensure standards and provider contracting require use of the American Society of Addiction Medicine (ASAM) Criteria for all treatment clinical decisions, regardless of payor. IPN-funded treatment services are self-managed by providers. The ASAM Criteria six clinical dimensions assure comprehensive assessment and treatment planning and are consistent with the integration of mental and physical health conditions into substance use disorder treatment:

1. Acute Intoxication/Withdrawal Potential (includes Physical Health)
2. Biomedical Conditions/Complications (Physical Health)
3. Emotional/Behavioral/Cognitive Conditions/Complications (Mental Health)
4. Readiness to Change
5. Relapse/Continued Use/Continued Problem Potential
6. Recovery/Living Environment.

IPN Funded Substance Abuse Services

Treatment Covered Services include:

- Early Intervention
- Outpatient treatment;
- Substance use disorder assessment and OWI evaluation only
- Intensive outpatient;
- Partial hospitalization (day treatment);
- Clinically managed low intensity residential treatment;
- Clinically managed medium intensity residential treatment;
- Clinically managed high intensity residential treatment;
- Medically monitored intensive inpatient treatment;
- Medically managed intensive inpatient treatment;
- Enhanced treatment services
- Opioid treatment services

Licensed Program Data Reporting

All licensed treatment substance use disorder programs report service utilization and treatment information to IDPH's Central Data Repository (CDR) launched in July 2011 and is a data warehouse that contains all state-required SUD data elements and allows for electronic submission of SUD treatment data. Historically, licensed treatment programs had the option of using the historical Iowa Service Management and Reporting Tool (I-SMART) to enter and report required data to IDPH and the CDR or may use their electronic health records to report required data to IDPH directly to the CDR. Effective July 2021, the IDPH implemented a new statewide integrated SUD and problem gambling treatment reporting system- Iowa Behavioral Health Reporting System (IBHRS). IBHRS fulfills the integration of licensure and data reporting requirements set in motion by Senate File 2425 (2008) and House File 811 (2009), where the Iowa Legislature directed the Department to align SUD and problem gambling (PG) treatment systems.

Suicide Prevention

IDPH is the lead agency for Suicide Prevention in Iowa. Data from the Bureau of Health Statistics indicates that 522 Iowa residents died by suicide in 2019. Suicide was the ninth leading cause of death for all Iowans and the second leading cause of death for ages 15-44.

IDPH's suicide prevention program works with communities and related partners to provide information about suicide risk factors, warning signs and protective factors and promotes the use of evidence based suicide prevention strategies. IDPH leads the Iowa Suicide Prevention efforts in Iowa and the Iowa Suicide Prevention Planning Group. This group of approximately 30 individuals meets quarterly and is comprised of state and local leaders active in suicide prevention, and welcomes members with lived experience. Members provide updates on programs and events, trends and the latest information about suicide prevention in Iowa. DHS staff are active participants in this group and provide key insight and updates on the status of mental health and crisis services in the state.

Members of the Planning Group guide the development of the Iowa Suicide Prevention Plan which is currently in the process of being updated. A subgroup of the Planning Group has been meeting monthly to work on the priorities and objectives for Iowa in the next 5 years. DHS staff participate in these monthly meetings. Proposed priorities include:

- Building suicide prevention capacity at the organizational, local, and state level

- Integration of evidence informed, culturally sensitive suicide prevention, intervention and post intervention strategies in systems serving all people within Iowa
- Promotion of community resilience through ongoing collaboration, public education, and equitable access to formal and informal supports.

To further support suicide prevention, IDPH received the SAMHSA Zero Suicide grant in September 2018. The five-year grant aims to engage the 19 Integrated Provider Network agencies in implementing the Zero Suicide Framework. The framework is a systems-change model with the core belief that no person under care should die by suicide. IDPH is currently in Project Year 3 of the grant.

Highlights from the grant include:

- 9 IPN providers completed the Zero Suicide Academy and are now participating in monthly Zero Suicide Community of Practice meetings. A second academy will be held for the remaining 11 IPN agencies in August 2021. Those 11 agencies will then complete the Community of Practice meetings following completion of the academy.
- 403 IPN staff completed the Living Works Start gatekeeper training which focused on training non-clinical staff learning how to recognize when someone might be thinking about suicide, how to engage the person they are concerned about and how to connect them to resources.
- IDPH sponsored 8 Assessing and Managing Suicide Risk for Substance Abuse Professionals (AMSR-SUD) trainings with 2 additional trainings scheduled this fall.

Opioid Treatment Programs

Iowa funds one IPN contractor for opioid treatment dosing services. UCS Healthcare, headquartered in Des Moines which in 2020, has expanded to five OTPs, with a combined total of 19 locations in 15 counties. In addition to these OTP sites, UCS also operates nine Medication Units across the state. These programs provide opioid detoxification and maintenance treatment services to individuals assessed as in need of such services but without means to pay. Providers participate in the IDPH Iowa Central Registry and apply for take home medication exceptions through the CSAT exception extranet. Programs are monitored through the IDPH Opioids Initiative Director and Data team.

Opioids

The Iowa Department of Public Health (IDPH) has collaborated with state, local and private partners to address opioid related problems in Iowa and to serve this population in need of treatment. Statewide, Iowans have implemented coordinated, multi-sector efforts that have led to increased awareness, access to resources and improvements in care. IDPH receives the following appropriations/grants that support Iowa's opioid initiatives:

- Iowa General Fund Appropriation
- SAMHSA Substance Abuse Prevention and Treatment Block Grant (SABG)
- SAMHSA Opioid State Opioid Response Grant (SOR2)
- SAMHSA Strategic Prevention Framework – Prescription Drugs Grant (SPF-Rx)
- CDC Strategic Initiatives to Prevent Drug Overdoses
- CDC Opioid Overdose Crisis Cooperative Agreement for Emergency Response
- CDC Overdose Data to Action (OD2A)
- SAMHSA Prevention of Opioid Misuse in Women (POMW)

- SAMHSA First Responders Comprehensive Addiction and Recovery Act (CARA)

Previously thought to be an issue only in major U.S. cities or more populated states, the use of opioids (which includes heroin and prescription pain relievers) has become a problem of epidemic proportions in more rural areas of the country. While alcohol, methamphetamines and marijuana remain the primary substances misused in Iowa, in the last decade significant increases have occurred in the number of Iowans identifying opioids as their drug of choice at the time of admission to treatment – and in the number of deaths related to opioids. IDPH is focusing federal and state opioid funding to increase efforts for overdose prevention, in addition to expanding prevention, treatment and recovery support services for people affected by both opioids and methamphetamine. Data from the IDPH Bureau of Health Statistics indicate an increase in the number of opioid related deaths from 157 in 2019 to 213 in 2020.

Expansion of medication-assisted treatment (MAT) is a core goal across all IDPH's opioid-related work. MAT can be prescribed and provided through several different medications including buprenorphine, methadone and naltrexone. In 2015, when IDPH received its first federal grant to address opioid use (Medication Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA)), Iowa had 31 Buprenorphine Waivered prescribers – the lowest per capita number of such prescribers in the country. Through a range of coordinated efforts (SAMHSA technical assistance, collaboration with Iowa's State Medical Director, recruitment through the Medicine and Nursing state boards, and direct outreach to prescribers and other medical professionals), the number of Buprenorphine Waivered prescribers in Iowa increased from 31 in 2015 to 196 in 2021 ((listed on the SAMHSA locator) and an additional 200 waivered prescribers not listed on the locator.

In addition to the low number of Buprenorphine Waivered prescribers, Iowa also had problems with the limited provision of MAT in the form of Methadone, provided through accredited Opioid Treatment Programs (OTPs). ***In 2015, Iowa had five OTPs, with a combined total of eight locations in five counties.*** IDPH initiated conversations with one of the OTPs in Iowa to discuss the use of "Medication Units". Since that time, ***Iowa has increased availability of this service through the use of Medication Unit locations – to five OTPs, with a combined total of 19 locations in 15 counties in 2020.*** Iowa's use of Medication Units involves establishment of dosing facilities within ***established SUD treatment facilities*** in order to reinforce community-based support.

Strategies IDPH is implementing to combat the Opioid Epidemic

- Development of a monthly Opioid Newsletter that is distributed to stakeholders and partners. Newsletters can be found: http://idph.iowa.gov/substance-abuse/opioid-update
- IDPH's State Opioid Response federal grant has played a valuable role in expanding MAT. Through SOR and SOR2 grant activities, including community needs assessments and strategic planning, funding is used to enhance or expand MAT and recovery support services
- IDPH's Strategic Initiatives federal grant supports an expedited Strategic Prevention Framework model to address the priority issue of preventing drug overdose deaths. Nine counties were selected through a competitive RFP to implement four evidence based strategies including the "See the Person. Not the Addiction" anti-stigma media campaign

and an opioid focused academic detailing program

- IDPH's Overdose Data to Action federal grant which supports the complex and changing nature of the drug overdose epidemic as well as highlights the need for an interdisciplinary, comprehensive, and cohesive public health approach. The grant's surveillance and data collection systems help drive prevention efforts to reduce overdose morbidity and mortality from licit and illicit drugs. All OD2A strategies being implemented in Iowa are available at: https://idph.iowa.gov/Bureau-of-Substance-Abuse/Prevention-Related-Programs/Current-Grants/Overdose-Data-to-Action-Grant
- IDPH developed and distributed a buprenorphine waivered prescriber survey to all waivered prescribers in Iowa based on the SAMHSA Waiver prescriber list in April 2021. The survey sought to understand prescribing practices, where prescribers practice, demographics of clients and interest to learn more about prescribing MAT within the pregnant population. 118 unique responses were obtained. The largest response rate identified their healthcare role as a physician MD/DO (62%) followed by nurse practitioners (33%). Of prescribers who prescribed buprenorphine to clients at the time they completed the survey, 58% were prescribing to less than 10 clients at the time they completed the survey vs 10% who prescribed to more than 30 clients. For those providers who prescribed buprenorphine to a pregnant patient with OUD in the last 12 months, 86% responded no while 14% responded yes. Of the 113 prescribers who answered the question "Do you know where to refer a pregnant patient seeking treatment for OUD; 71% of respondents answered yes, while 29% answered no.
- The Iowa Board of Pharmacy Prescription Monitoring Program (PMP) is a vital tool in understanding opioid prescribing and reducing the risk of patients developing an opioid use disorder. Prior to 2018's HF 2377, provider utilization of the PMP was voluntary, meaning a prescriber could choose whether or not to use the system to verify a patient's prescribing history. Left as an option, less than one-third of prescribers in Iowa registered to use the PMP, and even fewer used it. As a result of HF 2377, prescribers are required to register and use the PMP at designated intervals. While the requirement to use the PMP is a major step forward, the PMP in operation at the time the law was passed existed on an outdated platform and did not support needed functionality. Through several of its federal grants, IDPH made funding available to the Board of Pharmacy to obtain a new PMP platform. Launched in April 2018, the new PMP not only provides improved functionality, it allows for easier development of reports useful in understanding prescribing patterns in the state. In 2018, 512,848 Iowans received a prescription for an opioid analgesic. For additional information and a link to the PMP, visit: Prescription Monitoring Program (PMP)
- IDPH has focused strategies on education for Opioids and is offering a current virtual series "Identifying Opioid Misuse: Virtual Series". The training supports professionals in understanding the impacts of opioid use on their communities and the nation as a whole.
- Promoting the Iowa Governor's Office of Drug Control Policy in the National Prescription Drug Take Back Day held April 24, 2021 to support proper disposal of unused medication at nearly 400 Take Back sites across Iowa
- Through the Prevention of Opioid Misuse in Women (POMW) grant, the IDPH provided 14 "Identifying Opioid Misuse" trainings to Iowans across the state; with 6 training's in the final year of the grant underway. Presentations included topics such as Screening, Brief Intervention and Referral to Treatment, Opioid overdose and recognition, Naloxone

administration, CDC Guidelines for Prescribing Opioids for Chronic Pain and Medication Assisted Treatment

- IDPH supported a free virtual conference "Second Annual Approaches to Pain Management Conference" on October 7, 2020. The conference was attended by multiple professional disciplines and focused on the impacts created between chronic pain and substance use, identified non-pharmaceutical approaches for managing pain and to assist professionals in identifying and accessing resources for pain management.
- IDPH, in collaboration with the Bureau of HIV, STD & Hepatitis, have developed a project titled "Strengthening Systems of Care for People with HIV and Opioid Use Disorders." Funded by the Health Resources and Services Administration (HRSA), the initiative provides coordinated technical assistance across HIV and behavioral health/substance use service providers. The purpose of this initiative is to ensure that people with HIV and OUD have access to care, treatment and recovery services that are patient-centered and are culturally responsive.
- IDPH has worked with other state agencies and stakeholders to prevent opioid overdose by providing access to naloxone, the medication that temporarily reverses an opioid overdose, allowing the person to receive life-saving medical care.
- Through Tele-Naloxone, a partnership between the IDPH and the University of Iowa Health Care; this program is designed to prepare Iowans by providing them a naloxone kit in advance of a possible overdose. Iowan's can schedule an appointment with a pharmacist by tele-medicine, directly from their smartphone or laptop and get FREE naloxone delivered to their door. Narcan is free at many local pharmacies throughout the state. For more information on Naloxone Iowa, visit: https://www.naloxoneiowa.org/telenaloxone
- On July 1, 2018, the previous IDPH Director Gerd Clabaugh designated suspected and confirmed opioid overdoses requiring administration of naloxone as reportable conditions in Iowa. This means Iowa hospitals, primarily Emergency Departments, are required to report all suspected and confirmed cases of opioid overdose requiring administration of naloxone, to IDPH's designated data collection site within three days of administration.
- Through the State Opioid Response funded partnership between IDPH's Bureau of Substance Abuse and the Board of Pharmacy, naloxone is made available for free to Iowans at participating local pharmacies since July of 2020. As of August 2021, over 1,600 naloxone kits have been distributed throughout Iowa. In July 2021, this partnership was expanded to also include drug disposal options. The new option allows Iowans receiving an opioid prescription to also receive a free drug disposal packet to safely deactivate and throw out any prescription medications. In just over one month, the program has distributed over 1,500 disposal kits.
- IDPH developed an informational campaign focused on the Good Samaritan law passed as part of 2018's HF 2377. The Good Samaritan law encourages those who witness a drug overdose to stay and call 911, rather than leaving the scene out of fear of prosecution. Generally, overdose bystanders, defined as "overdose reporters" under the law, will not be arrested, charged or prosecuted for possession of a controlled substance, delivery of a controlled substance or possession of drug paraphernalia, if they make a good faith effort to seek medical assistance for an overdose patient. The Good Samaritan law protects overdose reporters if they:
    - Are the first person to seek medical assistance for
    - the overdose victim
    - Provide their contact information to emergency

    - personnel
    - Remain on the scene until assistance is provided
    - Cooperate with emergency personnel
- IDPH, in collaboration with the Iowa Board of Pharmacy, sent out promotional materials regarding the availability of free Narcan to nearly 860 pharmacy locations in Iowa. The materials included posters, table tents, stickers, "ask me" masks and conversation-starter sheets
- IDPH leveraged SOR2 discretionary funding to provide Narcan kits to individuals being discharged from a hospital emergency department following a non-fatal opioid overdose. As part of this process, individuals are being provided treatment referral and support information
- IDPH is contracting with Iowa State University to conduct an environmental scan of recovery related services (recovery community centers, recovery community organizations, recovery housing) in order to identify available resources, areas of need, and eventual funding opportunities for service development
- IDPH developed and disseminated a survey to law enforcement to assess opinions on carrying Narcan, to determine opportunities for education/intervention, and to inform that Narcan kits were free of charge from IDPH
- To reduce potential exposure to COVID-19, in March 2020, the SAMHSA and Drug Enforcement Agency (DEA) released guidance for Opioid Treatment Programs (OTP's) that allows the following exceptions:
    - All stable patients in an OTP can receive 28 days of take-home doses of the patient's medication for opioid use disorder. Up to 14 days of take-home medication can be provided to those patients who are less stable. In addition to the blanket exception, on March 19, 2020, SAMHSA and the DEA, issued guidance on prescribing buprenorphine, allowing initial assessments to take place via telehealth. As a result, some Iowa provider locations are reporting an increase in the number of assessments being conducted. These exceptions will remain in effect until SAMHSA and the DEA have determined there is no longer a need due to the COVID-19 pandemic. IDPH collaborated with Iowa OTP providers to follow this guidance.

Priority Populations

Pregnant Women and Women with Dependent Children

Through the IPN, four women and children IPN providers were selected to provide women and children treatment and ancillary services statewide. Women and children treatment must be readily accessible, comprehensive and appropriate to the persons seeking the services. Women and children treatment must be available when needed, with minimal wait time. Women and children providers must provide all ancillary services and requirements under Code of Federal Regulations (ancillary services and/or treatment specialized for women is provided for pregnant and parenting women and their dependent children). Other treatment funding may be funded by Medicaid if the client and/or their children have Medicaid (consistent with client enrollment). The women and children set aside are utilized as the payor of last resort.

Under the IPN contractual agreement, women and children treatment providers, at a minimum, must:

- Determine a person's need for women and children treatment and manage the services provided
- Eligibility includes: Iowa residents who are pregnant women and women with children, including women who have custody of their children and women seeking custody
- Women and children funding is the payor of last resort. If the patient and/or the patient's children are enrolled in Medicaid or with another payor, and Medicaid or other payor covers the patient's licensed program services and/or any of the patient's or children's enhanced treatment/ancillary services, the Contractor shall not use Integrated Provider Network funding to pay for those covered services. IPN funding can pay for substance use disorder residential licensed program services that are not covered services under the Iowa Health and Wellness Plan and during the gap period between enrollment in Medicaid and assignment to a managed care organization (MCO) because of B3 services requirements
- Provide women and children treatment in compliance with clinical appropriateness and the Department's guidance
- Provide women and children treatment services in accordance with each person's assessed needs
    - If a patient needs a licensed program service the Contractor does not provide, the Contractor must assure that the patient's needs are met by a qualified provider and closely coordinate the patient's successful referral.
    - Screen patients and children for medical and mental health conditions and directly provide or assure provision of needed medical and mental health services.
    - If a person has a medical or mental health condition the Contractor is not staffed to address, the Contractor must assure the patient's needs are met by a qualified provider and closely coordinate ongoing services with the patient and the referred provider
    - If a person has a medical or mental health condition that is covered by another provider or payor, the Contractor must closely coordinate ongoing services with the patient and that provider/payor
    - Monitor a patient's progress on an ongoing basis, modifying the level of care and frequency of service in accordance with the person's evolving needs.

- Establish a "disease management" approach that includes engagement with patients over time, beyond a traditional acute care and discharge service delivery model
- Assure patients have access to the broad range of crisis services, residential treatment, intensive services and supports, and less intensive and extended services and supports that facilitate remission and engage person in long term recovery in ways appropriate to each person
- Under the women and children treatment set aside, IPN providers must:
- Have processes in place to outreach to and follow-up with persons who do not keep appointments, and patients who leave treatment prior to discharge by the Contractor
- Provide substance use disorder treatment services ordered through a court action when the services ordered meet the ASAM Criteria and the court orders treatment with the Contractor
- Providers must have processes in place to serve "walk-in" and persons in crisis
- Providers hours of operation for residential women and children treatment must be 24 hours a day, seven days a week, 365 days a year, and must include weekend services
- Providers must provide residential women and children treatment in a residential facility setting that admits women patients only, and their dependent children.

Through the IPN, the four providers/contractors who were awarded the women and children SAMHSA set-aside funding included: Heartland Family Services (Western Iowa) Area Substance Abuse Council (Eastern Iowa), House of Mercy (Central Iowa), and Rosecrance Jackson (Northwest Iowa). These facilities are multi-service agencies that provide or coordinate all required SABG treatment and ancillary services. All providers focus efforts around a case management model, which provides a central point to serve as the client's advocate. This model is foundational to assist the client in goal setting and coordination of all necessary and required services.

These providers provide gender specific treatment and other therapeutic interventions which addresses the unique needs of the woman and her children. Evidence-based practices are provided and examples include; Healthy Living and Balance, Seeking Safety, Matrix Model, 12- Step Reinforcement and Enhancement, Releasing the Shame, Harm Reduction, Hazeldens Comprehensive Opioid Response, 12-Step, Dialectical Behavioral Therapy, Cognitive Behavior Therapy (CBT), Motivational Interviewing, Connections (Brene Brown) and Parent Child Interaction Therapy (PCIT). Women and their children live in their own living space, participate in meal times and needs are individualized and assessed on the optimal functioning of the family unit. To help support fathers, providers also work with men and provide specific practices and evidence based practices including;

Helping Men in Recovery, Beyond Anger, and 24/7 Dads.

Providers utilize a variety of screening tools including, but not limited to; the Drug Abuse Screening Tool (DAST), the Clinical Opiate Withdrawal Scale (COWS), the Patient Health Questionnaire (PHQ-9), the Alcohol Use Disorders Identification Tool (AUDIT) and various intimate violence, trauma and other screening tools.

Women and children providers/contractors continue to report barriers in decreased length of stay, for women seeking treatment. With the switch from Managed Care Organizations several years ago, Iowa providers have continued to see lengths of stays decrease from 80 days to 3-50 days; specifically in the Medicaid population. Concerns are currently being addressed by the Women and children providers/contractors and Iowa's various partners involved.

Individuals who inject drugs

IPN providers who provide substance abuse treatment services must meet SABG requirements and provide services to individuals who seek treatment to persons who inject drugs and to individuals related to the tuberculosis requirement.

Through the IPN, providers must sign annual attestation documentation which outlines the SABG regulations under 45 CFR 96.126 Capacity of Treatment for Intravenous Drug Abusers. These regulations include, but are not limited to, priority admission status, admission requirements, interim services provisions, referrals and counseling regarding HIV and TB, and waiting list requirements.

For ease of reporting and tracking, through the IBHRS data system, interim services and regulations have been built into the data collection system. Data enhancements have also been made regarding the waitlist for priority populations including Individuals who Inject Drugs and Treatment Services for Pregnant Women. IDPH has provided extensive annual training to providers regarding Priority Admission Preference, Interim Service Provision requirements, and has provided technical assistance to multiple providers. To assist the IDPH to meet the SABG regulations for tracking treatment capacity for individuals who are pregnant and/or have used a drug(s) via IV injection in the past 30 days, the State Waitlist was developed within the I-SMART data system.

Iowan's seeking treatment services who meet this criteria sign consent, are placed on the statewide waitlist according to the priority admission status as regulated, and allow programs to refer, admit, pend, reject or close cases. The State Waitlist system allows for notifications upon referring and/or when cases are admitted or closed. IPN funded providers have received extensive training on use of the waitlist. The waitlist will be rolled out with the new data system; IBHRS. For more information visit: Iowa Behavioral Health Reporting System (IBHRS)

Requirements regarding Tuberculosis (TB)

TB remains a major health problem globally, in the U.S. and in Iowa, killing an estimated 1.3 million people annually. Despite this statistic, TB morbidity rates are declining in the U.S. and around the world. In Iowa, TB case rates remain relatively stable due to the influx of immigrants and refugees from areas of the world where TB is prevalent.

The number of TB cases in Iowa, as in the rest of the U.S., has significantly declined since the discovery of antibiotics that kill the TB bacilli. Despite drugs that can cure TB disease, TB remains a significant public health issue in Iowa and the rest of the country. The 2020 TB case rate for Iowa is 1.2 cases per 100,000 persons. This is significantly lower than the 2019 national average of 2.7 cases per 100,000 persons. Iowa owes its low TB case rate in part to proficient contact investigations, healthcare providers observance of treatment guidelines, adherence to DOT for active disease cases and the provision of medication for LTBI to more than 1,100 Iowan's annually.

The IDPH is the state agency which is responsible for TB Control. The TB Control Program is composed of two full time employees: the Program Manager and the Nurse Consultant. The program provides direct oversight of cases afflicted with latent tuberculosis infection (LTBI) and TB disease from admission to discharge in the TB Control Program. This includes consultation with physicians, nurses, local public health agencies (LPHAs) and other healthcare providers regarding TB transmission, pathogenesis, treatment, signs and symptoms, infection control practices and contact investigations. The purpose and scope of responsibilities is defined by the core functions of the TB Control Program which include:

- Disease consultation and education
- Investigation of active or suspect TB cases
- Case management of LTBI and active TB cases
- Administration of Iowa's TB Medication Program
- Data management and analysis
- Administration and finance

The Iowa TB program provides medication for all latent TB, suspected, and confirmed cases of TB disease at no cost for individuals residing within the state of Iowa. The most recent 2020 Annual Data Report for Iowa Tuberculosis Control, indicates that 39 cases of TB were reported in Iowa in 2020. (IDPH TB Control Program Data Report). For more information see: https://idph.iowa.gov/immtb/tb/data

- IPN providers, who are awarded a contract with IDPH, are required to sign an annual attestation regarding meeting all required SABG requirements. Within IPN contracts, IPN providers are required to meet SABG TB and Persons who inject drugs requirements including: timeliness standards, capacity notification requirements, outreach efforts, providing or making services available to TB clients (including screening, counseling, education, referral to medical providers, as needed, and reporting to the Bureau of TB any active TB cases

(within 1 day) and interim service provisions. Screening and services for persons with tuberculosis are provided directly by IPN funded providers or through interagency collaborative agreements with other local agencies.

In the case of an individual in need of such treatment who is denied admission by a provider on the basis of the lack of capacity to admit the individual, the provider will refer the individual to another contractor for tuberculosis control procedures and protocols to address TB and other communicable diseases. IDPH is currently moving from a narrative reporting function to tracking of SABG requirements through the reporting of data to the Department's new data reporting system IBHRS; effective July 2021.

- Through the licensure process, and under Iowa Administrative Code Chapter 155, screening for health care workers and residents at substance use disorder and problem gambling treatment program facilities must conduct a risk assessment to determine the risk classification of the facility and to identify appropriate screening criteria. The screening criteria are consistent with those of the U.S. Centers for Disease Control and Prevention (CDC), TB Elimination Division, as outlined in the MMWR December 30, 2005/Vol. 54/No. RR-17, "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005."[ARC 1926C, IAB 4/1/15, effective 5/6/15].

    - Through licensure and/or IPN, providers/providers are required to test for TB in the following populations:
    - all residents in residential, inpatient, and half-way house facilities
    - outpatient clients who are injecting drug users or are persons in close relationships with injecting drug users
    - any other client who may be at high risk for TB, such as those with unexplained persistent cough or the homeless

Persons at Risk for HIV/AIDS

While Iowa is not an HIV-designated state for the SABG, services for persons with or at high risk for HIV/AIDS are provided directly by IPN-funded providers or through interagency agreements with other local agencies. Services include counseling and education about HIV, the risks of transmission to sexual partners, the relationship between injecting drug use and communicable diseases, steps that can be taken to avoid HIV transmission, and referral for HIV treatment services. Early intervention services for HIV disease are undertaken voluntarily by, and with the informed consent of the individual. Such services are not required as a condition of receiving substance abuse treatment services.

Recovery Support Services (RSS)

IDPH provides Recovery Support Services through the IPN and through discretionary grant funding; including the following:

IPN RSS funding

Recovery Peer Coaching

The Iowa Department of Public Health has defined Recovery Peer Coaching as face-to-face meetings between an individual and a Recovery Peer Coach to discuss routine recovery issues from a peer perspective. The Recovery Peer Coach must complete a standardized training program of recovery peer coaching, peer facilitation or peer support that is acceptable to the Iowa Department of Public Health. Acceptable training would include completed training in the Connecticut Community for Addiction Recovery (CCAR) model or training based on the Georgia Model of Peer Support. For anyone not trained using the CCAR model, 3 additional hours of substance use disorder specific education is required. In addition to the training, a Recovery Peer Coach must be a person with lived experience with a substance use disorder, has been in recovery for a minimum of 12 months, and is willing to share those experiences. CCAR Recovery Coach Academy © is a 5-day intensive training academy focusing on providing individuals with the skills needed to guide, mentor and support anyone who would like to enter into or sustain long-term recovery from an addiction to alcohol or other drugs. Ethical Considerations is a 16 hour training that helps coaches, and anyone else working in the peer role understand how critical it is to be ethically responsible.

The CCAR curriculum is now recognized by Iowa Medicaid, under the B3 service description, and the Department of Human Services; the state agency which has oversight of Iowa Medicaid and IDPH Recovery Peer Coaching is now Medicaid eligible for billing under Medicaid reimbursement and is an optional RSS for IPN funding if the individual is not Medicaid eligible. Historically in Iowa, peer support services were delivered by the Department of Human Services (DHS) and Peer Recovery Coaching were services delivered by the Iowa Department of Public Health

In June of 2020, the Department of Human Services and the Iowa Department of Public Health collaborated on a Request for Proposal (RFP) to solicit proposals to enable the two departments to select a qualified contractor to build the Peer Support Specialist, Family Peer Support Specialist, and Recovery Peer Coach workforce in Iowa. The two agencies solicited proposals to seek a qualified applicant to recruit, train, coordinate, manage, and monitor peer-led training and to further develop and maintain the certification program for Peer Support Specialists, Family Peer Support Specialists, and Recovery Peer Coaches in Iowa. The contract was awarded to the University of Iowa. The training will now provide specific deliverables, performance measures, progress reporting and agency monitoring activities.

Care Coordination
Care Coordination is a IPN service added within the January 2019 RFP providers may bill care coordination when services are provided during the month. The Licensure Standards define Care Coordination as "the collaborative process which assesses, plans, implements, coordinates, monitors, and evaluates the options and services, both internal and external to the program, to meet patient needs, using communication and available resources to promote quality care and effective outcomes." Care Coordination services are provided to active patients. The following criteria is noted in the IPN Provider Manual:

- For Care Coordination billing purposes, a patient must receive at least one Licensed Program Service from the contractor during the month
- Care Coordination encompasses the broad range of patient-specific people, systems, and issues related to the patient's current situation and future recovery. These may include, but are not limited to, family members, referral sources, employers, schools, medical and mental health professionals, the child welfare system, the courts and criminal/juvenile justice systems, housing status, legal needs, and recovery support
- Care Coordination is generally conducted by contractor staff, outside of patient counseling sessions
- Care Coordination includes use of electronic information and telecommunication technologies to support patients through check-in calls and texts.

Transportation
Transportation is an IPN RSS added within the January 2019 RFP. Transportation means assistance in the form of gas cards or bus passes, given directly to the patient for the purpose of transportation to and from an activity related to the patient's treatment plan or recovery plan.

Discretionary grants which also support Recovery Support Services (RSS)

- **State Opioid Response (SOR2)** Funding supports medication assisted treatment, wellness, contingency management, education, transportation, care coordination, peer recovery coaching, housing assistance, dental services and supplemental needs. In SFY21, the SOR2 grant is offering vouchers to Iowa residents who are interested in attending CCAR's Recovery Coach Academy (RCA) and Ethical Considerations for Recovery Coaches.
- **Emergency COVID-19 Project** Funding supports contingency management, co-pays or co-insurance, care coordination, supplemental needs, pharmacological interventions, transportation, crisis intervention services, mental health and substance use disorder treatment, and other support services (including stress management and coping skills) for adults impacted by the COVID-19 pandemic. Utilizing an established telehealth or telecommunications delivery system, services are provided for individuals with serious mental illness, individuals with substance use disorders, individuals with co-occurring serious mental illness and substance use disorders and individuals with mental disorders that are less severe than serious mental illness (with an emphasis on healthcare professionals).
- **Promoting the Integration of Primary and Behavioral Health Care (PIPBHC):**

Funding supports care coordination, child care, drug testing incentives, pharmacological interventions, sober living activities, supplemental needs, transportation, education, and wellness.

- **Treatment for Individuals Experiencing Homelessness (TIEH)** Funding supports medication assisted treatment, wellness, transportation, supplemental needs and sober living opportunities.

Discretionary, State, County, and SSA Grants and Projects

- **County Substance Abuse Program.** Funded by State of Iowa Sunday Beer and Liquor Permit Revenue, County Substance Abuse Prevention Services grants are available each year through a Request for Bid. Services support programs directed at education, prevention, referral or post-treatment services. Each county applies for up to $10k for services each year to meet local needs and with locally matched 3:1 funding.

- **Emergency COVID-19 Project.** Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the purpose of this grant is to provide crisis intervention services, mental health and substance use disorder treatment, and other related recovery support for adults impacted by the COVID-19 pandemic. Utilizing an established telehealth or telecommunications delivery system, services will be provided for individuals with serious mental illness, individuals with substance use disorders, individuals with co-occurring serious mental illness and substance use disorders and individuals with mental disorders that are less severe than serious mental illness (with an emphasis on healthcare professionals).

- **Iowa Youth Survey (IYS).** This project is an unfunded legislative mandate in state code which directs the Department to lead a Biennial survey of 6th, 8th, and 11th grade students across Iowa directed. Conducted online with both private and public school students, the survey contains over 200 questions on demographics, experiences, attitudes, and feelings about the student's home, neighborhood, community, and school. Reports are generated at the state level and several sub-state regions including county, school district or system, judicial district, and area education agencies.

  The IYS is conducted by the Iowa Department of Public Health's Division of Behavioral Health with support from the Department of Education, Department of Human Services, Department of Human Rights' Criminal and Juvenile Justice Planning and Statistical Analysis Center. In the fall of 1999, 2002, 2005, 2008, 2010, 2012, 2014, 2016, and 2018 students in the 6th, 8th, and 11th grades across the state of Iowa answered questions about their attitudes and experiences regarding alcohol and other drug use and violence, and their perceptions of their peer, family, school, and neighborhood/community environments. In 2008 the survey was administered online for the first time. Iowa Youth Survey reports list responses to every question on the survey, providing total percentages and breakdowns by grade and gender. Reports in 2016 and 2018 include trend data on several variables instead of separate trend reports.

The IYS was not conducted, as scheduled, in 2020, related to the March 17, 2020 COVID-19 Iowa Governor Proclamation of Public Health Disaster, which suspended the regulatory provisions of Iowa Code 135.11 (28) requiring administration of the IYS response.

Beginning in 2021, the IYS and the Youth Risk Behavior Survey (YBRS) will be jointly administered. Both surveys collect valuable youth health behavior data that drives funding, program and policy decisions in communities across the state. All public and private school districts are invited to participate in the IYS and a small sample of Iowa high schools will be invited to participate in the YRBS. For reports, data and further information please see: Iowa Youth Survey > Home.

- **Improving Tomorrow: Prevention Focused Mentoring.** Funded through State appropriations, this grant provides support of community and school-based youth mentoring programs. These programs shall assure mentee/mentor matches meet year round (all twelve months of each contract period). The mentoring programs will support the state's goal of primary prevention of use and abuse of alcohol, tobacco, and other drugs (ATOD) as well as problem gambling. Programs will follow the Elements of Effective Practice for Mentoring as established by the National Mentoring Partnership and will obtain certification through the Iowa Mentoring Partnership.

- **Overdose Data to Action (OD2A).** Funded by the Centers for Disease Control (CDC), the OD2A federal discretionary grant September 2019- September 2022, supports data collection and analysis of overdose morbidity and mortality data to better understand the drug overdose crisis in Iowa and to inform effective prevention activities. Improved data collection and analysis will assist with:
    - tracking the spread and severity of Iowa's overdose crisis;
    - gaining insight into populations most at risk in order to prioritize resources
    - evaluating the best way to allocate resources and to help identify emerging trends.

- **Partnerships for Success (PFS).** Funded through the Substance Abuse and Mental Health Services Administration (SAMHSA), the purpose of this grant is to prevent the onset and reduce the progression of substance abuse and its related problems while strengthening prevention capacity and infrastructure at the community and state level. This is the second generation of Partnerships for Success grant funding received through the Bureau of Substance Abuse. In Iowa, this five year grant focuses on preventing alcohol involved deaths with older adults through utilization of the Strategic Prevention Framework.

- **Promoting the Integration of Primary and Behavioral Health Care (PIPBHC).** Funded by SAMHSA, the federal discretionary grant from September 2018- September 23 promotes the advancement of integrated substance use disorder treatment and primary health care services for individuals with substance use disorders. The advancement of integrated health services will be facilitated by an Integrated Care Team through a bidirectional model of care fostered by partnerships between Federally Qualified Health Centers (FQHC's) and Substance Use Disorder (SUD) treatment programs.

- **State Opioid Response Grant (SOR2).** Funded by SAMHSA, the federal discretionary grant from September 2018- September 20 provides funding to assist Iowa in addressing the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD): including prescription opioids, heroin, and illicit fentanyl and fentanyl analogs. SOR2 provides services to eligible providers with a stimulant and/or opioid use disorder and recovery support services.

- **Strategic Initiatives to Prevent Drug Overdoses.** The Strategic Initiatives to Prevention Drug Overdoses (SIPDO) Grant funded through the Centers for Disease Control and Prevention's Overdose Data to Action Grant, supports an expedited Strategic Prevention Framework (SPF) model to address the priority issue of preventing drug overdose deaths. Nine highest counties were selected through a Request for Proposal process to implement four evidence-based strategies including the "See the Person. Not the Addiction" anti-stigma media campaign and an opioid-focused academic detailing program.

- **Strategic Prevention Framework for Prescription Drugs (SPF-RX).** Funded by SAMHSA, the federal discretionary grant from September 2016- August 2021 is focused on reducing the misuse of prescription drugs for ages 12-17 and 18-25. The grant was awarded by IDPH to three highest-need counties to implement four evidence-based prevention strategies.

- **Treatment for Individuals Experiencing Homelessness (TIEH).** Funded by SAMHSA, the federal discretionary grant from January 2020- January 2025, the grant supports the development and/or expansion of the local implementation of an infrastructure that integrates behavioral health treatment and recovery support services for individuals with a serious mental illness, serious emotional disturbance, or co- occurring disorder (i.e., a serious mental illness [SMI] and substance use disorder [SUD] or a serious emotional disturbance [SED] and SUD who are experiencing homelessness.

- **Your Life Iowa.** Funded by state appropriations and federal grants, Your Life Iowa, launched in October 2017, PPYLI offers 24/7/365 resources including a telephone helpline, mobile-friendly internet-based communications (e.g., online chat), texting and social media (@yourlifeiowa). Your Life Iowa services are provided by Foundation 2, an Iowa based nonprofit human service agency, offering suicide prevention and crisis intervention programs to people of all ages. Foundation 2 has provided crisis counseling by phone since 1970. Foundation 2 is accredited by the American Association of Suicidology for Crisis Intervention Service, Mobile Outreach and Online Emotional Support (chat and text support services) and has maintained accreditation for 31 years.
    - The website http://yourlifeiowa.org/suicide also provides a live chat feature, depression screening quiz, suicide warning signs, help for family and friends, FAQ's about suicide, and how to practice self-care.
    - In SFY19, Your Life Iowa received over 11,000 contacts (phone, text, chat) and over 185,000 website visits.
    - On July 1, 2019, Your Life Iowa became the statewide crisis line. This effort was a direct result of a collaborative effort between IDPH and DHS to have a single behavioral health helpline in Iowa (in accordance with 2018 Mental Health Complex Needs legislation).
    - In SF20, Iowans faced unique challenges with COVID-19 and resulting challenges including loss of employment, concerns about health and more. YLI saw an increase in calls related to these concerns in the spring of 2020, including calls about mental health, suicide, and substance use.
      In SFY 20, 12,742 total contacts were received.

- **Zero Suicide.** Funded by SAMHSA, the federal discretionary grant from September 2018- September 2021, promotes suicide safe care, including screening and treatment, for Iowans receiving substance use disorder and problem gambling treatment services. This will include engaging staff and patients with lived experience.

BG App 2022- 2023 Addendum Added 3-9.2022 Red reflects highlights, information moved from step 2 to step 1(as requested) and or new information.

Planning Step I- Strengths and Organizational Capacity of the Substance Use Disorder System.

Organizational background of the Iowa Department of Public Health

The Iowa Department of Public Health (IDPH) is the parent organization to the Division of Behavioral Health, the Single State Authority (SSA) for the Substance Abuse Prevention and Treatment Block Grant (SABG). IDPH's vision for Iowa is "Healthy Iowans in Healthy Communities: and the mission statement is "Protecting and Improving the Health of Iowans."

In addition to the Division of Behavioral Health, IDPH has four other divisions operating under its authority:

- Acute Disease Prevention, Emergency Response, and Environmental Health
- Administration and Professional Licensure
- Health Promotion and Chronic Disease Prevention
- Tobacco Use Prevention and Control

IDPH Division Directors report to the IDPH Department Deputy Director, who reports directly to the Interim Director of the IDPH and Director of the Iowa Department of Human Services (DHS); Ms. Kelly Garcia. Governor Kim Reynolds appointed Ms. Garcia to oversee the state's health and social services agency in November 2019. She was unanimously confirmed by the Iowa Senate on February 26, 2020. On June 30, 2020, it was announced by Governor Kim Reynolds that Director Garcia would take on the role of Interim Director at the Iowa Department of Public Health effective August 1, 2020 following the retirement of the past IDPH director.

In addition to the five operating divisions, IDPH also houses four professional boards:

- Dental Board
- Board of Medicine
- Board of Nursing
- Board of Pharmacy

As the parent organization, IDPH provides budgeting, fiscal management, information technology, and planning support to the professional boards.

Advisory Body to the Iowa Department of Public Health

The State Board of Health is the policy-making body for IDPH and has advisory responsibilities for IDPH activities, including the SABG. The State Board of Health has the powers and duties to adopt, promulgate, amend and repeal rules and regulations, and advises or makes recommendations

to the Governor, the General Assembly, and the IDPH Interim Director. The State Board of Health Substance Abuse and Gambling Treatment Program Committee reviews and acts on IDPH recommendations for the regulation of treatment programs. The SSA participates in the monthly Substance Abuse and Gambling Treatment Program Committee meetings to provide policy-level information and seek input on substance use services. The SSA makes reports to the full State Board of Health at their bi-monthly meetings, as requested.

Division of Behavioral Health

The Division of Behavioral Health, Ms. Sarah Reisetter, Deputy Director, serves as the Interim Behavioral Health Director and is selected by and serves as directed by the Interim IDPH Department Director. Ms. DeAnn Decker, Bureau Chief of Substance Abuse, leads all SUD treatment, prevention and recovery support initiatives and has served as the Single State Authority (SSA) for Substance Use Disorders (SUD) since January 2021.

The SSA leads, funds, monitors and supports statewide substance abuse prevention, treatment, and recovery efforts through the specific programs and efforts described below. Overall, the SSA is responsible for comprehensive statewide planning, coordination, delivery, monitoring and evaluation of substance abuse treatment, recovery supports and prevention services including: collaboration at local, state and national levels on prevention initiatives and policy; community-based activities, coalitions, and programs; data management and reporting; evidence-based curricula and models; prevention practitioner training and workforce development; and public and professional information and education at: www.yourlifeiowa.org.

The SSA provides support to the Tobacco Use Prevention and Control Division to align tobacco efforts. SSA staff work directly with the Tobacco Division and the Alcoholic Beverages Division on Synar-related activities. SSA staff also work across other IDPH divisions, to ensure cross division collaboration. The division supports a broad range of programs under two bureaus and two offices:

The Bureau of HIV, STD, and Hepatitis works to reduce the impact of communicable diseases in Iowa and to eliminate illness and deaths associated with these diseases. Prevention and care services target chlamydial infection, syphilis, gonorrhea, HIV/AIDS, and viral hepatitis. Program staff guides community-based prevention planning, monitors current infectious disease trends, prevents transmission of infectious diseases, and provides access to medications for these diseases. The bureau also partners with local public health departments, private health care agencies, regional disease prevention specialists, and community-based organizations to provide hepatitis A and B immunizations for adults, behavioral prevention programming, testing, treatment, case management, and other supportive services for persons at risk for or living with these diseases.

Although Iowa is not a federally designated state for HIV, the HIV/AIDS Program coordinates statewide HIV/AIDS prevention and care services for Iowa residents. The HIV/AIDS Program consists of these components: Prevention, Care & Support Services, Data & Disease Reporting, and an HIV/AIDS/Hepatitis Integration Project.

As of December 31, 2019, there were 2,938 Iowans who were diagnosed with HIV and living in

Iowa. There were 98 Iowans newly diagnosed in 2019. Males are disproportionately impacted by HIV in Iowa. There are about four males diagnosed for every female and Iowans who are black/African American and Latino are also disproportionately impacted by HIV in Iowa. This is not because they are more likely to engage in behaviors putting them at risk for HIV, but because of social determinants of health impacting access to care and services. For more information and reports: HIV/AIDS Program - Data and Statistics

The Bureau of Substance Abuse provides technical assistance to individuals, groups, and contracted agencies and organizations; coordinates and collaborates with multiple state agencies and organizations for assessment, planning, and implementation of statewide prevention initiatives; and coordinates, trains, and monitors funding to local community-based organizations for alcohol, tobacco, and other drug prevention services. In addition, the bureau regulates licensure for approximately 100 substance abuse/gambling treatment programs and administers state and federal-funds for substance abuse treatment. Division of Behavioral Health SSA duties, including the SABG, are implemented through the Bureau of Substance Abuse. For more information on the Bureau of Substance Abuse: Bureau of Substance Abuse - Programs

The Office of Disability, Injury and Violence Prevention coordinates' unintentional injury programs within IDPH and houses programs that aim to prevent or reduce interpersonal violence in Iowa. Program staff collaborates with other programs, state agencies and community organizations to address injury and violence using public health strategies. More information and data can be found at: Disability and Health Program - Disability and Health Surveillance

The Office of Gambling Treatment and Prevention works to reduce the harm caused by problem gambling by funding a range of services for Iowans. These services include: outpatient counseling for problem gamblers, concerned persons and family, recovery support services, financial counseling including budgeting and debt reduction plans and a state-wide help line that provides information and referral services. In addition, the program funds prevention and education services for schools, community groups, casino employees, and other at-risk groups.

IDPH, through the Bureau of Substance Abuse Integrated Provider Network, contracts with nineteen local agencies to provide problem gambling prevention, treatment and recovery support services in nineteen service regions that together serve Iowans in all 99 counties. Problem gambling treatment programs must be licensed by IDPH and are selected for contracting through a competitive request for proposals process.

During SFY 2020, Iowans seeking to gamble could choose from 19 casinos licensed by the Iowa Racing and Gaming Commission (IRGC): four tribal casinos; 2,400 lottery outlets; over 2,000 licensed social and charitable gambling options, amusement concession and bingo games; and over 5,000 registered amusement devices. In addition, Iowans have access to a broad range of social media and smartphone gambling-like games and applications, as well as an expanding number of internet-based and other (often illegal) gaming.

Upon declaration of the Statewide Emergency Response for COVID-19, (Iowa Problem Gambling Services SFY2020 Annual Report), IDPH worked with IPN providers to ensure the safety of staff, through enhancing telehealth efforts, to ensure Iowans were able to access problem gambling prevention and treatment services. With the closure of casinos in the state from March 16th to June 5th of 2020, 1-800-BETS OFF/Your Life Iowa gambling contacts dropped 70% March-June 2020 compared to the previous quarter. Other data indicates that:

- 5,158 hours of problem gambling prevention, education, crisis, early intervention and treatment services were provided to Iowa residents.
- Over 2,600 Iowans were screened for problem gambling.
- 182 Iowans received problem gambling crisis, intervention, treatment and recovery support services.
    - This is about 1% of the estimated 18,504 adult Iowans meeting criteria for a gambling disorder (*Gambling Attitudes and Behaviors: A 2018 Survey of Adult Iowans)*.
    - While this is greater than the national average of 0.25% (*2016 National Survey of Problem Gambling Services*), it suggests there is a large gap between the number of Iowans who would benefit from problem gambling treatment services and the number who receive those services.
- 1,511 contacts (phone, text, chat) to Your Life Iowa (includes 1-800-BETS OFF calls) on problem gambling were responded to, providing over 1,000 referrals for assistance (456 in state, 545 out of state).
- Over 18,200 Iowans visited the gambling pages at yourlifeiowa.org/gambling. 17,550 were first time visitors.
- The average wait to be admitted to treatment was 8.4 days and 79% of those admitted waited for 14 or fewer days.
- Patients who received four or more services within the first 30 days of admission were more likely to have a higher number and duration (total hours of services) of treatment sessions.
- Almost 9 in 10 Iowans (88%) are aware of the 1-800-BETS OFF helpline. 54% (compared to 41% in 2015) were aware of the 1800BETSOFF.org (now part of the Your Life Iowa website at yourlifeiowa.org/gambling).

The Office of Medical Cannabidiol

The office of Medical Cannabidiol (OMC) is located at the Iowa Department of Public Health. The office aims to provide high-quality, effective, and compliant medical cannabidiol program for Iowa residents with serious medical conditions. The OMC works to balance a patient's need for access to treatment of their debilitating medical condition, with the requirement to ensure the safety and efficacy of the products. Iowa has three state-wide dispensary locations.

Individuals can qualify based on a "Debilitating medical condition" which is defined to mean any of the following:

- Cancer, if the underlying condition or treatment produces one or more of the following: Severe or chronic pain, nausea or severe vomiting, cachexia or severe wasting.
- Multiple sclerosis with severe and persistent muscle spasms.
- Seizures, including those characteristic of epilepsy.
- AIDS or HIV as defined in Iowa Code section 141A.1.
- Crohn's disease.
- Amyotrophic lateral sclerosis.
- Any terminal illness, with a probable life expectancy of under one year, if the illness or its treatment produces one or more of the following:
- Severe or chronic pain.
- Nausea or severe vomiting.
- Cachexia or severe wasting.
- Parkinson's disease.
- Chronic pain.
- Severe, intractable autism with self-injurious or aggressive behaviors.
- Post-traumatic stress disorder.
- Any medical condition that is recommended by the medical cannabidiol board and adopted by the board of medicine by rule pursuant to Iowa Code section 124E.5 and that is listed in 653—subrule 13.15(1).

Iowa's medical cannabidiol program began distributing medical cannabis to certified patients on December 1, 2018. Chapter 124E allows Iowa's two licensed manufacturers to manufacture products in the following forms: oral forms (tinctures, capsules, tablets and sublingual forms), topical forms (gels, ointments, creams, lotions and transdermal patches), nebulizeable forms, suppository forms and vaporized forms (vaporized forms became available for sale on August 7, 2019). In order to purchase medical cannabidiol products from Iowa's licensed dispensaries, patients must have their qualifying medical condition certified by a healthcare practitioner. Once certified, a patient can apply for a registration card that is valid for one year. For further information and data related to Iowa's cannabidiol program, The Office of Medical Cannabidiol - For Patients and Caregivers

Patients in Iowa are eligible for a reduced fee when applying for their medical cannabidiol registration card. If a patient can provide proof of Social Security Disability Benefit (SSD), Supplemental Security Income (SSI), or Medicaid, they are eligible for a reduced fee. Figure 8 depicts the percentage of standard ($100) or reduced ($25) fee applications, as well as the percentage of each reduced fee type.

- Since the beginning of the program, 1415 new and cumulative Iowa practitioners have certified their first unique patient, a steady increase from the program implementation.
- In May 2021, there were 6, 286 total individual cardholders that have active registration cards for the program. A steady increase since program implementation,

Assessment of Behavioral Health Substance Use Disorder (SUD) System

Integrated Provider Network (IPN) Background

The Iowa Department of Public Health (IDPH) Substance Use and Problem Gambling Services Integrated Provider Network (IPN) is a statewide, community-based, resiliency- and recovery-oriented system of care for substance use and problem gambling services (prevention, early intervention, treatment, and recovery support).

The IPN brings together three previously separate service systems: Substance Abuse Prevention, Substance Use Disorder Treatment, and Problem Gambling Prevention and Treatment, as directed in legislation beginning in 2009.

- IPN providers were selected in late 2018 through a competitive Request for Proposals (RFP) process and launched January 1, 2019. Integrated Provider Network services are funded by the State General Fund appropriation to IDPH for substance abuse and problem gambling services under the Addictive Disorders appropriation, and through the SAMHSA Substance Abuse Prevention and Treatment Block Grant (SABG). Of the approximately 100 licensed substance abuse licensed facilities in Iowa, 20 providers were competitively selected to provide prevention, treatment and problem gambling services to Iowans on a statewide basis. This new integrated network is required to provide education, prevention, early intervention, treatment and recovery support services spread across 19 geographical regions. The Integrated Provider Network (IPN), supports services for Iowans without insurance, Medicaid, or other payment resources.
- Goals were developed for the IPN to:
  - Establish and maintain a comprehensive and effective system of care for substance use and gambling problems through a statewide integrated network of services and providers.
  - Reduce substance use and gambling problems in Iowa through public education, evidence-based prevention, and early intervention services
  - Increase remission and recovery from substance use disorder and problem gambling through timely, accessible, ongoing, and effective treatment services

- IPN providers conduct, support and participate in continuous quality improvement (CQI) activities that improve IPN services by identifying, implementing, and monitoring critical performance measures on an ongoing basis, based on valid and reliable data, and stakeholder input. IDPH supports CQI with by:
  - Critical incident reports
  - Data integrity reports
  - Engagement and retention performance measures
  - Outcome performance measures
  - Process “walk-throughs” and improvement projects; including simulated calls to providers regarding priority population access and engagement into services
  - Frequently asked question and answer (Q & A) documents
  - IPN mailbox dedicated site for submission of exception requests, questions, replies to questions, concerns, challenges, stakeholder feedback
  - IPN Guides (waitlist, data management systems, fact sheets, recovery support

form templates, user manuals, Treatment Entry Matrix, claim's progress reports and instructions, etc)
    - Bi-Annual IPN director and key staff face to face meetings focused on IPN and SABG priorities/requirements/other
    - Monthly IPN Director meetings with SSA and SSA staff
    - Monthly Community Practice Calls
    - Quarterly progress reporting

- IDPH SSA staff monitor contractor performance against contract requirements through data and claims reporting and through narrative reports submitted.
- IDPH received supplemental funding from SAMHSA in FY20 and FY21. The funding supports both prevention and treatment needs including: 1) a virtual training series supporting both prevention and treatment training, a subscription to the Legal Action Center to enable providers to have access to legal representatives on confidentiality of health information, and to assist with questions and concerns on HIPAA, and other legal matters, 2) Strategic Planning for the Bureau, 3) Support for the annual Governor's Conference which provides prevention and treatment educational opportunities, and 4) a statewide education platform (Relias) to provide on-line training opportunities for all licensed SUD programs in the state.
- All licensed SUD providers are required to use ASAM Criteria for clinical assessment and placement
- The IDPH, in an ongoing process improvement process, modified the process of collecting co-pays for individuals seeking services through the IPN. During a meeting held on June 15, 2020, comments were provided to the Department to implement a more efficient manner in collecting co-pays; specifically moving from a sliding fee system to a flat fee for service model; while still maintaining financial federal poverty eligibility guidelines and internal processes of monitoring. IDPH allows for the existing sliding scale system of collection of copays; in addition to allowing for some providers to move towards the flat fee system. These options are optional for the IPN provider and provide the ability for the IPN provider to choose which eligibility system meets the needs of the individuals they serve; offering a more efficient model in collecting co-pays to SABG funded providers.
- The IPN providers are required to provide Network Support, Prevention Services and Outpatient Treatment on a state-wide basis. Through the competitive RFP process, providers could apply to provide optional services related to: Adult Residential Treatment, Juvenile Residential Treatment, Women and Children Treatment and Methadone Treatment.
    - ***Network Support***- providers participate in and conduct activities that support community collaboration and outreach, health promotion education, quality improvement, and workforce development. Under Network Support Covered Services; providers must:
        - Collaboration and Community Outreach: providers conduct, support, and participate in collaboration and community outreach activities that establish the contractor as a primary resource for substance use and problem gambling issues in the Service Area and statewide. providers coordinate planning and

service delivery in collaboration with IDPH, other providers, and stakeholders, based on and aligned with community, service area, and state needs and strengths.

- Needs Assessment: providers conduct, support, and participate in local and state needs assessment processes that support understanding of substance use and problem gambling needs, trends, and service gaps. Needs Assessment processes may include, but are not limited to:
  - County Assessment Workbooks
  - Each county's Community Health Needs Assessment and Health Improvement Plan (CHNA HIP)
- Health Promotion: providers conduct, support, and participate in health promotion activities that inform and educate Iowans on substance use and gambling problems. Health promotion also supports access to prevention, early intervention, treatment, and recovery support resources and services. Health Promotion activities may include, but are not limited to:
  - Contractor websites and social media presence
    IDPH's YourLifeIowa and 1-800-BETS OFF helpline and website
  - IDPH's "A Matter of Substance" and "Opioid" newsletter and other publications and communications.
  - IDPH's substance abuse prevention and treatment focused media campaigns
  - The IDPH website and social media platforms
  - Contractor and IDPH efforts directed to specific topics and issues
- Workforce Development: providers conduct, support, and participate in workforce development activities that recruit, retain, and develop highly qualified staff to provide Integrated Provider Network services.
  Workforce Development activities may include, but are not limited to, strategies to:
  - Support recruitment and retention of qualified staff
  - Enhance staff competency and performance
  - Expand the roles of persons in recovery and family members/friends in planning and delivering services
- Meetings, Trainings and Technical Assistance: providers conduct, support, and participate in meetings, training, and technical assistance activities that enhance, expand, and improve Integrated Provider Network services. Meetings, training, and technical assistance may be face-to-face or may be conducted through electronic means, as determined by IDPH. Meetings, trainings and technical assistance may include, but are not limited to:
  - Governor's Conference on Substance Abuse (annual, held virtually during Covid-19)
  - Integrated Provider Network – Substance Use and Problem Gambling Services meetings and trainings; held bi-annually
  - Reporting requirements and processes (as scheduled)
  - Technical assistance (as scheduled)
  - Topic-specific trainings (as scheduled)

- Community of Practice (IPNCoP). These meetings allow providers to exchange tools and information, provide IDPH opportunities to educate providers on various contract requirements and provide a venue for learning among the IPN providers. For additional information see: https://idph.iowa.gov/substance-abuse/Integrated-Provider-Network/Meetings

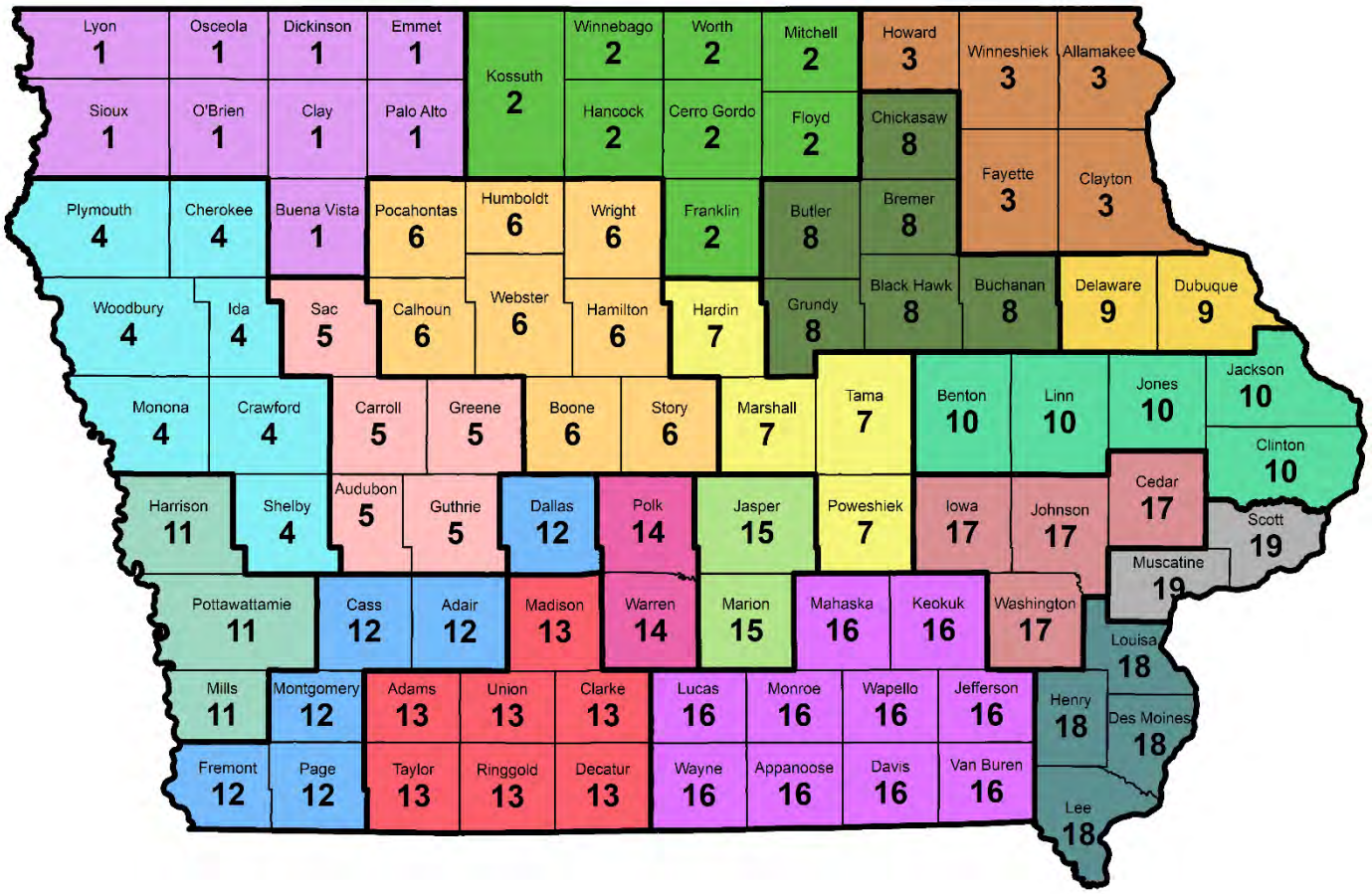
- Other Core Services include:
  - Care Coordination
    - Care Coordination encompasses the broad range of patient-specific people, systems, and issues related to the patient's current situation and future recovery. These may include, but are not limited to, family members, referral sources, employers, schools, medical and mental health professionals, the child welfare system, the courts and criminal/juvenile justice systems, housing status, legal needs, and recovery support. Care Coordination includes use of electronic information and telecommunication technologies to support patients through check-in calls and texts.
    - Crisis Counseling is a response to a crisis or emergency situation experienced by an individual, family member and/or significant others related to substance use disorders, such as:
      - Crisis counseling services shall provide a focused intervention and rapid stabilization of acute symptoms of mental illness or emotional distress. The interventions shall be designed to de-escalate situations in which a risk to self, others, or property exists.
      - Crisis counseling services shall assist a member to regain self-control and reestablish effective management of behavioral symptoms associated with a psychological disorder in an age-appropriate manner.
      - Crisis counseling services with family members or friends using general counseling methods.
      - Crisis counseling services can occur in person or over the phone.
  - Early Intervention (based on ASAM Level 0.5)
    - Early Intervention may be provided to persons who have received an Initial Assessment but do not meet criteria for a substance use disorder. Individuals that previously received an Initial Assessment and do meet criteria for a substance

use disorder may not be provided Early Intervention.
    - Early Intervention could be considered as an equivalent to SBIRT Brief Treatment, which is a more intensive intervention than a SBIRT Brief Intervention.
- Interim Services for Priority Populations funding
    - Interim Services are those minimum services which must be offered when priority populations cannot be admitted within required timeframes and would benefit from IPN funded services.
    - The purposes of these services are to reduce the adverse health effects of substance use, promote the health of the individual, and reduce the risk of transmission of disease.
- Medication Assisted Treatment Medical Evaluation, Medical Care
    - Medical Evaluation means an assessment conducted by a physician or other licensed prescriber to determine the need for medication-assisted treatment and/or tobacco cessation services.
    - Medical Care means ongoing medical evaluation services provided by a licensed medical prescriber to assess appropriateness for continued medication-assisted treatment and/or tobacco cessation services.
    - Medicated-Assisted Treatment (MAT) is the use of FDA-approved medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of Alcohol Use Disorders, Opioid Use Disorders, and/or tobacco use
- Medication Assisted Treatment Drug Testing
    - Drug Testing means routine monitoring of MAT compliance by testing for the presence of other substances (e.g., urine drug screen)
- Screening, Brief Intervention and Referral to Treatment (SBIRT)
    - is an integrated, evidence-based approach that offers providers the tools to effectively and efficiently screen individuals for risky substance use and problem gambling
    - SBIRT services are to be provided by substance use and problem gambling treatment providers in a variety of locations outside of a treatment center. Examples include primary care settings, schools, and casinos
- Transportation
    - Transportation means assistance in the form of gas cards or bus passes, given directly to the patient for the purpose of transportation to and from an activity related to the patient's treatment plan or recovery plan.
- Other Covered Services for Persons who are not Patients

- Family Education Services: Education on various topics related to substance use and problem gambling disorders, treatment and recovery, for family members and concerned persons of individuals in treatment

- The Bureau of Substance Abuse has developed multiple resource guides, set up an IPN Provider Mailbox, developed contractor manuals, attestation documents, and have, and continue to hold, extensive trainings and meetings to educate the IPN on contractual requirements including:
  - Claims processes and reporting procedures
  - ISMART Data user manuals (prevention and treatment)
  - Critical Incident Forms and processes
  - Exception Request Processes
  - IPN Provider Manual and Provider Releases
  - IPN Prevention Services Orientation Guide
  - IPN Maps
  - IPN Strategic Prevention Framework Overview and Deliverables
  - Prevention Survey Overview
  - Prevention Guide
  - SABG Regulations
  - Recovery Peer Coaching guidance documents
  - IPN meetings (topics related to SABG requirements, claims, reporting, data and quality improvement activities, problem gambling, prevention requirements, data reporting and collection, contractual responsibilities). For meetings and trainings see:Bureau of Substance Abuse - Integrated Provider Network - Meetings & Trainings
  - Developed IPN documents and forms. For more information see: http://idph.iowa.gov/substance-abuse/Integrated-Provider-Network/Documents

Integrated Provider Network (IPN) Service Area Map and Contractors
Substance Use and Problem Gambling Services*



	Contractor		Contractor
	Rosecrance Jackson Centers, Spencer Phone: 800-472-9018		Crossroads Behavioral Health Services, Creston (4) Phone: 641-782-8457
	Prairie Ridge Integrated Behavioral Healthcare, Mason City (1) Phone: 866-429-2391		House of Mercy, Des Moines (1,3) Phone: 515-643-6500
	Northeast Iowa Behavioral Health, Decorah (4) Phone: 800-400-8923		Prelude Behavioral Services, Des Moines (1) Phone: 515-262-0349
	Jackson Recovery Centers, Inc., Sioux City (1, 2, 3) Phone: 800-472-9018		UCS Healthcare, Des Moines (4) Phone: 515-280-3860

	Community Opportunities DBA New Opportunities, Carroll Phone: 712-792-9266		
	Community and Family Resources (CFR), Fort Dodge (1, 2, 4) Phone: 866-801-0085		House of Mercy, Newton Phone: 641-792-0717
	Substance Abuse Treatment Unit of Central Iowa, Marshalltown Phone: 641-752-5421		UCS Healthcare, Knoxville Phone: 515-280 -3860
	Pathways Behavioral Services, Inc., Waterloo (1, 4) Phone: 319-235-6571		Southern Iowa Economic Development Association (SIEDA), Ottumwa (4) Phone: 800-622-8340
	Substance Abuse Services Center (SASC), Dubuque Phone: 563-582-3784		Prelude Behavioral Services, Iowa City (1) Phone: 319-351-4357
	Area Substance Abuse Council, Inc. (ASAC), Cedar Rapids (1, 2, 3, 4) Phone: 319-390-4611		Alcohol & Drug Dependency Services (ADDS), Burlington (1, 4) Phone: 319-753-6567
	Heartland Family Service, Council Bluffs (1, 3) Phone: 712-322-1407		Center for Alcohol & Drug Services, Inc. (CADS), Davenport (1) Phone: 563-322-2667
	Zion Recovery Services, Inc., Atlantic (1), Phone: 712-243-5091		Robert Young Center, Muscatine, Phone: 563-264-9409 (4)
Additional Specialized Treatment Statewide Services **(1) Adult Residential Treatment (2) Juvenile Residential Treatment (3) Women and Children Treatment (4) Methadone Treatment**			

*The IPN contractors (providers) are funded by IDPH to provide substance use and problem gambling services to eligible Iowans. For more information about the providers listed, click on the provider name or call the phone numbers listed. For more information about other treatment and prevention programs, visit https://yourlifeiowa.org/facility-locator. ***Revised June 2021***

Partnerships

One of the significant strengths IDPH has, in both treatment and prevention, is the broad array of partnerships which include:

- Local Boards of Health
- Alcohol Beverages Division
- Community Coalitions
- Community Colleges
- County Boards of Supervisors
- Department on Aging, Aging and Disability Resource Centers, Area Agencies on Aging
- Department of Corrections
- Department of Education, both public and private school districts
- Department of Inspections and Appeals
- Department of Human Rights
- Department of Human Services
- Department of Public Health programs and services, State Board of Health
- Department of Public Safety
- Department of Transportation

- IDPH Division of Tobacco Use and Control
- IDPH Bureau of Emergency and Trauma Services
- IDPH Bureau of HIV, Hepatitis, and STDs
- Governor's Office of Drug Control Policy
- Primary Care Providers
- Judicial Branch; including Children's Justice, Family Treatment Courts and Juvenile Justice
- Local public health agencies
- Iowa Collaboration for Youth Development
- Iowa Youth Advisory Council
- Iowa Boards of Pharmacy, Medicine, Nursing, and Dentistry
- Iowa Behavioral Health Association
- Iowa Army National Guard
- Iowa Veterans Administration
- Iowa Primary Care Association
- Iowa Healthcare Collaborative
- Iowa Harm Reduction Coalitions
- Iowa Medical Society
- Iowa State University Conference Planning and Management
- Law Enforcement Personnel including Sheriffs' Association and Police Chiefs' Association
- University of Iowa Health Care, Department of Pharmaceutical Care,
- UIHC Psychiatry and Internal Medicine
- Mental Health and Disability Services Regions
- Meskwaki Nation -Sac & Fox Tribe of the Mississippi in Iowa
- Midwest Counterdrug Training Center
- Iowa Regent Universities
- Iowa Hospital Association
- Iowa Poison Control Center
- Midwest High Intensity Drug Trafficking Area
- Iowa State Extension Partnerships in Prevention Science Institute
- Iowa Board of Certification
- Iowa Prevention & Treatment Supervisors Association
- Iowa Mentoring Partnership

Legislation

9-8-8

In August 2019, the Federal Communications Commission (FCC) staff—in consultation with the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration, the Department of Veteran Affairs, and the North American Numbering Council—released a report recommending the use of 988 as the 3-digit code for the National Suicide Prevention Lifeline. In July 2020, the FCC adopted rules designating this new phone number for Americans in crisis to connect with suicide prevention and mental health crisis

counselors. The transition, which will take place over the next two years, will result in phone service providers directing all 988 calls to the existing National Suicide Prevention Lifeline (NSPL) by July 16, 2022.

Vibrant, the NPSL contractor, offered states a planning grant opportunity in December 2020 to support development of state 988 implementation plans. The focus of the grant is for the state to develop clear roadmaps to address key coordination, capacity, funding and communication strategies that are foundational to the launching of 988 which will occur on or before July 16, 2022 and plan for the long-term improvement of in-state answer rates for 988 calls. IDPH applied for, and is the lead agency, for the 988 work. In addition, IDPH is collaborating with DHS on grant activities. IDPH and DHS staff meet weekly to work on overall plan deliverables. Core planning considerations include:

- 24/7 statewide coverage for 9-8-8 calls, chats and texts
- Identify and support funding streams
- Capacity building
- Operational, clinical and performance standards for lifeline centers
- Local resource and referral listings and linkages to local community crisis services
- Follow up services
- Consistent public messaging

IDPH and DHS are working closely with the crisis centers in Iowa that answer the NSPL to develop a landscape analysis and a plan to build capacity for the increased volume once 9-8-8 is launched. Another key component of the grant is the development of a 9-8-8 coalition. The Iowa 9-8-8 coalition is made up of key stakeholders, who have met monthly since April 2021, to provide guidance for the implementation plan and integration of 9-8-8 into the current crisis system.

Children's Behavioral Health System State Board

The Children's Behavioral Health System State Board (Children's Board) is the single point of responsibility in the implementation and management of a Children's Mental Health System (Children's System) that is committed to improving children's well-being, building healthy and resilient children, providing for educational growth, and coordinating medical and mental health care for those in need.

Signed into law on May 1, 2019, House File 690 established requirements for the Children's Behavioral Health System after receiving the Strategic Plan for the Children's System State Board as ordered by Executive Order No. 2 signed April 23, 2018.

The Children's Board consists of 17 voting members appointed by the Governor. The Children's Board is co-chaired by the Department of Human Services and Department of Education. Members of the Children's Board were selected based on their interest and experience in the areas of children's mental health, education, juvenile court, child welfare, or other related fields. The Department of Public Health staff serve on the Children's Board and other staff, including SSA staff, attend board meetings.

In continuation of the Children's Board ongoing work, HF 690 was passed and signed into law in

May, 2019. Within this legislation, the *"DHS and IDPH shall provide a single, statewide twenty-four hour crisis hotline that incorporates information for families of children with a serious emotional disturbance which may be provided through the expansion of the "yourlifeiowa platform"*. Resources for the addition of the children's resources, to YLI, are currently led by the SSA staff and planning, development, and contractual work is currently underway. For more information visit: Your Life Iowa: Homepage

HF766- Co-Occurring Conditions Enhanced Delivery of Services

House File 766, Division VIII, Section 41 directed the Directors of the Departments to: "examine the current service delivery system to identify opportunities for reducing the administrative burden on the departments and providers, evaluate the use of an integrated helpline and website and improvements in data collection and sharing of outcomes, and create a structure for ongoing collaboration. The directors shall submit a report including findings, a five-year plan to address co-occurring conditions across provider types and payers, and other recommendations."

The Departments convened a focus group in October 2019 representing co-occurring service providers, mental health and disability services regions, and individuals and family members with lived experience. The following themes emerged from the focus group:

- CCBHC is an effective model for the delivery of co-occurring services
- Community partnerships are essential to providing individualized services
- Flexible funding is needed to provide co-occurring services and current payment structures do not allow flexibility
- Workforce shortages are a barrier to providing effective services
- Provider accreditation and licensure should be streamlined wherever possible and unnecessary paperwork eliminated
- Mental health providers need a data collection system similar to the system used by IDPH for licensed substance use disorder providers
- Systemic barriers should be identified, reviewed, and where possible minimized or eliminated, e.g. professional licensure processes

A Co-Occurring conditions Enhanced Delivery of Services Report was completed and submitted to the Iowa Legislature in December 2019. The report recommends and outlines a Five-Year plan to address co-occurring conditions in Iowa. Highlights from the plan include:

- Explore the certified community behavioral health clinic (CCBHC) model to build a joint statewide network of substance use disorder and mental health safety net providers (Safety Net Providers). The state currently has 12 CCBHC's; three of which are IPN providers.
- Assess and align reimbursement rates for community mental health centers (CMHCs) and the substance use disorder integrated provider network (IPN)
- Evaluate Your Life Iowa at the end of three years allowing for time to gather data and provide a more complete assessment
- Explore the integration of mental health data and providers into Iowa Department of Public Health's integrated data system
- Collaborate on projects designed to reduce stigma in effort to create "no wrong door" access to care.

Consistent with the five-year plan, IDPH and DHS are currently implementing Stage 1- Planning and preparing (years 1-2). The Department staff are currently meeting monthly and are in the process of reviewing the following activities:

- Review the mental health accreditation and substance use disorder licensure processes and review options for a joint review process
- Review and research the current state of CCBHC in Iowa and other states for areas of strength and improvement
- Pilot CMHCs using IDPH's data collection system
- Continue to review prior authorization requirements for Medicaid services and work with the managed care organizations on aligning paperwork requirements
- Provide recommendations on changes to law related to statewide implementation of Safety Net Providers using the CCBHC model including potential funding sources
- Establish an educational platform for mental health and substance use disorder providers
- Review the current marketing plan for Your Life Iowa and determine how to incorporate content for reducing stigma
- Review professional licensure requirements and identify any workforce barriers that can be eliminated

IDPH Strengths

- The IDPH annually plans and funds the annual Governor's Conference on Substance Abuse providing educational opportunities to Iowa's workforce; held successfully virtually in 20 and 21 and attended by approximately 500 treatment, prevention, gambling and medical professionals.
- IDPH Contracts with the Iowa State University Event Planning Group to implement training on various topics and evidenced based practices to support the SUD IPN network.
- SSA and SSA staff meet with Iowa Behavioral Health Association members on a monthly basis to obtain input, provide training, identify barriers and opportunities for collaboration and problem solve.
- IDPH provides opportunities for feedback through the Bureau Newsletter, meetings, Board of Health meetings, monthly IPN meetings between the SSA and IPN contractor directors, and other stakeholder meetings
- SSA staff ensure a full continuum of prevention, treatment and recovery support services are available statewide and have aligned geographical service areas for problem gambling, substance abuse prevention, and substance use disorder treatment.
- SSA staff have strong partnerships across prevention agencies, community coalitions, and treatment providers, facilitating local and statewide meetings.
- SSA staff use evidence-based prevention practices that consider risk and protective factors, and have expanded prevention workforce development training.
- The SSA staff participates in annual child welfare meetings and initiatives and participates in meetings associated with child welfare policy review on a regular basis.
- Iowa has two Veterans Administration (VA) health centers located in Des Moines and Iowa City, Iowa. The VA provides comprehensive substance use disorder and mental health services to Iowa Veterans. The Central Iowa VA systems provides inpatient and outpatient

substance use disorder services. SSA staff serve on the VA Stakeholders quarterly meetings. In addition, Veterans are represented on the Mental Health Planning Council - a council attended by a SSA representative and a VA representative is engaged in the suicide planning efforts and meetings.

- SSA staff is a member of the planning committee meetings for the annual Public Health Conference
- SSA staff are involved in committee work related to Drug Endangered Children (DEC). Coordination of efforts to identify, intervene and treat children endangered by caregiver drug use, manufacturing, and distribution
- IDPH collaborates with the Iowa Board of Certification (IBC). The IBC is a professional credentialing organization for substance abuse counselors in Iowa. IBC is an ICRC entity. It is not affiliated with IDPH's professional licensing boards (e.g. social workers, marriage and family therapists, etc.).
- SSA staff are involved in the Children's Justice Initiative which is dedicated to improving the lives and future prospects of children who pass through Iowa's dependency courts. The Children's Justice State Council is made up of representatives, appointed by the Supreme Court, from those organizations that are involved in the child welfare system or that might be impacted by systemic change resulting from initiative efforts, including representatives of state agencies with decision and/or policy-making authority: Attorney General, State Public Defender, Department of Education, State Mental Health Authority (SMHA), and SSA.
- IDPH has partnered with a local SUD MAT provider to successfully expand medication units, a model which Iowa has been asked to speak about on numerous occasions to other states. Utilizing a co-location model, the SUD OTP provides MAT services through a Medication Unit model of delivery. The SUD OTP partners with a licensed treatment provider(s) throughout the state to deliver the MAT; while the SUD licensed treatment agency staff provide the counseling services.
- SSA staff is a member of the Children's Justice State Advisory Council. Membership represents stakeholders appointed by the Supreme Court to address issues in the child welfare system that might require legislative, funding, policy or statewide practice change. The Council refers issues to or makes recommendations to member organizations or develops multidisciplinary work groups to resolve issues that require joint solutions. Court process issues, even if multidisciplinary, would be referred to the Children's Justice Advisory Committee for action.
- SSA staff have a collaborative relationship with the IDPH Tobacco Use Prevention and Control Division (TUPAC) and SSA staff attend the quarterly Tobacco Commission meetings. The SSA staff and TUPAC staff collaborate on SYNAR efforts and report development.
- SSA led efforts to quickly respond (within 7 days) to the delivery of telehealth services during the COVID-19 Public Health Emergency Iowa Governor Proclamation in March of 2020 by providing telehealth services, including audio only telephone transmission for the delivery of medically necessary, clinically appropriate SUD services. The SSA has been involved in the presentation of this information at the annual conferences of the National Association of State Alcohol and Drug Abuse Directors (NASADAD) meetings held in

2020 and 2021.

- SSA and SSA staff implemented a state-wide on-line learning management system (LMS) *Relias* to all licensed SUD providers in the state. Relias offers staff compliance training and continuing education for behavioral health, mental health, addiction treatment, developmental disability, community action and child welfare organizations. The Relias LMS not only provides free training to the workforce, but also provides the ability to track and manage courses provided and completed by provider and provider organization. Since Relias was implemented in June of 2020, the following data has been reported:
    - Total courses completed: #48, 905
    - Total unduplicated users: #1,376
    - Top completed courses of the licensed SUD providers include topics such as: workplace violence, customer service, infection control, client/patient rights, ethics, incident reporting, cultural competence, first aid, confidentiality of substance use treatment information, sexual harassment, and blood borne pathogens.

Early Intervention

- **Media Campaign** Supported by OD2A and the State Opioid Response Grants, IDPH launched a campaign named "*See the Person. Not the Addiction*". The goal of the campaign is to minimize some of the more common assumptions and misperceptions about drug addiction that may act as a source of shame for people who use drugs. Foundational research was conducted through focus groups to understand beliefs related to stigma. Focus groups were also conducted with people with lived experience to understand the impacts of stigma. This campaign is currently being implemented in nine Iowa counties. For further information visit the Your Life Iowa Media Center at: Prevention Media Center
- **Early Intervention Services through the Iowa Provider Network.** Based on the 0.5 ASAM level of care which explores and addresses problems or risk factors that appear to be related to an addictive disorder and which helps the individual recognize potential harmful consequences. Examples include Screening, Brief Intervention and Referral to Treatment Brief Treatment curricula.

Primary Prevention

IDPH directs 20% of the SABG and certain State legislative appropriations to 19 community-based agencies through the Integrated Provider Network (IPN) contracts. Providers were selected through the integrated competitive Request for Proposals (RFP) process. The RFP explicitly referenced the Strategic Prevention Framework (SPF) model and was built around SPF principles. The 19 unique providers serve 19 different prevention service areas, each generally covering 2-10 counties, and collectively encompassing all 99 Iowa counties. The contracts support substance misuse prevention services to all counties in Iowa, twelve months of each contract year.

In SFY20, 61,366 prevention participants were served and 10,065 direct service hours were provided.

IPN prevention providers provide services through the lifespan and may be directed to all ages and populations not in need of direct treatment services. IPN prevention services maintain and advance public health activities, essential services, core public health functions, and strong relationships with community partners.

The objectives of IPN prevention contracts are to:

- Provide primary substance abuse prevention in all 99 Iowa counties
- Utilize the Strategic Prevention Framework to drive all prevention services
- Implement evidence-based programs, practices and policies
- Provide culturally responsive services
- Assist in developing substance abuse community coalition capacity
- Sustain positive outcomes related to prevention services
- Evaluate services based on common outcomes
- Provide services that do not duplicate or overlap other prevention services with the same target population

Iowa's IPN prevention services are based on a multi-strategic approach, encompassing all six primary prevention strategies, that aims at multiple populations including youth, adults, high risk individuals, community coalitions, and workplaces. These strategies all comply with the Institute of Medicine Prevention Classifications, the Strategic Prevention Frameworks and SAMHSA six prevention strategies. All contracted providers have to address services across the lifespan for prevention of: alcohol, marijuana, methamphetamine, prescription medications, opioids, problem gambling, suicide and tobacco. Problem gambling and suicide efforts are funded priorities from State funding. For additional information on priorities visit: https://idph.iowa.gov/Bureau-of-Substance-Abuse/Prevention-Related-Programs/Prevention-Priorities

Prevention Services are driven by the Strategic Prevention Framework planning model and the Iowa Epidemiological Profile which is reviewed and discussed regularly by the State Epidemiological Workgroup and Prevention Partnerships Advisory Council (SEWPPAC). Additional information can be found at: https://idph.iowa.gov/Bureau-of-Substance-Abuse/Prevention-Related-Programs/Prevention-Advisory-Council-and-Workgroups

The Epidemiological Profile provides direction to the prevention services provided through IDPH. Prevention programs use the six prevention strategies, as appropriate to each result area, and follow the Center for Substance Abuse Prevention (CSAP) evidence-based program definitions. For additional information on the the Bureau of SUD has developed a prevention guide for use by all providers. The prevention guide can be found at: https://idph.iowa.gov/Bureau-of-Substance-Abuse/Prevention-Related-Programs/Prevention-Supports/Prevention-Guide

The Five-Year Substance Abuse Prevention Strategic Plan follows the Strategic Prevention

Framework (SPF) model and is guided by the principles of cultural competence and sustainability throughout all five steps of the process. The Strategic Plan focuses on strategies for Evidence-Based Practices, Continuous Quality Improvement, Prevention Education, Workforce Development, and includes a special focus area on strategies to Reduce Opioid Use Disorder.

Established performance indicators that will be monitored to assess the impact of the implemented strategies include:

- Decrease underage drinking from 11% to 7% or fewer youth reporting alcohol consumption. Measured by the Iowa Youth Survey (IYS). State rate in 2016 of 3% for 6th graders, 5% for 8th graders, and 21% for 11th graders.
- Decrease marijuana use from 9% to 7% or fewer youth reporting its use. Measured by the Iowa Youth Survey. The 2016 IYS shows 1%, 2%, and 10% for 6th, 8th, and 11th graders, respectively.
- Decrease by 5% the number of 11th grade youth reporting misuse of prescription medications. Measured by the Iowa Youth Survey. Reduce by 5% (n=65) the current numbers of 11th grade youth (n=1,299) reporting prescription medication misuse.
- Decrease in binge drinking among adults from 28.6% (baseline 2008-09) to 20.3% (2019-20 reported data). Measured by NSDUH. Behavioral Health Barometer, Iowa reports that 18.1% of individuals aged 12-20 in Iowa engaged in binge drinking within the past month, higher than the national rate of 14.0%. NSDUH 2013-14 reports binge rate at 25.36 for Iowans 12+, 47.04 for 18-25 year-olds.

For additional information on the Prevention Strategic Plan visit: https://idph.iowa.gov/Bureau-of-Substance-Abuse/Prevention-Related-Programs/Prevention-Strategic-Plan

The Bureau of Substance Abuse has supported a Workforce Development Task Force since 2003. This task force has assisted with a variety of projects over that timeframe which help support Iowa's prevention workforce. Currently, the Workforce Development Task Force focuses on the following strategies:

- Develop a workforce survey to assess current prevention workforce
- Define needs, identify gaps and craft a plan to address subject matter training for all experience levels of prevention professionals.
- Diversify the field of prevention professionals to reflect the population of Iowa through recruitment and retention strategies.
- Identify an onboarding model for prevention professionals to ensure basic competencies are met across all IDPH-recognized primary prevention strategies.
- Foster and encourage partnerships between prevention professionals and community stakeholders (e.g. youth serving organizations, faith leaders, local law enforcement, health care, educators) across the state to ensure consistent practices are applied.
- IDPH prevention contractors will be required to identify county specific disparate populations through the planning step in the Strategic Prevention Framework planning model. During this process, contractors will create a strategic plan where they will document identified populations, identify strategies to address disparities and provide steps on how prevention strategies will be provided to the populations identified. IDPH

collaborates with the University of Northern Iowa and Iowa State University to complete environmental scans and these initiatives will assist in identifying underserved populations and health equity needs.

For additional information on workforce survey results visit: https://idph.iowa.gov/Bureau-of-Substance-Abuse/Prevention-Related-Programs/Prevention-Advisory-Council-and-Workgroups/Workforce-Development-Task-Force

The Bureau of Substance Abuse supports a Evidence-Based Practices Workgroup that includes a diverse membership of prevention professionals throughout Iowa. Working in collaboration with these partners, the Evidence-Based Practices Workgroup focuses on completing the following strategies:

- Develop a resource guide of substance abuse prevention best practices, programs, and policies that are evidence-based or evidence-informed as defined by IDPH.
- Develop a template of questions around substance use/misuse to be used in community needs assessments across Iowa.
- Develop and launch a toolkit for communities to use when advocating for public policy change in the prevention of substance abuse.

The Evidence-Based Review Team serves as a subcommittee of the Evidence-Based Practices Workgroup. This Review Team is responsible for reviewing submitted Waiver Request and Adaptation Forms from contracted agencies. These forms are submitted if a contractor requests to utilize a program, policy, or practice not currently listed in the IDPH approved list of evidence-based programs or if a contractor would like to request an adaptation of an evidence-based program, policy or practice.

Prevention Services and Problem Gambling:
Problem gambling education and prevention services inform Iowans about the risks and responsibilities of gambling. This work encompasses the six prevention strategies identified by the Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Prevention: community-based process, environmental, information dissemination, education, alternatives, and problem identification and referral. Examples include:

- Health promotion campaigns to encourage Iowans to evaluate their gambling behavior and seek help if they have a problem. Includes collaborative health promotion activities with the Iowa Lottery and Iowa Gaming Association.
  - Problem Gambling Awareness Month – each March
  - Responsible Gaming Education Week – each August
- Educating employers about the cost of problem gambling to their businesses (*Gambling in the Work Place Tool Kit*).
- Partnering with state-regulated casinos to train employees, and educate and inform patrons *(Responsible Gaming Toolkits)k*
- Partnering with the Iowa Lottery to inform players that help is available for problem gambling.
- School-based prevention efforts for youth (*IGPS prevention page*).
- Educating the problem gambling treatment and prevention workforce on regional, statewide, and national trends and best practices to improve service delivery and outcomes.

The effectiveness of IDPH education and prevention efforts can be seen in the following data from the Gambling Attitudes and Behaviors: A 2018 Survey of Adult Iowans

Prevention COVID-19 Modifications

For the delivery of Prevention services during the duration of the Governor's Disaster Proclamation, IDPH offered information and guidance regarding contractual provisions. IDPH provided IPN contract guidance documents to assist providers during the progression of COVID-19. The following contractual changes occurred:

- Sustainability plans. IDPH required sustainability plans to be developed and submitted to the IDPH
- Virtual Conferencing. IDPH allowed for services to be provided in person or through use of electronic means or written communications vs. only face to face services
- Consideration of service delivery. IDPH provided guidance to conduct services related to the Assessment step of the Strategic Prevention Framework via electronic means/phone, when applicable
- Work plan revisions. IDPH provided guidance regarding work plan revisions and if modifications were needed to notify the Department. Further guidance was provided that If a prevention strategy needed to be revised and/or removed, agencies should consider other prevention services that may occur given current events.
- Virtual Meetings. IDPH encouraged the use of virtual meetings to conduct and/or attend coalition/community meetings/presentations.

Iowa Substance Abuse Prevention Data Reporting

Beginning in January of 2019 and continuing through June 30-2021, Iowa implemented and utilized a prevention module within the ISMART data collection system, which was already in use by Iowa use disorder and problem gambling treatment and prevention programs. The I-SMART system enables the Iowa Department of Public Health (IDPH), substance use disorder treatment programs, community-based service providers, and others to collect and report the numbers served and types of services delivered. Substance misuse and problem gambling prevention providers use the I-SMART prevention module to report direct services provided through the IDPH Integrated Provider Network (IPN) contract. The prevention module provides a uniform method of collecting group-level process data and primary prevention services. Prevention providers enter information into I-SMART about the services they provide in their communities on an ongoing basis. The aggregate data in the database makes it possible to explore the extent to which organizations are implementing various types of programs and to see which general populations are being served. Providers can enter, store, and retrieve data and generate data exports using predefined and user-selected criteria.

Primary Prevention providers use the IDPH Prevention Survey to collect pre/post survey data from recurring educational programs. The results are then entered into Qualtrics, a web-based system used to collect and report individual-level survey data. This web-based evaluation tool provides a structure and framework for collecting prevention process data. This system allows questionnaires to be built interactively, the set of respondents to be defined and data to be collected. Qualtrics

further assists evaluation efforts by performing basic statistical reporting and providing detailed data downloads that allows evaluation staff to perform more exhaustive statistical analysis.

Data Integrity

Each month, IDPH conducts Data Integrity checks to ensure that data reported are complete and accurate. Data Integrity Reports are distributed monthly. Agencies are expected to review their individual reports and to make the corrections noted by the 15th of the following month. Examples of data integrity checks include comparing the Strategy IOM to the IOM Classification, duration minutes are entered as directed, recurring programs have the required number of sessions, etc.

Data System Enhancements

In July 2021, Iowa will transition from I-SMART and Qualtrics to the Research Electronic Data Capture (REDCap) data collection system, developed by Vanderbilt University. REDCap is a secure web platform for building and managing online databases and surveys. REDCap will give primary substance abuse prevention providers the ability to report one-time prevention services, evidence-based programs, and individual-level surveys in one system. This will make for stronger data collection and integrity processes. It will also provide export processes for data downloads to Excel and other statistical applications. IDPH offers a Help Desk to answer questions and provide assistance on data reporting requirements and the data system. The Help Desk can be reached via phone or via email at SAPGData@idph.iowa.gov. Help Desk hours are M-F from 9-3 (excluding holidays). Help Desk calls are automatically answered with messages transcribed and sent to the help desk email. Help desk personnel respond to requests within 1 business day.

Treatment

One of IDPH's priorities is direct services to Iowans through treatment covered services. Iowans have available a wide range of substance use disorder treatment services. Many private insurance plans offer specific benefits for their members that may cover certain types of treatment. The public substance use disorder services system is decentralized and multi-faceted, with responsibility spread across multiple government agencies. In addition, external advocacy and stakeholder groups make important contributions to the system. Public substance abuse services are funded from state and federal sources that encompass such diverse but related areas as criminal justice, child- welfare, education, employment, housing, mental health, physical health, and public safety, as well as the Single State Authority (SSA) substance use disorder prevention, treatment, and recovery support system. Iowa's SSA assures an accessible, comprehensive, coordinated, and effective safety-net system of care for the broad range of substance-related issues faced by Iowans, through both statewide resources and specific local services.

In Iowa, treatment services are provided through the IPN network in each service area and statewide.

In CY20, more than 61,366 Iowans participated in substance misuse and problem gambling prevention services, and nearly 43,000 Iowans received substance use disorder treatment services. These individuals may have been screened for risk, been admitted to treatment and/or received crisis intervention services.

IPN funded providers are selected through a competitive request for proposals process that assures access through outpatient geographic services areas and statewide residential services. Providers must be not-for-profit, licensed substance abuse treatment programs. A limited number of Iowa hospitals have inpatient substance abuse treatment units and/or outpatient treatment programs. Hospitals may provide inpatient medical withdrawal services. Any licensed prescriber can provide outpatient/ambulatory withdrawal management. Programs are increasingly seeking national accreditation, such as Commission on Accreditation of Rehabilitation Services (CARF), Council on Accreditation (COA) and the Joint Commission. National accreditation supports insurance reimbursement eligibility.

In addition, in compliance with IDPH program licensure standards, providers must integrate culturally and environmentally-specific customs and beliefs of a given population into assessment and treatment planning.

IPN/SSA-funded substance abuse treatment services follow SABG requirements:

- Meeting required set asides
- Include Outpatient and Intensive Outpatient for problem gambling and substance use disorders
- May apply to provide Adult Residential, Juvenile Residential, Women and Children treatment, and/or Methadone treatment services.
- Services for women and pregnant women, including time frames for women requesting and in need of treatment and interim services if program is at capacity
- Services to injecting drug users, including: time frames for individuals requesting and in need of treatment and interim services if program at capacity
- Use of outreach services
- Tuberculosis services
- Resident of Iowa with income at or below 200% of the federal poverty guidelines who is not insured or for whom third party payment is not available to pay for services and who seeks substance use disorder services funded by IDPH. Cannot be an Iowa Medicaid member eligible for Medicaid funded substance use disorder services. May be an Iowa Health and Wellness Plan member due to restrictions to available substance use disorder services.
- IPN-funded services have been described by stakeholders as an efficient and effective statewide system of care, organized around:
  - Regional service areas
  - Uniform eligibility criteria
  - Standardized core services
  - National practice standards for admissions, level of care transitions, and discharges
  - Contractual performance measures
- Priority in treatment:
  - Given to those clients with the greatest clinical need
  - Given to substance abuse that results in the highest personal and social cost

- Ranked priority for admissions to treatment:
  1) Pregnant women injecting drug users
  2) Pregnant substance abusers
  3) Persons who inject drugs
  4) All others

The IPN funded services also support services categorized as: Care Coordination, Medical Evaluations and Medical Care, Medication, Medication Assisted Treatment, Drug Testing, Interim Services for Priority Populations, Recovery Peer Coaching, Transportation, Early Intervention, suicide Screening, and Outreach, Quality Improvement, Network Support, and Workforce Development initiatives. Network Support services include expectations that providers provide comprehensive and integrated care and must coordinate and ensure provision of all required services in their respective service area. For further information on IPN treatment, meetings, data reporting, quality improvement and trainings, see: Bureau of Substance Abuse - Integrated Provider Network - Meetings & Trainings

IPN funding may be used to pay for treatment covered services that are not covered under the Iowa Health and Wellness Plan, specifically, residential treatment. The ACA was enacted in Iowa as the Iowa Health and Wellness Plan. Iowa's plan included co-pays, coinsurance, and deductible requirements. The Iowa Health and Wellness Plan members have a limited set of behavioral health benefits but are able to access the full Medicaid benefit package through determination of medical exemption. The Iowa Health and Wellness Plan does not provide coverage for Substance Disorder residential treatment.

- The Iowa Health and Wellness Plan includes three options:
  - *The Iowa Wellness Plan* for Iowans with income up to/including 100% of the Federal Poverty Level (FPL) and medically exempt individuals with income up to/including 133% of the FPL through Medicaid managed care.
  - *Marketplace Choice Plan* for non-medically exempt individuals with income 101-133% of the FPL, through premium assistance to enroll in qualified health plans in the health insurance marketplace; and
  - *Health Insurance Premium Payment Program* which provides premium assistance for individuals with income up to/including 133% of the FPL who have access to cost-effective employer-sponsored insurance coverage.

IPN funding may also be used to pay for treatment covered services that are not covered during the gap period between enrollment in Medicaid and assignment to a managed care organization (MCO) because of B3 services requirements. All IDPH funding requirements, including, but not limited to, IDPH Participant eligibility, apply. Providers must actively support enrollment in Medicaid.

Treatment COVID-19 Modifications

For the delivery of treatment services during the duration of the Governor's Disaster Proclamation, IDPH offered information and guidance regarding contractual provisions. IDPH provided IPN contract guidance documents to assist providers during the progression of COVID-19. The following contractual changes occurred:

- Treatment eligibility. To assist Iowan's impacted financially, IDPH waived the use of federal poverty guidelines and collection of patient co-pays,

- Treatment care coordination rates. IDPH increased unit rates of care coordination services from $75 to $500 through FY21
- Sustainability plans. IDPH required sustainability plans to be developed and submitted to the IDPH
- Visitation Restrictions. IDPH allowed for immediate visitation to facilities and allowed alternative methods for visitation
- ASAM Criteria Reduction in hours. IDPH allowed for a reduction in required hours of clinically managed treatment services for the following levels of care:
    - 3.5 Clinically Managed High Intensity (minimum 50 hours/week)
    - 2.5 Partial/Day Treatment (minimum 20 hours/week)
    - 2.1 Intensive Outpatient (minimum 9 hours/week for adults and minimum of 6 hours/week for juveniles).
- Immediate notification to IDPH upon closing. IDPH required notification to IDPH upon program closing or intention to close
- Telehealth. Pursuant to the Iowa Governor Proclamation on March 26, 2020, telehealth temporarily suspended the regulatory provision of Iowa Code chapters & 514C.34 to the extent that it excluded from the definition of telehealth the provision of services through audio-only telephone transmission
    - Telehealth guidance was provided regarding originating site, data reporting guidance, consent and confidentiality processes
    - Due to COVID-19 impacts, SUD Evaluations/Admissions (March 2020-February 2021) saw a drop of 24.6% in evaluations completed (9,993 fewer) and a 19.5% drop in Admissions (5,540 fewer). Telehealth implementation was immediately implemented.
    - As a result of the telehealth implementation, IDPH sent a survey to the licensed providers in April of 2020 and 67% licensed providers responded. The following indicates the responses regarding Outpatient Telehealth services:
        - 14,688 received a telehealth service during CY 2020 (Outpatient) (48.2% of patients, 36.3% of services) - as reported by 45 agencies
        - 7,222 received telehealth service during CY 2021 (through March 2021) 59.8% of patients, and 46.4% of services) - as reported by 40 agencies.
        - Gambling Treatment - 1% Telehealth in CY2019, just over 40% in CY 2020 and so far in CY 2021.

Iowa Substance Use Disorder Treatment Data Reporting

The IDPH Division of Behavioral Health collects patient level data from licensed substance use disorder treatment agencies to meet state and federal data (TEDS, etc.) reporting requirements.

The Central Data Repository (CDR) is Iowa's data warehouse (Microsoft Sequel Server 2008) of substance use disorder treatment data. Client level data (Client Profile, Crisis, Placement Screening, Admission, Discharge, Service and Follow-up) is collected from approximately 100 licensed substance use disorder treatment programs. IDPH monitors and uses these data to assist in decision making regarding system trends (utilization, demographic, drug of choice, level of care, etc.),

system/network improvements (access, engagement, retention, continuation, quality of life, etc.) and health equity.

Data Reporting Methods

Licensed substance use disorder treatment programs have several options to submit patient level data electronically to the CDR:

- Secure File Transfer Protocol (SFTP): Licensed substance use disorder treatment agencies that currently use or are planning to procure an EHR/EMR (Electronic Health Record or Electronic Medical Record), may submit patient level data per the CDR Vendor Submission Guide (http://www.idph.iowa.gov/ismart/repository)
- I-SMART (Iowa Service Management and Reporting Tool): Licensed substance use disorder treatment Agencies that don't currently have an EHR/EMR or whose EHR/EMR does not currently meet the CDR Vendor Submission Guide, may choose to submit data via data entry in I-SMART. ISMART data entry ended June 30, 2021 and was replaced with the Iowa Behavioral Health Reporting System (IBHRS)
- IBHRS: Effective July 1, 2021, IBHRS is a newly developed statewide integrated substance use disorder and problem gambling treatment reporting system will launch on July 1, 2021. IBHRS fulfills the integration of licensure and data reporting requirements set in motion by Senate File 2425 (2008) and House File 811 (2009), where the Iowa Legislature directed the Department to align SUD and problem gambling (PG) treatment systems. IBHRS combines SUD and PG data model and has extensive validation rules to ensure data submitted to IBHRS meets the Department's standards.

Data Integrity

Each month, IDPH conducts Data Integrity checks to ensure that data reported are complete and accurate. Data Integrity Reports are sent via encrypted mail on the 17th of the month. Agencies are expected to review their individual reports and to make the corrections noted by the 15th of the following month. Examples of data integrity checks include identifying when an admission has occurred without any associated services, inaccurate data such as "pregnant" and "male" reported for a single patient, etc.IDPH offers a Help Desk to answer questions and provide assistance on data reporting requirements and the data system. The Help Desk can be reached via phone email or via email at SAPGData@idph.iowa.gov. Help Desk hours are M-F from 9-3 (excluding holidays). Help Desk calls are automatically answered with messages transcribed and sent to the help desk email. Help desk personnel respond to requests within 1 business day.

Data System Enhancements

Several recent enhancements have been made to the treatment data systems used in Iowa. These include updating the GPRA to meet new expectations and development of the Opioid Treatment Program (OTP) Registry. The Department worked with a vendor to create the next generation system called the Iowa Behavioral Health Reporting System (IBHRS). This data warehouse model collects integrated data across SUD, problem gambling, and mental health. IBHRS streamlines the data collected, includes robust validation rules and checks to improve data reporting accuracy/quality, and includes previously unreported Treatment Episode Data Set (TEDS) elements. IDPH has provided extensive training statewide since January 6, 2021 and has offered

bi-monthly technical assistance to onboard providers and EHR vendors. Significant enhancements have been made to collect data on priority populations, interim services, referrals for all required interim services (including TB data, referrals for medical appointments, prenatal care and other required interim services) and waitlist system admission and referral processes.

Licensure

IDPH SSA staff license and regulate approximately 100 substance use disorder and problem gambling treatment programs. On-site inspections are conducted with recommendations on the length and type of license reported to the State Board of Health Substance Abuse/Program Gambling Program Licensure Committee for action. The Department shall offer the following program licenses:

- A substance use disorder assessment and OWI evaluation only
- A substance use disorder treatment program license
- A problem gambling license
- A substance use disorder and problem gambling treatment program license.

SSA licensure staff provides technical assistance to programs in the general areas of clinical services, program administration, and overall compliance with licensure standards. Licenses can be issued for an initial 270 days or for one, two, or three years. Licenses may be granted under deemed status to organizations accredited by the Joint Commission, CARF or COA.
For more information on IDPH's licensure requirements visit: Bureau of Substance Abuse - Program Licensure and Regulation

IDPH program licensure standards and provider contracting require use of the American Society of Addiction Medicine (ASAM) Criteria for all treatment clinical decisions, regardless of payor. IPN-funded treatment services are self-managed by providers. The ASAM Criteria six clinical dimensions assure comprehensive assessment and treatment planning and are consistent with the integration of mental and physical health conditions into substance use disorder treatment:

1. Acute Intoxication/Withdrawal Potential (includes Physical Health)
2. Biomedical Conditions/Complications (Physical Health)
3. Emotional/Behavioral/Cognitive Conditions/Complications (Mental Health)
4. Readiness to Change
5. Relapse/Continued Use/Continued Problem Potential
6. Recovery/Living Environment.

IPN Funded Substance Abuse Services

Treatment Covered Services include:

- Early Intervention
- Outpatient treatment;
- Substance use disorder assessment and OWI evaluation only
- Intensive outpatient;
- Partial hospitalization (day treatment);
- Clinically managed low intensity residential treatment;
- Clinically managed medium intensity residential treatment;
- Clinically managed high intensity residential treatment;

- Medically monitored intensive inpatient treatment;
- Medically managed intensive inpatient treatment;
- Enhanced treatment services
- Opioid treatment services

Licensed Program Data Reporting

All state-wide licensed treatment substance use disorder programs report service utilization and treatment information to IDPH's Central Data Repository (CDR) launched in July 2011 and is a data warehouse that contains all state-required SUD data elements and allows for electronic submission of SUD treatment data. Historically, licensed treatment programs had the option of using the historical Iowa Service Management and Reporting Tool (I-SMART) to enter and report required data to IDPH and the CDR or may use their electronic health records to report required data to IDPH directly to the CDR. Effective July 2021, the IDPH implemented a new statewide integrated SUD and problem gambling treatment reporting system- Iowa Behavioral Health Reporting System (IBHRS). IBHRS fulfills the integration of licensure and data reporting requirements set in motion by Senate File 2425 (2008) and House File 811 (2009), where the Iowa Legislature directed the Department to align SUD and problem gambling (PG) treatment systems.

Suicide Prevention

IDPH is the lead agency for Suicide Prevention in Iowa. Data from the Bureau of Health Statistics indicates that 522 Iowa residents died by suicide in 2019. Suicide was the ninth leading cause of death for all Iowans and the second leading cause of death for ages 15-44.

IDPH's suicide prevention program works with communities and related partners to provide information about suicide risk factors, warning signs and protective factors and promotes the use of evidence based suicide prevention strategies. IDPH leads the Iowa Suicide Prevention efforts in Iowa and the Iowa Suicide Prevention Planning Group. This group of approximately 30 individuals meets quarterly and is comprised of state and local leaders active in suicide prevention, and welcomes members with lived experience. Members provide updates on programs and events, trends and the latest information about suicide prevention in Iowa. DHS staff are active participants in this group and provide key insight and updates on the status of mental health and crisis services in the state.

Members of the Planning Group guide the development of the Iowa Suicide Prevention Plan which is currently in the process of being updated. A subgroup of the Planning Group has been meeting monthly to work on the priorities and objectives for Iowa in the next 5 years. DHS staff participate in these monthly meetings. Proposed priorities include:

- Building suicide prevention capacity at the organizational, local, and state level
- Integration of evidence informed, culturally sensitive suicide prevention, intervention and postvention strategies in systems serving all people within Iowa
- Promotion of community resilience through ongoing collaboration, public education, and equitable access to formal and informal supports.

To further support suicide prevention, IDPH received the SAMHSA Zero Suicide grant in September 2018. The five-year grant aims to engage the 19 Integrated Provider Network agencies in implementing the Zero Suicide Framework. The framework is a systems-change model with the core

belief that no person under care should die by suicide. IDPH is currently in Project Year 3 of the grant.

Highlights from the grant include:

- 9 IPN providers completed the Zero Suicide Academy and are now participating in monthly Zero Suicide Community of Practice meetings. A second academy will be held for the remaining 11 IPN agencies in August 2021. Those 11 agencies will then complete the Community of Practice meetings following completion of the academy.
- 403 IPN staff completed the LivingWorks Start gatekeeper training which focused on training non-clinical staff learning how to recognize when someone might be thinking about suicide, how to engage the person they are concerned about and how to connect them to resources.
- IDPH sponsored 8 Assessing and Managing Suicide Risk for Substance Abuse Professionals (AMSR-SUD) trainings with 2 additional trainings scheduled this fall.

Opioid Treatment Programs

Iowa funds one IPN contractor for opioid treatment dosing services. UCS Healthcare, headquartered in Des Moines which in 2020, has expanded to five OTPs, with a combined total of 19 locations in 15 counties. In addition to these OTP sites, UCS also operates nine Medication Units across the state. These programs provide opioid detoxification and maintenance treatment services to individuals assessed as in need of such services but without means to pay. Providers participate in the IDPH Iowa Central Registry and apply for take home medication exceptions through the CSAT exception extranet. Programs are monitored through the IDPH Opioids Initiative Director and Data team.

Opioids

The Iowa Department of Public Health (IDPH) has collaborated with state, local and private partners to address opioid related problems in Iowa and to serve this population in need of treatment. Statewide, Iowans have implemented coordinated, multi-sector efforts that have led to increased awareness, access to resources and improvements in care. IDPH receives the following appropriations/grants that support Iowa's opioid initiatives:

- Iowa General Fund Appropriation
- SAMHSA Substance Abuse Prevention and Treatment Block Grant (SABG)
- SAMHSA Opioid State Opioid Response Grant (SOR2)
- SAMHSA Strategic Prevention Framework – Prescription Drugs Grant (SPF-Rx)
- CDC Strategic Initiatives to Prevent Drug Overdoses
- CDC Opioid Overdose Crisis Cooperative Agreement for Emergency Response
- CDC Overdose Data to Action (OD2A)
- SAMHSA Prevention of Opioid Misuse in Women (POMW)
- SAMHSA First Responders Comprehensive Addiction and Recovery Act (CARA)

Previously thought to be an issue only in major U.S. cities or more populated states, the use of opioids (which includes heroin and prescription pain relievers) has become a problem of epidemic proportions in more rural areas of the country. While alcohol, methamphetamines and marijuana remain the primary substances misused in Iowa, in the last decade significant increases have

occurred in the number of Iowans identifying opioids as their drug of choice at the time of admission to treatment – and in the number of deaths related to opioids. IDPH is focusing federal and state opioid funding to increase efforts for overdose prevention, in addition to expanding prevention, treatment and recovery support services for people affected by both opioids and methamphetamine. Data from the IDPH Bureau of Health Statistics indicate an increase in the number of opioid related deaths from 157 in 2019 to 213 in 2020.

Expansion of medication-assisted treatment (MAT) is a core goal across all IDPH's opioid-related work. MAT can be prescribed and provided through several different medications including buprenorphine, methadone and naltrexone. In 2015, when IDPH received its first federal grant to address opioid use (Medication Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA)), Iowa had 31 Buprenorphine Waivered prescribers – the lowest per capita number of such prescribers in the country. Through a range of coordinated efforts (SAMHSA technical assistance, collaboration with Iowa's State Medical Director, recruitment through the Medicine and Nursing state boards, and direct outreach to prescribers and other medical professionals), the number of Buprenorphine Waivered prescribers in Iowa increased from 31 in 2015 to 196 in 2021 ((listed on the SAMHSA locator) and an additional 200 waivered prescribers not listed on the locator.

In addition to the low number of Buprenorphine Waivered prescribers, Iowa also had problems with the limited provision of MAT in the form of Methadone, provided through accredited Opioid Treatment Programs (OTPs). ***In 2015, Iowa had five OTPs, with a combined total of eight locations in five counties.*** IDPH initiated conversations with one of the OTPs in Iowa to discuss the use of "Medication Units". Since that time, ***Iowa has increased availability of this service through the use of Medication Unit locations – to five OTPs, with a combined total of 19 locations in 15 counties in 2020.*** Iowa's use of Medication Units involves establishment of dosing facilities within ***established SUD treatment facilities*** in order to reinforce community-based support.

Strategies IDPH is implementing to combat the Opioid Epidemic

- Development of a monthly Opioid Newsletter that is distributed to stakeholders and partners. Newsletters can be found: http://idph.iowa.gov/substance-abuse/opioid-update
- IDPH's State Opioid Response federal grant has played a valuable role in expanding MAT. Through SOR and SOR2 grant activities, including community needs assessments and strategic planning, funding is used to enhance or expand MAT and recovery support services
- IDPH's Strategic Initiatives federal grant supports an expedited Strategic Prevention Framework model to address the priority issue of preventing drug overdose deaths. Nine counties were selected through a competitive RFP to implement four evidence based strategies including the "See the Person. Not the Addiction" anti-stigma media campaign and an opioid focused academic detailing program
- IDPH's Overdose Data to Action federal grant which supports the complex and changing nature of the drug overdose epidemic as well as highlights the need for an interdisciplinary, comprehensive, and cohesive public health approach. The grant's surveillance and data collection systems help drive prevention efforts to reduce overdose morbidity and mortality

from licit and illicit drugs. All OD2A strategies being implemented in Iowa are available at: https://idph.iowa.gov/Bureau-of-Substance-Abuse/Prevention-Related-Programs/Current-Grants/Overdose-Data-to-Action-Grant

- IDPH developed and distributed a buprenorphine waivered prescriber survey to all waivered prescribers in Iowa based on the SAMHSA Waiver prescriber list in April 2021. The survey sought to understand prescribing practices, where prescribers practice, demographics of clients and interest to learn more about prescribing MAT within the pregnant population. 118 unique responses were obtained. The largest response rate identified their healthcare role as a physician MD/DO (62%) followed by nurse practitioners (33%). Of prescribers who prescribed buprenorphine to clients at the time they completed the survey, 58% were prescribing to less than 10 clients at the time they completed the survey vs 10% who prescribed to more than 30 clients. For those providers who prescribed buprenorphine to a pregnant patient with OUD in the last 12 months, 86% responded no while 14% responded yes. Of the 113 prescribers who answered the question "Do you know where to refer a pregnant patient seeking treatment for OUD; 71% of respondents answered yes, while 29% answered no.
- The Iowa Board of Pharmacy Prescription Monitoring Program (PMP) is a vital tool in understanding opioid prescribing and reducing the risk of patients developing an opioid use disorder. Prior to 2018's HF 2377, provider utilization of the PMP was voluntary, meaning a prescriber could choose whether or not to use the system to verify a patient's prescribing history. Left as an option, less than one-third of prescribers in Iowa registered to use the PMP, and even fewer used it. As a result of HF 2377, prescribers are required to register and use the PMP at designated intervals. While the requirement to use the PMP is a major step forward, the PMP in operation at the time the law was passed existed on an outdated platform and did not support needed functionality. Through several of its federal grants, IDPH made funding available to the Board of Pharmacy to obtain a new PMP platform. Launched in April 2018, the new PMP not only provides improved functionality, it allows for easier development of reports useful in understanding prescribing patterns in the state. In 2018, 512,848 Iowans received a prescription for an opioid analgesic. For additional information and a link to the PMP, visit: Prescription Monitoring Program (PMP)
- IDPH has focused strategies on education for Opioids and is offering a current virtual series "Identifying Opioid Misuse: Virtual Series". The training supports professionals in understanding the impacts of opioid use on their communities and the nation as a whole.
- Promoting the Iowa Governor's Office of Drug Control Policy in the National Prescription Drug Take Back Day held April 24, 2021 to support proper disposal of unused medication at nearly 400 Take Back sites across Iowa
- Through the Prevention of Opioid Misuse in Women (POMW) grant, the IDPH provided 14 "Identifying Opioid Misuse" trainings to Iowans across the state; with 6 training's in the final year of the grant underway. Presentations included topics such as Screening, Brief Intervention and Referral to Treatment, Opioid overdose and recognition, Naloxone administration, CDC Guidelines for Prescribing Opioids for Chronic Pain and Medication Assisted Treatment
- IDPH supported a free virtual conference "Second Annual Approaches to Pain Management Conference" on October 7, 2020. The conference was attended by multiple

professional disciplines and focused on the impacts created between chronic pain and substance use, identified non-pharmaceutical approaches for managing pain and to assist professionals in identifying and accessing resources for pain management.

- IDPH, in collaboration with the Bureau of HIV, STD & Hepatitis, have developed a project titled "Strengthening Systems of Care for People with HIV and Opioid Use Disorders." Funded by the Health Resources and Services Administration (HRSA), the initiative provides coordinated technical assistance across HIV and behavioral health/substance use service providers. The purpose of this initiative is to ensure that people with HIV and OUD have access to care, treatment and recovery services that are patient-centered and are culturally responsive.
- IDPH has worked with other state agencies and stakeholders to prevent opioid overdose by providing access to naloxone, the medication that temporarily reverses an opioid overdose, allowing the person to receive life-saving medical care.
- Through Tele-Naloxone, a partnership between the IDPH and the University of Iowa Health Care; this program is designed to prepare Iowans by providing them a naloxone kit in advance of a possible overdose. Iowan's can schedule an appointment with a pharmacist by tele-medicine, directly from their smartphone or laptop and get FREE naloxone delivered to their door. Narcan is free at many local pharmacies throughout the state. For more information on Naloxone Iowa, visit: https://www.naloxoneiowa.org/telenaloxone
- On July 1, 2018, the previous IDPH Director Gerd Clabaugh designated suspected and confirmed opioid overdoses requiring administration of naloxone as reportable conditions in Iowa. This means Iowa hospitals, primarily Emergency Departments, are required to report all suspected and confirmed cases of opioid overdose requiring administration of naloxone, to IDPH's designated data collection site within three days of administration.
- Through the State Opioid Response funded partnership between IDPH's Bureau of Substance Abuse and the Board of Pharmacy, naloxone is made available for free to Iowans at participating local pharmacies since July of 2020. As of August 2021, over 1,600 naloxone kits have been distributed throughout Iowa. In July 2021, this partnership was expanded to also include drug disposal options. The new option allows Iowans receiving an opioid prescription to also receive a free drug disposal packet to safely deactivate and throw out any prescription medications. In just over one month, the program has distributed over 1,500 disposal kits.
- IDPH developed an informational campaign focused on the Good Samaritan law passed as part of 2018's HF 2377. The Good Samaritan law encourages those who witness a drug overdose to stay and call 911, rather than leaving the scene out of fear of prosecution. Generally, overdose bystanders, defined as "overdose reporters" under the law, will not be arrested, charged or prosecuted for possession of a controlled substance, delivery of a controlled substance or possession of drug paraphernalia, if they make a good faith effort to seek medical assistance for an overdose patient. The Good Samaritan law protects overdose reporters if they:
    - Are the first person to seek medical assistance for
    - the overdose victim
    - Provide their contact information to emergency
    - personnel
    - Remain on the scene until assistance is provided

    - Cooperate with emergency personnel
- IDPH, in collaboration with the Iowa Board of Pharmacy, sent out promotional materials regarding the availability of free Narcan to nearly 860 pharmacy locations in Iowa. The materials included posters, table tents, stickers, “ask me” masks and conversation-starter sheets
- IDPH leveraged SOR2 discretionary funding to provide Narcan kits to individuals being discharged from a hospital emergency department following a non-fatal opioid overdose. As part of this process, individuals are being provided treatment referral and support information
- IDPH is contracting with Iowa State University to conduct an environmental scan of recovery related services (recovery community centers, recovery community organizations, recovery housing) in order to identify available resources, areas of need, and eventual funding opportunities for service development
- IDPH developed and disseminated a survey to law enforcement to assess opinions on carrying Narcan, to determine opportunities for education/intervention, and to inform that Narcan kits were free of charge from IDPH
- To reduce potential exposure to COVID-19, in March 2020, the SAMHSA and Drug Enforcement Agency (DEA) released guidance for Opioid Treatment Programs (OTP’s) that allows the following exceptions:
    - All stable patients in an OTP can receive 28 days of take-home doses of the patient's medication for opioid use disorder. Up to 14 days of take-home medication can be provided to those patients who are less stable. In addition to the blanket exception, on March 19, 2020, SAMHSA and the DEA, issued guidance on prescribing buprenorphine, allowing initial assessments to take place via telehealth. As a result, some Iowa provider locations are reporting an increase in the number of assessments being conducted. These exceptions will remain in effect until SAMHSA and the DEA have determined there is no longer a need due to the COVID-19 pandemic. IDPH collaborated with Iowa OTP providers to follow this guidance.

Priority populations: A statewide system of care of contracted providers:

Pregnant Women and Women with Dependent Children

Four women and children IPN contractors were selected to provide women and children treatment and ancillary services statewide. Individuals seeking treatment services can seek care from either the facility geographically closest and/or may choose to seek treatment at any state-wide facility. Partners and stakeholders from a system perspective may refer an individual to a Women and Children Facility. Women and Children facilities are required to advertise that services are prioritized for women and children and must make admission a priority.

Women and children treatment must be readily accessible, comprehensive and appropriate to the persons seeking the services. Women and children treatment must be available when needed, with minimal wait time. Women and children providers must provide all ancillary services and requirements under Code of Federal Regulations (ancillary services and/or treatment specialized for women is provided for pregnant and parenting women and their dependent children). Other treatment funding may be funded by Medicaid if the client and/or their children have Medicaid (consistent with client enrollment). The women and children set aside are utilized as the payor of last resort.

Women and children treatment providers, at a minimum, must:

- Determine a person's need for women and children treatment and manage the services provided
- Eligibility includes: Iowa residents who are pregnant women and women with children, including women who have custody of their children and women seeking custody
- Women and children funding is the payor of last resort. If the patient and/or the patient's children are enrolled in Medicaid or with another payor, and Medicaid or other payor covers the patient's licensed program services and/or any of the patient's or children's enhanced treatment/ancillary services, the Contractor shall not use Integrated Provider Network funding to pay for those covered services. IPN funding can pay for substance use disorder residential licensed program services that are not covered services under the Iowa Health and Wellness Plan and during the gap period between enrollment in Medicaid and assignment to a managed care organization (MCO) because of B3 services requirements
- Provide women and children treatment in compliance with clinical appropriateness and the Department's guidance
- Provide women and children treatment services in accordance with each person's assessed needs
    - If a patient needs a licensed program service the Contractor does not provide, the Contractor must assure that the patient's needs are met by a qualified provider and closely coordinate the patient's successful referral.
- Screen patients and children for medical and mental health conditions and directly provide or assure provision of needed medical and mental health services.
    - If a person has a medical or mental health condition the Contractor is not staffed

to address, the Contractor must assure the patient's needs are met by a qualified provider and closely coordinate ongoing services with the patient and the referred provider
    - If a person has a medical or mental health condition that is covered by another provider or payor, the Contractor must closely coordinate ongoing services with the patient and that provider/payor
    - Monitor a patient's progress on an ongoing basis, modifying the level of care and frequency of service in accordance with the person's evolving needs.
- Establish a "disease management" approach that includes engagement with patients over time, beyond a traditional acute care and discharge service delivery model
- Assure patients have access to the broad range of crisis services, residential treatment, intensive services and supports, and less intensive and extended services and supports that facilitate remission and engage persons in long term recovery in ways appropriate to each person.
- Under the women and children treatment set aside, IPN providers must:
    - Have processes in place to outreach to and follow-up with persons who do not keep appointments, and patients who leave treatment prior to discharge by the Contractor
    - Provide substance use disorder treatment services ordered through a court action when the services ordered meet the ASAM Criteria and the court orders treatment with the Contractor
    - Providers must have processes in place to serve "walk-in" and persons in crisis
    - Providers hours of operation for residential women and children treatment must be 24 hours a day, seven days a week, 365 days a year, and must include weekend services
    - Providers must provide residential women and children treatment in a residential facility setting that admits women patients only, and their dependent children.

The four providers/contractors who were awarded the women and children SAMHSA set-aside funding included: Heartland Family Services (Western Iowa) Area Substance Abuse Council (Eastern Iowa), House of Mercy (Central Iowa), and Rosecrance Jackson (Northwest Iowa). These facilities are multi-service agencies that provide or coordinate all required SABG treatment and ancillary services. All providers focus efforts around a case management model, which provides a central point to serve as the client's advocate. This model is foundational to assist the client in goal setting and coordination of all necessary and required services.

These providers provide gender specific treatment and other therapeutic interventions which addresses the unique needs of the woman and her children. Evidence-based practices are provided and examples include; Healthy Living and Balance, Seeking Safety, Matrix Model, 12- Step Reinforcement and Enhancement, Releasing the Shame, Harm Reduction, Hazeldens Comprehensive Opioid Response, 12-Step, Dialectical Behavioral Therapy, Cognitive Behavior Therapy (CBT), Motivational Interviewing, Connections (Brene Brown) and Parent Child Interaction Therapy (PCIT).

Women and their children live in their own living space, participate in meal times and needs are individualized and assessed on the optimal functioning of the family unit. To help support fathers, providers also work with men and provide specific practices and evidence based practices including; Helping Men in Recovery, Beyond Anger, and 24/7 Dads.

Providers utilize a variety of screening tools including, but not limited to; the Drug Abuse Screening Tool (DAST), the Clinical Opiate Withdrawal Scale (COWS), the Patient Health Questionnaire (PHQ-9), the Alcohol Use Disorders Identification Tool (AUDIT) and various intimate violence, trauma and other screening tools.

Women and children providers/contractors continue to report barriers in decreased length of stay, for women seeking treatment. With the switch from Managed Care Organizations several years ago, Iowa providers have continued to see lengths of stays decrease from 80 days to 3-50 days; specifically in the Medicaid population. Concerns are currently being addressed by the Women and children providers/contractors and Iowa's various statewide partners involved.

Individuals who inject drugs

IPN providers who provide substance abuse treatment services must meet SABG requirements and provide services to individuals who seek treatment to persons who inject drugs and to individuals related to the tuberculosis requirement.

Through the IPN, providers must sign annual attestation documentation which outlines the SABG regulations under 45 CFR 96.126 Capacity of Treatment for Intravenous Drug Abusers. These regulations include, but are not limited to, priority admission status, admission requirements, interim services provisions, referrals and counseling regarding HIV and TB, and waiting list requirements. For ease of reporting and tracking, through the IBHRS data system, interim services and regulations have been built into the data collection system.

Data enhancements have also been made regarding the waitlist for priority populations including Individuals who Inject Drugs and Treatment Services for Pregnant Women. IDPH has provided extensive annual training to providers regarding Priority Admission Preference, Interim Service Provision requirements, and has provided technical assistance to multiple providers.

To assist the IDPH to meet the SABG regulations for tracking treatment capacity for individuals who are pregnant and/or have used a drug(s) via IV injection in the past 30 days, the State Waitlist was developed within the I-SMART data system. Iowan's seeking treatment services who meet this criteria sign consent, are placed on the statewide waitlist according to the priority admission status as regulated, and allow programs to refer, admit, pend, reject or close cases. The State Waitlist system allows for notifications upon referring and/or when cases are admitted or closed. IPN funded providers have received extensive training on use of the waitlist. The waitlist system went into effect July 1, 2021 and will assist in supporting priority populations and all Iowan's seeking admission services statewide. For more information visit: Iowa Behavioral Health Reporting System (IBHRS)

Requirements regarding Tuberculosis (TB)

TB remains a major health problem globally, in the U.S. and in Iowa, killing an estimated 1.3 million people annually. Despite this statistic, TB morbidity rates are declining in the U.S. and around the world. In Iowa, TB case rates remain relatively stable due to the influx of immigrants and refugees from areas of the world where TB is prevalent.

The number of TB cases in Iowa, as in the rest of the U.S., has significantly declined since the discovery of antibiotics that kill the TB bacilli. Despite drugs that can cure TB disease, TB remains a significant public health issue in Iowa and the rest of the country. The 2020 TB case rate for Iowa is 1.2 cases per 100,000 persons. This is significantly lower than the 2019 national average of 2.7 cases per 100,000 persons. Iowa owes its low TB case rate in part to proficient contact investigations, healthcare providers observance of treatment guidelines, adherence to DOT for active disease cases and the provision of medication for LTBI to more than 1,100 Iowan's annually.

The IDPH is the state agency which is responsible for TB Control. The TB Control Program is composed of two full time employees: the Program Manager and the Nurse Consultant. The program provides direct oversight of cases afflicted with latent tuberculosis infection (LTBI) and TB disease from admission to discharge in the TB Control Program. This includes consultation with physicians, nurses, local public health agencies (LPHAs) and other healthcare providers regarding TB transmission, pathogenesis, treatment, signs and symptoms, infection control practices and contact investigations. The purpose and scope of responsibilities is defined by the core functions of the TB Control Program which include:

- Disease consultation and education
- Investigation of active or suspect TB cases
- Case management of LTBI and active TB cases
- Administration of Iowa's TB Medication Program
- Data management and analysis
- Administration and finance

The Iowa TB program provides medication for all latent TB, suspected, and confirmed cases of TB disease at no cost for individuals residing within the state of Iowa. The most recent 2020 Annual Data Report for Iowa Tuberculosis Control, indicates that 39 cases of TB were reported in Iowa in 2020. (IDPH TB Control Program Data Report). For more information see: https://idph.iowa.gov/immtb/tb/data

- IPN providers, who are awarded a contract with IDPH, are required to sign an annual attestation regarding meeting all required SABG requirements. Within IPN contracts, IPN providers are required to meet SABG Women and Children, TB and Persons who inject drugs requirements including: timeliness standards, capacity notification requirements, outreach efforts, providing or making services available to TB clients (including screening, counseling, education, referral to medical providers, as needed, and reporting to the State Bureau of TB any active TB cases (within 1 day) and interim service provisions. Screening and services for persons with tuberculosis are provided directly by the state-wide IPN funded contractors or through interagency collaborative agreements with other local and community-based agencies. In the case of an individual in need of such treatment who is

denied admission by a provider on the basis of the lack of capacity to admit the individual, the provider will refer the individual to another contractor for tuberculosis control procedures and protocols to address TB and other communicable diseases. IDPH moved from a narrative reporting function to tracking of SABG requirements through the reporting and collection of data to the Department's new data reporting system IBHRS; effective July 2021.

- Through the licensure process, and under Iowa Administrative Code Chapter 155, screening for health care workers and residents at substance use disorder and problem gambling treatment program facilities must conduct a risk assessment to determine the risk classification of the facility and to identify appropriate screening criteria. The screening criteria are consistent with those of the U.S. Centers for Disease Control and Prevention (CDC), TB Elimination Division, as outlined in the MMWR December 30, 2005/Vol. 54/No. RR-17, "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings, 2005."[ARC 1926C, IAB 4/1/15, effective 5/6/15].

    - Through licensure and/or IPN, providers/providers are required to test for TB in the following populations:
    - all residents in residential, inpatient, and half-way house facilities
    - outpatient clients who are injecting drug users or are persons in close relationships with injecting drug users
    - any other client who may be at high risk for TB, such as those with unexplained persistent cough or the homeless.

Added from Step 2- March 9, 2022

- Through the quality improvement efforts, IDPH is collecting, analyzing and disseminating data to stakeholders and partners on a statewide level to inform program policies, programs and practices. IDPH is enhancing their quality improvement data collection, outcomes, and evaluation process to identify and address gaps in access to services within all priority population categories. IDPH is directly working with IPN providers to directly improve the delivery of services, promote awareness of SABG regulations, and to inform policy and programmatic issues both at the provider level and within IDPH monitoring processes.

- IDPH contracted with the University of Northern Iowa-Center for Social and Behavioral Research (UNI-CSBR) to initiate at least 200 calls to IPN funded programs using a substance use profile. This sub-report was requested by IDPH specific to establishing a baseline regarding SABG priority populations. CSBR researchers placed calls to each IPN agency using simulated client profiles to evaluate the response received by those seeking SUD treatment services.

    - Between October-December of 2020, researchers made 110 calls to IPN agencies. Half of these calls (n=55) were made using profiles which were part of a least one priority population. Calls using simulated clients helped

advance the understanding of current agency protocols for those in priority populations as described,

- The profiles provided significant data to IDPH and provided details from calls which are currently being analyzed and discussed to inform policy and practice among IPN providers. The profiles assisted IDPH to understand program barriers related to access to services within stated regulations, offering of interim services and other potential barriers in working with priority populations.
- Several of the gaps identified suggest continued focus is needed at time of initial intake regarding: 1) inquiring if the client was pregnant and/or using drugs by injection, 2) requirements related to counseling regulations, 3) and timeframes of admission from date of first contact.to admission. IDPH has provided extensive review of findings with IPN providers/contractors and is seeking to improve wait times, provision and understanding of interim services, and access and engagement in treatment services.
- The partnership with the University of Northern Iowa, will allow IDPH to make practice changes from a state-wide perspective; which will improve care to priority populations of all Iowan's seeking SUD treatment services.

Persons at Risk for HIV/AIDS

While Iowa is not an HIV-designated state for the SABG, services for persons with or at high risk for HIV/AIDS are provided directly by IPN-funded providers or through interagency agreements with other local agencies. Services include counseling and education about HIV, the risks of transmission to sexual partners, the relationship between injecting drug use and communicable diseases, steps that can be taken to avoid HIV transmission, and referral for HIV treatment services. Early intervention services for HIV disease are undertaken voluntarily by, and with, the informed consent of the individual. Such services are not required as a condition of receiving substance abuse treatment services.

Recovery Support Services (RSS)

IDPH provides Recovery Support Services through the IPN and through discretionary grant funding, including the following:

IPN RSS funding

Recovery Peer Coaching

The Iowa Department of Public Health has defined Recovery Peer Coaching as face-to-face meetings between an individual and a Recovery Peer Coach to discuss routine recovery issues from a peer perspective. The Recovery Peer Coach must complete a standardized traininprogram of recovery peer coaching, peer facilitation or peer support that is acceptable to the Iowa Department of Public Health. Acceptable training would include completed training in the Connecticut Community for Addiction Recovery (CCAR) model or training based on the Georgia Model of Peer Support. For anyone not trained using the CCAR model, 3 additional hours of substance use disorder specific education is required. In addition to the training, a Recovery Peer Coach must be a person with lived experience with a substance use disorder, has been in recovery for a minimum of 12 months, and is willing to share those experiences. CCAR Recovery Coach Academy © is a 5-day intensive training academy focusing on providing individuals with the skills needed to guide, mentor and support anyone who would like to enter into or sustain long-term recovery from an addiction to alcohol or other drugs. Ethical Considerations is a 16 hour training that helps coaches, and anyone else working in the peer role understand how critical it is to be ethically responsible.

The CCAR curriculum is now recognized by Iowa Medicaid, under the B3 service description, and the Department of Human Services; the state agency which has oversight of Iowa Medicaid and IDPH Recovery Peer Coaching is now Medicaid eligible for billing under Medicaid reimbursement and is an optional RSS for IPN funding if the individual is not Medicaid eligible.
Historically in Iowa, peer support services were delivered by the Department of Human Services (DHS) and Peer Recovery Coaching were services delivered by the Iowa Department of Public Health

In June of 2020, the Department of Human Services and the Iowa Department of Public Health collaborated on a Request for Proposal (RFP) to solicit proposals to enable the two departments to select a qualified contractor to build the Peer Support Specialist, Family Peer Support Specialist, and Recovery Peer Coach workforce in Iowa. The two agencies solicited proposals to seek a qualified applicant to recruit, train, coordinate, manage, and monitor peer-led training and to further develop and maintain the certification program for Peer Support Specialists, Family Peer Support Specialists, and Recovery Peer Coaches in Iowa. The contract was awarded to the University of Iowa. The training will now provide specific deliverables, performance measures, progress reporting and agency monitoring activities.

Added March 9, 2022

In June of 2021, a Request for Proposal (RFP) was released to solicit proposals that enabled the Iowa Department of Human Services (DHS) and the Iowa Department of Public Health (IDPH), to

select the most qualified contractor to build the Peer Support Specialist, Family Peer Support Specialist, and Recovery Peer Coach workforce in Iowa. Through this RFP, the University of Iowa was chosen to recruit, train, coordinate, manage, and monitor peer-led training and to further develop and maintain the certification program for Peer Support Specialists, Family Peer Support Specialists, and Recovery Peer Coaches in Iowa. Deliverables of this RFP include recruitment and training, continuing education, workforce development, peer support training, family support peer training, recovery peer coach training, monthly progress reporting, performance monitoring, and quality supervision of peer support services. Joint goals for Peer Support and Recovery Coach training and coordination were developed between the DHS and IDPH in the SABG 2022-2023 application as part of the future alignment processes;

Under funding support of the COVID-19, State Opioid Response (SOR) 2, and American Rescue Funding (ARP) funding, IDPH released a competitive request for proposal (RFP) to identify up to five recovery community centers in Iowa, capable of delivering recovery support services to individuals, such as: recovery peer coaching; recovery meetings; recovery calls; and, referral services. This RFP was initially released in January of 2022, but due to technical error, it was reissued in February of 2022. Diversity, health equity and performance measures are all inclusive within this RFP.

Under funding support of the COVID-19, State Opioid Response (SOR) 2, and American Rescue Funding (ARP) funding, IDPH completed a Sole Source justification with the National Alliance for Recovery Residences (NARR) to establish Iowa's first NARR affiliate. Once operational, the recipient of this funding will be responsible for advancing recovery housing in Iowa by recruiting other recovery housing providers to become NARR accredited and create a network of recovery housing providers that would be eligible for IDPH funding opportunities. This program promotes health equity through building the capacity of community service programs to increase services and expand access to care for individuals with opioid use disorder and stimulant use disorders.

To further support and strengthen substance use recovery efforts in Iowa, IDPH collaborated with the Public Science Collaborative/Iowa State University to develop a recovery website. This website supports all Iowan's in recovery and has specific content related to recovery resources and tools, support to build community recovery, assisting loved ones in recovery, and has the functionality to get support through call or chat features. This website can be found at: https://recovery-iowa.org/

Discretionary grants which also support Recovery Support Services (RSS) and support state-wide system approaches:

- **State Opioid Response (SOR2)** Funding supports medication assisted treatment, wellness, contingency management, education, transportation, care coordination, peer recovery coaching, housing assistance, dental services and supplemental needs. In SFY21, the SOR2 grant is offering vouchers to Iowa residents who are interested in attending CCAR's Recovery Coach Academy (RCA) and Ethical Considerations for Recovery Coaches.

- **Emergency COVID-19 Project** Funding supports contingency management, co-pays or co-insurance, care coordination, supplemental needs, pharmacological interventions, transportation, crisis intervention services, mental health and substance use disorder treatment, and other support services (including stress management and coping skills) for adults impacted by the COVID-19 pandemic. Utilizing an established telehealth or telecommunications delivery system, services are provided for individuals with serious mental illness, individuals with substance use disorders, individuals with co-occurring serious mental illness and substance use disorders and individuals with mental disorders that are less severe than serious mental illness (with an emphasis on healthcare professionals).
- **Promoting the Integration of Primary and Behavioral Health Care (PIPBHC):** Funding supports care coordination, child care, drug testing incentives, pharmacological interventions, sober living activities, supplemental needs, transportation, education, and wellness.
- **Treatment for Individuals Experiencing Homelessness (TIEH)** Funding supports medication assisted treatment, wellness, transportation, supplemental needs and sober living opportunities.

Discretionary, State, County, and SSA Grants and Projects

County Substance Abuse Program

- Funded by State of Iowa Sunday Beer and Liquor Permit Revenue, County Substance Abuse Prevention Services grants are available each year through a Request for Bid. Services support programs directed at education, prevention, referral or post-treatment services. Each county applies for up to $10k for services each year to meet local needs and with locally matched 3:1 funding.

Emergency COVID-19 Project

- Funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the purpose of this grant is to provide crisis intervention services, mental health and substance use disorder treatment, and other related recovery support for adults impacted by the COVID-19 pandemic. Utilizing an established telehealth or telecommunications delivery system, services will be provided for individuals with serious mental illness, individuals with substance use disorders, individuals with co-occurring serious mental illness and substance use disorders and individuals with mental disorders that are less severe than serious mental illness (with an emphasis on healthcare professionals).

Iowa Youth Survey (IYS)

- This project is an unfunded legislative mandate in state code which directs the Department to lead a Biennial survey of 6th, 8th, and 11th grade students across Iowa directed. Conducted online with both private and public school students, the survey contains over 200 questions on demographics, experiences, attitudes, and feelings about the student's home, neighborhood, community, and school. Reports are generated at the state level and several sub-state regions including county, school district or system, judicial district, and area education agencies.

  The IYS is conducted by the Iowa Department of Public Health's Division of Behavioral Health with support from the Department of Education, Department of Human Services, Department of Human Rights' Criminal and Juvenile Justice Planning and Statistical Analysis Center. In the fall of 1999, 2002, 2005, 2008, 2010, 2012, 2014, 2016, and 2018 students in the 6th, 8th, and 11th grades across the state of Iowa answered questions about their attitudes and experiences regarding alcohol and other drug use and violence, and their perceptions of their peer, family, school, and neighborhood/community environments. In 2008 the survey was administered online for the first time. Iowa Youth Survey reports list responses to every question on the survey, providing total percentages and

breakdowns by grade and gender. Reports in 2016 and 2018 include trend data on several variables instead of separate trend reports.

The IYS was not conducted, as scheduled, in 2020, related to the March 17, 2020 COVID-19 Iowa Governor Proclamation of Public Health Disaster, which suspended the regulatory provisions of Iowa Code 135.11 (28) requiring administration of the IYS response.

Beginning in 2021, the IYS and the Youth Risk Behavior Survey (YBRS) will be jointly administered. Both surveys collect valuable youth health behavior data that drives funding, program and policy decisions in communities across the state. All public and private school districts are invited to participate in the IYS and a small sample of Iowa high schools will be invited to participate in the YRBS. For reports, data and further information please see: Iowa Youth Survey > Home

Improving Tomorrow: Prevention Focused Mentoring

- Funded through State appropriations, this grant provides support of community and school-based youth mentoring programs. These programs shall assure mentee/mentor matches meet year round (all twelve months of each contract period). The mentoring programs will support the state's goal of primary prevention of use and abuse of alcohol, tobacco, and other drugs (ATOD) as well as problem gambling. Programs will follow the Elements of Effective Practice for Mentoring as established by the National Mentoring Partnership and will obtain certification through the Iowa Mentoring Partnership.

Overdose Data to Action (OD2A)

- Funded by the Centers for Disease Control (CDC), the OD2A federal discretionary grant September 2019- September 2022, supports data collection and analysis of overdose morbidity and mortality data to better understand the drug overdose crisis in Iowa and to inform effective prevention activities. Improved data collection and analysis will assist with:
    - tracking the spread and severity of Iowa's overdose crisis;
    - gaining insight into populations most at risk in order to prioritize resources
    - evaluating the best way to allocate resources and to help identify emerging trends.

Partnerships for Success (PFS)

- Funded through the Substance Abuse and Mental Health Services Administration (SAMHSA), the purpose of this grant is to prevent the onset and reduce the progression of substance abuse and its related problems while strengthening prevention capacity and infrastructure at the community and state level. This is the second generation of Partnerships for Success grant funding received through the Bureau of Substance Abuse. In Iowa, this five

year grant focuses on preventing alcohol involved deaths with older adults through utilization of the Strategic Prevention Framework.

Promoting the Integration of Primary and Behavioral Health Care (PIPBHC)

- Funded by SAMHSA, the federal discretionary grant from September 2018-September 23 promotes the advancement of integrated substance use disorder treatment and primary health care services for individuals with substance use disorders. The advancement of integrated health services will be facilitated by an Integrated Care Team through a bidirectional model of care fostered by partnerships between Federally Qualified Health Centers (FQHC's) and Substance Use Disorder (SUD) treatment programs.

State Opioid Response Grant (SOR2)

- Funded by SAMHSA, the federal discretionary grant from September 2018-September 20 provides funding to assist Iowa in addressing the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD): including prescription opioids, heroin, and illicit fentanyl and fentanyl analogs. SOR2 provides services to eligible providers with a stimulant and/or opioid use disorder and recovery support services.

Strategic Initiatives to Prevent Drug Overdoses

- The Strategic Initiatives to Prevention Drug Overdoses (SIPDO) Grant funded through the Centers for Disease Control and Prevention's Overdose Data to Action Grant, supports an expedited Strategic Prevention Framework (SPF) model to address the priority issue of preventing drug overdose deaths. Nine highest counties were selected through a Request for Proposal process to implement four evidence-based strategies including the "See the Person. Not the Addiction" anti-stigma media campaign and an opioid-focused academic detailing program.

Strategic Prevention Framework for Prescription Drugs (SPF-RX)

- Funded by SAMHSA, the federal discretionary grant from September 2016-August 2021 is focused on reducing the misuse of prescription drugs for ages 12-17 and 18-25. The grant was awarded by IDPH to three highest-need counties to implement four evidence-based prevention strategies.

Treatment for Individuals Experiencing Homelessness (TIEH)

- Funded by SAMHSA, the federal discretionary grant from January 2020-January 2025, the grant supports the development and/or expansion of the local implementation of an infrastructure that integrates behavioral health treatment and recovery support services for individuals with a serious mental illness, serious emotional disturbance, or co- occurring disorder (i.e.,

a serious mental illness [SMI] and substance use disorder [SUD] or a serious emotional disturbance [SED] and SUD who are experiencing homelessness.

Your Life Iowa

- Funded by state appropriations and federal grants, Your Life Iowa (YLI), launched in October 2017, YLI offers a statewide, systems approach to a one stop website. Offered 24/7/365 resources include a telephone helpline, mobile-friendly internet-based communications (e.g., online chat), texting and social media (@yourlifeiowa). Your Life Iowa services are provided by Foundation 2, an Iowa based nonprofit human service agency, offering suicide prevention and crisis intervention programs to people of all ages. Foundation 2 has provided crisis counseling by phone since 1970. Foundation 2 is accredited by the American Association of Suicidology for Crisis Intervention Service, Mobile Outreach and Online Emotional Support (chat and text support services) and has maintained accreditation for 31 years.
    - The website http://yourlifeiowa.org/suicide also provides a live chat feature, depression screening quiz, suicide warning signs, help for family and friends, FAQ's about suicide, and how to practice self-care.
    - In SFY19, Your Life Iowa received over 11,000 contacts (phone, text, chat) and over 185,000 website visits.
    - On July 1, 2019, Your Life Iowa became the statewide crisis line. This effort was a direct result of a collaborative effort between IDPH and DHS to have a single behavioral health helpline in Iowa (in accordance with 2018 Mental Health Complex Needs legislation).
    - In SF20, Iowans faced unique challenges with COVID-19 and resulting challenges including loss of employment, concerns about health and more. YLI saw an increase in calls related to these concerns in the spring of 2020, including calls about mental health, suicide, and substance use. In SFY 20, 12,742 total contacts were received.

Zero Suicide

- Funded by SAMHSA, the federal discretionary grant from September 2018-September 2021, promotes suicide safe care, including screening and treatment, for Iowans receiving substance use disorder and problem gambling treatment services. This will include engaging staff and patients with lived experience.

Addendum to SABG Application March 9, 2022:

Instructions: The description should also include how these systems of care address the needs of diverse racial, ethnic, and sexual and gender minorities, as well as American Indian/Alaskan Native populations in the states.

The Iowa Department of Public Health (IDPH) is actively working to strengthen capacity to address health inequities in Iowa. IDPH has defined Health Equity as *'the attainment of the highest possible level of health for all people by achieving the environmental, social, economic and other conditions in which all people have the opportunity to attain their highest possible level of health'.*

The Department has developed initial policies and plans for embedding health equity across internal and external work through accreditation, workforce development, data management, and planning efforts. There are a number of divisions and bureaus that have excelled at developing comprehensive strategies to address health inequities and develop internal strategies to support health equity infrastructure in Iowa; including the bureau of substance abuse.

In 2022 and beyond, IDPH is in a position to significantly expand efforts to ensure that all people across the state have the ability to attain their highest level of health. IDPH is accomplishing this by explicitly tying a justice-centered approach to identifying and addressing pressing health inequities in historically excluded populations with a specific focus on people of color/indigenous people, people with disabilities, people who identify as LGBTQ+, people who are poor, and people with other demographic characteristics that have been historically excluded from access to opportunities and services to support optimal health.

A primary objective in the next five years (2022-2026) is to ensure that IDPH has thoroughly assessed and addressed opportunities to significantly shift efforts and resources towards addressing institutional and structural inequities that lead to disproportionately negative outcomes for some populations. Foundational work includes adoption of this health equity framework and focus areas, and a health equity implementation plan. For further information on how the Department is providing all IDPH staff members, stakeholders and partners with technical assistance and resources, may be found at: https://idph.iowa.gov/Health-Equity

Within the SSA state-wide system of care, the bureau continues to make efforts related to the health equity needs of diverse populations. Several examples of this include:

- **Prevention Efforts.** The Iowa Provider Network (IPN) contractors promote health equity through the Strategic Prevention Framework model and the guiding principle step of Cultural Competency. This step adheres to and promotes 15 Cultural and Linguistic Appropriate Service (CLAS) Standards.

Use of CLAS is a way to improve the quality of services provided to all individuals, which will help reduce health disparities, achieve health equity, and ultimately supports all Iowans seeking prevention services and also assists providers in understanding and implementing culturally competent services,

- In September of 2021, via a subaward from the Centers for Disease Control (CDC) and Prevention of the U.S. Department of Health and Human Services (HHS) Data to Action grant, the IDPH Prevention SSA staff contracted with the Public Science Collaborative to develop a report on Methamphetamine Use in Iowa. IPN contractors and system level partners have been provided education on the findings related to this report. This training was attended by a variety of state partners; including IPN contractors, maternal health providers, medical providers, treatment professionals, child welfare providers and many others. This report reviews race and ethnicity, educational status, rural vs. urban status, prevalence rates by age, impact of Covid-19, homelessness prevalence, individuals who inject I.V methamphetamine, polysubstance use rates, and gender (including pregnant women entering treatment). This report contains targeted prevention and treatment interventions and resources, recommendations and strategies for a priority population focus. This report and educational training to external statewide partners provided a significant understanding of the prevalence of Methamphetamine throughout Iowa communities and provided specific take-aways for data identification and implementation.
- **Treatment Efforts.** The Iowa Provider Network contractors promote health equity through expanding access to services for individuals and families with incomes at or below 200% of the Federal Poverty Guidelines as published by the U.S. Department of Health and Human Services, and those individuals not insured or for services in which third party payment is not available to pay for services. These guidelines support all Iowan's in accessing services,
- **Collaboration with Native Americans/American Indians.** Coordination of care with Native Americans/American Indians is a priority of the Department. There is one federally recognized tribe within Iowa, the Sac & Fox of the Mississippi (locally known as the Meskwaki Nation). Due to the very small size of the population, the health services for the Meskwaki people are all provided in one health center. In order to track and coordinate the services and communications with the tribe, IDPH established a point of contact team that includes a designated SSA staff person from the Bureau of Substance Abuse. The Meskwaki have a SUD treatment center within their health center, and several IDPH SSA staff have provided technical assistance and access to training for SUD prevention and treatment topics over the last several years; specifically related to the opioid crisis,
- **Bureau SUD Data Collection.** Within Iowa's IBHRS data collection system, data reporting is required by all licensed SUD treatment programs in Iowa. IDPH has the ability to collect data on diverse racial, ethnic and gender populations to assist with strategy formation. Effective 7/1/21, patient's

gender identity and sexual orientation were added to the data collection system and will assist the IDPH in development of strategy formation,

- **Iowa Maternal Health Quality Care Collaborative (IMQCC) Subcommittee.** Related to decreasing morbidity and mortality rates of the pregnant population, the IMQCC is a state-wide maternal health collaborative. SSA staff co-leads a committee focused on policy for state-wide development and implementation. Examples of this work include: implementation of a best practice guide to birthing hospitals on universal screening of depression and substance use disorders of all diverse pregnant people. In addition, the IMQCC has been instrumental in implementing a culturally congruent community-based Doula project for African American families as IDPH seeks to reduce disparities in maternal health outcomes among African American/black -identifying individuals in Iowa,
- **Substance Use in Iowa Families Project.** The purpose of this project was to strengthen surveillance of substance use and social determinants impacting use and recovery in Iowa, with particular attention to intergenerational impacts through an ethnographic assessment of active and former substance users. This project used integrated data and qualitative interviews, as well as design thinking, to translate novel surveillance into policy decision-making. Work will continue to translate project findings into policy decisions across Iowa's executive branch. Program teams including home visiting, substance abuse, child welfare, Early Childhood Iowa, and Department of Human Rights staff members worked to incorporate findings into program strategies. This report is available upon request.

Within the Department state-wide system of care, IDPH continues to make efforts related to the health equity needs of diverse populations. Several examples of this include:

- **IDPH Data Collection.** In 2018, the IDPH Data and Informatics Community of Practice created standards for collecting and analyzing data to identify disparities. In 2019, the Community of Practice provided technical assistance and worked to expand their use,
- **Iowa Public Health Tracking Portal.** The Iowa Public Health Tracking Portal conducted a quality improvement adventure to refine the process of putting data on the portal. The new process allows the Department to get data posted more quickly, and ensures that data are disaggregated. In 2019, 26 new visualizations were added to the portal, and 5 were updated. The team continues to work to expand data availability, and improve the ability to assess multiple health factors impacting priority populations. Data reports are available for many statewide demographics including reportable diseases, maternal health, refugee health, sexually transmitted diseases, substance use and gambling, tobacco use prevention and control, TB, vital statistics, chronic disease, diability and others. This statewide portal assists stakeholders and partners in having a centralized source for Public Health data and represents

breakdown by diverse populations and health equity determinants. These reports assist in the Department's ability to make and formulate policy and develop appropriate strategies across diverse populations. Multiple reports can be found at:https://tracking.idph.iowa.gov/Reports/Additional-Data-and-Reports

- **Health Equity Data Collection.** The department continues to support inclusion of health equity-related questions in the Behavioral Risk Factor Surveillance System (BRFSS) questionnaire. Technical assistance is provided to state-wide and internal partners to expand other data systems and surveys related to health equity. The Iowa BRFSS Coordinator uses BRFSS data to analyze key health outcomes against policy, systems and environmental factors, in addition to demographic variables included in standard analysis. The BRFSS report and other community and state-wide reports can be found at: https://idph.iowa.gov/brfss
- **Employees.** All new IDPH employees receive an introductory health equity training. Internal training was also held on topics related to health equity. A health equity-specific training calendar was created to help staff easily identify health equity-related training. A section was added to the IDPH Professional Development Insider (newsletter) to regularly update staff on health equity related department activities and resources,
- **Office of Health Equity.** In April of 2021, IDPH established an Office of Equity. This newly created office has a dedicated FTE and promotes cultural Equity Alliance across IDPH. The purpose of the Office of Health Equity provides strategic support of department-wide equity initiatives and provides a health equity framework focusing on workforce development, organizational culture, internal policies and procedures, planning and performance improvement, internal and external resources and community collaboration. The IDPH Health Equity framework can be found at: https://idph.iowa.gov/Health-Equity
- **IDPH Health Equity Policy.** The Department developed policy setting expectations for the incorporation of health equity into all department functions, including surveillance, planning, implementation, and evaluation. It aims to create institutional changes in Department culture, program activities, and contracted work. The policy encompasses workforce, data management, contractual language, communications, outreach and other policy considerations. This policy can be found at: https://idph.iowa.gov/Health-Equity

Planning Steps

Step 2: Identify the unmet service needs and critical gaps within the current system.

Narrative Question:

This step should identify the unmet service needs and critical gaps in the state's current M/SUD system of care as well as the data sources used to identify the needs and gaps of the required populations relevant to each block grant within the state's M/SUD system of care.
States should also continue to use the prevalence formulas for adults with SMI and children with SED, as well as the prevalence estimates, epidemiological analyses, and profiles to establish mental health treatment, SUD prevention, and SUD treatment goals at the state level.

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

BG App 2022- 2023
Planning Step II- Needs and Gaps

State Demographic Summary

Iowa, named after the Ioway Indian tribe, became the 29th U.S. state in 1846. Iowa is known as the Hawkeye State and Des Moines, Iowa's largest populous county, is the capital city. The State of Iowa's 99 counties have an estimated population of 3, 190,369 in 2020; a 4.7% increase from the 2010 census.https://www.iowadatacenter.org/data/decennial/2020Resident

Iowa's general population characteristics include:

- Male 49.8%/Female 50.2%
- Population under 5 years: 6.0%
- Population 18 years and over: 77.1%
- Populations 65 and over: 17.5%
- Population 85 years and over: 2.4%
- Median age: 38.5 years
- Educational attainment of High School degree or higher 92.6%/Bachelor's degree or higher 29.3%
- Civilian veterans: 7.6%
- Language spoken at home: English only 91.1%/ Spanish 4.4%/Asian and pacific Islander 1.7% and other 2.8%
- Median Household Income: $61,691
- Urban 64.3%/Rural 35.7%
- Individuals below poverty level: 11.2%/Families below poverty level: 7.3%

According to the 2020 U.S. Census estimate the following are Iowa's population characteristics:

- White alone, 89.9%
- White alone, not Hispanic or Latino, 85.1%
- Black or African American, 4.1%.
- American Indian and Alaska Native 0.4%
- Asian 2.4%
- Native Hawaiian and Other Pacific islander alone, 0.1%
- Hispanic or Latino, 6.3%.
- Two or more races, 2.2%

Behavioral Health Data Utilized in Determining Gaps/Needs

The Iowa Department of Public Health, (IDPH) Bureau of Substance Abuse, utilizes prevalence data, treatment and prevention data, population estimates, needs assessments and outcomes data for planning and implementation of strategies. IDPH utilizes a variety of data sets to drive behavioral health data decision making. IDPH acquires federal, state and sub-state estimates from the National Survey on Drug Use and Health (NSDUH) , the Iowa Behavioral Health Barometer Report (state specific based on NSDUH data), state and county-level data from the Iowa Youth Survey (IYS) and Iowa Youth Risk Behavior Survey, (YRBS), state estimates from the Behavioral Risk Factor Surveillance System (BRFSS), the Treatment Episode Data Sets (TEDS) the National Outcomes

Measures (NOMS) data and the Epidemiological Profile conducted every two years. IDPH also collects a variety of behavioral health indicator data from many other state agencies or stakeholders. The indicators include alcohol-related deaths, morbidity and mortality data, Bureau of Health Statistics' data, injuries, HIV/AIDS/TB cases, hospital and emergency room data, and others. For Common data reports, including mortality data and links to data sources, click here at: https://idph.iowa.gov/substance-abuse/substance-use-and-problem-gambling-data-reporting/in-the-know-common-data-reports.

State Epidemiological Workgroup and Prevention Partnerships Advisory Council (SEWPPAC)

IDPH's Division of Behavioral Health, Bureau of Substance Abuse, administers the funding and activities of the State Epidemiological Workgroup and Prevention Partnerships Advisory Council (SEWPPAC).

The State Epidemiological Workgroup (SEW) was started in 2006 through a grant provided by the Substance Abuse and Mental Health Services Administration (SAMHA). The Prevention Partnerships Advisory Council (PPAC) was established in 2009 as a requirement of the Strategic Prevention Framework State Incentive Grant (SPF SIG) through SAMHSA. Recently these groups joined efforts to create one council (SEWPPAC). The council is composed of approximately 45 state and local members from across Iowa representing a variety of organizations. The SEWPPAC meets quarterly and corresponds more frequently as needed. The SSA Data Manager and Prevention Lead facilitates the quarterly meetings.

The Council objectives include:

- Driven by the Substance Abuse and Mental Health Administration's (SAMHSA) Strategic Prevention Framework (SPF) planning model.
- Builds prevention capacity and strengthens infrastructure at the state and local levels.
- Discusses substance use data, trends, and data gaps to improve prevention services.
- Directs the State Epidemiological Profile, data briefs and other data collection and review processes.
- Supports and promotes evidence-based prevention programs, policies and practices.
- Shares information and resources to support state and local prevention efforts.
- Oversees bureau workgroups including, Alcohol-Related Deaths, Evidence-Based Practices, Methamphetamine Workgroup and Workforce Development Task Force.

The SEWPPAC initiates processes to establish the Strategic Prevention Framework as the basis for ongoing state substance abuse prevention (and treatment) needs and outcomes monitoring. The SEWPPAC process involves forming an epidemiological team to assess, analyze, interpret, and communicate data about Iowa substance consumption patterns and consequences. The major products resulting from the SEWPPAC's work are:

- The state epidemiological profile with yearly updates (which includes Iowa Youth Survey data)
- Community/county profiles

- System planning to accommodate the ongoing lead and collection of data for monitoring prevention and treatment outcomes
- Data gap analysis and plan
- Data Briefs
- National Outcome Measures Reporting

The SEWPPAC emphasizes applicable National Outcome Measures (NOM) in the identified indicators. The following criteria were used in the selection process:

- Data available at State (Iowa) level;
- Sample includes all geographic areas;
- Sample includes age range;
- Data collected at least every two years;
- Measures directly related or strongly associated with Alcohol, Tobacco, Prescription Drugs, Methamphetamine and Other substances as identified
- Data pertain to consumption or consequence; and
- Datasets have adequate sample size.

Various reports, data resources, common data reports, epidemiological profiles, substance use data briefs have been a priority of this workgroup and may be found at: https://idph.iowa.gov/Bureau-of-Substance-Abuse/Prevention-Related-Programs/Prevention-Advisory-Council-and-Workgroups

Data Sources Used

Epidemiological Profile

The 2020 Epidemiological Profile provides a comprehensive overview of the prevalence of substance use, mortality, and morbidity in Iowa. The Epidemiological Profile serves as a tool to assess, collect, and evaluate substance use disorder and consequences affecting Iowans. The SEWPPAC process provides an avenue for SEWPPAC members, data managers, and stakeholders to consolidate surveillance data to examine the various health, social, and economic factors in Iowa.

The Epidemiological Profile can be used to:

- Guide actions for substance abuse problems in Iowa
- Measure the burden of substance abuse problems
- Monitor trends in the burden of substance abuse, including the detection of substance abuse epidemic in Iowa
- Prioritize the allocation of substance abuse resources, and
- Provide a basis for substance abuse epidemiology.

Iowa Youth Survey (IYS) and Youth Risk Behavior Survey (YRBS)

To help schools and community stakeholders respond to the emerging health needs of Iowa students, reliable youth health behavior data is critical. Every two years, IDPH administers these two surveys to understand the health behaviors of Iowa's students. The Iowa Youth Survey (IYS) and the Youth Risk Behavior Survey (YRBS) are the most frequently used sources of data on key behaviors impacting youth health in Iowa. Data is used at the school, county, state and national levels to inform policy and funding, to develop program strategy, and for surveillance and research purposes.

The IYS is conducted by the Iowa Department of Public Health's Division of Behavioral Health with support from the Department of Education, Department of Human Services, and Department of Human Rights' Criminal and Juvenile Justice Planning and Statistical Analysis Center. Administered every other year to students in the 6th, 8th, and 11th grades across the state of Iowa, students answer questions about their attitudes and experiences regarding alcohol and other drug use and violence, their perceptions of their peers, family school and neighborhood/community environments.

The Survey was administered for the first time in 2008. Iowa Youth Survey reports list responses to every question on the survey, providing total percentages and breakdowns by grade and gender. Reports in 2016 and 2018 include trend data on several variables instead of separate trend reports. The IYS was scheduled to be administered in 2020. Due to the COVID-19 pandemic, the 2020 Iowa Youth Survey was postponed by Governor Proclamation. With sensitivity to Iowa schools' new priorities during the pandemic and the impact on administrative and academic demands, the Iowa Youth Health Assessment Program will postpone the survey to fall 2021. Due to the absence of data from 2020, this report will not contain documentation of 2020 IYS outcomes. For additional information on the IYS visit: Iowa Youth Survey > Home

The YRBS is a Centers for Disease Control and Prevention (CDC) funded project that was developed in 1990 to monitor a selection of youth health behaviors that contribute to the leading causes of death and disability. These behaviors are often developed during childhood and adolescence. The YRBS is administered to 9th through 12th grade students in a randomly selected sample of Iowa high schools in odd calendar years. The YRBS also allows IDPH to assess the prevalence of obesity in Iowa youth.

The YRBS assists the Iowa Department of Public Health with understanding youth behaviors that relate to:

- Injuries
- Violence
- Unintended Pregnancy
- Sexually Transmitted Infections (Including HIV)
- Alcohol and Drug Use
- Tobacco Use
- Unhealthy Dietary Behaviors
- Lack of Physical Activity

After multiple years of being administered by the Iowa Department of Education, the survey became incorporated into the work of the Iowa Department of Public Health's Data Management and Health Equity Program in 2018. The YRBS was also postponed, under Governor Proclamation, until the Fall 2021 semester. For additional information visit: Iowa Public Health Data - Iowa Youth Risk Behavior Survey

Iowa Drug Control Strategy and Drug Use Profile

The IDPH SSA staff, through the Drug Policy Advisory Council (DPAC), work with the Governor's Office of Drug Control Policy for submission of an annual report to the Governor and Legislature concerning the activities and programs of the Coordinator, the Governor's Office of Drug Control

Policy, and all other state departments with drug enforcement, substance use disorder (SUD) treatment and substance abuse prevention programs.

In satisfaction of Chapter 80E.1 of the Code of Iowa, this report highlights drug trends within the State, outlines tactical responses that include evidence-based practices and promising approaches, and summarizes associated levels of funding that flow through state agencies. As a blueprint for comprehensively addressing a myriad of drug related challenges, the 2021 Iowa Drug Control Strategy aims to provide data-driven support for identifying priorities and directing responses in the State. This report can be found at:
2021 Iowa Drug Control Strategy and Drug Use Profile | Governor's Office of Drug Control Policy

Iowa Data and Summary by Substance (Data Source: Iowa Department of Public Health)
In Iowa, the primary substance of abuse for juvenile admissions is: marijuana (75%), alcohol (19%), and Methamphetamine (3%) while the primary substance of abuse for adult admissions is: alcohol (43%), Methamphetamine (25%), and marijuana (20%).

Alcohol related deaths have been climbing steadily over the past 10 years. Iowa's rate of Adult Alcohol use continues to exceed the national average and alcohol related death morbidity data is increasing. Methamphetamine use disorders continue to be at an all-time state high with psychostimulant-related overdose deaths increasing. Iowa's opioid overdose deaths rose again in 2020 up 35% compared to 2019; higher than the previous number of deaths that occurred in 2017. Iowa's Suicide data shows us that suicide was the ninth leading cause of death for all Iowans and the second leading cause of death for ages 15-44. In Iowa's juvenile population, Iowa has seen significant decreases in youth consumption in alcohol and marijuana rates.

While Iowa is making progress, Iowa's data continues to show that strategies could either continue or be targeted to address: adult alcohol consumption rates, intentional focus on Iowa's increase in admissions for Methamphetamine, opioid and alcohol abuse, continued focus on workforce development, expansion of the full continuum of services, and reviewing specific health disparities in Iowan's racial, ethnic and gender populations.

Data below is taken from the 2020 Epidemiological Survey, unless noted otherwise: Below highlights key data considerations:

Alcohol
Adult Consumption

- Alcohol remains the most reported primary substance of choice at treatment admission; however, the data shows gradual decrease from 2013 to 2020 (490 per 100,000 population 12 years and older to 387 per 100,000 population 12 years and older; IDPH, 2021).
- Alcohol-related treatment admission was highest among adults aged 24-44 compared to other age groups.
- Black or African American aged 18 or older had the highest rates of alcohol-related treatment admission compared to Hispanic or Latino and White in the same age group.

- The percentage of primary substance of choice for treatment admission was highest among Iowans with bachelor's degrees and higher compared to the other educational levels.
- The percentage of Iowans reporting alcohol use in the past 30 days has remained relatively stable over the past 10 years.
- Alcohol use in the past 30 days is higher among Iowans (63% of Iowans aged 18 or older) compared to the national estimate (55%).
- Among Iowa's six regions, the Central (61%) and North Central (60%) had the highest alcohol use in the past 30 days compared to other regions (range 57%-59%) (NSDUH, 2018).
- A greater proportion of men (27%) reported binge drinking in the past 30 days compared to women (17%) (BRFSS, 2019).
- One-third (33%) of Iowans aged 18-24 and 25-34 years old reported binge drinking in the past 30 days, respectively, which is the highest percentage among all age groups.
- Among young adults aged 18–25 in Iowa, the annual average percentage of alcohol use disorder in the past year decreased between 2002–2004 and 2017–2019. During 2017–2019, the annual average prevalence of past-year alcohol use disorder in Iowa was 14.7% (or 52,000), higher than both the regional average (10.5%) and the national average (9.8%). ((Iowa Health Barometer Report)).
- Iowa Morbidity data for # deaths involving alcohol increased from 598 (197 female vs 401 male) to 760 in 2020 (Female 239 vs 521 male). Provisional and incomplete data for 2021 data indicates 323 Iowans have died involving alcohol (female 104 vs 219 male).

Youth Consumption

- From 2008 to 2018, alcohol use in the past 30 days and binge drinking among Iowa youth declined for all grade levels (Grades 6, 8, 11).
- From 2008 to 2018, alcohol use in the past 30 days decreased by 53 percent and binge drinking decreased by 62 percent among all grade levels.
- In 2018, 16 percent of youth in grade 6, 36 percent of youth in grade 8, and 64 percent of youth in grade 11 reported easy or very easy access to alcohol.

Marijuana and Illicit Drugs

Adult Consumption

- Marijuana use in the past 30 days increased from 4% of adults aged 18 or older in 2008/2009 to 7% in 2018/2019.
- Compared to other states, Iowa was among those states with the lowest marijuana and cocaine use in the past 30 days.
- The Central (8%) and Northeast (7%) regions of Iowa had the highest marijuana use in the past 30 days compared to the other Iowa regions (NSDUH, 2018).
- Methamphetamine-related treatment admissions increased by 44 percent since 2013 and the rates were higher for males (338 per 100,000) than females (270 per 100,000).

- Methamphetamine labs seized and methamphetamine production near a child (e.g., under the age of 18) has continually decreased since 2013.
- The rate of past 30-day illicit drug use by Iowans ranks 41st in the nation (9.39% Iowa vs. 11.43%-US (National Survey on Drug Use)

Marijuana and Illicit Drugs

Youth Consumption

- Marijuana use in the past 30 days has declined among youth in grades 6/8/11 from 13% in 2008 to 10% in 2018 (Iowa Youth Survey, 2018).
- Iowa youth in grade 11 who reported marijuana use before age 13 declined from 5% in 2008 to 3% in 2018.
- Illicit drug use other than marijuana in the past 30 days was 3% among youth aged 12-17 years (NSDUH, 2019).

Over the Counter and Prescription Medications

Youth and Adult Consumption

- In Iowa, the percentage of adults reporting prescription medication misuse in the past year has remained stable at 4%.
- Opioid-related poisoning emergency department visits and hospitalizations were higher among females compared to males. However, the rate of opioid-related poisoning mortality was higher among males.
- Opioid-related emergency department visits and deaths were highest among Iowans aged 25-44; however; opioid-related hospitalizations were highest among Iowans aged 45-64.
- All drug-related emergency department visits were higher among Iowans aged 25 and younger.
-
- Although women had a higher rate of all drug-related emergency department visits and hospitalizations, males had a higher rate of all drug-related deaths.
- From 2008 to 2018, the percentage of youth in grades 6/8/11 reporting over-the-counter medication misuse in the past 30 days decreased from 4% to 3%, respectively.

Legal Consequences

Adult

- The percentage of prison admissions in which methamphetamine was cited as primary drug of choice increased 40 percent in the past 10 years from 47% in 2011 to 66% in 2020.
- Marijuana (18%) was the second highest percentage drug cited as the primary drug of choice at prison admission.
- Three-percent of prison admissions cited opioids as the primary drug of choice.

Mental Health
Adult

- In the ten-year period from 2008/2009 to 2018/2019, the percentage of Iowans aged 18 to 25 with major depressive episodes in the past year increased from 8% to 14%.
- In 2018/2019, a higher percentage (12%) of Iowans aged 18 to 25 years reported serious thoughts of suicide in the past year compared to Iowans 26 or older (4%).
- In 2019, 522 Iowa residents died by suicide.
- During 2017–2019, the annual average prevalence of past-year serious thoughts of suicide in Iowa was **12.8%** (or **45,000**), similar to both the regional average (**13.1%**) and the national average (**11.1%**) ((Iowa Health Barometer Report)).

Other Data
Youth

- Health Disparities in Lesbian, Gay & Bisexual Youth (2019 Iowa youth Risk Behavior Survey)
    - In 2019, 13% of Iowa high school student identified as gay, lesbian or bisexual. 5%were unsure of their sexual orientation
    - Nearly half of lesbian, gay, & bisexual Iowa public high school students seriously considered suicide in 2019. This compares to 15% of straight students
    - 22% of lesbian, gay, & bisexual Iowa public high school students attempted suicide in the previous year. This compares to 7% of straight students.
- Health Disparities in Young Adult Mental Health-Serious -Thoughts of Suicide (2019 Iowa Youth Risk Behavior Survey)
    - Among young adults aged 18–25 in Iowa, the annual average percentage with serious thoughts of suicide in the past year increased between 2008–2010 (6.1%) and 2017–2019.

Needs and Gaps

1) Impact of COVID-19 and the Derecho- Prevention and Treatment
Throughout the COVID-19 pandemic, Iowa experienced the impact of the pandemic on the Substance Use Disorder (SUD) system. During the pandemic, and similarly to the national data, the COVID-19 pandemic had a significant impact on the health of Iowan's.

National research from the Centers for Disease Control and Prevention (CDC) Morbidity and Mortality Weekly Report, 2020 reported 40% of Americans reported experiencing significant concerns with anxiety, depression, trauma-related symptoms, increased use of substances and suicidal ideation. Based on this research, psychological distress, impacts of the virus and consequences of

physical isolation indicate mental health and substance use disorder treatment and recovery services will be needed for years to come.

Iowa's data demonstrates that during the pandemic the following data, gaps and challenges were identified:

- Connectivity with rural communities was impacted
- Depth of engagement decreased. It was reported by Prevention providers that connection to new stakeholders was dramatically decreased due to the lack of face to face interaction; specifically as education was not in session.
- Youth experienced lack of participation and encountered barriers accessing the internet
- Bandwidth was significantly reduced
- Providers experienced a lack of resources such as webcams, headsets, laptops, cell phones and WIFI hotspots
- Lack of Personal Protective Equipment including masks, sanitizer and other Personal Protective Equipment
- Access to in-person treatment and prevention services were greatly impacted
- SUD Evaluation/Admissions (March 2020- February 2021) saw a 24.6% drop in evaluations completed (9,993 fewer) and a 19.5% drop in admissions to care (5,540)
- Approximately 80% of Iowa SUD providers transitioned to providing services via telehealth to increase engagement, decrease isolation, adhere to social distancing guidance and to provide services. Prior to the pandemic, the SABG funded treatment programs averaged 2,250 hours of group and 1,670 hours of individual sessions per month. In the first three months of the pandemic, group hours fell to 600 hours per month, and individual hours increased to 1,850 per month via telehealth. Telehealth in Iowa is currently being reviewed.
- Problem gambling admissions and evaluations dropped 30% and 38% respectively when comparing CY20 to CY19
- Alcohol Sales Increased. Iowa alcoholic sales have surged at various points during the pandemic. Bars and restaurants sold unopened bottles of liquor to-go; and bars and restaurants sold mixed drinks and cocktails made on-site to-go. Case sales of 50 milliliter bottles of liquor by Alcoholic Beverage Division (ABD) increased 39% over sales the same week in 2019, coinciding with restaurants beginning to create to-go cocktail kits containing 50 milliliter bottles of liquor and various mixers. Alcoholic Beverage Division (ABD) reported that liquor sales for the month of December, 2020 reached $42.8 million. This represents a record number for liquor sales in a single month and is an increase of 18.48% over December 2019 sales of $36.1 million. December 2020 was the highest grossing month for liquor sales in ABD history. Fiscal Year 2020, saw a record for yearly liquor sales and an increase of 8.2% over the previous fiscal year. Sales continued to rise through December.
- The substance abuse workforce was greatly impacted. Providers reported staffing absences, interruptions in services, inability to get to services related to stay at home orders, child care and school closings, interruptions in work

schedules or unemployment related concerns, accessing basic needs, broadband and other connectivity issues. These multiple factors significantly impacted the provider's ability to provide services and Iowan's ability to access and stay engaged in services.

- Your life Iowa contacts increased from 1,527 a month in March 2020 to 3,057 in March 2021. During that same timeframe referrals to treatment from the Your Life Iowa site increased from an average of 447 per month to just under 700 per month.
    - In March 2021
        - 160 Gambling Contacts
        - 466 Substance Use contacts
        - 318 Suicide Contacts
        - 1,066 Adult MH Contacts
        - 87 Youth MH Contacts
        - 1,212 other emergent needs (food, clothing, shelter, COVID, etc.)

In addition to the national COVID-19 pandemic, Iowan's were affected by a powerful derecho in August of 2020.The impact of this $7.5 billion dollar storm left Iowa devastated and was the most costly storm in U.S. history.

In Iowa, the hardest hit state in the Midwest, hundreds of thousands of people went without power for days. More than 40% of the state's corn and soybean crop, the core of Iowa's economy, was severely damaged by the storm, where winds reached 110-140 mph, equivalent to those of a Category 3 or 4 hurricane. Destruction occurred to Iowa's homes, farms, businesses, livestock and crops. Thousands of Iowans remained without power for weeks and dozens were in shelters as a result of damage or destruction to their living environments.

Cedar Rapids, in eastern Iowa, was hit the hardest causing widespread damage, significant unemployment, property damage and destruction to many homes, More than 800 buildings suffered partial collapse and more than 20 schools sustained damage. In Governor Reynolds Derecho Disaster Declaration request to then President Donald Trump, Governor Reynolds estimated that Iowa's agriculture industry experienced about a $3.8 billion dollar hit (DSM Register, October 2020).

Iowans are not only still recovering from the pandemic, but are also recovering from the damages the derecho hurricane-strength winds caused. As a result of the pandemic and the Derecho, in several Iowa communities, it is nearly impossible to find housing; housing evictions have begun, shelters are full, and waitlists remain long. Many Iowan's are still recovering from the impact of the damage and are in recovery mode to seek a 'new' normal and understand how both events will impact Iowan's in the months and years ahead.

Strategies to meet needs- Primary Prevention and Treatment

- Utilize Community of Practice Iowa Provider Network (IPN) meetings to review challenges, gaps and to promote continued communication and collaboration to address identified gaps and opportunities

- Promote and build upon practices in Zero Suicide. Build upon current Zero Suicide grant, identify opportunities where practices can be strengthened. DHS and IDPH will continue meeting and collaboration in support of, and implementation of, the 9-8-8 National Suicide phone line and resources.
- Continue to monitor telehealth practices in Iowa and at federal level
- Continue to examine data and expand resources as identified: e.g.: addressing drugs of abuse, suicide data, overdoses, morbidity and mortality data
- Continue to provide technical assistance to IPN providers regarding use of funding, monitoring, providing targeted technical assistance, and engaging providers/communities/people with lived experience and other partners in process. This funding includes contract revision extensions made during the Covid period to support providers and Iowan's accessing services.
- Continue to support service provision through use of discretionary grant funding including Covid grant, Treatment for Individuals Experiencing Homelessness grant. State Opioid Response grant, and others.
- Utilize Complex Needs meetings between DHS and IDPH to align priorities regarding Certified Community Behavioral Health Clinics (CCBHC) priorities and block grant alignment activities
- Utilize Community of Practice CCBHC quarterly meetings with the existing 12 CCBHC's. Community of Practice meetings will serve as a vehicle to review best practices and lessons learned, to understand technical assistance needs and to promote a cohesive CCBHC network in Iowa; focusing on integrated mental health, substance use and medical services.
- Continue to support coordinated, multi-sector efforts at addressing the opioid and stimulant abuse in Iowa. This includes increased awareness, access to resources, distribution of Narcan, collaborations with partners, prevention efforts, expansion of buprenorphine waivered prescribers, expansion of Medication Assisted Treatment sites, promotion of the Pharmacy Prescription Monitoring Program, education and training, use of the tele-Naloxone partnership with the University of Iowa, encouraging Iowan's to utilize the Good Samaritan law, and targeted focus on populations of disparity or populations where specific needs are required.
- IDPH proposes to utilize the Iowa SABG COVID-19 and American Rescue Funding to support the identified strategies:
    - Support primary prevention workforce by enhancing Prevention Service Menu
    - Support primary prevention workforce competency by providing a foundational prevention training series
    - Support primary prevention workforce by supporting additional position support at each IPN provider/contractor
    - Support treatment providers/contractors by providing and enhanced treatment service menu
    - Support treatment provider workforce development by providing recruitment/retentions incentives for the retainment
    - Support treatment providers/contractors in development of recovery housing and recovery community center initiatives

- Enhance infrastructure support by enhancing or development of new data needs
- Support treatment providers/contractors with technical assistance to become Certified Community Behavioral Health Clinic (CCBHC) ready
- Support IPN provider/contractor service delivery to support care transition navigators, COVID-19 response counselors and other
- Support IPN women and children treatment providers/contractors in further development of service delivery and provision of evidence based practices
- Support Recovery Housing and Community Center Development (see below discussion)

2) Iowa Department of Public Health and Iowa Department of Human Services System Alignment work

Governor Reynolds appointed Ms. Kelly Garcia to serve as interim director of the Iowa Department of Public Health (IDPH) on June 30, 2021 and serves as the director of the Department of Human Services (DHS). As such, the connections between the DHS and IDPH are numerous, and in many cases, the same families access similar services between the departments. Selected public health activities housed within the Department of Public Health are excluded from the redesign scope of work. These include Professional Licensure Boards; Medical Cannabidiol; Infectious Disease; Acute Disease Prevention; and Emergency Response and Environmental Health

Currently, the DHS provides services to roughly one million Iowan's on an annual basis. DHS' core services include Medicaid and Children's Health Insurance Program (CHIP), mental health and disability services, child abuse prevention, child and family services, child care assistance, food assistance, and child support recovery; and is the state mental health authority (SMHA).

The IDPH fulfills its mission as a nationally accredited Public Health Department providing public health services through the core tenets of quality improvement, performance management, workforce development, and application of a health equity lens in program implementation and development. IDPH has oversight of multiple divisions including acute disease prevention, emergency response and environmental health, administration and professional licensure, behavioral health, health promotion and chronic disease prevention, tobacco use prevention and control. The IDPH is the Single State Authority (SSA) for substance use disorders.

Effective February 2021 DHS and IDPH embarked on a health and human services alignment assessment with a contractor, Public Consulting Group (PCG) to identify shared program goals and align and integrate programs, practices and policies to improve service delivery and most effectively leverage funding between the departments. The contract is expected to have an initial 18-month term with the ability to extend the contract for three additional one-year terms.

Through aligning the two departments, IDPH and DHS will be able to achieve several goals including opportunities to better leverage funding sources and the ability to identify potential for expanded funding sources; break down silos to create a unified, integrated behavioral health system; and better access to services and easier navigation of the system for Iowans served. Ultimately, better alignment will lead to improved outcomes for individuals, communities and the state.

As a result of the future alignment, DHS and IDPH have begun alignment efforts; beginning with the alignment and review of the Community Mental Health Services and the Substance Abuse Block Grants. The DHS and IDPH will continue to submit separate applications to SAMHSA for the FY 22-23 years.

Strategies to meet need

- The two departments are holding multiple planning meetings between department staff and leadership
- The two departments have engaged in multiple meetings with the Mental Health Planning Council (Advisory to the Community Mental Health Services Block Grant), the Iowa Board of Health (Advisory to the SABG), Provider Associations, the Integrated Provider Network (IPN), and the Community Mental Health Centers (CMHC's). The goal of these meetings is to seek public comment from the mental health and substance abuse providers, review block grant statutory requirements and identify shared alignment goals between departments.
- The two departments are developing joint system block grant goals. Collaboration and meetings will continue to be a priority for both Departments throughout the next several years.
- These goals will be included on both the FY22-23 SABG and Community Mental Health Block grant application:

1) *Support and Development of the Behavioral Health Workforce*. This need/gap will support the recruitment, retention and competency of the behavioral health workforce. Key components of this collaboration will focus on:
    - Collaboration and implementation of a shared Peer Support/Peer Specialist training center to serve individuals with a severe Serious Mental Illness, parents of children with SMI and individuals with a Substance Use Disorder (see Step 1 for discussion of Peer Coaching)
    - Collaboration by both departments to expand the use of the on-line training platform *Relias*. IDPH will focus on expansion of usage by provider and practitioner users and DHS will begin using training platform

2) IDPH and DHS will collaborate to implement the 9-8-8 Crisis line in Iowa. This need/gap will support the implementation of the 9-8-8 crisis line to further support individuals in crisis. Key components of this collaboration will include:

- Collaboration on plan development and plan
- Submission of plan to Vibrant
- Implementation of 9-8-8 crisis line
- Collaboration with stakeholders and coalition partners

For information related to the Iowa Health and Human Services Alignment, Release for Proposal (RFP) work deliverables, project presentations, project scope, and timelines, visit: Iowa Health and Human Services Alignment | Health and Human Services Alignment

3) Treatment Needs-Persons in need of treatment; Development of Recovery Housing and Community Centers to support individuals with an SUD or in recovery from an SUD

On October 24, 2018, the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) was signed into law by then President Trump. Subtitle D, Ensuring Access to Quality Sober Living (SEC. 7031), of this law mandates that the Secretary of Health and Human Services, in consultation with other specified individual stakeholders and entities, shall identify or facilitate the development of best practices for operating recovery housing. These best practices may include model laws for the implementation of suggested minimal standards that:

- Consider how recovery housing is able to support recovery and prevent relapse, recidivism, and overdose, including by improving access to medication assisted treatment
- Identify or facilitate the development of common indicators that could be used to pinpoint potentially fraudulent recovery housing operators

The SUPPORT legislation seeks to improve resident care for individuals suffering from a substance use disorder (SUD) who are in need of supportive recovery-oriented transitional housing. Recovery Housing is an intervention that is specifically designed to address the recovering person's need for a safe and healthy living environment while providing recovery and peer support.

Additionally, the Substance Abuse and Mental Health Services Administration (SAMHSA) provides the following definition of recovery housing:

"Recovery houses are safe, healthy, family-like substance-free living environments that support individuals in recovery from addiction. While recovery residences vary widely in structure, all are centered on peer support and a connection to services that promote long-term recovery. Recovery housing benefits individuals in recovery by reinforcing a substance-free lifestyle and providing direct connections to others in recovery, mutual support groups and recovery support services. Substance-free does not prohibit prescribed medication taken as directed by a licensed prescriber, such a s pharmacotherapies specifically approved by the Food and Drug Administration (FDA) for treatment of opioid use disorder as well as other medications with FDA-approved indications for the treatment of co-occurring disorders"

According to the National Overview of Recovery Housing Accreditation Legislation and Licensing January 2020 report, to deliver the best care possible, SAMHSA supports the levels of care, as identified by the National Alliance of Recovery Residences (NARR) and other stakeholder agencies. These levels accurately reflect the basic structural blueprint of quality recovery housing and highlights the continuum of support ranging from nonclinical recovery housing (Level 1 and II) to clinical and usually licensed treatment (Level II & IV).

A significant gap within Iowa's treatment continuum of care, is the lack of community centers and recovery housing arena to support Iowans access to recovery community centers and recovery housing. Historically, IDPH has facilitated a Release for Proposals (RFP) and has provided extensive educational learning training across the state to assist in knowledge development and implementation of Recovery Housing Community Centers. Within the last several years, personnel from the Connecticut Community on Addiction Recovery (CCAR) have consulted with IDPH to deliver this training series and to solicit interest. To date, IDPH has not awarded any successful RFP's or funding associated with Recovery Housing or Recovery Community Centers. Iowa currently does not have any Recovery Community Centers and/or Recovery Housing specifically targeted for individuals in need of substance use disorder treatment/recovery nor are there any NARR accredited housing providers which remains a significant gap in the treatment/recovery continuum of care.

Strategies to meet need-Treatment

- Under funding support of the COVID-19, SOR 2, and American Rescue Funding (ARP), IDPH will hire and provide functional oversight of all recovery related efforts for the IDPH, Bureau of Substance Abuse. The Project Coordinator hired will be responsible for implementation and expansion of various recovery initiatives; such as development of the Recovery Community Center(s), development of Recovery Community Organization (s), development of Recovery Housing; and, expanding availability of Recovery Peer Coaching in Iowa.
- Under funding support of the COVID-19, SOR 2, and ARP funding, IDPH will release a competitive request for proposal (RFP) to identify a minimum of three recovery community centers in Iowa, capable of delivering recovery support services to individuals, such as: recovery peer coaching; recovery meetings; recovery calls; and, referral services.
- Under funding support of the COVID-19, SOR 2, and ARP funding, IDPH will release a competitive request for proposal (RFP) to identify a housing provider that will be responsible for not only providing recovery housing services, but become Iowa's first National Association of Recovery Residences (NARR) affiliate. The recipient of this funding will be responsible for advancing recovery housing in Iowa by recruiting other recovery housing providers to become NARR accredited and create a network of recovery housing providers that would be eligible for IDPH funding opportunities.

4) Priority Populations

Primary Prevention

Through the Iowa Provider Network (IPN), primary prevention efforts focus on the lifespan but include priorities of addressing substance use with adults and older adults. This direction began through data gathered on alcohol-involved deaths. Data reviewed showed a ten year trend in which deaths related to alcohol use double with those 45 years old and older. IDPH has researched and promoted a variety of evidence-based programs, practices and policies to engage adults and older adults.

Positively, Iowa's underage drinking rate has declined over a ten year period and has continued to trend downward. These positive outcomes are in part related to the intensive work of Iowa's

prevention field, including through SABG funded/IPN prevention contractors, through a variety of individual and population level underage drinking prevention strategies.

Alcohol is a prevention priority through the IPN grant and through the majority of IDPH administered prevention funding. Iowa has experienced changes in laws related to alcohol sales during the COVID-19 pandemic which has increased access. For further information, see alcohol sales, Step 2, page 10 for details. IDPH has provided training on these new laws to Iowa's prevention field and will continue to provide resources to both retailers and the prevention field to help address issues related to increased alcohol access and availability.

IDPH promotes use of the National Standards for Culturally and Linguistically Appropriate Services (CLAS) in prevention services. IDPH also supports culturally responsive prevention services through the use of the Strategic Prevention Framework (SPF) prevention planning model. IDPH funds and recommends use of evidence-based programs, policies and practices that provide services to disparate populations at the community level. IDPH prevention contractors are required to identify these populations within the Planning step of the SPF process in a county-level strategic plan. In addition, IDPH has provided training and education resources to support these approaches.

The IPN network is experiencing challenges related to workforce development including staffing capacity and competency in the prevention workforce. Even though prevention service needs and expectations have increased, funding and staffing levels have remained similar for a number of years. In addition, due to the larger geographic areas of coverage, the workforce shortage, the impact of COVID-19 and Derecho, and the ability to offer services with enough dosage and frequency, the prevention field has experienced significant challenges and needs.

Through the Iowa Board of Certification (IBC), Iowa has two levels of Prevention Specialist Certification; Certified and Advanced Certified Prevention Specialists. IDPH requires IPN prevention contractor staff to hold a prevention certification. Although the workforce of Certified Prevention Specialists has expanded from 79 in September of 2017, to 93 in July of 2021, IDPH is enhancing available infrastructure to support the expansion of the workforce and to coordinate workforce development efforts by increasing the relevance, effectiveness and accessibility of training and education to prevention contractors. For additional information on prevention certification in Iowa, visit: Certified & Advanced Certified Prevention Specialist (CPS, ACPS) – Iowa Board of Certification

Strategies to meet need-Primary Prevention

- Under funding support of the SABG, COVID-19 and American Rescue Funding (ARP), IDPH is providing contractor support for hiring of additional prevention staff to build community capacity so that additional time can be dedicated to effective prevention strategy implementation regarding priority areas.
- Under funding support of the SABG, COVID-19 and American Rescue Funding (ARP), IDPH is building staffing competency at all IPN contractors. IDPH will conduct a training needs assessment with IPN prevention contractors to determine priority training topics and will establish a two-year

prevention training calendar which will include topics identified in the training needs assessment.

- IDPH will facilitate workforce training by engaging Iowa State University Extension to organize and host at least 10 ten training opportunities over a two-year period.
- IDPH, in collaboration with Iowa State University Extension, will create at least 5 promotional items to highlight various training opportunities.
- IDPH staff will continue to require IPN prevention contractors to use data to inform prevention services and ensure prevention services across the lifespan
- In addition to workforce development and through funding support of the SABG, COVID-19 and American Rescue Funding (ARP), IDPH is planning to collaborate with the Iowa Alcoholic Beverages Division to create an alcohol retailer education campaign project. This project will provide education to retailers about the new alcohol laws, some which just recently started as of July 1, 2021. This campaign will then be disseminated through IPN contractors as well as shared with Iowa's prevention field.
- IDPH is also focusing strategies on working with disparate populations in the planning step of the Strategic Prevention Framework through the IPN. Counties will be determined at the local levels. During this process, contractors will create a strategic plan where they will document identified populations, identify strategies to address disparities and provide steps on how prevention strategies will be provided to the populations identified. IDPH collaborates with the University of Northern Iowa and Iowa State University to complete Environmental scans and these initiatives will assist in identifying underserved populations and health equity needs.

Women and Children, Pregnant Women and Individuals with TB

Through the IPN, four women and children IPN providers were selected to provide women and children treatment and ancillary services statewide. Women and children treatment must be readily accessible, comprehensive and appropriate to the persons seeking the services. Women and children treatment must be available when needed, with minimal wait time. Women and children providers must provide all ancillary services and requirements under Code of Federal Regulations (ancillary services and/or treatment specialized for women is provided for pregnant and parenting women and their dependent children). The women and children set aside funding is utilized as the payor of last resort. Below SFY21 data below provides percentages of the individuals who were admitted within 10 days or less, from date of first contact to admission, at each of the four women and children providers/contractors who receive the women and children set aside funding:

- House of Mercy- 76.3%
- Jackson Recovery Center- 72.2%
- Heartland Family Service-80.4%
- Area Substance Abuse Council-71.8%

IPN providers who provide substance abuse treatment services must meet SABG requirements and provide services to individuals who seek treatment to persons who inject drugs and to individuals related to the tuberculosis requirements. Through the IPN, providers must sign annual attestation documentation which outlines the SABG regulations under 45 CFR 96.126 Capacity of Treatment for

Intravenous Drug Abusers. These regulations include, but are not limited to, priority admission status, admission requirements, interim services provisions, referrals and counseling regarding HIV and TB, and waiting list requirements. In SFY21, 1,595 clients were admitted with past 30 day IV drug use. Of this number, 1,305 individuals, or 82% were admitted within 14 days from date of contact to admission. Of the remainder of individuals, 100% were admitted within 120 days from date of first contact.

IPN providers, who are awarded a contract with IDPH, are required to sign an annual attestation regarding meeting all required SABG regulations. Within IPN contracts, IPN providers are required to meet SABG TB and Persons who inject drugs requirements including: timeliness standards, capacity notification requirements, outreach efforts, providing or making services available to TB clients (including screening, counseling, education, referral to medical providers, as needed, and reporting to the Bureau of TB any active TB cases (within 1 day) and interim service provisions. See discussion in Step I.

Through the quality improvement efforts, IDPH is collecting, analyzing and disseminating data to inform program policies, programs and practices. IDPH is enhancing their quality improvement data collection, outcomes, and evaluation process to identify and address gaps in access to services within all priority population categories. IDPH is directly working with IPN providers to directly improve the delivery of services, promote awareness of SABG regulations, and to inform policy and programmatic issues both at the provider level and within IDPH monitoring processes.

IDPH contracted with the University of Northern Iowa-Center for Social and Behavioral Research (UNI-CSBR) to initiate at least 200 calls to IPN funded programs using a substance use profile. This sub-report was requested by IDPH specific to establishing a baseline regarding SABG priority populations. CSBR researchers placed calls to each IPN agency using simulated client profiles to evaluate the response received by those seeking SUD treatment services.

Between October-December of 2020, researchers made 110 calls to IPN agencies. Half of these calls (n=55) were made using profiles which were part of a least one priority population. Calls using simulated clients helped advance the understanding of current agency protocols for those in priority populations as described.

The profiles provided significant data to IDPH and provided details from calls which are currently being analyzed and discussed to inform policy and practice among IPN providers. The profiles assisted IDPH to understand program barriers related to access to services within stated regulations, offering of interim services and other potential barriers in working with priority populations.

Several of the gaps identified suggest continued focus is needed at time of initial intake regarding: 1) inquiring if the client was pregnant and/or using drugs by injection, 2) requirements related to counseling regulations, 3) and timeframes of admission from date of first contact.to admission. IDPH has provided extensive review of findings with IPN providers/contractors and is seeking to improve wait times, provision and understanding of interim services, and access and engagement in treatment services.

Strategies to meet need-Priority Populations

- IDPH is providing targeted training to IPN providers about the SABG regulations regarding priority populations, interim service provision and TB requirements
- IDPH is implementing a SABG regulations policy template. IPN providers must sign acknowledgement of compliance and submit policies on an annual basis of how they are meeting priority population regulations..
- IDPH is continuing the contract with UNI-CSBR to continue to initiate client simulated calls for all 20 IPN providers. Simulated calls are to occur again in September 2021 and March 2022. IDPH will analyze, and compare simulated call data to determine outcomes/trends and initiate quality improvement measures accordingly. IDPH will communicate and share data with contractors/providers.
- IDPH is promoting technical assistance, training and strategy development regarding SABG priority population needs/regulations through IPN director monthly meetings. and community of practice quarterly meetings
- IDPH is facilitating collaboration between the 20 IPN contractor's Community of Practice quarterly meetings to develop sharing of best practices.
- IDPH is working with IPN contractors to improve data collection and use of these simulated call data to improve service delivery to priority populations. One specific strategy is through the enhancement of data collection through the new Iowa Behavioral Health Data Reporting System (IBHRS) which has added many of these data points.

Persons at Risk for HIV/AIDS

While Iowa is not an HIV-designated state for the SABG, services for persons with or at high risk for HIV/AIDS are provided directly by IPN-funded providers or through interagency agreements with other local agencies. Services include counseling and education about HIV, the risks of transmission to sexual partners, the relationship between injecting drug use and communicable diseases, steps that can be taken to avoid HIV transmission, and referral for HIV treatment services. Early intervention services for HIV disease are undertaken voluntarily by, and with the informed consent of the individual. Such services are not required as a condition of receiving substance abuse treatment services.

Planning Tables

Table 1 Priority Areas and Annual Performance Indicators

Priority #: 1

Priority Area: Pregnant and Parenting Women

Priority Type: SAT

Population(s): PWWDC

Goal of the priority area:

Facilitate Access to Women and Children Treatment Services

Strategies to attain the goal:

Continuous Quality Improvement activities to increase access to services including data management, data reports and corrective action plans. Contracting with UNI for simulated calls to monitor knowledge, access and understanding of SABG regulations

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increased access for priority population-within 5 days from date of first contact to admission

Baseline Measurement: IBHRS data for women and children contractors ; greater than five days

First-year target/outcome measurement: By the end of year one, access to services will occur within 5 days from date of first contact to admission

Second-year target/outcome measurement: By the end of year two, access to services will occur within 3 days from date of first contact to admission

Data Source:

IBHRS data-Wait Time Report

Description of Data:

Iowa Behavioral Health Reporting System is Iowa's data management system

Data issues/caveats that affect outcome measures:

Workforce developments concerns

Priority #: 2

Priority Area: Substance Abuse Treatment

Priority Type: SAT

Population(s): PWWDC, PWID (Rural)

Goal of the priority area:

Advance Treatment Continuum of Care

Strategies to attain the goal:

IDPH will contract with two contractors to implement Recovery Housing Community Centers. IDPH will develop and release an RFP for Recovery Community Centers

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Implement Recovery Housing and Community Centers in Iowa

Baseline Measurement: Development of RFP

First-year target/outcome measurement: By the end of year one, IDPH will contract with two contractors to implement Recovery Housing Community Centers

Second-year target/outcome measurement: By the end of year two, IDPH will release an RFP to implement Recovery Community organizations in 2 Iowa communities

Data Source:

RFP,contracts

Description of Data:

RFP, development, contracts, implementation of services

Data issues/caveats that affect outcome measures:

Absence of contractors or absence of contractors who meet minimum scoring on RFP

Priority #: 3

Priority Area: Primary Prevention

Priority Type: SAP

Population(s): PP

Goal of the priority area:

Increase Iowan's Access to and Quality of Primary Prevention Services

Strategies to attain the goal:

Conduct a training needs assessment, establish a prevention training calendar with needs identified in assessment, engage stakeholder to host 10 trainings.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: increased access and quality of primary prevention trainings

Baseline Measurement: Training needs assessment

First-year target/outcome measurement: By the end of year one, IDPH will conduct a training needs assessment with IPN prevention contractors to determine priority training topics. IDPH will establish a two-year prevention training calendar which will include topics identified in the training needs assessment. a) IDPH will engage Iowa State University Extension to organize and host at least 10 ten training opportunities over a two-year period. b) In collaboration with Iowa State University Extension, create at least 5 promotional items to highlight various training opportunities.

Second-year target/outcome measurement: By the end of year 2, at least 80% of IPN prevention contractors will report an increase ability to provide quality prevention services.

Data Source:

training needs assessment, evidence of 10 trainings over 2-year period, evidence of promotional items to highlight training opportunities

Description of Data:

training needs assessment data, calendar of trainings, contract with Iowa State University, survey of providers at end of two year period to assess if learning
objectives were met

Data issues/caveats that affect outcome measures:

workforce constraints, possible continuation of pandemic.

Priority #: 4

Priority Area: TB

Priority Type: SAT

Population(s): TB

Goal of the priority area:

Iowan's will have increased access to TB services

Strategies to attain the goal:

Education on TB regulations and education regarding TB with all IPN contractors. Implement SABG SABG Prevention and Treatment Regulation Policy Template form for IPN providers to ensure policy regarding TB services and coordination of care.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: IPN providers will demonstrate compliance with TB SABG regulations and competency in serving individuals who have TB

Baseline Measurement: Policy development within IPN provider network and increase in competency in serving Iowan's with TB

First-year target/outcome measurement: By the end of year one,, All IPN providers will complete the SABG Prevention and Treatment Regulations form which documents compliance with requirements for individuals who screen positive for TB

Second-year target/outcome measurement: By the end of year two, 60% of all IPN providers will participate in a education opportunity for TB as arranged by IDPH

Data Source:

Training logs, training calendar, policy development

Description of Data:

IDPH will implement the SABG Prevention and Treatment Regulations form, review compliance of policy against regulations. IDPH will arrange a TB training by end of year two.

Data issues/caveats that affect outcome measures:

Workforce challenges.

Priority #: 5

Priority Area: Persons who Inject Drugs

Priority Type: SAT

Population(s): PWID

Goal of the priority area:

Iowan's who inject drugs will have increased access to services

Strategies to attain the goal:

Training to IPN providers on SABG regulations, contract with UNI for simulated calls, review data with providers, quarterly review and follow-up with IPN providers on data trends. Corrective action as appropriate.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Competency and increased access to services for individuals who inject drugs

Baseline Measurement: Policy development and training within IPN provider network and increase in competency in serving Iowan's who inject drugs

First-year target/outcome measurement: By the end of year one,, All IPN providers will complete the SABG Prevention and Treatment Regulations form which documents requirements for individuals who inject drugs

Second-year target/outcome measurement: By the end of year 2, all IPN providers will implement policies addressing outreach services to persons who inject drugs

Data Source:

SABG Prevention and Treatment Regulations Form, policy review and implementaiton

Description of Data:

IDPH Prevention and Treatment Regulations Form, contractor policies

Data issues/caveats that affect outcome measures:

workforce challenges

Priority #: 6

Priority Area: Crisis Services

Priority Type: SAP, SAT, MHS

Population(s): SMI, SED, PWWDC, PP, ESMI, PWID, TB

Goal of the priority area:

IDPH and DHS will work together to implement 988 Crisis Line in Iowa

Strategies to attain the goal:

Develop a 988 implementation plan with the assistance of the stakeholder coalition
Implement 988 plan

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: IDPH and DHS will collaborate on the 988 plan development, collaboration and submission

Baseline Measurement: plan in development

First-year target/outcome measurement: Plan submitted to contractor (Vibrant) and approved for implementation during SFY22

Second-year target/outcome measurement: Plan implemented and Iowa Life Line centers begin answering calls effective July 16, 2022

Data Source:

IDPH and DHS data

Description of Data:

Plan submitted to Vibrant and State agency oversight of 988 activities

Data issues/caveats that affect outcome measures:

Availability of funding and workforce to implement the plan may impact implementation

Priority #: 7

Priority Area: Support and Development of the Behavioral Health Workforce

Priority Type: SAP, SAT, MHS

Population(s): SMI, SED, PWWDC, PP, ESMI, PWID, TB

Goal of the priority area:

Promote retention and recruitment of qualified individuals for the behavioral health workforce. Increase competency of the workforce through training and technical assistance

Strategies to attain the goal:

IDPH and DHS implement a shared peer support training collaborative for peers serving individuals with a SUD, SMI and parents of children with an SED.
IDPH will collaborate to expand Relias behavioral Health online training platform to engage statewide use of online training platform

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: IDPH will increase the number of providers and agencies who utilize Relias

Baseline Measurement: 555 urrent providers and 13 independent organizations

First-year target/outcome measurement: 600 providers

Second-year target/outcome measurement: 17 agencies

Data Source:

Relias data

Description of Data:

Data from Relias platform

Data issues/caveats that affect outcome measures:

Voluntary use of platform, workforce challenges, ability to obtain continuing education for courses

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Indicator #: 2

Indicator: IDPH and DHS will Increase access to peer recovery coaching/peer support/ family peer support training through IDPH/DHS collaboration

Baseline Measurement: new peer support contract effective 6/1/2021

First-year target/outcome measurement: Contractor will provide 3 Recovery Peer Coach trainings, 6 family peer support and 6 peer support trainings

Second-year target/outcome measurement: Contractor will provide 3 Recovery Peer Coach trainings, 6 family peer support and 6 peer support trainings

Data Source:

Contract documents, DHS contract reports of annual trainings

Description of Data:

Contracts and contractor reports to DHS

Data issues/caveats that affect outcome measures:

Workforce development challenges/ pandemic related issues

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Footnotes:

Planning Tables

Table 2 State Agency Planned Expenditures

States must project how the SSA will use available funds to provide authorized services for the planning period for state fiscal years FFY 2022/2023.
ONLY include funds expended by the executive branch agency administering the SABG.

Planning Period Start Date: Planning Period End Date:

Activity (See instructions for using Row 1.)	Source of Funds									
	A. Substance Abuse Block Grant	B. Mental Health Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 Relief Funds (MHBG)[a]	I. COVID-19 Relief Funds (SABG)[a]	J. ARP Funds (SABG)[b]
1. Substance Abuse Prevention[c] and Treatment	$18,786,670.00		$0.00	$19,182,897.00	$32,364,346.00	$0.00	$0.00		$4,602,187.00	$0.00
a. Pregnant Women and Women with Dependent Children[c]	$2,781,878.00								$700,000.00	$0.00
b. All Other	$16,004,792.00			$19,182,897.00	$32,364,346.00				$3,902,187.00	$0.00
2. Primary Prevention[d]	$6,300,956.00		$0.00	$5,169,374.00	$3,074,840.00	$0.00	$0.00		$1,227,250.00	$0.00
a. Substance Abuse Primary Prevention	$6,300,956.00			$5,169,374.00	$3,074,840.00				$1,227,250.00	$0.00
b. Mental Health Primary Prevention										
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG)										
4. Tuberculosis Services										
5. Early Intervention Services for HIV										
6. State Hospital										
7. Other 24-Hour Care										
8. Ambulatory/Community Non-24 Hour Care										
9. Administration (excluding program/provider level) MHBG and SABG must be reported separately	$1,320,402.00			$4,191,650.00	$1,868,372.00				$306,812.00	$0.00
10. Crisis Services (5 percent set-aside)										
11. Total	**$26,408,028.00**	**$0.00**	**$0.00**	**$28,543,921.00**	**$37,307,558.00**	**$0.00**	**$0.00**	**$0.00**	**$6,136,249.00**	**$0.00**

[a] The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the "standard" SABG. Per the instructions, the planning period for standard SABG expenditures is July 1, 2021 – June 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between July 1, 2021 – March 14, 2023 should be entered in Column I.

[b] The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" SABG. Per the instructions, the planning period for standard SABG expenditures is July 1, 2021 – June 30, 2023. For purposes of this table, all planned ARP supplemental expenditures between September 1, 2021 and June 30, 2023 should be entered in Column J.

[c] Prevention other than primary prevention

[d] The 20 percent set aside funds in the SABG must be used for activities designed to prevent substance misuse.

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Footnotes:
ARPA funds - It is anticipated that IDPH will NOT expend any of these funds for state fiscal years 2022/2023.

The anticipated SABG expenditure amount listed is correct for the timeframe of the plan.

Planning Tables

Table 3 SABG Persons in need/receipt of SUD treatment

	Aggregate Number Estimated In Need	Aggregate Number In Treatment
1. Pregnant Women	321	382
2. Women with Dependent Children	3,948	4,960
3. Individuals with a co-occurring M/SUD	11,593	13,832
4. Persons who inject drugs	1,927	2,398
5. Persons experiencing homelessness	122	134

Please provide an explanation for any data cells for which the state does not have a data source.

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Footnotes:

"Notes:

• Report filters for Admission activity date during the report period with unduplicated patient and admission counts. Total Admissions represents the total unduplicated count of patients and admissions.

• Women with Dependent Children ireports those women with childrend age 17 or less (birth, adopted or step children)

• Individuals with co-occurring M/SUD reports those admissions where a patient reported a MH problem or in the clinician's opinion the patient displayed signs of depression, anxiety or other mental health problems.

• Persons who inject drugs reports those admissions where a patient reports IV Drug use in the past 30 days (Primary, Secondary, Tertiary) from report: /Repository/SSRS Folder Structure (Pre-February 2018)/IDPH/DATA REQUESTS/Drug Use by IV Method - Admissions - By Fiscal Year.

• Persons experiencing homelessness reports those admissions where the Client Address Line 1 is like ""homeless"". Per I-SMART data entry user guide, agencies may enter the address where a homeless person is currently staying (which would be the agency), or enter

""homeless."""

Planning Tables

Table 4 SABG Planned Expenditures

Planning Period Start Date: 10/1/2021 Planning Period End Date: 9/30/2023

Expenditure Category	FFY 2022 SA Block Grant Award	COVID-19 Award[1]	ARP Award[2]
1 . Substance Use Disorder Prevention and Treatment[3]	$18,786,670.00	$9,204,375.00	$0.00
2 . Primary Substance Use Disorder Prevention	$6,300,956.00	$2,454,501.00	$0.00
3 . Early Intervention Services for HIV[4]			
4 . Tuberculosis Services			
5 . Administration (SSA Level Only)	$1,320,402.00	$613,625.00	$0.00
6. Total	**$26,408,028.00**	**$12,272,501.00**	**$0.00**

[1]The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the "standard" SABG. Per the instructions, the planning period for standard SABG expenditures is October 1, 2021 –September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 – March 14, 2023 should be entered in this column.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" SABG. Per the instructions, the planning period for standard SABG expenditures is October 1, 2021 – September 30, 2023. For purposes of this table, all planned ARP supplemental expenditures between October 1, 2021 and September 30, 2023 should be entered in this column.

[3]Prevention other than Primary Prevention

[4]For the purpose of determining which states and jurisdictions are considered "designated states" as described in section 1924(b)(2) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. § 300x-24(b)(2)) and section 45 CFR § 96.128(b) of the Substance Abuse Prevention and Treatment Block Grant (SABG); Interim Final Rule (45 CFR 96.120-137), SAMHSA relies on the HIV Surveillance Report produced by the Centers for Disease Control and Prevention (CDC,), National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention. The most recent HIV Surveillance Report published on or before October 1 of the federal fiscal year for which a state is applying for a grant is used to determine the states and jurisdictions that will be required to set-aside 5 percent of their respective SABG allotments to establish one or more projects to provide early intervention services regarding the human immunodeficiency virus (EIS/HIV) at the sites at which individuals are receiving SUD treatment services. In FY 2012, SAMHSA developed and disseminated a policy change applicable to the EIS/HIV which provided any state that was a "designated state" in any of the three years prior to the year for which a state is applying for SABG funds with the flexibility to obligate and expend SABG funds for EIS/HIV even though the state's AIDS case rate does not meet the AIDS case rate threshold for the fiscal year involved for which a state is applying for SABG funds. Therefore, any state with an AIDS case rate below 10 or more such cases per 100,000 that meets the criteria described in the 2012 policy guidance would will be allowed to obligate and expend SABG funds for EIS/HIV if they chose to do so.

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Footnotes:

ARPA funds - It is anticipated that IDPH will NOT expend any of these funds between Oct 1, 2021 through Sep 30, 2023.

Planning Tables

Table 5a SABG Primary Prevention Planned Expenditures

Planning Period Start Date: 10/1/2021 Planning Period End Date: 9/30/2023

A		B		
Strategy	**IOM Target**	**FFY 2022**		
		SA Block Grant Award	**COVID-19[1]**	**ARP[2]**
1. Information Dissemination	Universal	$0	$0	$0
	Selective	$0	$0	$0
	Indicated	$0	$0	$0
	Unspecified	$0	$0	$0
	Total	**$0**	**$0**	**$0**
2. Education	Universal	$0	$0	$0
	Selective	$0	$0	$0
	Indicated	$0	$0	$0
	Unspecified	$0	$0	$0
	Total	**$0**	**$0**	**$0**
3. Alternatives	Universal	$0	$0	$0
	Selective	$0	$0	$0
	Indicated	$0	$0	$0
	Unspecified	$0	$0	$0
	Total	**$0**	**$0**	**$0**
4. Problem Identification and Referral	Universal	$0	$0	$0
	Selective	$0	$0	$0
	Indicated	$0	$0	$0
	Unspecified	$0	$0	$0
	Total	**$0**	**$0**	**$0**
	Universal	$0	$0	$0

	Selective	$0	$0	$0
5. Community-Based Process	Indicated	$0	$0	$0
	Unspecified	$0	$0	$0
	Total	**$0**	**$0**	**$0**
6. Environmental	Universal	$0	$0	$0
	Selective	$0	$0	$0
	Indicated	$0	$0	$0
	Unspecified	$0	$0	$0
	Total	**$0**	**$0**	**$0**
7. Section 1926 Tobacco	Universal	$0	$0	$0
	Selective	$0	$0	$0
	Indicated	$0	$0	$0
	Unspecified	$0	$0	$0
	Total	**$0**	**$0**	**$0**
8. Other	Universal	$0	$0	$0
	Selective	$0	$0	$0
	Indicated	$0	$0	$0
	Unspecified	$0	$0	$0
	Total	**$0**	**$0**	**$0**
Total Prevention Expenditures		**$0**	**$0**	**$0**
Total SABG Award[3]		**$26,408,028**	**$12,272,501**	**$0**
Planned Primary Prevention Percentage		**0.00 %**	**0.00 %**	

[1]The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" SABG. Per the instructions, the standard SABG expenditures are for the planned expenditure period of October 1, 2021 - September 30, 2023, for most states.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the "standard" SABG. Per the instructions, the standard SABG expenditures are for the planned expenditure period of October 1, 2021 - September 30, 2023.

[3]Total SABG Award is populated from Table 4 - SABG Planned Expenditures

Footnotes:

Iowa will plan and report activities utilizing IOM categories.

No Block Grant funds will be used for Section 1926-Tobacco. No substance abuse funds will be used for activities targeting individuals or subgroups.

Planning Tables

Table 5b SABG Primary Prevention Planned Expenditures by IOM Category

Planning Period Start Date: 10/1/2021 Planning Period End Date: 9/30/2023

Activity	FFY 2022 SA Block Grant Award	COVID-19 Award[1]	ARP Award[2]
Universal Direct	$5,079,696	$1,311,801	$0
Universal Indirect	$411,690	$106,316	$0
Selective	$283,595	$73,237	$0
Indicated	$182,907	$47,235	$0
Column Total	**$5,957,888**	**$1,538,589**	**$0**
Total SABG Award[3]	**$26,408,028**	**$12,272,501**	**$0**
Planned Primary Prevention Percentage	**22.56 %**	**12.54 %**	

[1]The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" SABG. Per the instructions, the standard SABG expenditures are for the planned expenditure period of October 1, 2021 - September 30, 2023, for most states.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the "standard" SABG. Per the instructions, the standard SABG expenditures are for the planned expenditure period of October 1, 2021 - September 30, 2023.

[3]Total SABG Award is populated from Table 4 - SABG Planned Expenditures

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Footnotes:

Of the amount of SABG primary prevention funds shown on Table 4, Row 2., Column B., it is anticipated $343,068 will be expended for Non-Direct Services/System Development (Table 6.).

Table 4, Row 2: $6,300,956

Table 5b: $5,957,888
Table 6: $343,068
TOTAL: $6,300,956

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Of the amount of COVID-19 primary prevention funds shown on Table 4, Row 2., Column D., it is anticipated $915,912 will be expended for Non-Direct Services/System Development (Table 6.).

Table 4, Row 2: $2,454,501

Table 5b: $1,538,589
Table 6: $915,912
TOTAL: $2,454,501

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ARPA funds - It is anticipated that IDPH will NOT expend any of these funds between Oct 1, 2021 through Sep 30, 2023.

Planning Tables

Table 5c SABG Planned Primary Prevention Targeted Priorities

States should identify the categories of substances the state BG plans to target with primary prevention set-aside dollars from the FFY 2022 and FFY 2023 SABG awards.

Planning Period Start Date: 10/1/2021 Planning Period End Date: 9/30/2023

	SABG Award	COVID-19 Award[1]	ARP Award[2]
Targeted Substances			
Alcohol	☑	☑	☐
Tobacco	☑	☑	☐
Marijuana	☑	☑	☐
Prescription Drugs	☑	☑	☐
Cocaine	☐	☐	☐
Heroin	☐	☐	☐
Inhalants	☐	☐	☐
Methamphetamine	☑	☑	☐
Bath salts, Spice, K2)	☐	☐	☐
Targeted Populations			
Students in College	☑	☑	☐
Military Families	☐	☐	☐
LGBTQ	☐	☐	☐
American Indians/Alaska Natives	☐	☐	☐
African American	☐	☐	☐
Hispanic	☐	☐	☐
Homeless	☐	☐	☐
Native Hawaiian/Other Pacific Islanders	☐	☐	☐
Asian	☐	☐	☐
Rural	☑	☑	☐

Underserved Racial and Ethnic Minorities	☐	☐	☐

[1]The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" SABG. Per the instructions, the standard SABG expenditures are for the planned expenditure period of October 1, 2021 – September 30, 2023, for most states.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" SABG. Per the instructions, the standard SABG expenditures are for the planned expenditure period of October 1, 2021 – September 30, 2023.

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Footnotes:

Planning Tables

Table 6 Non-Direct Services/System Development

Planning Period Start Date: 10/1/2021 Planning Period End Date: 9/30/2023

Activity	FFY 2022				
	A. SABG Treatment	B. SABG Prevention	C. SABG Integrated[1]	D. COVID-19[2]	E. ARP[3]
1. Information Systems	$1,249,586.00	$147,588.00		$353,456.00	
2. Infrastructure Support	$719,408.00			$353,456.00	
3. Partnerships, community outreach, and needs assessment	$165,437.00	$5,480.00	$94,603.00	$209,000.00	
4. Planning Council Activities (MHBG required, SABG optional)	$12,189.00				
5. Quality Assurance and Improvement	$42,098.00				
6. Research and Evaluation	$854,758.00				
7. Training and Education	$190,000.00	$190,000.00			
8. Total	**$3,233,476.00**	**$343,068.00**	**$94,603.00**	**$915,912.00**	**$0.00**

[1]Integrated refers to non-direct service/system development expenditures that support both treatment and prevention systems of care.

[2]The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the "standard" SABG. Per the instructions, the planning period for standard SABG expenditures is October 1, 2021 –September 30, 2023. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 – March 14, 2023 should be entered in Column D.

[3]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 30, 2025**, which is different from the expenditure period for the "standard" SABG. Per the instructions, the planning period for standard SABG expenditures is October 1, 2021 – September 30, 2023. For purposes of this table, all planned ARP supplemental expenditures between October 1, 2021 and September 30, 2023 should be entered in Column E.

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Footnotes:

Of the amount of SABG primary prevention funds shown on Table 4, Row 2., Column B., it is anticipated $343,068 will be expended for Non-Direct Services/System Development (Table 6.).

Table 4, Row 2: $6,300,956

Table 5b: $5,957,888
Table 6: $343,068
TOTAL: $6,300,956

____

Of the amount of COVID-19 primary prevention funds shown on Table 4, Row 2., Column D., it is anticipated $915,912 will be expended for Non-Direct Services/System Development (Table 6.).

Table 4, Row 2: $2,454,501

Table 5b: $1,538,589
Table 6: $915,912
TOTAL: $2,454,501

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Through the Iowa Integrated Network (IPN), the Iowa Dept of Public Health (IDPH) has 19 different service areas that provide direct substance abuse treatment and prevention services. Understandably, there are some significant differences in the needs based on the following.

1) Size of the agency/organization,
2) Rural versus urban location,
3) Workforce issues,
4) Physical plant issues, and
5) Lack of resources (organizational and/or community)

Due to these differences, IDPH has offered the 19 IPN providers an awarded amount of funding, to be used from a "menu" of services that are of the most benefit to their organization and regional needs.

* Prevention Set Aside
-Staffing Capacity Enhancement and Training Services strategies
* Outpatient Treatment
-Enhanced Service Reimbursement
-Workforce Development Recruitment/Retention
-Physical Plant Improvements
-Technical Assistance

* Resident and Outpatient
-Enhanced Services Reimbursement
-Workforce Development Recruitment/Retention
-Physical Plant Improvements
-Technical Assistance
-Electronic Health Record/Data System
-Service Development
* Women and Children's Treatment
* Recovery Housing Initiative
* Recovery Community Centers Initiative
* Recovery Gaps
* Infrastructure

At the time of the submission of the FFY 2022-2023 SAPT Block Grant application, the providers have not yet submitted their selections. Therefore, Table 6 Non-Direct Services/System Development, Column D (COVID-19), is based on current and known services.

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ARPA funds - It is anticipated that IDPH will NOT expend any of these funds between Oct 1, 2021 through Sep 30, 2023.

Environmental Factors and Plan

1. The Health Care System, Parity and Integration - Question 1 and 2 are Required

Narrative Question

Persons with mental illness and persons with substance use disorders are likely to die earlier than those who do not have these conditions.[22] Early mortality is associated with broader health disparities and health equity issues such as socioeconomic status but "[h]ealth system factors" such as access to care also play an important role in morbidity and mortality among these populations. Persons with mental illness and substance use disorders may benefit from strategies to control weight, encourage exercise, and properly treat such chronic health conditions as diabetes and cardiovascular disease.[23] It has been acknowledged that there is a high rate of co-occurring M/SUD, with appropriate treatment required for both conditions.[24]

Currently, 50 states have organizationally consolidated their mental and substance use disorder authorities in one fashion or another with additional organizational changes under consideration. More broadly, SAMHSA and its federal partners understand that such factors as education, housing, and nutrition strongly affect the overall health and well-being of persons with mental illness and substance use disorders.[25] SMHAs and SSAs may wish to develop and support partnerships and programs to help address social determinants of health and advance overall health equity.[26] For instance, some organizations have established medical-legal partnerships to assist persons with mental and substance use disorders in meeting their housing, employment, and education needs.[27]

Health care professionals and persons who access M/SUD treatment services recognize the need for improved coordination of care and integration of physical and M/SUD with other health care in primary, specialty, emergency and rehabilitative care settings in the community. For instance, the National Alliance for Mental Illness has published materials for members to assist them in coordinating pediatric mental health and primary care.[28]

SAMHSA and its partners support integrated care for persons with mental illness and substance use disorders.[29] The state should illustrate movement towards integrated systems of care for individuals and families with co-occurring mental and substance use disorders. The plan should describe attention to management, funding, payment strategies that foster co-occurring capability for services to individuals and families with co-occurring mental and substance use disorders. Strategies supported by SAMHSA to foster integration of physical and M/SUD include: developing models for inclusion of M/SUD treatment in primary care; supporting innovative payment and financing strategies and delivery system reforms such as ACOs, health homes, pay for performance, etc.; promoting workforce recruitment, retention and training efforts; improving understanding of financial sustainability and billing requirements; encouraging collaboration between M/SUD providers, prevention of teen pregnancy, youth violence, Medicaid programs, and primary care providers such as Federally Qualified Health Centers; and sharing with consumers information about the full range of health and wellness programs.

Health information technology, including EHRs and telehealth are examples of important strategies to promote integrated care.[30] Use of EHRs - in full compliance with applicable legal requirements - may allow providers to share information, coordinate care, and improve billing practices. Telehealth is another important tool that may allow M/SUD prevention, treatment, and recovery to be conveniently provided in a variety of settings, helping to expand access, improve efficiency, save time, and reduce costs. Development and use of models for coordinated, integrated care such as those found in health homes[31] and ACOs[32] may be important strategies used by SMHAs and SSAs to foster integrated care.

Training and assisting M/SUD providers to redesign or implement new provider billing practices, build capacity for third-party contract negotiations, collaborate with health clinics and other organizations and provider networks, and coordinate benefits among multiple funding sources may be important ways to foster integrated care. SAMHSA encourages SMHAs and SSAs to communicate frequently with stakeholders, including policymakers at the state/jurisdictional and local levels, and State Mental Health Planning Council members and consumers, about efforts to foster health care coverage, access and integrate care to ensure beneficial outcomes.

SMHAs and SSAs also may work with state Medicaid agencies, state insurance commissioners, and professional organizations to encourage development of innovative demonstration projects, alternative payment methodologies, and waivers/state plan amendments that test approaches to providing integrated care for persons with M/SUD and other vulnerable populations.[33] Ensuring both Medicaid and private insurers provide required preventive benefits also may be an area for collaboration.[34]

One key population of concern is persons who are dually eligible for Medicare and Medicaid.[35] Roughly, 30 percent of persons who are dually eligible have been diagnosed with a mental illness, more than three times the rate among those who are not dually eligible.[36] SMHAs and SSAs also should collaborate with state Medicaid agencies and state insurance commissioners to develop policies to assist those individuals who experience health insurance coverage eligibility changes due to shifts in income and employment.[37] Moreover, even with expanded health coverage available through the Marketplace and Medicaid and efforts to ensure parity in health care coverage, persons with M/SUD conditions still may experience challenges in some areas in obtaining care for a particular condition or in finding a provider.[38] SMHAs and SSAs should remain cognizant that health disparities may affect access, health care coverage and integrated care of M/SUD conditions and work with

partners to mitigate regional and local variations in services that detrimentally affect access to care and integration.
SMHAs and SSAs should work with partners to ensure recruitment of diverse, well-trained staff and promote workforce development and ability to function in an integrated care environment.[39] Psychiatrists, psychologists, social workers, addiction counselors, preventionists, therapists, technicians, peer support specialists, and others will need to understand integrated care models, concepts, and practices.

Parity is vital to ensuring persons with mental health conditions and substance use disorders receive continuous, coordinated, care. Increasing public awareness about MHPAEA could increase access to M/SUD services, provide financial benefits to individuals and families, and lead to reduced confusion and discrimination associated with mental illness and substance use disorders. Block grant recipients should continue to monitor federal parity regulations and guidance and collaborate with state Medicaid authorities, insurance regulators, insurers, employers, providers, consumers and policymakers to ensure effective parity implementation and comprehensive, consistent communication with stakeholders. The SSAs, SMHAs and their partners may wish to pursue strategies to provide information, education, and technical assistance on parity-related issues. Medicaid programs will be a key partner for recipients of MHBG and SABG funds and providers supported by these funds.
The SSAs and SMHAs should collaborate with their states' Medicaid authority in ensuring parity within Medicaid programs.
SAMHSA encourages states to take proactive steps to improve consumer knowledge about parity. As one plan of action, states can develop communication plans to provide and address key issues.
Another key part of integration will be defining performance and outcome measures. The Department of Health and Human Services (HHS) and partners have developed the National Quality Strategy, which includes information and resources to help promote health, good outcomes, and patient engagement. SAMHSA's National Behavioral Health Quality Framework includes core measures that may be used by providers and payers.[40]
SAMHSA recognizes that certain jurisdictions receiving block grant funds - including U.S. Territories, tribal entities and those jurisdictions that have signed a Compact of Free Association with the United States and are uniquely impacted by certain Medicaid provisions or are ineligible to participate in certain programs.[41] However, these jurisdictions should collaborate with federal agencies and their governmental and non-governmental partners to expand access and coverage. Furthermore, the jurisdiction should ensure integration of prevention, treatment, and recovery support for persons with, or at risk of, mental and substance use disorders.

[22] BG Druss et al. Understanding excess mortality in persons with mental illness: 17-year follow up of a nationally representative US survey. Med Care. 2011 Jun; 49(6):599-604; Bradley Mathers, Mortality among people who inject drugs: a systematic review and meta-analysis, Bulletin of the World Health Organization, 2013; 91:102-123 **http://www.who.int/bulletin/volumes/91/2/12-108282.pdf**; MD Hert et al., Physical illness in patients with severe mental disorders. I. Prevalence, impact of medications and disparities in health care, World Psychiatry. Feb 2011; 10(1): 52-77

[23] Research Review of Health Promotion Programs for People with SMI, 2012, **http://www.integration.samhsa.gov/health-wellness/wellnesswhitepaper**; About SAMHSA's Wellness Efforts, **https://www.samhsa.gov/wellness-initiative**; JW Newcomer and CH Hennekens, Severe Mental Illness and Risk of Cardiovascular Disease, JAMA; 2007; 298: 1794-1796; Million Hearts, **https://www.samhsa.gov/million-hearts-initiative**; Schizophrenia as a health disparity, **http://www.nimh.nih.gov/about/director/2013/schizophrenia-as-a-health-disparity.shtml**

[24] Comorbidity: Addiction and other mental illnesses, **http://www.drugabuse.gov/publications/comorbidity-addiction-other-mental-illnesses/why-do-drug-use-disorders-often-co-occur-other-mental-illnesses** Hartz et al., Comorbidity of Severe Psychotic Disorders With Measures of Substance Use, JAMA Psychiatry. 2014; 71 (3):248-254. doi:10.1001/jamapsychiatry.2013.3726; **https://www.samhsa.gov/find-help/disorders**

[25] Social Determinants of Health, Healthy People 2020, **http://www.healthypeople.gov/2020/topicsobjectives2020/overview.aspx?topicid=39**; **https://www.cdc.gov/nchhstp/socialdeterminants/index.html**

[26] **https://www.samhsa.gov/behavioral-health-equity/quality-practice-workforce-development**

[27] **http://medical-legalpartnership.org/mlp-response/how-civil-legal-aid-helps-health-care-address-sdoh/**

[28] Integrating Mental Health and Pediatric Primary Care, A Family Guide, 2011. **https://www.integration.samhsa.gov/integrated-care-models/FG-Integrating_12.22.pdf**; Integration of Mental Health, Addictions and Primary Care, Policy Brief, 2011, **https://www.ahrq.gov/downloads/pub/evidence/pdf/mhsapc/mhsapc.pdf**; Abrams, Michael T. (2012, August 30). Coordination of care for persons with substance use disorders under the Affordable Care Act: Opportunities and Challenges. Baltimore, MD: The Hilltop Institute, UMBC. **http://www.hilltopinstitute.org/publications/CoordinationOfCareForPersonsWithSUDSUnderTheACA-August2012.pdf**; Bringing Behavioral Health into the Care Continuum: Opportunities to Improve Quality, Costs and Outcomes, American Hospital Association, Jan. 2012, **http://www.aha.org/research/reports/tw/12jan-tw-behavhealth.pdf**; American Psychiatric Association, **http://www.psych.org/practice/professional-interests/integrated-care**; Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series (2006), Institute of Medicine, National Affordable Care Academy of Sciences, **http://books.nap.edu/openbook.php?record_id=11470&page=210**; State Substance Abuse Agency and Substance Abuse Program Efforts Towards Healthcare Integration: An Environmental Scan, National Association of State Alcohol/Drug Abuse Directors, 2011, **http://nasadad.org/nasadad-reports**

[29] Health Care Integration, **http://samhsa.gov/health-reform/health-care-integration**; SAMHSA-HRSA Center for Integrated Health Solutions, (**http://www.integration.samhsa.gov/**)

[30] Health Information Technology (HIT), http://www.integration.samhsa.gov/operations-administration/hit; Characteristics of State Mental Health Agency Data Systems, Telebehavioral Health and Technical Assistance Series, **https://www.integration.samhsa.gov/operations-administration/telebehavioral-health**; State Medicaid Best Practice, Telemental and Behavioral Health, August 2013, American Telemedicine Association, **http://www.americantelemed.org/home**; National Telehealth Policy Resource Center, **https://www.cchpca.org/topic/overview/**;

[31] Health Homes, **http://www.integration.samhsa.gov/integrated-care-models/health-homes**

[32] New financing models, **https://www.integration.samhsa.gov/financing**

[33] Waivers, **http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Waivers/Waivers.html**; Coverage and Service Design Opportunities for Individuals with Mental Illness and Substance Use Disorders, CMS Informational Bulletin, Dec. 2012, **http://medicaid.gov/Federal-Policy-Guidance/Downloads/CIB-12-03-12.pdf**

[34] What are my preventive care benefits? **https://www.healthcare.gov/what-are-my-preventive-care-benefits/**; Interim Final Rules for Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services Under the Patient Protection and Affordable Care Act, 75 FR 41726 (July 19, 2010); Group Health Plans and Health Insurance Issuers Relating to Coverage of Preventive Services Under the Patient Protection and Affordable Care Act, 76 FR 46621 (Aug. 3, 2011); **http://www.hhs.gov/healthcare/facts/factsheets/2010/07/preventive-services-list.html**

[35] Medicare-Medicaid Enrollee State Profiles, **http://www.cms.gov/Medicare-Medicaid-Coordination/Medicare-and-Medicaid-Coordination/Medicare-Medicaid-Coordination-Office/StateProfiles.html**; About the Compact of Free Association, **http://uscompact.org/about/cofa.php**

[36] Dual-Eligible Beneficiaries of Medicare and Medicaid: Characteristics, Health Care Spending, and Evolving Policies, CBO, June 2013, **http://www.cbo.gov/publication/44308**

[37] BD Sommers et al. Medicaid and Marketplace Eligibility Changes Will Occur Often in All States; Policy Options can Ease Impact. Health Affairs. 2014; 33(4): 700-707

[38] TF Bishop. Acceptance of Insurance by Psychiatrists and the Implications for Access to Mental Health Care, JAMA Psychiatry. 2014;71(2):176-181; JR Cummings et al, Race/Ethnicity and Geographic Access to Medicaid Substance Use Disorder Treatment Facilities in the United States, JAMA Psychiatry. 2014; 71(2):190-196; JR Cummings et al. Geography and the Medicaid Mental Health Care Infrastructure: Implications for Health Reform. JAMA Psychiatry. 2013; 70(10):1084-1090; JW Boyd et al. The Crisis in Mental Health Care: A Preliminary Study of Access to Psychiatric Care in Boston. Annals of Emergency Medicine. 2011; 58(2): 218

[39] Hoge, M.A., Stuart, G.W., Morris, J., Flaherty, M.T., Paris, M. & Goplerud E. Mental health and addiction workforce development: Federal leadership is needed to address the growing crisis. Health Affairs, 2013; 32 (11): 2005-2012; SAMHSA Report to Congress on the Nation's Substance Abuse and Mental Health Workforce Issues, January 2013, **https://www.cibhs.org/sites/main/files/file-attachments/samhsa_bhwork_0.pdf**; Creating jobs by addressing primary care workforce needs, **https://obamawhitehouse.archives.gov/the-press-office/2012/04/11/fact-sheet-creating-health-care-jobs-addressing-primary-care-workforce-n**

[40] About the National Quality Strategy, **http://www.ahrq.gov/workingforquality/about.htm**;

[41] Letter to Governors on Information for Territories Regarding the Affordable Care Act, December 2012, **http://www.cms.gov/cciio/resources/letters/index.html**; Affordable Care Act, Indian Health Service, **http://www.ihs.gov/ACA/**

Please respond to the following items in order to provide a description of the healthcare system and integration activities:

1. Describe how the state integrates mental health and primary health care, including services for individuals with co-occurring mental and substance use disorders, in primary care settings or arrangements to provide primary and specialty care services in community -based mental and substance use disorders settings.

The state of Iowa continues to make progress towards integration of mental health, substance use disorder and physical health. Through the Iowa Provider Network (IPN), providers have contractual requirements to identify and coordinate care; dependent on client needs. This includes, prevention, treatment, screening, recovery supports and medical needs. If the IPN provider does not have the capacity to provide the identified service, they are required to coordinate care with the identified provider. IDPH has a robust system of Medication Assisted Treatment Clinics across the state to support medication needs. In addition, legislation regarding enhanced delivery of co-occurring services is continuing. IDPH and DHS meet quarterly to collaborate, an integrated help website was enhanced adding mental health and tobacco resources (yourlifeiowa.org) and the two departments are collaborating on shared block grant goals, seeking public comment together, and are involved in quarterly community of practice calls with providers who were awarded the Certified Community Behavioral Health Clinic (CCBHC) awards. For further information, see Step I.

2. Describe how the state provides services and supports towards integrated systems of care for individuals and families with co-occurring mental and substance use disorders, including management, funding, and payment strategies that foster co-occurring capability.

The state of Iowa is moving towards an integrated system of care. Over the next nine months, IDPH and DHS will embark on a health and human services alignment assessment with a contractor, Public Consulting Group (PCG), to identify shared program goals and align and integrate programs, practices and policies to improve delivery of services and most effectively leverage funding. The agencies will update the website regularly. As part of the alignment process, IDPH and DHS will identify community-based stakeholders (organizations and community members) and other stakeholders to provide input and guidance on the departments' programmatic and policy efforts. IDPH and DHS will also engage all levels of staff to inform the departments' established goals
and project plans, and create an organizational structure that optimizes delivery of services, supports efficiency for staff, and integrates the departments' programs and services with community and other available resources. For further information of integration, see Step I.

3. **a)** Is there a plan for monitoring whether individuals and families have access to M/SUD services offered through Qualified Health Plans? ○ Yes ○ No

b) and Medicaid? ○ Yes ○ No

4. Who is responsible for monitoring access to M/SUD services provided by the QHP?

5. Is the SSA/SMHA involved in any coordinated care initiatives in the state? ○ Yes ○ No

6. Do the M/SUD providers screen and refer for:

a) Prevention and wellness education ○ Yes ○ No

b) Health risks such as

ii) heart disease ○ Yes ○ No

iii) hypertension ○ Yes ○ No

iv) high cholesterol ○ Yes ○ No

v) diabetes ○ Yes ○ No

c) Recovery supports ○ Yes ○ No

7. Is the SSA/SMHA involved in the development of alternative payment methodologies, including risk-based contractual relationships that advance coordination of care? ○ Yes ○ No

8. Is the SSA and SMHA involved in the implementation and enforcement of parity protections for mental and substance use disorder services? ○ Yes ○ No

9. What are the issues or problems that your state is facing related to the implementation and enforcement of parity provisions?

10. Does the state have any activities related to this section that you would like to highlight?

Please indicate areas of technical assistance needed related to this section

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Footnotes:

Environmental Factors and Plan

2. Health Disparities - Requested

Narrative Question

In accordance with the **HHS Action Plan to Reduce Racial and Ethnic Health Disparities**[42], **Healthy People, 2020**[43], **National Stakeholder Strategy for Achieving Health Equity**[44], and other HHS and federal policy recommendations, SAMHSA expects block grant dollars to support equity in access, services provided, and M/SUD outcomes among individuals of all cultures, sexual/gender minorities, orientation and ethnicities. Accordingly, grantees should collect and use data to: (1) identify subpopulations (i.e., racial, ethnic, limited English speaking, tribal, sexual/gender minority groups, etc.) vulnerable to health disparities and (2) implement strategies to decrease the disparities in access, service use, and outcomes both within those subpopulations and in comparison to the general population. One strategy for addressing health disparities is use of the recently revised National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (CLAS)[45].

The Action Plan to Reduce Racial and Ethnic Health Disparities, which the HHS Secretary released in April 2011, outlines goals and actions that HHS agencies, including SAMHSA, will take to reduce health disparities among racial and ethnic minorities. Agencies are required to assess the impact of their policies and programs on health disparities.

The HHS Secretary's top priority in the Action Plan is to "assess and heighten the impact of all HHS policies, programs, processes, and resource decisions to reduce health disparities. HHS leadership will assure that program grantees, as applicable, will be required to submit health disparity impact statements as part of their grant applications. Such statements can inform future HHS investments and policy goals, and in some instances, could be used to score grant applications if underlying program authority permits."[46]

Collecting appropriate data is a critical part of efforts to reduce health disparities and promote equity. In October 2011, HHS issued final standards on the collection of race, ethnicity, primary language, and disability status[47]. This guidance conforms to the existing Office of Management and Budget (OMB) directive on racial/ethnic categories with the expansion of intra-group, detailed data for the Latino and the Asian-American/Pacific Islander populations[48]. In addition, SAMHSA and all other HHS agencies have updated their limited English proficiency plans and, accordingly, will expect block grant dollars to support a reduction in disparities related to access, service use, and outcomes that are associated with limited English proficiency. These three departmental initiatives, along with SAMHSA's and HHS's attention to special service needs and disparities within tribal populations, LGBTQ populations, and women and girls, provide the foundation for addressing health disparities in the service delivery system. States provide M/SUD services to these individuals with state block grant dollars. While the block grant generally requires the use of evidence-based and promising practices, it is important to note that many of these practices have not been normed on various diverse racial and ethnic populations. States should strive to implement evidence-based and promising practices in a manner that meets the needs of the populations they serve.

In the block grant application, states define the populations they intend to serve. Within these populations of focus are subpopulations that may have disparate access to, use of, or outcomes from provided services. These disparities may be the result of differences in insurance coverage, language, beliefs, norms, values, and/or socioeconomic factors specific to that subpopulation. For instance, lack of Spanish primary care services may contribute to a heightened risk for metabolic disorders among Latino adults with SMI; and American Indian/Alaska Native youth may have an increased incidence of underage binge drinking due to coping patterns related to historical trauma within the American Indian/Alaska Native community. While these factors might not be pervasive among the general population served by the block grant, they may be predominant among subpopulations or groups vulnerable to disparities.

To address and ultimately reduce disparities, it is important for states to have a detailed understanding of who is and is not being served within the community, including in what languages, in order to implement appropriate outreach and engagement strategies for diverse populations. The types of services provided, retention in services, and outcomes are critical measures of quality and outcomes of care for diverse groups. For states to address the potentially disparate impact of their block grant funded efforts, they will address access, use, and outcomes for subpopulations.

[42] **http://www.minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf**

[43] **http://www.healthypeople.gov/2020/default.aspx**

[44] **https://www.minorityhealth.hhs.gov/npa/files/Plans/NSS/NSS_07_Section3.pdf**

[45] **http://www.ThinkCulturalHealth.hhs.gov**

[46] http://www.minorityhealth.hhs.gov/npa/files/Plans/HHS/HHS_Plan_complete.pdf

[47] https://aspe.hhs.gov/basic-report/hhs-implementation-guidance-data-collection-standards-race-ethnicity-sex-primary-language-and-disability-status

[48] https://www.whitehouse.gov/wp-content/uploads/2017/11/Revisions-to-the-Standards-for-the-Classification-of-Federal-Data-on-Race-and-Ethnicity-October30-1997.pdf

Please respond to the following items:

1. Does the state track access or enrollment in services, types of services received and outcomes of these services by: race, ethnicity, gender, sexual orientation, gender identity, and age?

a) Race	○ Yes ○ No
b) Ethnicity	○ Yes ○ No
c) Gender	○ Yes ○ No
d) Sexual orientation	○ Yes ○ No
e) Gender identity	○ Yes ○ No
f) Age	○ Yes ○ No

2. Does the state have a data-driven plan to address and reduce disparities in access, service use and outcomes for the above sub-population? ○ Yes ○ No

3. Does the state have a plan to identify, address and monitor linguistic disparities/language barriers? ○ Yes ○ No

4. Does the state have a workforce-training plan to build the capacity of M/SUD providers to identify disparities in access, services received, and outcomes and provide support for improved culturally and linguistically competent outreach, engagement, prevention, treatment, and recovery services for diverse populations? ○ Yes ○ No

5. If yes, does this plan include the Culturally and Linguistically Appropriate Services(CLAS) Standards? ○ Yes ○ No

6. Does the state have a budget item allocated to identifying and remediating disparities in M/SUD care? ○ Yes ○ No

7. Does the state have any activities related to this section that you would like to highlight?

Please indicate areas of technical assistance needed related to this section

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Footnotes:

Environmental Factors and Plan

3. Innovation in Purchasing Decisions - Requested

Narrative Question

While there are different ways to define value-based purchasing, its purpose is to identify services, payment arrangements, incentives, and players that can be included in directed strategies using purchasing practices that are aimed at improving the value of health care services. In short, health care value is a function of both cost and quality:

Health Care Value = Quality ÷ Cost, (**V = Q ÷ C**)

SAMHSA anticipates that the movement toward value based purchasing will continue as delivery system reforms continue to shape states systems. The identification and replication of such value-based strategies and structures will be important to the development of M/SUD systems and services.

There is increased interest in having a better understanding of the evidence that supports the delivery of medical and specialty care including M/SUD services. Over the past several years, SAMHSA has collaborated with CMS, HRSA, SMAs, state M/SUD authorities, legislators, and others regarding the evidence of various mental and substance misuse prevention, treatment, and recovery support services. States and other purchasers are requesting information on evidence-based practices or other procedures that result in better health outcomes for individuals and the general population. While the emphasis on evidence-based practices will continue, there is a need to develop and create new interventions and technologies and in turn, to establish the evidence. SAMHSA supports states' use of the block grants for this purpose. The NQF and the IOM recommend that evidence play a critical role in designing health benefits for individuals enrolled in commercial insurance, Medicaid, and Medicare.

To respond to these inquiries and recommendations, SAMHSA has undertaken several activities. SAMHSA's Evidence Based Practices Resource Center assesses the research evaluating an intervention's impact on outcomes and provides information on available resources to facilitate the effective dissemination and implementation of the program. SAMHSA's Evidence-Based Practices Resource Center provides the information & tools needed to incorporate evidence-based practices into communities or clinical settings.

SAMHSA reviewed and analyzed the current evidence for a wide range of interventions for individuals with mental illness and substance use disorders, including youth and adults with chronic addiction disorders, adults with SMI, and children and youth with SED. The evidence builds on the evidence and consensus standards that have been developed in many national reports over the last decade or more. These include reports by the Surgeon General,[49] The New Freedom Commission on Mental Health,[50] the IOM,[51] NQF,and the Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC).[52]. The activity included a systematic assessment of the current research findings for the effectiveness of the services using a strict set of evidentiary standards. This series of assessments was published in "Psychiatry Online."[53] SAMHSA and other federal partners, the HHS' Administration for Children and Families, Office for Civil Rights, and CMS, have used this information to sponsor technical expert panels that provide specific recommendations to the M/SUD field regarding what the evidence indicates works and for whom, to identify specific strategies for embedding these practices in provider organizations, and to recommend additional service research.

In addition to evidence-based practices, there are also many promising practices in various stages of development. Anecdotal evidence and program data indicate effectiveness for these services. As these practices continue to be evaluated, the evidence is collected to establish their efficacy and to advance the knowledge of the field.

SAMHSA's Treatment Improvement Protocol Series **(TIPS)**[54] are best practice guidelines for the SUD treatment. SAMHSA draws on the experience and knowledge of clinical, research, and administrative experts to produce the TIPS, which are distributed to a growing number of facilities and individuals across the country. The audience for the TIPS is expanding beyond public and private SUD treatment facilities as alcohol and other drug disorders are increasingly recognized as a major health problem.

SAMHSA's Evidence-Based Practice Knowledge Informing Transformation **(KIT)**[55] was developed to help move the latest information available on effective M/SUD practices into community-based service delivery. States, communities, administrators, practitioners, consumers of mental health care, and their family members can use KIT to design and implement M/SUD practices that work. KIT covers getting started, building the program, training frontline staff, and evaluating the program. The KITs contain information sheets, introductory videos, practice demonstration videos, and training manuals. Each KIT outlines the essential components of the evidence-based practice and provides suggestions collected from those who have successfully implemented them.

SAMHSA is interested in whether and how states are using evidence in their purchasing decisions, educating policymakers, or supporting providers to offer high quality services. In addition, SAMHSA is concerned with what additional information is needed by SMHAs and SSAs in their efforts to continue to shape their and other purchasers' decisions regarding M/SUD services.

[49] United States Public Health Service Office of the Surgeon General (1999). Mental Health: A Report of the Surgeon General. Rockville, MD: Department of Health and Human Services, U.S. Public Health Service

[50] The President's New Freedom Commission on Mental Health (July 2003). Achieving the Promise: Transforming Mental Health Care in America. Rockville, MD: Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

[51] Institute of Medicine Committee on Crossing the Quality Chasm: Adaptation to Mental Health and Addictive Disorders (2006). Improving the Quality of Health Care for Mental and Substance-Use Conditions: Quality Chasm Series. Washington, DC: National Academies Press.

[52] National Quality Forum (2007). National Voluntary Consensus Standards for the Treatment of Substance Use Conditions: Evidence-Based Treatment Practices. Washington, DC: National Quality Forum.

[53] **http://psychiatryonline.org/**

[54] **http://store.samhsa.gov**

[55] **https://store.samhsa.gov/sites/default/files/d7/priv/ebp-kit-how-to-use-the-ebp-kit-10112019_0.pdf**

Please respond to the following items:

1. Is information used regarding evidence-based or promising practices in your purchasing or policy decisions? ○ Yes ○ No

2. Which value based purchasing strategies do you use in your state (check all that apply):

- **a)** ☐ Leadership support, including investment of human and financial resources.
- **b)** ☐ Use of available and credible data to identify better quality and monitored the impact of quality improvement interventions.
- **c)** ☐ Use of financial and non-financial incentives for providers or consumers.
- **d)** ☐ Provider involvement in planning value-based purchasing.
- **e)** ☐ Use of accurate and reliable measures of quality in payment arrangements.
- **f)** ☐ Quality measures focused on consumer outcomes rather than care processes.
- **g)** ☐ Involvement in CMS or commercial insurance value based purchasing programs (health homes, accountable care organization, all payer/global payments, pay for performance (P4P)).
- **h)** ☐ The state has an evaluation plan to assess the impact of its purchasing decisions.

3. Does the state have any activities related to this section that you would like to highlight?

Please indicate areas of technical assistance needed related to this section.

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Footnotes:

Environmental Factors and Plan

6. Program Integrity - Required

Narrative Question

SAMHSA has placed a strong emphasis on ensuring that block grant funds are expended in a manner consistent with the statutory and regulatory framework. This requires that SAMHSA and the states have a strong approach to assuring program integrity. Currently, the primary goals of SAMHSA program integrity efforts are to promote the proper expenditure of block grant funds, improve block grant program compliance nationally, and demonstrate the effective use of block grant funds.

While some states have indicated an interest in using block grant funds for individual co-pays deductibles and other types of co-insurance for M/SUD services, SAMHSA reminds states of restrictions on the use of block grant funds outlined in 42 U.S.C. §§ 300x-5 and 300x-31, including cash payments to intended recipients of health services and providing financial assistance to any entity other than a public or nonprofit private entity. Under 42 U.S.C. § 300x-55(g), SAMHSA periodically conducts site visits to MHBG and SABG grantees to evaluate program and fiscal management. States will need to develop specific policies and procedures for assuring compliance with the funding requirements. Since MHBG funds can only be used for authorized services made available to adults with SMI and children with SED and SABG funds can only be used for individuals with or at risk for SUD. SAMHSA guidance on the use of block grant funding for co-pays, deductibles, and premiums can be found at: **http://www.samhsa.gov/sites/default/files/grants/guidance-for-block-grant-funds-for-cost-sharing-assistance-for-private-health-insurance.pdf**. States are encouraged to review the guidance and request any needed technical assistance to assure the appropriate use of such funds.

The MHBG and SABG resources are to be used to support, not supplant, services that will be covered through the private and public insurance. In addition, SAMHSA will work with CMS and states to identify strategies for sharing data, protocols, and information to assist our program integrity efforts. Data collection, analysis, and reporting will help to ensure that MHBG and SABG funds are allocated to support evidence-based, culturally competent programs, substance use disorder prevention, treatment and recovery programs, and activities for adults with SMI and children with SED.

States traditionally have employed a variety of strategies to procure and pay for M/SUD services funded by the MHBG and SABG. State systems for procurement, contract management, financial reporting, and audit vary significantly. These strategies may include: (1) appropriately directing complaints and appeals requests to ensure that QHPs and Medicaid programs are including essential health benefits (EHBs) as per the state benchmark plan; (2) ensuring that individuals are aware of the covered M/SUD benefits; (3) ensuring that consumers of M/SUD services have full confidence in the confidentiality of their medical information; and (4) monitoring the use of M/SUD benefits in light of utilization review, medical necessity, etc. Consequently, states may have to become more proactive in ensuring that state-funded providers are enrolled in the Medicaid program and have the ability to determine if clients are enrolled or eligible to enroll in Medicaid. Additionally, compliance review and audit protocols may need to be revised to provide for increased tests of client eligibility and enrollment.

Please respond to the following items:

1. Does the state have a specific policy and/or procedure for assuring that the federal program requirements are conveyed to intermediaries and providers? (●) Yes ( ) No

2. Does the state provide technical assistance to providers in adopting practices that promote compliance with program requirements, including quality and safety standards? (●) Yes ( ) No

3. Does the state have any activities related to this section that you would like to highlight?

Please indicate areas of technical assistance needed related to this section

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

Environmental Factors and Plan

7. Tribes - Requested

Narrative Question

The federal government has a unique obligation to help improve the health of American Indians and Alaska Natives through the various health and human services programs administered by HHS. Treaties, federal legislation, regulations, executive orders, and Presidential memoranda support and define the relationship of the federal government with federally recognized tribes, which is derived from the political and legal relationship that Indian tribes have with the federal government and is not based upon race. SAMHSA is required by the **2009 Memorandum on Tribal Consultation**[56] to submit plans on how it will engage in regular and meaningful consultation and collaboration with tribal officials in the development of federal policies that have tribal implications.

Improving the health and well-being of tribal nations is contingent upon understanding their specific needs. Tribal consultation is an essential tool in achieving that understanding. Consultation is an enhanced form of communication, which emphasizes trust, respect, and shared responsibility. It is an open and free exchange of information and opinion among parties, which leads to mutual understanding and comprehension. Consultation is integral to a deliberative process that results in effective collaboration and informed decision-making with the ultimate goal of reaching consensus on issues.

In the context of the block grant funds awarded to tribes, SAMHSA views consultation as a government-to-government interaction and should be distinguished from input provided by individual tribal members or services provided for tribal members whether on or off tribal lands. Therefore, the interaction should be attended by elected officials of the tribe or their designees and by the highest possible state officials. As states administer health and human services programs that are supported with federal funding, it is imperative that they consult with tribes to ensure the programs meet the needs of the tribes in the state. In addition to general stakeholder consultation, states should establish, implement, and document a process for consultation with the federally recognized tribal governments located within or governing tribal lands within their borders to solicit their input during the block grant planning process. Evidence that these actions have been performed by the state should be reflected throughout the state's plan. Additionally, it is important to note that approximately 70 percent of American Indians and Alaska Natives do not live on tribal lands. The SMHAs, SSAs and tribes should collaborate to ensure access and culturally competent care for all American Indians and Alaska Natives in the states.

States shall not require any tribe to waive its sovereign immunity in order to receive funds or for services to be provided for tribal members on tribal lands. If a state does not have any federally recognized tribal governments or tribal lands within its borders, the state should make a declarative statement to that effect.

[56] **https://www.energy.gov/sites/prod/files/Presidential%20Memorandum%20Tribal%20Consultation%20%282009%29.pdf**

Please respond to the following items:

1. How many consultation sessions has the state conducted with federally recognized tribes?
2. What specific concerns were raised during the consultation session(s) noted above?
3. Does the state have any activities related to this section that you would like to highlight?

   Please indicate areas of technical assistance needed related to this section.

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

Environmental Factors and Plan

8. Primary Prevention - Required SABG

Narrative Question

SABG statute requires states to spend not less than 20 percent of their SABG allotment on primary prevention strategies directed at individuals not identified to be in need of treatment. While primary prevention set-aside funds must be used to fund strategies that have a positive impact on the prevention of substance use, it is important to note that many evidence-based substance use disorder prevention strategies also have a positive impact on other health and social outcomes such as education, juvenile justice involvement, violence prevention, and mental health. The SABG statute requires states to develop a comprehensive primary prevention program that includes activities and services provided in a variety of settings. The program must target both the general population and sub-groups that are at high risk for substance misuse. The program must include, but is not limited to, the following strategies:

1. ***Information Dissemination*** providing awareness and knowledge of the nature, extent, and effects of alcohol, tobacco, and drug use, abuse, and addiction on individuals families and communities;
2. ***Education*** aimed at affecting critical life and social skills, such as decision making, refusal skills, critical analysis, and systematic judgment abilities;
3. ***Alternative programs*** that provide for the participation of target populations in activities that exclude alcohol, tobacco, and other drug use;
4. ***Problem Identification*** and referral that aims at identification of those who have indulged in illegal/age inappropriate use of tobacco or alcohol, and those individuals who have indulged in first use of illicit drugs, in order to assess if the behavior can be reversed by education to prevent further use;
5. ***Community-based Process*** that include organizing, planning, and enhancing effectiveness of program, policy, and practice implementation, interagency collaboration, coalition building, and networking; and
6. ***Environmental Strategies*** that establish or change written and unwritten community standards, codes, and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco and other drugs used in the general population.

In implementing the comprehensive primary prevention program, states should use a variety of strategies that target populations with different levels of risk, including the IOM classified universal, selective, and indicated strategies.

Please respond to the following items

Assessment

1. Does your state have an active State Epidemiological and Outcomes Workgroup(SEOW)? (●) Yes ( ) No

2. Does your state collect the following types of data as part of its primary prevention needs assessment process? (check all that apply) (●) Yes ( ) No

- **a)** [x] Data on consequences of substance-using behaviors
- **b)** [x] Substance-using behaviors
- **c)** [x] Intervening variables (including risk and protective factors)
- **d)** [ ] Other (please list)

3. Does your state collect needs assesment data that include analysis of primary prevention needs for the following population groups? (check all that apply)

- [ ] Children (under age 12)
- [x] Youth (ages 12-17)
- [x] Young adults/college age (ages 18-26)
- [x] Adults (ages 27-54)
- [x] Older adults (age 55 and above)
- [x] Cultural/ethnic minorities
- [ ] Sexual/gender minorities
- [x] Rural communities
- [ ] Others (please list)

4. Does your state use data from the following sources in its Primary prevention needs assesment? (check all that apply)

- [ ] Archival indicators (Please list)

- [x] National survey on Drug Use and Health (NSDUH)
- [x] Behavioral Risk Factor Surveillance System (BRFSS)
- [x] Youth Risk Behavioral Surveillance System (YRBS)
- [ ] Monitoring the Future
- [ ] Communities that Care
- [x] State - developed survey instrument
- [ ] Others (please list)

5. Does your state use needs assesment data to make decisions about the allocation SABG primary prevention funds? (●) Yes ( ) No

If yes, (please explain)

IDPH review a variety of data indicators in determining priority needs to assist contractors to prioritize strategies related to the Prevention Set Aside funding. IDPH also utilizes the Iowa Epidemiological Profile, updated in 2020 and every two years, to assist in setting priorities and providing direction

If no, (please explain) how SABG funds are allocated:

Narratve Question

SABG statute requires states to spend not less than 20 percent of their SABG allotment on primary prevention strategies directed at individuals not identified to be in need of treatment. While primary prevention set-aside funds must be used to fund strategies that have a positive impact on the prevention of substance use, it is important to note that many evidence-based substance use disorder prevention strategies also have a positive impact on other health and social outcomes such as education, juvenile justice involvement, violence prevention, and mental health. The SABG statute requires states to develop a comprehensive primary prevention program that includes activities and services provided in a variety of settings. The program must target both the general population and sub-groups that are at high risk for substance misuse. The program must include, but is not limited to, the following strategies:

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In implementing the comprehensive primary prevention program, states should use a variety of strategies that target populations with different levels of risk, including the IOM classified universal, selective, and indicated strategies.

Capacity Building

1. Does your state have a statewide licensing or certification program for the substance use disorder prevention workforce? (●) Yes ( ) No

If yes, please describe

The Iowa Board of Certification (IBC) credentials prevention and treatment professionals in addictions, (prevention, treatment and peer support). IBC promotes adherence to competency and ethical standards and provides a mechanism for Continuing Education and certification. IBC supports a Certified Prevention Specialist Certification and an Advanced Prevention Specialist Certification. Iowa has Information can be found at: https://www.iowaibc.org/cps

2. Does your state have a formal mechanism to provide training and technical assistance to the substance use disorder prevention workforce? (●) Yes ( ) No

If yes, please describe mechanism used

IDPH provides oversight of training and technical assistance to prevention professionals including a Substance Abuse Prevention Training team which provides foundational prevention trainings for Iowa's prevention field. IDPH also contracts with four Capacity Coaches to provide coaching services to contractors utilizing the Strategic Prevention Framework process. IDPH contracts with Iowa State University to organize and support statewide training to the prevention field offered through the Governor's Annual Conference on Substance Abuse. Multiple trainings occur as needed and annual training is conducted on the SABG Prevention Set Aside regulations. For additional information on prevention trainings see: https://idph.iowa.gov/Bureau-of-Substance-Abuse/Prevention-Related-Programs/Prevention-Supports/

3. Does your state have a formal mechanism to assess community readiness to implement prevention strategies? (●) Yes ( ) No

If yes, please describe mechanism used

IDPH supports and requires use of the Tri-Ethnic Readiness Survey process to determine readiness on all priority areas through the Strategic Prevention Framework process

Narratve Question

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Planning

1. Does your state have a strategic plan that addresses substance use disorder prevention that was developed within the last five years? (●) Yes ( ) No

If yes, please attach the plan in BGAS by going to the **Attachments Page** and upload the plan

See attachments page for upload. Also see the Five Year Substance Abuse Prevention Strategic Plan for Iowa (2018-2022): at: https://idph.iowa.gov/Bureau-of-Substance-Abuse/Prevention-Related-Programs/Prevention-Strategic-Plan

2. Does your state use the strategic plan to make decisions about use of the primary prevention set-aside of the SABG? (N/A - no prevention strategic plan) (●) Yes ( ) No ( ) N/A

3. Does your state's prevention strategic plan include the following components? (check all that apply):

- **a)** ☑ Based on needs assessment datasets the priorities that guide the allocation of SABG primary prevention funds
- **b)** ☑ Timelines
- **c)** ☑ Roles and responsibilities
- **d)** ☑ Process indicators
- **e)** ☑ Outcome indicators
- **f)** ☑ Cultural competence component
- **g)** ☐ Sustainability component
- **h)** ☐ Other (please list):
- **i)** ☐ Not applicable/no prevention strategic plan

4. Does your state have an Advisory Council that provides input into decisions about the use of SABG primary prevention funds? (●) Yes ( ) No

5. Does your state have an active Evidence-Based Workgroup that makes decisions about appropriate strategies to be implemented with SABG primary prevention funds? (●) Yes ( ) No

If yes, please describe the criteria the Evidence-Based Workgroup uses to determine which programs, policies, and strategies are evidence based

The Bureau of Substance Abuse Evidence-Based Practices Workgroup includes a diverse membership of prevention professionals throughout Iowa. Working in collaboration with these partners, the Evidence-Based Practices Workgroup focuses on completing the following strategies:

Develop a resource guide of substance abuse prevention best practices, programs, and policies that are evidence-based or evidence-informed as defined by IDPH.

Develop a template of questions around substance use/misuse to be used in community needs assessments across Iowa. Develop and launch a toolkit for communities to use when advocating for public policy change in the prevention of substance abuse.

The Evidence-Based Review Team serves as a subcommittee of the Evidence-Based Practices Workgroup. This Review Team is responsible for reviewing submitted Waiver Request and Adaptation Forms from contracted agencies. These forms are submitted if a contractor requests to utilize a program, policy, or practice not currently listed in the IDPH approved list of evidence-based programs or if a contractor would like to request an adaptation of an evidence-based program, policy or practice.

Narratve Question

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In implementing the comprehensive primary prevention program, states should use a variety of strategies that target populations with different levels of risk, including the IOM classified universal, selective, and indicated strategies.

Implementation

1. States distribute SABG primary prevention funds in a variety of different ways. Please check all that apply to your state:

- **a)** ☐ SSA staff directly implements primary prevention programs and strategies.
- **b)** ☑ The SSA has statewide contracts (e.g. statewide needs assessment contract, statewide workforce training contract, statewide media campaign contract).
- **c)** ☐ The SSA funds regional entities that are autonomous in that they issue and manage their own sub-contracts.
- **d)** ☐ The SSA funds regional entities that provide training and technical assistance.
- **e)** ☑ The SSA funds regional entities to provide prevention services.
- **f)** ☐ The SSA funds county, city, or tribal governments to provide prevention services.
- **g)** ☐ The SSA funds community coalitions to provide prevention services.
- **h)** ☐ The SSA funds individual programs that are not part of a larger community effort.
- **i)** ☐ The SSA directly funds other state agency prevention programs.
- **j)** ☐ Other (please describe)

2. Please list the specific primary prevention programs, practices, and strategies that are funded with SABG primary prevention dollars in each of the six prevention strategies. Please see the introduction above for definitions of the six strategies:

a) Information Dissemination:

This strategy provides awareness and knowledge of the nature and extent of substance misuse and/or problem gambling. It also provides knowledge and awareness of available prevention programs and services. This strategy does not focus on agency promotion. Information dissemination is characterized by one-way communication from the source to the audience, with limited contact between the two. Examples of services conducted and methods used for this strategy include (but are not limited to) the following:
+ Health fairs
+ Public Service Announcements
+ Speaking Engagements

b) Education:

This strategy involves two-way communication and is distinguished from the Information Dissemination strategy by the fact that interaction between the educator/facilitator and the participants is the basis of its services. Services under this strategy aim to affect critical life and social skills, including decision-making, refusal skills, critical analysis and systematic judgment abilities. Examples of services conducted and methods used for this strategy include (but are not limited to) the following:
+ Delivery of evidence-based programs

+ Parenting and family management classes
+ Education programs for faith communities
+ Delivery of evidence-based programs specifically for children of parents/ guardians with substance use disorders

c) Alternatives:

This strategy focuses on technical assistance or consultation that support implementation of effective activities that exclude substance misuse and/or problem gambling. The purpose of this strategy is to discourage use of alcohol and other drugs by providing healthy activities. Examples of services conducted and methods used for this strategy include (but are not limited to) the following:
+ After school programs
+ Mentoring programs
+ Alcohol, tobacco and other drug or problem gambling prevention focused school or community events
+ Teen or senior citizen community center activities

d) Problem Identification and Referral:

This strategy aims at identification of those who have indulged in illegal or age-inappropriate use of tobacco or alcohol and those individuals who have indulged in the first use of illicit drugs as well as problem gambling behaviors. This strategy does not include any services to determine if a person is in need of treatment. Examples of services conducted and methods used for this strategy include (but are not limited to) the following:
+ Risk reduction education for work-related problems involving substance misuse
+ Student assistance programs
+ Court-mandated alcohol and other drug awareness and education programs

e) Community-Based Processes:

This strategy aims to enhance the ability of the community to more effectively provide substance misuse and/or problem gambling prevention services through the establishment of collaborative groups. Services in this strategy include assessing, building capacity, planning, implementing and evaluating the efficiency and effectiveness of interagency collaboration, coalition building, and networking. Examples of services conducted and methods used for this strategy include (but are not limited to) the following:
+ Guide the development of a strategic plan
+ Assist in assessing local data
+ Training or technical assistance services to the coalition members or chairperson to enhance understanding of ATOD trends and/or problem gambling prevention best practices

f) Environmental:

This strategy establishes or changes written and unwritten community standards, codes and attitudes, thereby influencing incidence and prevalence of the abuse of alcohol, tobacco and other drugs and/or problem gambling used in the general population. This strategy is divided into two subcategories to permit distinction between services which center on legal and regulatory initiatives and those that relate to the service and action oriented initiatives. Examples of services conducted and methods used for this strategy include (but are not limited to) the following:
+ Establishing alcohol, tobacco and drug use policies
+ Technical assistance to communities on policy change efforts
+ Modifying alcohol and tobacco advertising practices at the community-level
+ Dissemination of a substance misuse and/or problem gambling prevention media campaign

3. Does your state have a process in place to ensure that SABG dollars are used only to fund primary prevention services not funded through other means? (●) Yes ( ) No

If yes, please describe

IDPH monitors prevention services through a variety of means including contract review adherence, through technical assistance, through claims review, work plan reviews, site visits, and data system review and fidelity reviews. The IDPH prevention teams

created a process to cross check all IDPH administered prevention funding to ensure there is no duplication in service billing.

Narratve Question

SABG statute requires states to spend not less than 20 percent of their SABG allotment on primary prevention strategies directed at individuals not identified to be in need of treatment. While primary prevention set-aside funds must be used to fund strategies that have a positive impact on the prevention of substance use, it is important to note that many evidence-based substance use disorder prevention strategies also have a positive impact on other health and social outcomes such as education, juvenile justice involvement, violence prevention, and mental health. The SABG statute requires states to develop a comprehensive primary prevention program that includes activities and services provided in a variety of settings. The program must target both the general population and sub-groups that are at high risk for substance misuse. The program must include, but is not limited to, the following strategies:

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Evaluation

1. Does your state have an evaluation plan for substance use disorder prevention that was developed within the last five years? ○ Yes ◉ No

If yes, please attach the plan in BGAS by going to the **Attachments Page** and upload the plan

IDPH anticipates contracting with the University of Northern Iowa in the fall/winter of 2021 to begin evaluation of primary prevention services.

2. Does your state's prevention evaluation plan include the following components? (check all that apply):

- **a)** ☐ Establishes methods for monitoring progress towards outcomes, such as targeted benchmarks
- **b)** ☐ Includes evaluation information from sub-recipients
- **c)** ☐ Includes SAMHSA National Outcome Measurement (NOMs) requirements
- **d)** ☐ Establishes a process for providing timely evaluation information to stakeholders
- **e)** ☐ Formalizes processes for incorporating evaluation findings into resource allocation and decision-making
- **f)** ☐ Other (please list:)
- **g)** ☑ Not applicable/no prevention evaluation plan

3. Please check those process measures listed below that your state collects on its SABG funded prevention services:

- **a)** ☑ Numbers served
- **b)** ☐ Implementation fidelity
- **c)** ☐ Participant satisfaction
- **d)** ☑ Number of evidence based programs/practices/policies implemented
- **e)** ☐ Attendance
- **f)** ☑ Demographic information
- **g)** ☐ Other (please describe):

4. Please check those outcome measures listed below that your state collects on its SABG funded prevention services:

- **a)** ☑ 30-day use of alcohol, tobacco, prescription drugs, etc
- **b)** ☐ Heavy use
- ☑ Binge use

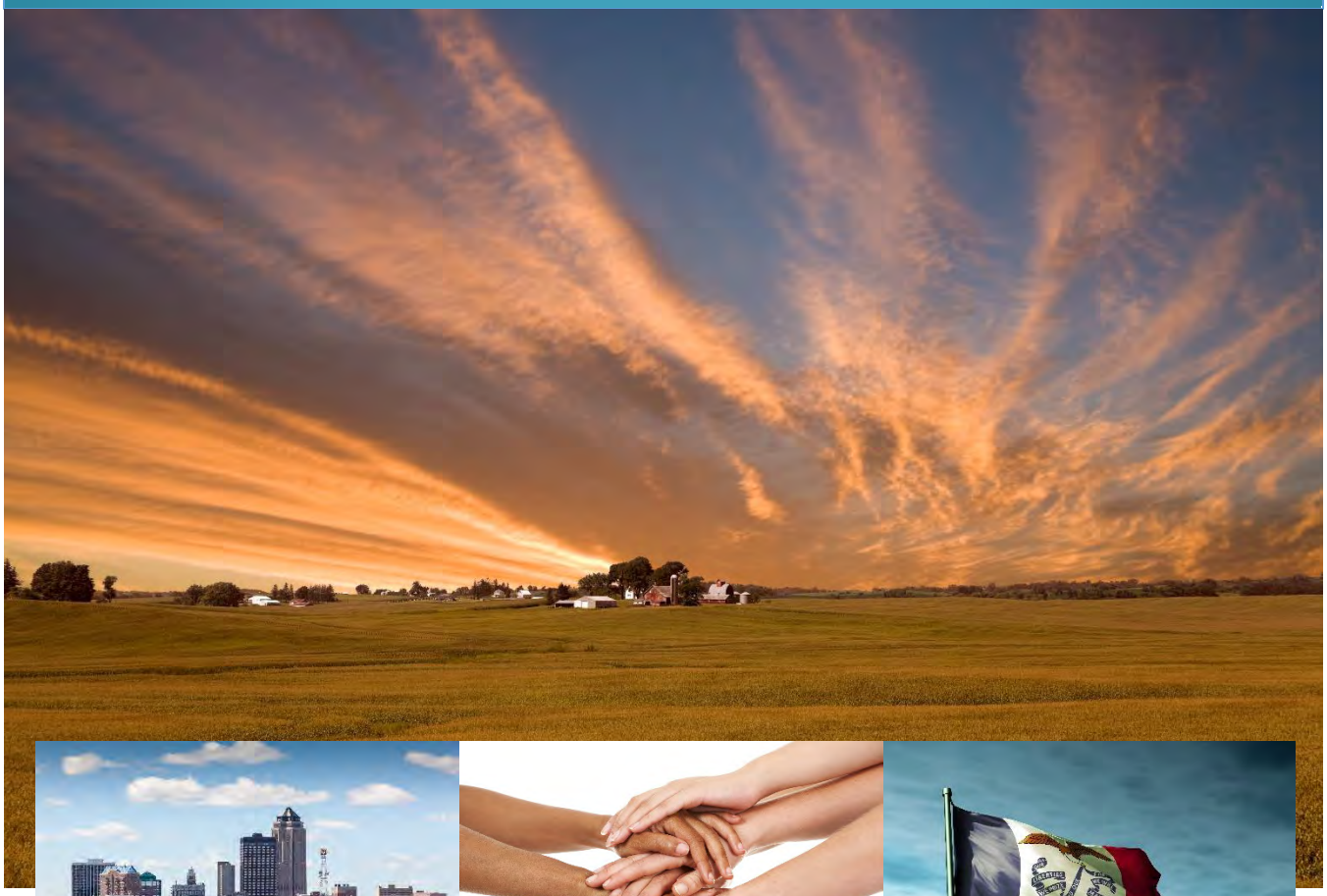
- [x] Perception of harm

c) [x] Disapproval of use

d) [x] Consequences of substance use (e.g. alcohol-related motor vehicle crashes, drug-related mortality)

e) [ ] Other (please describe):

Footnotes:



Five-Year Substance Abuse Prevention Strategic Plan for the State of Iowa

Iowa Department of Public Health
Division of Behavioral Health
Bureau of Substance Abuse

2018 – 2022

Contents

Introduction

The Iowa Department of Public Health (IDPH) Bureau of Substance Abuse, within the Division of Behavioral Health, leads substance abuse prevention and substance use disorder treatment and recovery support services in Iowa. In addition to overseeing State- and SAMHSA Block Grant-funded prevention and treatment services statewide, the Bureau seeks and implements other federal grant funding to expand the scope of Iowa's prevention-specific efforts

Currently, IDPH manages three federal Substance Abuse and Mental Health Services Administration (SAMHSA) grants intended to prevent substance misuse and abuse in Iowa:

- the Partnerships for Success grant,
- the Strategic Prevention Framework for Prescription Drugs grant, and
- the prevention set a side portion of the Substance Abuse Prevention and Treatment Block Grant, often referred to as the Comprehensive Substance Abuse Prevention grant.

In 2014, Iowa was awarded the five-year Partnerships for Success (PFS) grant to help reduce underage drinking and underage binge drinking, and to strengthen prevention capacity at the state level. Through a Request for Proposal (RFP) process, PFS awarded contracts to 12 highest-need counties. PFS is based on the premise that changes at the community level will lead to measurable changes at the state level. Through collaboration, states and their PFS-funded communities of high need can overcome challenges associated with substance misuse.

In 2016, IDPH was awarded the five-year Strategic Prevention Framework for Prescription Drugs (SPF Rx) grant. The purpose of SPF RX is to raise awareness about the dangers of sharing medications among youth ages 12-17 and adults 18-25, work with pharmaceutical and medical communities to address the risks of over-prescribing to young adults, and raise community awareness and implement evidence-based environmental strategies to address prescription drug misuse with schools, communities, parents, prescribers, and patients. Through an RFP process, three counties were awarded SPF Rx grant contracts.

IDPH directs at least 20 percent of the Substance Abuse Prevention and Treatment Block Grant (SABG) along with State General Fund appropriations to 18 community-based agencies through Comprehensive Substance Abuse Prevention (CSAP) contracts awarded by a RFP process. The 18 contractors are organized into 23 geographic prevention service areas, each generally covering up to 10 counties, and together encompassing all 99 Iowa counties. CSAP contracts support alcohol, tobacco, and other drug abuse prevention services statewide. CSAP services may be directed to all ages and populations who are not in need of substance use disorder treatment. CSAP services maintain and advance public health activities, essential services, core public health functions, and strong relationships with community partners.

IDPH established a committee in the summer of 2017 to inform the content of this strategic plan. In addition to IDPH staff, committee members included representatives from the Governor's Office of Drug Control Policy, the Iowa Department of Education, the Iowa Department of Human Services, and the Iowa Department of Public Safety, along with community-based prevention and treatment service providers from across the state.

The Problem

In August 2017, IDPH reviewed available data sets pertaining to substance-related consequences and substance use/misuse among Iowans. Appendix A to this report includes the full Data Brief prepared for consideration by planning committee members. The facts and figures presented within the Data Brief were used to inform context for the creation of the resulting plan featured in this document. Sources of information included but were not limited to the Behavioral Risk Factor Surveillance System (BRFSS), CDC's National Center for Health Statistics and National Vital Statistics System (NCHS/NVSS), County Health Rankings, the Agency for Healthcare Research and Quality, the Iowa Youth Survey (managed by IDPH), the National Survey on Drug Use and Health (NSDUH), and SAMHSA's Treatment Episode Data Set (TEDS). The data highlighted several areas of opportunity.

- The rate of alcohol-related mortality per 100,000 population in Iowa has increased slightly since 2010, similar to national rates (Death Certificate Data: NCHS/NVSS).
- Current alcohol use among Iowans 18+ is higher than the national average with a widening gap in recent years (BRFSS).
- Binge drinking among Iowans 18+ remains relatively steady yet above the national average.
- The percentage of persons aged 18 or older reporting current cigarette use has decreased since 2013 (down from 19.5% to 18% in 2015).
- While the rate of illicit opioids-related overdoses (including heroin) per 100,000 population is relatively low compared to alcohol-related mortality in Iowa, the trend is increasing over time alongside U.S. rates (Death Certificate Data: NCHS/NVSS).
- The perceived risk associated from using alcohol, marijuana, and cigarettes among adults aged 12 or older has remained relatively unchanged since 2008 (NSDUH).
- The percentage of adults aged 12 or older reporting dependence on or abuse of alcohol has decreased since 2008 from nearly 9% to approximately 6% as of 2014 (NSDUH). Self-reported incidence of illicit drug dependence over the same time frame remains unchanged.
- The top four primary substances abused by Iowans (as per TEDS, 2016) include 1) amphetamines, 2) marijuana, 3) alcohol only, and 4) alcohol with other substances. Of those, there has been a noticeable increase in admissions among those using amphetamines as their primary substance from 2014 (19.8% of total treatment admissions) to 2016 (25.3% of total treatment admissions).
- The age at time of treatment admission among individuals being admitted for marijuana abuse peaks among younger adults. Higher incidence of treatment for alcohol abuse happens among middle-aged Iowans (age 26 to 50). Amphetamine abuse happens most often among 21-35 year olds.
- Opioid pain relievers, such as oxycodone or hydrocodone, contributed to 43 (14 percent) of the 297 drug overdose deaths in 2015

In addition to the data brief provided, evidence-based strategies and the collective experience of the team assembled informed this strategic plan. IDPH gathered subject-matter experts from across the state to participate and contribute in the strategic plan development and implementation. The framework of the planning effort was to create one strategic plan that encompasses all grant driven efforts.

Target Population/Area of Focus

The target population for the PFS grant is underage youth 13-20; SPF Rx grant is youth 12-17 and young adults 18-25, and the Comprehensive Substance Abuse Prevention grant is not limited to a particular audience. Beyond this, the planning team was careful to acknowledge several population subgroups that the prevention efforts were not intended to impact. These subgroups included individuals with cancer or chronic debilitating pain, or those managing end of life. Rather, in the case of prescription opioid abuse, the focus is on individuals whose pain management needs may not require the utilization of drugs that could put a person at risk for addiction issues. There was also acknowledgement that much was to be learned regarding effective pain management balanced with responsible prescribing practices. The planning team also acknowledged and holds professional respect for each of the disciplines involved in this continuum, which ensures a collaborative effort is embraced for the citizens of Iowa potentially at risk of all substance abuse issues.

Guiding Principles

The guiding principles outlined below provides a framework and ground rules of how the plan will be executed by IDPH and its partners.

We will…

- continually strive to bridge the continuum of care between prevention and treatment so it is a seamless bridge for Iowans in need of those services.
- be open and receptive to the evolution of substance abuse prevention and key influencers in that continuum, and continually engage those sectors in the overall aims of this plain.
- reflect the diversity of our state through materials, education, and messaging that are culturally inclusive and responsive to both providers and patients, regardless of their ethnicity or scope of practice.
- leverage all resources – private, not-for-profit, and state – to coordinate a comprehensive approach so as not to duplicate efforts and make best use of resources available for this work.
- ensure our efforts are measurable so we can assess our impact, and redirect resources if an activity does not generate the desired outcomes.
- hold one another accountable for completing the work, and be transparent in our communications to demonstrate that accountability to one another and among stakeholders, including but not limited to the Prevention Partnership Advisory Council[1].
- focus first on activities that increase capacity of communities to prevent substance use disorder through education and public awareness.
- recognize responsible prescribing and monitoring practices.
- recognize responsible sales and use of legal substances.

[1] The Prevention Partnerships Advisory Council is a multi-disciplinary team representing state and local agencies. The council is responsible for providing strategic and operational recommendations for the implementation of all steps of the Strategic Prevention Framework process including assessment, capacity, planning, implementation and evaluation as well as cultural competency and sustainability.

Program Structure

IDPH's substance abuse prevention strategic plan follows the Strategic Prevention Framework (SPF) model and is guided by the principles of the cultural competence and sustainability throughout all five steps of the process.

Assessment

At the state and community level, the assessment process supports community surveillance of substance use and behavioral health through ongoing epidemiological data review which encompasses the services of the State Epidemiological Workgroup (SEW) and the Prevention Partnerships Advisory Council. Highest-need areas and gaps were identified using several indicators, including the Prescription Monitoring Program (PMP) data and analysis through the SEW. The SEW oversaw development of the *County Assessment Workbook* which is designed to be used by community grantees to determine risk and protective factors within their areas.

Capacity

PFS, SPF Rx, and the Comprehensive Substance Abuse Prevention grants all utilize stakeholders within but not limited to the Prevention Partnerships Advisory Council, the SEW, Iowa Workforce Development, the Governor's Office of Drug Control, Department of Human Rights, law enforcement, community coalitions, community-based prevention and/or treatment agencies, Iowa Poison Control, Department of Public Safety, colleges and universities, Iowa Board of Pharmacy, Iowa Pharmacy Association, youth, and medical professionals.

Community grantees are required to complete the IDPH-provided *County Assessment Workbook* and utilize the document to review the prevention services in their respective communities to establish connections that help plan, implement and sustain strategy outcomes. As a support, community grantees through SPF Rx and Partnerships for Success use a Capacity Coach to help adhere to their capacity-building needs. Capacity-building is a continuous process for all, including IDPH's Prevention Partnerships Advisory Council, which actively recruits stakeholders who represent needed sectors.

Planning

The strategic planning process began by recruiting Short-Term Action Teams (STAT) to assist in analyzing data from the SEW. These action teams (Evidence Based Practices, Workforce Development, Continuous Quality Improvement, and PMP/Public Education) were determined by the SPF Rx, IPFS, and CSAP grants project directors. Planning consisted of two in-person meetings and several web-based meetings for each STAT. During these meetings the STAT members analyzed data, determined plan objectives, action items, timelines and persons/departments responsible. Local grantees in each of the counties were provided a Strategic Planning Template, logic model example, rubric, training and technical assistance. These resources will continue to guide the community grantees and their coalitions through the SPF process.

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Implementation

Implementation of the strategies determined within this strategic plan will provide Iowan's access to effective prevention services and produce measurable outcomes. Resources and persons responsible have been allocated to implement strategy action steps throughout the next several years. *SAMHSA's Opioid Overdose Prescription Toolkit* and *CDC's Guideline for Prescribing Opioids for Chronic Pain* are part of the public education plan and are a strategy requirement for SPF Rx grantees. The Comprehensive Substance Abuse Prevention grantees will also assist in the comprehensive public education plan by promoting the SAMHSA and CDC resources throughout its 23 prevention agencies through the State Targeted Response to the Opioid Crisis grant.

Evaluation

Members of the SEW have been tasked with determining the feasibility of the data measures for each strategy. The SEW will also oversee creation of a Prevention Evaluation Plan that will encompass all substance abuse prevention grants funded through IDPH. At the community grantee level, a required Evaluation Plan Template along with training in completing the document will be provided. Once established, the project director, along with the evaluator and each community grantee will monitor the action steps, indicators and outcomes of the strategies. Additionally, data at the county level will be tracked using the Kansas University Community Check Box system, I-SMART Prevention System, quarterly progress reports, and SAMHSA's SPARS system. Evaluation will encompass every SPF step and will address any gaps and behavioral health disparities. Once a disparity has been identified, the STAT members will regroup, review the data, and determine the best course of action. At the community grantee level, coalitions will meet to determine how to proceed with guidance from the state, if needed.

Cultural Competency

Cultural competence has been an important component of the IDPH programs for at least 15 years, addressed in the first State Incentive Grant funded in 2001. All PFS grantees are trained in Culturally and Linguistically Appropriate Services (CLAS) and it is part of standard operating procedures and it is also a requirement in the SPF Rx grant. The STAT members were tasked with keeping CLAS standards a priority in implementing strategies. Recruiting, supporting and promoting a diverse governance, leadership and workforce; offering language assistance; and continuous improvement are all closely related to eliminating health disparities. Data collection and analysis with assistance from the SEW and the Prevention Partnerships Advisory Council will improve the design of the CLAS, implement and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

Sustainability

The strategies determined by the STAT members were designed with sustainable objectives. The Prevention Partnerships Advisory Council will continue to monitor and provide guidance to IDPH throughout the SPF process on the strategies implemented. On the local level, community grantees are charged with selecting strategies that are sustainable once funding ends and are provided with a Sustainability Plan Template to submit to IDPH project directors for approval. Sustainability focused services and the action steps taken are recorded through quarterly progress reports.

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Partners

IDPH commits to ensuring that productive and value-added partnerships with all pertinent stakeholders involved with substance abuse prevention at the local, state, and national levels are established and maintained as part of this collaborative work. These partnerships in health, law enforcement, child welfare, educational systems, among others will operate on the guiding principles defined above and commit to taking action within their agencies and organizations to best of their abilities and to the extent of their available resources.

Key partners include but are not limited to:

Alliance of Coalitions for Change

Allies for Substance Abuse Prevention

Ames Police Department

Area Substance Abuse Council

Community Youth Concepts

Des Moines Area Community College

Department of Human Rights

Department of Public Safety

Governor's Office of Drug Control Policy

Helping Services for Youth and Families

Iowa Board of Pharmacy

Iowa Department of Public Health

Iowa Poison Control Center

Iowa State University

New Opportunities, Inc.

Prairie Ridge Integrated Behavioral Healthcare

Youth and Shelter Services

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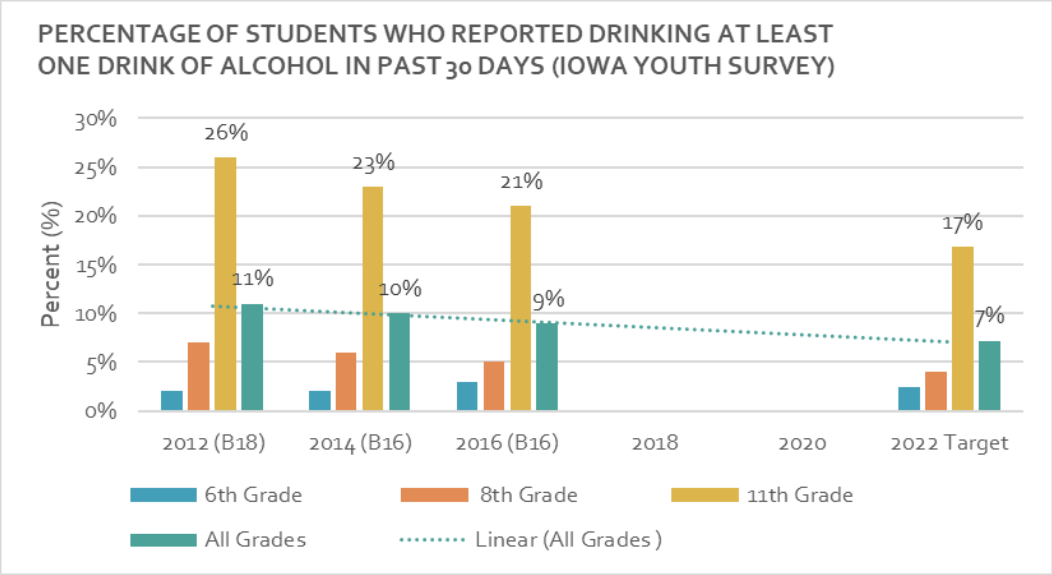
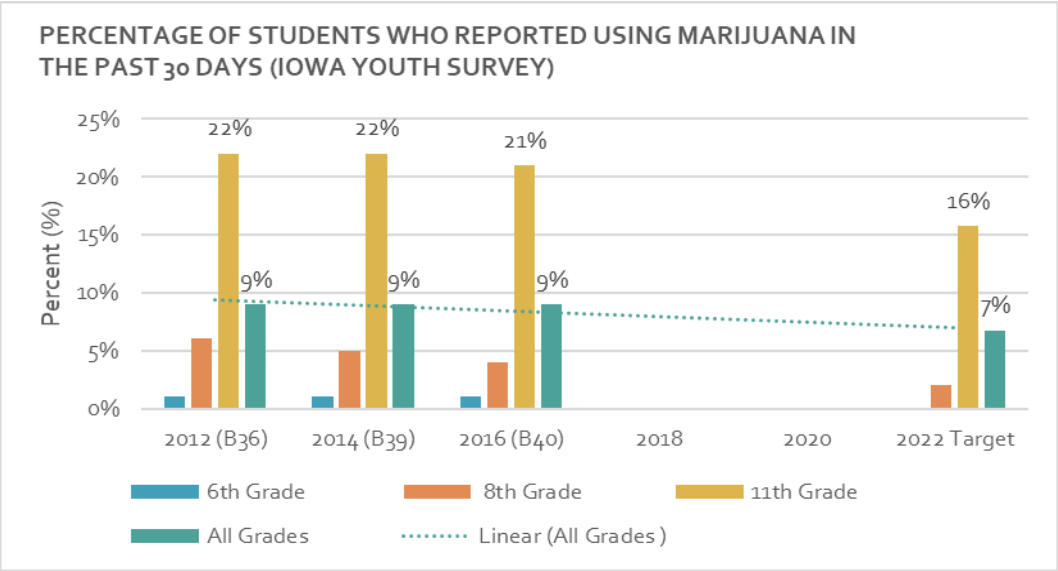
Performance Indicators & Targets

The following substance use/misuse metrics will be monitored to assess impact of the implemented strategies, in addition to specified metrics in the strategies as applicable.

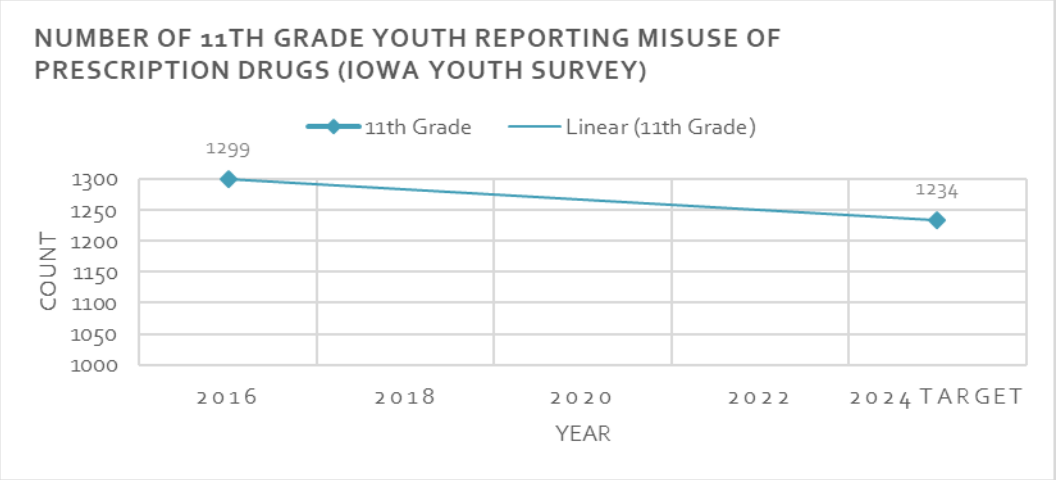
Decrease underage drinking from 11% (baseline 2012) to 7% or fewer youth reporting alcohol consumption. State rate in 2016 of 3% for 6th graders, 5% for 8th graders, and 21% for 11th graders (B16, Iowa Youth Survey).



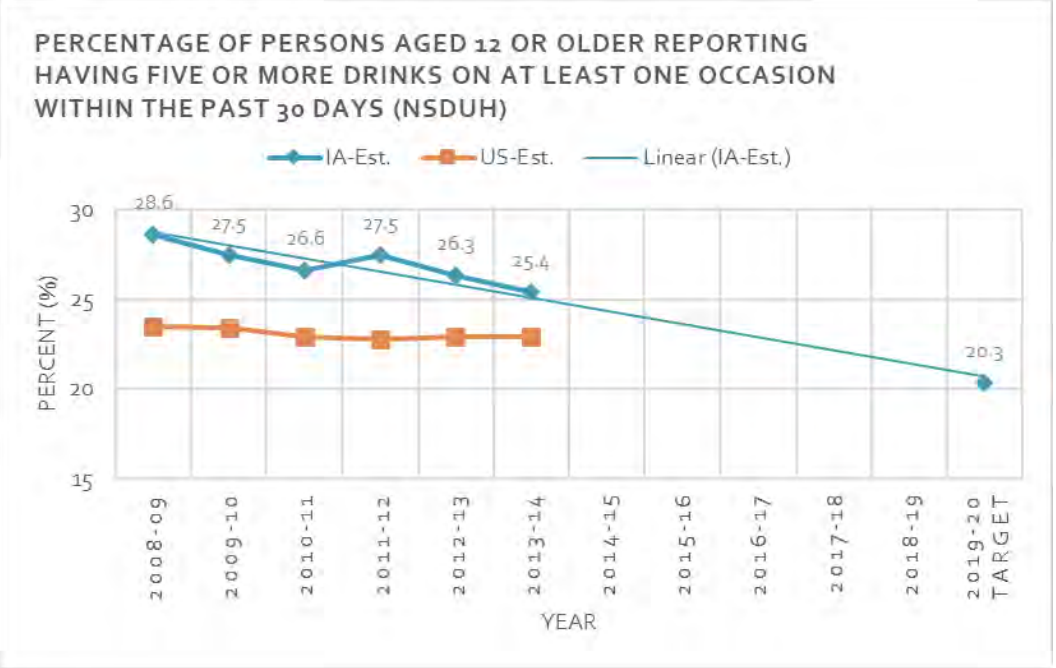
Decrease marijuana use from 9% (baseline 2012) to 7% or fewer youth reporting its use. Measured by the Iowa Youth Survey. The 2016 IYS shows 1%, 2%, and 10% for 6th, 8th, and 11th graders, respectively (B41).



Decrease by 5% the number of 11th grade youth reporting misuse of prescription medications. Reduce by 5% (n=65) the current numbers of 11th grade youth (n=1,299) reporting prescription medication misuse as measured on the IYS. The 2016 IYS shows 1,299 11th, graders reported (B45) using prescription medications that were not prescribed to them by their doctor or using prescription medications that were prescribed to them by a doctor different from the directions (B46).



Decrease in binge drinking among adults from 28.6% (baseline 2008-09) to 20.3% (2019-20 reported data). Measured by NSDUH. Behavioral Health Barometer, Iowa reports that 18.1% of individuals aged 12-20 in Iowa engaged in binge drinking within the past month, higher than the national rate of 14.0%. NSDUH 2013-14 reports binge rate at 25.36 for Iowans 12+, 47.04 for 18-25 year-olds.



Work Plan

Strategies for Evidence Based Practices

1. **Develop a resource guide of substance abuse prevention best practices, programs, and policies that are evidence-based or evidence-informed as defined by IDPH. Distribute completed resource guide by FY2020 Q1.**

Action Steps	**Anticipated Completion**	**Funding Source(s)**	**Lead Agency *and Partner(s)***
Expand membership of the Evidence-Based Practice Workgroup.	FY2018 Q2	IDPH	Lead: IDPH
Investigate evidence-based practice prevention programs for each substance.	FY2019 Q3	IDPH	Lead: EBP Workgroup
Create a guideline document and update annually.	FY2020 Q1 FY2021 Q1 FY2022 Q1	IDPH	Lead: EBP Workgroup
Post guidelines on IDPH website.	FY2020 Q1	IDPH	Lead: EBP Workgroup

2. **Develop a template of questions around substance use/misuse to be used in community needs assessments across Iowa. Distribute questions by FY2020 Q1.**

Action Steps	**Anticipated Completion**	**Funding Source(s)**	**Lead Agency *and Partner(s)***
Research existing questions used in needs assessments or similar studies.	FY2018 Q3	IDPH / Comp	Lead: EBP Workgroup
Gather and share county completed workbooks on IDPH website.	FY2019 Q3	IDPH / Comp	Lead: EBP Workgroup
Create and test questions and adjust based on feedback.	FY2019 Q4	IDPH / Comp	Lead: EBP Workgroup
Work with the State Epidemiological Workgroup and others to create an Assessment template.	FY2019 Q2	TBD	Lead: IDPH
Roll out to all prevention agencies to use as they complete a county assessment with the target of 75% of organizations completing by FY2021.	FY 2020Q2	IDPH / Comp	Lead: EBP Workgroup

3. **Develop and launch a toolkit by FY2020 Q3 for communities to use when advocating for public policy change in the prevention of substance abuse.**

Action Steps	Anticipated Completion	Funding Source(s)	Lead Agency *and Partner(s)*
Outline desired objectives and requirements of toolkit.	FY2018 4Q	TBD	Lead: EBP Workgroup
Reach out to SAMHSA technical assistance providers and other subject matter experts to attain similar toolkits. Determine if there are existing toolkits that meet objectives and are easy to follow and implement.	FY2018 4Q	TBD	Lead: EBP Workgroup
Adopt/adapt policy change toolkit.	FY2019 2Q	TBD	Lead: EBP Workgroup
Test toolkit in three communities and adjust based on feedback.	FY2020 2Q	TBD	Lead: EBP Workgroup
Post toolkit on IDPH website.	FY2020 3Q	TBD	Lead: EBP Workgroup

Strategies for Continuous Quality Improvement

4. Increase awareness of the established *Iowa Substance Abuse Prevention Practices & Resource Guide* (Strategy 1), and encourage collaboration between block grant providers through regional meetings held annually.

Action Steps	Anticipated Completion	Funding Source(s)	Lead Agency *and Partner(s)*
Host regional meeting with block grant providers at least two times during grant period.	FY2018 Q4 FY2020 Q4	TBD	Lead: IDPH
Host two collaborative meetings at the Governor's Conference on Substance Abuse during grant period specific to prevention professionals and/or host break-out sessions.	FY2019 Q3 FY2021 Q3	TBD	Lead: IDPH

5. Adapt the NIATx™ or similar model to offer providers effective ways to plan for, institute, and measure improvements in prevention services across Iowa. Pilot model in 2020 and evaluate systemic sustainability.

Action Steps	**Anticipated Completion**	**Funding Source(s)**	**Lead Agency** ***and Partner(s)***
Define guidelines for evidence-based strategies to provide guidance to prevention services in the field / linkages to Workforce Development workgroup.	FY2020 Q3	TBD	Lead: Continuous Quality Improvement Workgroup
Define strategies for local-level fidelity monitoring to strengthen the prevention services in the field and, in turn, better support individuals going through a prevention program. ▪ Examine compliance rates and identify any barriers to program completion. ▪ Leverage the NIATx model to offer providers effective ways to plan for, institute, and measure improvements in prevention services. ▪ Incentivize/support at the state level to ensure programs are implemented statewide.	FY2021 Q1	TBD	Lead: Continuous Quality Improvement Workgroup
Collect evaluation data for each program. Collect baseline data in FY2020 and then annually thereafter. Based on evaluation, update resource guide of substance abuse prevention best practices that are evidence-based or evidence-informed.	Baseline: FY2020 Q4 FY2021Q4 FY2021Q4	TBD	Lead: Continuous Quality Improvement Workgroup; IDPH Funded Prevention Agencies

Strategies for Prevention Education

6. Leverage *Your Life Iowa* to better connect Iowans with prevention resources.

Action Steps	Anticipated Completion	Funding Source(s)	Lead Agency *and Partner(s)*
Develop and promote a public awareness campaign to encourage individuals to seek assistance and support using tools managed by *Your Life Iowa*.	FY2018 Q4	TBD	Lead: IDPH
Finalize content and prompts for call center use to encourage outreach to the phone, text, and chat resources available through *Your Life Iowa*.	FY2018 Q4	TBD	Lead: IDPH
Establish enhanced protocols that include warm hand-offs and follow-up calls to individuals and family/friends to ensure referral connections to resources are established when appropriate.	FY2019 Q4	TBD	Lead: IDPH

7. Inform and engage youth on the dangers of substance misuse through community-based awareness training and supporting media campaign by the end of 2019. Repeat activities by the end of 2021.

	Anticipated Completion	Funding Source(s)	Lead Agency *and Partner(s)*
Identify models that can be adopted/adapted for youth, leveraging information gathered as part of Strategy 1.	FY2018 Q2	TBD	Lead: IDPH
Identify and engage partners.	FY2018 Q2	TBD	Lead: IDPH Partners: Prevention Resource Centers, AC4C, health teachers, school resource officers, etc.
Define outcome metrics to determine education/training effectiveness.	FY2018 Q4	TBD	Lead: IDPH
Implement trainings and/or engage students on the dangers of substance use through existing community-based organizations and partnerships.	FY2019 Q3 Repeat 2021	TBD	Lead: IDPH Partners: Prevention Resource Centers and others TBD
Adapt the "Bottle Cap" campaign (IDPH-led/SPF SIG funded underage drinking campaign) and "Prescription Drugs Are Still Drugs" (IDPH-led SPF Rx funded campaign) to address the dangers of substance misuse; define requirements and the development of creative materials.	FY2019 Q2 Repeat 2021	TBD	Lead: IDPH

Strategies for Workforce Development

8. Define needs, identify gaps and craft a plan to address subject matter training for all experience levels of prevention professionals. Finalize training framework by the end of 2018.

Action Steps	Anticipated Completion	Funding Source(s)	Lead Agency *and Partner(s)*
Define workforce characteristics/prevention as a profession. Research as needed.	FY2018 Q2	TBD	Lead: IDPH Partners: Workforce Workgroup, IBC
Outline the skill sets required for prevention professionals based on prevention frameworks used in Iowa.	FY2018 Q2	TBD	Lead: IDPH Partners: Workforce Workgroup, IBC
Assess what subjects / courses are needed for each experience level (prospective, new, and current staff).	FY2018 Q2	TBD	Lead: IDPH Partners: Workforce Workgroup, IBC
Define criteria for training resources (e.g. in-state, those developed by a national accrediting body).	FY2018 Q2	TBD	Lead: IDPH Partners: Workforce Workgroup, IBC
List existing training resources and courses that address each skillset and experience level.	FY2018 Q2	TBD	Lead: IDPH Partners: Workforce Workgroup, IBC
Reach out to other prevention domain professionals for training materials and potential collaboration.	FY2018 Q2	TBD	Lead: IDPH Partners: Workforce Workgroup, IBC
Define framework for training based on assessment findings; identify partners, required resources, and delivery methods that best meet the need.	FY2018 Q4	TBD	Lead: IDPH Partners: Workforce Workgroup, IBC

9. Diversify the field of prevention professionals to reflect the population of Iowa through recruitment and retention strategies.

Action Steps	Anticipated Completion	Funding Source(s)	Lead Agency *and Partner(s)*
Connect with *Iowa Workforce Development* to promote prevention professions.	FY2018 Q4	TBD	Lead: IDPH Partners: Workforce Workgroup
Build a workforce pipeline through outreach to university programs.	FY2018 Q4	TBD	Lead: IDPH Partners: Workforce Workgroup, Vocational

Action Steps	Anticipated Completion	Funding Source(s)	Lead Agency *and Partner(s)*
			Development, Dept of Education
Develop staff retention strategies for prevention agencies. Roll out to agencies by year-end 2018.	FY2018 Q4	TBD	Lead: IDPH Partners: Workforce Workgroup

10. Identify an onboarding model for prevention professionals by 2020 to ensure basic competencies are met across all IDPH-recognized primary prevention strategies.

Action Steps	Anticipated Completion	Funding Source(s)	Lead Agency *and Partner(s)*
Outline the skill sets required for prevention professionals based on prevention frameworks used in Iowa. Determine what competencies IDPH will recognize for each strategy framework.	FY2019 Q4	TBD	Lead: IDPH Partners: Workforce Workgroup, IBC
Identify tools, including fidelity measures when applicable, to be used by IDPH funded agencies to increase competency in each strategy. Determine process by which fidelity will be assessed and roles/responsibilities to conduct those assessments.	FY2020 Q4	TBD	Lead: IDPH Partners: Workforce Workgroup
Schedule meetings with colleges, agencies and others to ensure basic competencies are included in curriculum/programs for pre-professional training.	FY2020 Q4	TBD	Lead: IDPH Partners: Workforce Workgroup, IBC
Identify and recommend an assessment tool to determine if prevention professionals have met skillset criteria. Recommend how to administer assessments and define plan for interventions if individual needs additional skill-building.	FY2020 Q4	TBD	Lead: IDPH Partners: Workforce Workgroup, IBC

11. Foster and encourage partnerships between prevention professionals and community stakeholders (e.g. youth serving organizations, faith leaders, local law enforcement, health care, educators) across the state to ensure consistent practices are applied.

Action Steps	**Anticipated Completion**	**Funding Source(s)**	**Lead Agency** ***and Partner(s)***
Identify and list secondary prevention professions that need a basic understanding of prevention topics or concepts.	FY2020 Q4	TBD	Lead: IDPH Partners: Workforce Workgroup, IBC
Meet with leaders at the state and community level who can collaborate to set up consistent training to professionals across the state.	FY2020 Q4	TBD	Lead: IDPH Partners: Workforce Workgroup, IBC
Create presentation/education materials and test on pilot audience.	FY2020 Q1	TBD	Lead: IDPH Partners: Workforce Workgroup, IBC
Schedule and deliver presentations/education.	FY2021 Q1	TBD	Lead: IDPH Partners: Workforce Workgroup, IBC
Evaluate presentation and adjust based on feedback. Determine if referrals are increasing.	FY2021 Q4	TBD	Lead: IDPH Partners: Workforce Workgroup, IBC
Investigate and determine if work group should launch a marketing campaign highlighting the prevention field.	FY2022 Q4	TBD	Lead: IDPH Partners: Workforce Workgroup, IBC

Special Focus Area – FY18 to FY22

Strategies to Reduce Opioid Use Disorder

12. Maximize the use of the Iowa Prescription Monitoring Program (PMP). Increase registration of controlled substance prescribers from 42% (2016 baseline) to 90% (2020 goal). Increase registration of pharmacists from 83% (2016 baseline) to 90% (2020 goal).

Action Steps	Anticipated Completion	Funding Source(s)	Lead Agency *and Partner(s)*
Identify a template provider report card to feature PMP data (e.g., number of top prescriptions, number of professionals enrolled.)	FY2018 Q3	TBD	Lead: Iowa Board of Pharmacy
Craft and deploy strategies to leverage the report card as a constructive community tool.	FY2019 Q1	TBD	Lead: Iowa Board of Pharmacy
Identify ways in which the Iowa Board of Pharmacy can help the Iowa Pharmacy Association and other partners in promotion of the PMP to increase registration and utilization of the tools.	FY2019 Q4	TBD	Lead: Iowa Board of Pharmacy; Iowa Pharmacy Association; Professional Healthcare Associations; IDPH
Assess PMP utilization and impact.	Baseline: FY2018 Q4 Follow up: FY2020 Q4	TBD	Lead: Iowa Board of Pharmacy Partners: IDPH

13. Promote the *CDC Guideline for Prescribing Opioids for Chronic Pain* within 80% of primary care clinics and among 80% of pre-professional programs across the State of Iowa by the end of FY2022.

Action Steps	Timeline	Funding Source(s)	Lead Agency *and Partner(s)*
Identify partners that can provide access to the target audience through conferences and education venues.	FY2018 Q2	IDPH / SPF Rx	Lead: IDPH
Work with Iowa's Opioid-STR team and prevention agencies to offer training.	FY2018 Q2 Ongoing	IDPH / STR IDPH / SPF Rx	Lead: Iowa Legislature Professional Boards – MD/DO, Nursing, Dentistry

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Action Steps	Timeline	Funding Source(s)	Lead Agency *and Partner(s)*
Work with medical schools, advanced practice nursing, dentistry, and physician assistant programs to ensure graduates demonstrate understanding of: CDC opioid prescribing guidelines, recognition of addiction, alternative pain therapies, counseling, and referral to treatment processes/resources.	FY2019 Q2	TBD	Lead: Professional Boards and Associations – MD/DO, Nursing, Dentistry
Develop and deliver continuing education for primary care prescribers regarding guidelines, alternative pain therapies and other relevant topics.	FY2020 Q2	TBD	Lead: Professional Boards and Associations – MD/DO, Nursing, Dentistry
Work with healthcare professionals to recommend alternative pain therapies.	FY2018 Q2 forward	TBD	Lead: Professional associations

14. Advocate for *Iowa Prescription Drug Take Backs* at the local level by supporting the creation of new permanent collection sites, in partnership with the Iowa Governor's Office of Drug Control Policy, and provide public education on "Take Back Events" annually.

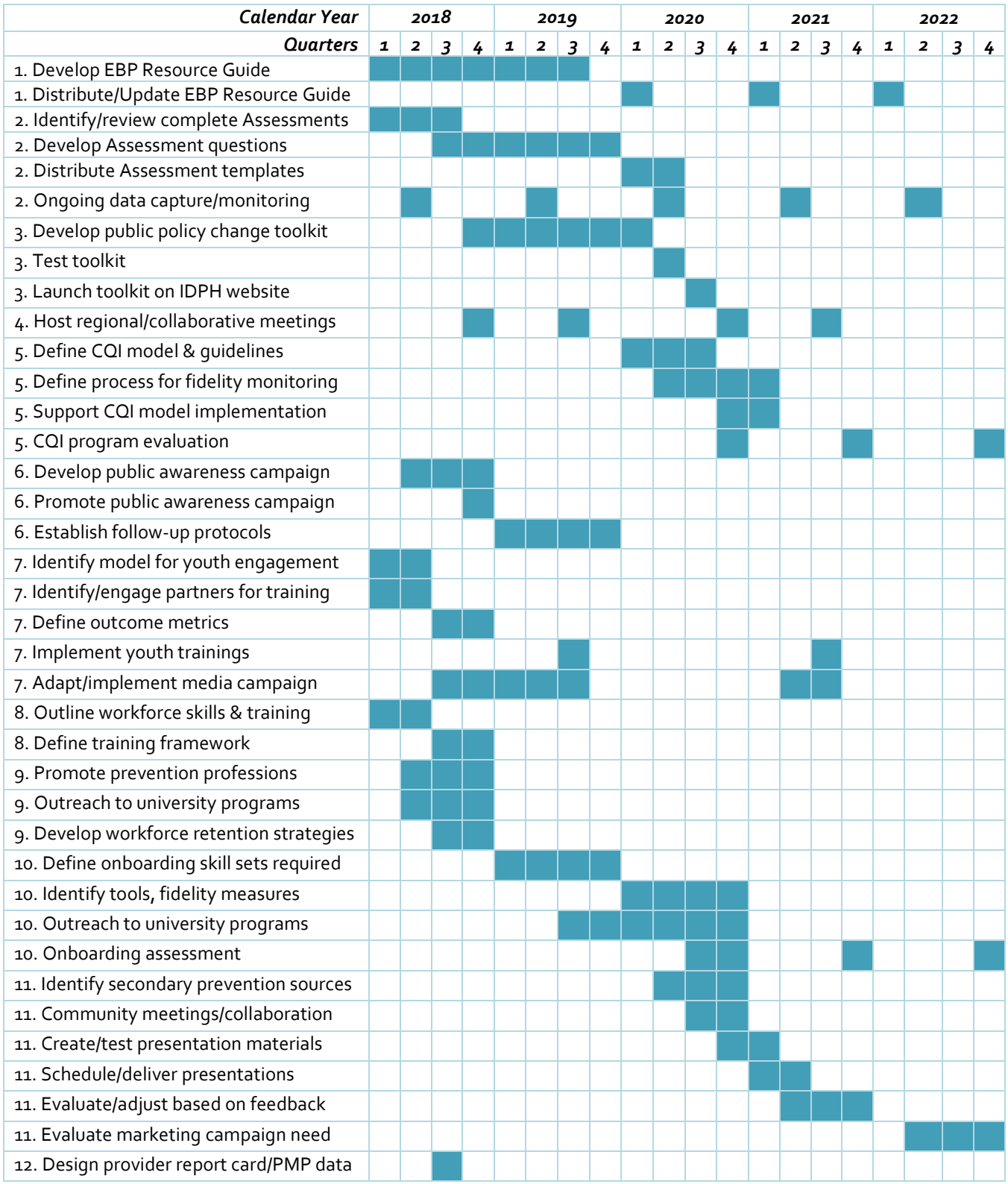
Action Steps	Timeline	Funding Source(s)	Lead Agency *and Partner(s)*
Support coalitions in promotion of take-back program in the community, particularly in promoting awareness of established "Take Back Kiosks" across Iowa and promotion of national take-back days.	Ongoing	TBD	Lead: Iowa Pharmacy Board, AC4C, ODCP, pharmacies, law enforcement
Increase disposal options for take-back programs. - Research disposal options - Share options with take-back hosts. - Assess if more sites are needed.	FY2018 Q4 FY2020 Q4 FY2022 Q4	TBD	Iowa Pharmacy Board, AC4C, ODCP

15. In coordination with the SPF Rx Public Education Plan, educate the public about the dangers of prescription opioids and reduce stigma of accessing resources.

Action Steps	Timeline	Funding Source(s)	Lead Agency *and Partner(s)*
Distribute the SPF Rx Media Campaign "Prescription Drugs Are Still Drugs." Assess efficacy through pre- and post-surveys.	May 31, 2017-September 2021	SPF Rx	SPF Rx Project Director and Evaluator

Action Steps	**Timeline**	**Funding Source(s)**	**Lead Agency *and Partner(s)***
Distribute Iowa Prescription Drug Epidemiological Profile update to all statewide coalitions via the AC4C coalition stakeholders, IDPH website, and Matter of Substance IDPH newsletter announcement.	October 2017-August 31, 2021		SEW, Project Director, AC4C Director
Complete County Assessment Workbook with SPF Rx-awarded counties to help determine the strategies to be applied. Results will be shared with coalitions in their counties and distributed in town hall meetings, hospitals, libraries.	October 1, 2017-April 27, 2018	SPF Rx	SPF Rx County Coordinator, SPF Project Director, Evaluator
Collaborate with Iowa Board of Pharmacy, Iowa Pharmacy Association, and IDPH for PMP marketing pieces targeted to 1) medical providers and 2) patients.	August 2017 – February 2018	SPF Rx	SPF Project Director, IBP & IPA Liaison, OSTR Project Director
Collaborate with Opioid State Targeted Response grantee in distributing combined SPF Rx PMP marketing pieces throughout 23 catchment areas in Iowa.	September 2017-August 2021	SPF Rx	OSTR and SPF Rx Project Director, County Coordinators
Collaborate with Iowa's Opioid-STR team in distributing the Opioid Overdose Recognition and Response brochure; begin with SPF Rx-awarded counties.	October 2017-August 2021	SPF Rx	OSTR and SPF Rx Project Director, SPF Rx County Coordinators
Distribute SAMHSA's Opioid Overdose Toolkit at the Governor's Conference on Substance Abuse Prevention. Distribute CDC's Guideline for Prescribing Opioids for Chronic Pain.	April 2018, April 2019, April 2020, April 2021	SPF Rx	Project Director
Post SPF Rx media campaign materials and PMP Comprehensive presentation on AC4C website and IDPH website.	September 2017	SPF Rx	Project Director, AC4C Director
Submit press release media campaign during Opioid Prevention Week.	September 2017	SPF Rx	Project Director, OSTR Director
Submit SPF Rx grantee press releases in their counties announcing they were awarded the SPF Rx grant and again for each of the strategies they implement and their status throughout the grant.	October 2017-September 2021	SPF Rx	SPF Rx County Coordinators
Submit press release announcing evaluation and progress for each year of the SPF Rx grant.	November 2017-October 2021	SPF Rx	SPF Rx Project Director

Implementation Timeline



Calendar Year	***2018***				***2019***				***2020***				***2021***				***2022***			
Quarters	***1***	***2***	***3***	***4***	***1***	***2***	***3***	***4***	***1***	***2***	***3***	***4***	***1***	***2***	***3***	***4***	***1***	***2***	***3***	***4***
12. Craft/deploy strategies, report card				■	■															
12. Promote PMP/increase registration						■	■	■												
12. Assess PMP utilization				■				■				■				■				■
13. Identify partners to promote guideline		■																		
13. Offer training/communication		■	■	■	■	■														
13. Outreach to medical schools					■	■														
13. Develop/deliver education to PCPs							■	■	■	■										
14. Promote "Take Back Kiosks"	■	■	■	■			■		■		■		■		■		■		■	
14. Research/share disposal options				■								■								■
15. Distribute SPF Rx Media Campaign	■	■	■	■	■	■	■	■	■	■	■	■	■	■						
15. Distribute Epidemiological Profile	■	■	■	■	■	■	■	■	■	■	■	■	■	■						
15. Complete County Assess. Workbook	■	■																		
15. Collaborate w/PMP marketing plan	■																			
15. Distribute PMP marketing materials	■	■	■	■	■	■	■	■	■	■	■	■	■	■						
15. Distribute guidelines/regional mtgs.		■				■				■				■						
15. Press releases with SPF Rx program	■	■	■	■	■	■	■	■	■	■	■	■	■	■						

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Environmental Factors and Plan

10. Substance Use Disorder Treatment - Required SABG

Narrative Question

Criterion 1: Prevention and Treatment Services - Improving Access and Maintaining a Continuum of Services to Meet State Needs

Criterion 1

Improving access to treatment services

1. Does your state provide:

a) A full continuum of services

i)	Screening	(•) Yes ( ) No
ii)	Education	(•) Yes ( ) No
iii)	Brief Intervention	(•) Yes ( ) No
iv)	Assessment	(•) Yes ( ) No
v)	Detox (inpatient/social)	(•) Yes ( ) No
vi)	Outpatient	(•) Yes ( ) No
vii)	Intensive Outpatient	(•) Yes ( ) No
viii)	Inpatient/Residential	(•) Yes ( ) No
ix)	Aftercare; Recovery support	(•) Yes ( ) No

b) Services for special populations:

Targeted services for veterans?	( ) Yes (•) No
Adolescents?	(•) Yes ( ) No
Other Adults?	(•) Yes ( ) No
Medication-Assisted Treatment (MAT)?	(•) Yes ( ) No

Criterion 2: Improving Access and Addressing Primary Prevention -See Narrative 8. Primary Prevention-Required SABG.

Criterion 2

Criterion 3

1. Does your state meet the performance requirement to establish and/or maintain new programs or expand programs to ensure treatment availability? (●) Yes ( ) No

2. Does your state make prenatal care available to PWWDC receiving services, either directly or through an arrangement with public or private nonprofit entities? (●) Yes ( ) No

3. Have an agreement to ensure pregnant women are given preference in admission to treatment facilities or make available interim services within 48 hours, including prenatal care? (●) Yes ( ) No

4. Does your state have an arrangement for ensuring the provision of required supportive services? (●) Yes ( ) No

5 Has your state identified a need for any of the following:

a) Open assessment and intake scheduling (●) Yes ( ) No

b) Establishment of an electronic system to identify available treatment slots (●) Yes ( ) No

c) Expanded community network for supportive services and healthcare ( ) Yes (●) No

d) Inclusion of recovery support services ( ) Yes (●) No

e) Health navigators to assist clients with community linkages ( ) Yes (●) No

f) Expanded capability for family services, relationship restoration, and custody issues? (●) Yes ( ) No

g) Providing employment assistance (●) Yes ( ) No

h) Providing transportation to and from services (●) Yes ( ) No

i) Educational assistance (●) Yes ( ) No

6. States are required to monitor program compliance related to activities and services for PWWDC. Please provide a detailed description of the specific strategies used by the state to identify compliance issues and corrective actions required to address identified problems.

Through the IPN, four women and children IPN providers were selected to provide women and children treatment and ancillary services statewide. Women and children treatment must be readily accessible, comprehensive and appropriate to the persons seeking the services. Women and children treatment must be available when needed, with minimal wait time. Women and children providers must provide all ancillary services and requirements under Code of Federal Regulations (ancillary services and/or treatment specialized for women is provided for pregnant and parenting women and their dependent children). Other treatment funding may be funded by Medicaid if the client and/or their children have Medicaid (consistent with client enrollment). The women and children set aside are utilized as the payor of last resort. Women and Children providers are monitored through quarterly and annual progress reporting, claims reviews, IPN director and Community of Practice meetings, critical incident reporting, and/or may submit technical assistance or questions through the IPN helpdesk or directly to staff and/or the SSA. If corrective action is needed, IDPH follows up with the identified contractor.

Criterion 4,5&6

Persons Who Inject Drugs (PWID)

1. Does your state fulfill the:

a)	90 percent capacity reporting requirement	(•) Yes ( ) No
b)	14-120 day performance requirement with provision of interim services	(•) Yes ( ) No
c)	Outreach activities	(•) Yes ( ) No
d)	Syringe services programs, if applicable	( ) Yes (•) No
e)	Monitoring requirements as outlined in the authorizing statute and implementing regulation	(•) Yes ( ) No

2. Has your state identified a need for any of the following:

a)	Electronic system with alert when 90 percent capacity is reached	(•) Yes ( ) No
b)	Automatic reminder system associated with 14-120 day performance requirement	( ) Yes (•) No
c)	Use of peer recovery supports to maintain contact and support	(•) Yes ( ) No
d)	Service expansion to specific populations (e.g., military families, veterans, adolescents, older adults)?	(•) Yes ( ) No

3. States are required to monitor program compliance related to activites and services for PWID. Please provide a detailed description of the specific strategies used by the state to identify compliance issues and corrective actions required to address identified problems.

IPN providers who provide substance abuse treatment services must meet SABG requirements and provide services to individuals who seek treatment to persons who inject drugs and to individuals related to the tuberculosis requirement.

Through the IPN, providers must sign annual attestation documentation which outlines the SABG regulations under 45 CFR 96.126 Capacity of Treatment for Intravenous Drug Abusers. These regulations include, but are not limited to, priority admission status, admission requirements, interim services provisions, referrals and counseling regarding HIV and TB, and waiting list requirements. For ease of reporting and tracking, through the IBHRS data system, interim services and regulations have been built into the data collection system.

Data enhancements have also been made regarding the waitlist for priority populations including Individuals who Inject Drugs and Treatment Services for Pregnant Women. IDPH has provided extensive annual training to providers regarding Priority Admission Preference, Interim Service Provision requirements, and has provided technical assistance to multiple providers.

To assist the IDPH to meet the SABG regulations for tracking treatment capacity for individuals who are pregnant and/or have used a drug(s) via IV injection in the past 30 days, the State Waitlist was developed within the I-SMART data system. Iowan's seeking treatment services who meet this criteria sign consent, are placed on the statewide waitlist according to the priority admission status as regulated, and allow programs to refer, admit, pend, reject or close cases. The State Waitlist system allows for notifications upon referring and/or when cases are admitted or closed. IPN funded providers have received extensive training on use of the waitlist. The waitlist will be rolled out with the new data system; IBHRS. For more information visit: Iowa Behavioral Health Reporting System (IBHRS)

Tuberculosis (TB)

1. Does your state currently maintain an agreement, either directly or through arrangements with other public and nonprofit private entities to make available tuberculosis services to individuals receiving SUD treatment and to monitor the service delivery? ( ) Yes ( ) No

2. Has your state identified a need for any of the following:

a)	Business agreement/MOU with primary healthcare providers	( ) Yes ( ) No
b)	Cooperative agreement/MOU with public health entity for testing and treatment	( ) Yes ( ) No
c)	Established co-located SUD professionals within FQHCs	( ) Yes ( ) No

3. States are required to monitor program compliance related to tuberculosis services made available to individuals receiving SUD treatment. Please provide a detailed description of the specific strategies used by the state to identify compliance issues and corrective actions required to address identified problems.

The 2020 TB case rate for Iowa is 1.2 cases per 100,000 persons. This is significantly lower than the 2019 national average of 2.7 cases per 100,000 persons. Iowa owes its low TB case rate in part to proficient contact investigations, healthcare providers observance of treatment guidelines, adherence to DOT for active disease cases and the provision of medication for LTBI to more than 1,100 Iowan's annually.
The IDPH is the state agency which is responsible for TB Control. The TB Control Program is composed of two full time employees: the Program Manager and the Nurse Consultant. The program provides direct oversight of cases afflicted with latent tuberculosis infection (LTBI) and TB disease from admission to discharge in the TB Control Program. This includes consultation with physicians, nurses, local public health agencies (LPHAs) and other healthcare providers regarding TB transmission, pathogenesis, treatment, signs and symptoms, infection control practices and contact investigations. The purpose and scope of responsibilities is defined by the core functions of the TB Control Program which include:
Disease consultation and education
Investigation of active or suspect TB cases
Case management of LTBI and active TB cases
Administration of Iowa's TB Medication Program
Data management and analysis
Administration and finance
The most recent 2020 Annual Data Report for Iowa Tuberculosis Control, indicates that 39 cases of TB were reported in Iowa in 2020.

IPN providers, who are awarded a contract with IDPH, are required to sign an annual attestation regarding meeting all required SABG requirements. Within IPN contracts, IPN providers are required to meet SABG TB and Persons who inject drugs requirements including: timeliness standards, capacity notification requirements, outreach efforts, providing or making services available to TB clients (including screening, counseling, education, referral to medical providers, as needed, and reporting to the Bureau of TB any active TB cases (within 1 day) and interim service provisions. Screening and services for persons with tuberculosis are provided directly by IPN funded providers or through interagency collaborative agreements with other local agencies. In the case of an individual in need of such treatment who is denied admission by a provider on the basis of the lack of capacity to admit the individual, the provider will refer the individual to another contractor for tuberculosis control procedures and protocols to address TB and other communicable diseases. IDPH is currently moving from a narrative reporting function to tracking of SABG requirements through the reporting of data to the Department's new data reporting system IBHRS; effective July 2021. In addition, IPN providers will begin signing an annual monitoring form of regulations and will begin to send policies to IDPH on an annual basis for review.

Early Intervention Services for HIV (for "Designated States" Only)

1. Does your state currently have an agreement to provide treatment for persons with substance use disorders with an emphasis on making available within existing programs early intervention services for HIV in areas that have the greatest need for such services and monitoring the service delivery? ○ Yes ○ No

2. Has your state identified a need for any of the following:

a) Establishment of EIS-HIV service hubs in rural areas ○ Yes ○ No

b) Establishment or expansion of tele-health and social media support services ○ Yes ○ No

c) Business agreement/MOU with established community agencies/organizations serving persons with HIV/AIDS ○ Yes ○ No

Syringe Service Programs

1. Does your state have in place an agreement to ensure that SABG funds are NOT expended to provide individuals with hypodermic needles or syringes(42 U.S.CÂ§ 300x-31(a)(1)(F)? ○ Yes ○ No

2. Do any of the programs serving PWID have an existing relationship with a Syringe Services (Needle Exchange) Program? ○ Yes ○ No

3. Do any of the programs use SABG funds to support elements of a Syringe Services Program? ○ Yes ○ No

If yes, plese provide a brief description of the elements and the arrangement

Criterion 8,9&10

Service System Needs

1. Does your state have in place an agreement to ensure that the state has conducted a statewide assessment of need, which defines prevention and treatment authorized services available, identified gaps in service, and outlines the state's approach for improvement — (●) Yes ( ) No

2. Has your state identified a need for any of the following:

- **a)** Workforce development efforts to expand service access — (●) Yes ( ) No
- **b)** Establishment of a statewide council to address gaps and formulate a strategic plan to coordinate services — (●) Yes ( ) No
- **c)** Establish a peer recovery support network to assist in filling the gaps — (●) Yes ( ) No
- **d)** Incorporate input from special populations (military families, service memebers, veterans, tribal entities, older adults, sexual and gender minorities) — (●) Yes ( ) No
- **e)** Formulate formal business agreements with other involved entities to coordinate services to fill gaps in the system, i.e. primary healthcare, public health, VA, community organizations — (●) Yes ( ) No
- **f)** Explore expansion of services for:
  - **i)** MAT — (●) Yes ( ) No
  - **ii)** Tele-Health — (●) Yes ( ) No
  - **iii)** Social Media Outreach — (●) Yes ( ) No

Service Coordination

1. Does your state have a current system of coordination and collaboration related to the provision of person -centered and person-directed care? — (●) Yes ( ) No

2. Has your state identified a need for any of the following:

- **a)** Identify MOUs/Business Agreements related to coordinate care for persons receiving SUD treatment and/or recovery services — ( ) Yes (●) No
- **b)** Establish a program to provide trauma-informed care — ( ) Yes (●) No
- **c)** Identify current and perspective partners to be included in building a system of care, such as FQHCs, primary healthcare, recovery community organizations, juvenile justice systems, adult criminal justice systems, and education — ( ) Yes (●) No

Charitable Choice

1. Does your state have in place an agreement to ensure the system can comply with the services provided by nongovernment organizations (42 U.S.C.§ 300x-65, 42 CF Part 54 (§54.8(b) and §54.8(c)(4)) and 68 FR 56430-56449)? — (●) Yes ( ) No

2. Does your state provide any of the following:

- **a)** Notice to Program Beneficiaries — ( ) Yes (●) No
- **b)** An organized referral system to identify alternative providers? — (●) Yes ( ) No
- **c)** A system to maintain a list of referrals made by religious organizations? — ( ) Yes (●) No

Referrals

1. Does your state have an agreement to improve the process for referring individuals to the treatment modality that is most appropriate for their needs? — (●) Yes ( ) No

2. Has your state identified a need for any of the following:

- **a)** Review and update of screening and assessment instruments — ( ) Yes (●) No
- **b)** Review of current levels of care to determine changes or additions — (●) Yes ( ) No
- **c)** Identify workforce needs to expand service capabilities — (●) Yes ( ) No

d) Conduct cultural awareness training to ensure staff sensitivity to client cultural orientation, environment, and background — (●) Yes ( ) No

Patient Records

1. Does your state have an agreement to ensure the protection of client records? — (●) Yes ( ) No

2. Has your state identified a need for any of the following:

a) Training staff and community partners on confidentiality requirements — ( ) Yes (●) No

b) Training on responding to requests asking for acknowledgement of the presence of clients — ( ) Yes (●) No

c) Updating written procedures which regulate and control access to records — ( ) Yes (●) No

d) Review and update of the procedure by which clients are notified of the confidentiality of their records including the exceptions for disclosure: — ( ) Yes (●) No

Independent Peer Review

1. Does your state have an agreement to assess and improve, through independent peer review, the quality and appropriateness of treatment services delivered by providers? — (●) Yes ( ) No

2. Section 1943(a) of Title XIX, Part B, Subpart III of the Public Health Service Act (42 U.S.C.§ 300x-52(a)) and 45 § CFR 96.136 require states to conduct independent peer review of not fewer than 5 percent of the block grant sub-recipients providing services under the program involved.

Please provide an estimate of the number of block grant sub-recipients identified to undergo such a review during the fiscal year(s) involved.

1

3. Has your state identified a need for any of the following:

a) Development of a quality improvement plan — (●) Yes ( ) No

b) Establishment of policies and procedures related to independent peer review — ( ) Yes (●) No

c) Development of long-term planning for service revision and expansion to meet the needs of specific populations — ( ) Yes (●) No

4. Does your state require a block grant sub-recipient to apply for and receive accreditation from an independent accreditation organization, such as the Commission on the Accreditation of Rehabilitation Facilities (CARF), The Joint Commission, or similar organization as an eligibility criterion for block grant funds? — ( ) Yes (●) No

If Yes, please identify the accreditation organization(s)

i) ☐ Commission on the Accreditation of Rehabilitation Facilities

ii) ☐ The Joint Commission

iii) ☐ Other (please specify)

Criterion 7&11

Group Homes

1. Does your state have an agreement to provide for and encourage the development of group homes for persons in recovery through a revolving loan program? ○ Yes ◉ No

2. Has your state identified a need for any of the following:

a) Implementing or expanding the revolving loan fund to support recovery home development as part of the expansion of recovery support service ○ Yes ◉ No

b) Implementing MOUs to facilitate communication between block grant service providers and group homes to assist in placing clients in need of housing ○ Yes ◉ No

Professional Development

1. Does your state have an agreement to ensure that prevention, treatment and recovery personnel operating in the state's substance use disorder prevention, treatment and recovery systems have an opportunity to receive training on an ongoing basis, concerning:

a) Recent trends in substance use disorders in the state ◉ Yes ○ No

b) Improved methods and evidence-based practices for providing substance use disorder prevention and treatment services ◉ Yes ○ No

c) Performance-based accountability: ◉ Yes ○ No

d) Data collection and reporting requirements ◉ Yes ○ No

2. Has your state identified a need for any of the following:

a) A comprehensive review of the current training schedule and identification of additional training needs ◉ Yes ○ No

b) Addition of training sessions designed to increase employee understanding of recovery support services ◉ Yes ○ No

c) Collaborative training sessions for employees and community agencies' staff to coordinate and increase integrated services ◉ Yes ○ No

d) State office staff training across departments and divisions to increase staff knowledge of programs and initiatives, which contribute to increased collaboration and decreased duplication of effort ◉ Yes ○ No

3. Has your state utilized the Regional Prevention, Treatment and/or Mental Health Training and Technical Assistance Centers (TTCs)?

a) Prevention TTC? ◉ Yes ○ No

b) Mental Health TTC? ○ Yes ◉ No

c) Addiction TTC? ◉ Yes ○ No

d) State Targeted Response TTC? ◉ Yes ○ No

Waivers

Upon the request of a state, the Secretary may waive the requirements of all or part of the sections 1922(c), 1923, 1924. and 1928 (42 U.S.C.§ 300x-32 (f)).

1. Is your state considering requesting a waiver of any requirements related to:

a) Allocations regarding women ○ Yes ◉ No

2. Requirements Regarding Tuberculosis Services and Human Immunodeficiency Virus:

a) Tuberculosis ○ Yes ◉ No

b) Early Intervention Services Regarding HIV ○ Yes ◉ No

3. Additional Agreements

a) Improvement of Process for Appropriate Referrals for Treatment ○ Yes ◉ No

b) Professional Development ○ Yes ◉ No

c) Coordination of Various Activities and Services ○ Yes ◉ No

Please provide a link to the state administrative regulations that govern the Mental Health and Substance Use Disorder Programs.

https://idph.iowa.gov/substance-abuse/program-licensure

Footnotes:

IDPH is not a HIV designated state and does not have syringe services programs.

Environmental Factors and Plan

11. Quality Improvement Plan- Requested

Narrative Question

In previous block grant applications, SAMHSA asked states to base their administrative operations and service delivery on principles of Continuous Quality Improvement/Total Quality Management (CQI/TQM). These CQI processes should identify and track critical outcomes and performance measures, based on valid and reliable data, consistent with the NBHQF, which will describe the health and functioning of the mental health and addiction systems. The CQI processes should continuously measure the effectiveness of services and supports and ensure that they continue to reflect this evidence of effectiveness. The state's CQI process should also track programmatic improvements using stakeholder input, including the general population and individuals in treatment and recovery and their families. In addition, the CQI plan should include a description of the process for responding to emergencies, critical incidents, complaints, and grievances.

Please respond to the following items:

1. Has your state modified its CQI plan from FFY 2020-FFY 2021? ○ Yes ○ No

Please indicate areas of technical assistance needed related to this section.

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Footnotes:

Environmental Factors and Plan

12. Trauma - Requested

Narrative Question

Trauma [57] is a widespread, harmful, and costly public health problem. It occurs because of violence, abuse, neglect, loss, disaster, war and other emotionally harmful and/or life threatening experiences. Trauma has no boundaries with regard to age, gender, socioeconomic status, race, ethnicity, geography, or sexual orientation. It is an almost universal experience of people with mental and substance use difficulties. The need to address trauma is increasingly viewed as an important component of effective M/SUD service delivery. Additionally, it has become evident that addressing trauma requires a multi-pronged, multi-agency public health approach inclusive of public education and awareness, prevention and early identification, and effective trauma-specific assessment and treatment. To maximize the impact of these efforts, they need to be provided in an organizational or community context that is trauma-informed.

Individuals with experiences of trauma are found in multiple service sectors, not just in M/SUD services. People in the juvenile and criminal justice system have high rates of mental illness and substance use disorders and personal histories of trauma. Children and families in the child welfare system similarly experience high rates of trauma and associated M/SUD problems. Many patients in primary, specialty, emergency and rehabilitative health care similarly have significant trauma histories, which has an impact on their health and their responsiveness to health interventions. Schools are now recognizing that the impact of exposure to trauma and violence among their students makes it difficult to learn and meet academic goals. Communities and neighborhoods experience trauma and violence. For some these are rare events and for others these are daily events that children and families are forced to live with. These children and families remain especially vulnerable to trauma-related problems, often are in resource poor areas, and rarely seek or receive M/SUD care. States should work with these communities to identify interventions that best meet the needs of these residents.

In addition, the public institutions and service systems that are intended to provide services and supports for individuals are often re-traumatizing, making it necessary to rethink doing ?business as usual.? These public institutions and service settings are increasingly adopting a trauma-informed approach. A trauma-informed approach is distinct from trauma-specific assessments and treatments. Rather, trauma-informed refers to creating an organizational culture or climate that realizes the widespread impact of trauma, recognizes the signs and symptoms of trauma in clients and staff, responds by integrating knowledge about trauma into policies and procedures, and seeks to actively resist re-traumatizing clients and staff. This approach is guided by key principles that promote safety, trustworthiness and transparency, peer support, empowerment, collaboration, and sensitivity to cultural and gender issues. A trauma-informed approach may incorporate trauma-specific screening, assessment, treatment, and recovery practices or refer individuals to these appropriate services.

It is suggested that states refer to SAMHSA's guidance for implementing the trauma-informed approach discussed in the Concept of Trauma[58] paper.

57 Definition of Trauma: *Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.*
58 *Ibid*

Please consider the following items as a guide when preparing the description of the state's system:

1. Does the state have a plan or policy for M/SUD providers that guide how they will address individuals with trauma-related issues? ○ Yes ○ No

2. Does the state provide information on trauma-specific assessment tools and interventions for M/SUD providers? ○ Yes ○ No

3. Does the state have a plan to build the capacity of M/SUD providers and organizations to implement a trauma-informed approach to care? ○ Yes ○ No

4. Does the state encourage employment of peers with lived experience of trauma in developing trauma-informed organizations? ○ Yes ○ No

5. Does the state have any activities related to this section that you would like to highlight.

Please indicate areas of technical assistance needed related to this section.

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Footnotes:

Environmental Factors and Plan

13. Criminal and Juvenile Justice - Requested

Narrative Question

More than half of all prison and jail inmates meet criteria for having mental health problems, six in ten meet criteria for a substance use problem, and more than one-third meet criteria for having co-occurring mental and substance use problems. Youth in the juvenile justice system often display a variety of high-risk characteristics that include inadequate family support, school failure, negative peer associations, and insufficient use of community-based services. Most adjudicated youth released from secure detention do not have community follow-up or supervision; therefore, risk factors remain unaddressed.[59]

Successful diversion of adults and youth from incarceration or re-entering the community from detention is often dependent on engaging in appropriate M/SUD treatment. Some states have implemented such efforts as mental health, veteran and drug courts, Crisis Intervention Training (CIT) and re-entry programs to help reduce arrests, imprisonment and recidivism.[60]
A diversion program places youth in an alternative program, rather than processing them in the juvenile justice system. States should place an emphasis on screening, assessment, and services provided prior to adjudication and/or sentencing to divert persons with M/SUD from correctional settings. States should also examine specific barriers such as a lack of identification needed for enrollment Medicaid and/or the Health Insurance Marketplace; loss of eligibility for Medicaid resulting from incarceration; and care coordination for individuals with chronic health conditions, housing instability, and employment challenges. Secure custody rates decline when community agencies are present to advocate for alternatives to detention.

The MHBG and SABG may be especially valuable in supporting care coordination to promote pre-adjudication or pre-sentencing diversion, providing care during gaps in enrollment after incarceration, and supporting other efforts related to enrollment.

[59] Journal of Research in Crime and Delinquency: *: Identifying High-Risk Youth: Prevalence and Patterns of Adolescent Drug Victims, Judges, and Juvenile Court Reform Through Restorative Justice.*Dryfoos, Joy G. 1990, Rottman, David, and Pamela Casey, McNiel, Dale E., and Ren?e L. Binder. **OJJDP Model Programs Guide**
[60] **http://csgjusticecenter.org/mental-health/**

Please respond to the following items

1.	Does the state (SMHA and SSA) have a plan for coordinating with the criminal and juvenile justice systems on diversion of individuals with mental and/or substance use disorders from incarceration to community treatment, and for those incarcerated, a plan for re-entry into the community that includes connecting to M/SUD services?	○ Yes ○ No
2.	Does the state have a plan for working with law enforcement to deploy emerging strategies (e.g. civil citations, mobile crisis intervention, M/SUD provider ride-along, CIT, linkage with treatment services, etc.) to reduce the number of individuals with mental and/or substance use problems in jails and emergency rooms?	○ Yes ○ No
3.	Does the state provide cross-trainings for M/SUD providers and criminal/juvenile justice personnel to increase capacity for working with individuals with M/SUD issues involved in the justice system?	○ Yes ○ No
4.	Does the state have an inter-agency coordinating committee or advisory board that addresses criminal and juvenile justice issues and that includes the SMHA, SSA, and other governmental and non-governmental entities to address M/SUD and other essential domains such as employment, education, and finances?	○ Yes ○ No
5.	Does the state have any activities related to this section that you would like to highlight? Please indicate areas of technical assistance needed related to this section.	

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Footnotes:

Environmental Factors and Plan

14. Medication Assisted Treatment - Requested (SABG only)

Narrative Question

There is a voluminous literature on the efficacy of medication-assisted treatment (MAT); the use of FDA approved medication; counseling; behavioral therapy; and social support services, in the treatment of substance use disorders. However, many treatment programs in the U.S. offer only abstinence-based treatment for these conditions. The evidence base for MAT for SUDs is described in SAMHSA TIPs 40[1], 43[2], 45[3], 49 [4], and 63[5].

SAMHSA strongly encourages that the states require treatment facilities providing clinical care to those with substance use disorders demonstrate that they both have the capacity and staff expertise to use MAT or have collaborative relationships with other providers that can provide the appropriate MAT services clinically needed.

Individuals with substance use disorders who have a disorder for which there is an FDA-approved medication treatment should have access to those treatments based upon each individual patient's needs.

In addition, SAMHSA also encourages states to require the use of MAT for substance use disorders for opioid use, alcohol use, and tobacco use disorders where clinically appropriate.

SAMHSA is asking for input from states to inform SAMHSA's activities.

TIP 40 - https://www.ncbi.nlm.nih.gov/books/NBK64245/ [ncbi.nlm.nih.gov]

TIP 43 - https://www.ncbi.nlm.nih.gov/books/NBK64164/ [ncbi.nlm.nih.gov]

TIP 45 - https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4131.pdf [store.samhsa.gov]

TIP 49 - https://store.samhsa.gov/sites/default/files/d7/priv/sma13-4380.pdf [store.samhsa.gov]

TIP 63 - https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-02-01-006_508.pdf [store.samhsa.gov]

Please respond to the following items:

1. Has the state implemented a plan to educate and raise awareness within SUD treatment programs regarding MAT for substance use disorders? ○ Yes ○ No

2. Has the state implemented a plan to educate and raise awareness of the use of MAT within special target audiences, particularly pregnant women? ○ Yes ○ No

3. Does the state purchase any of the following medication with block grant funds? ○ Yes ○ No

- **a)** ☐ Methadone
- **b)** ☐ Buprenophine, Buprenorphine/naloxone
- **c)** ☐ Disulfiram
- **d)** ☐ Acamprosate
- **e)** ☐ Naltrexone (oral, IM)
- **f)** ☐ Naloxone

4. Does the state have an implemented education or quality assurance program to assure that evidence-based MAT with the use of FDA-approved medications for treatment of substance abuse use disorders are used appropriately*? ○ Yes ○ No

5. Does the state have any activities related to this section that you would like to highlight?

**Appropriate use is defined as use of medication for the treatment of a substance use disorder, combining psychological treatments with approved medications, use of peer supports in the recovery process, safeguards against misuse and/or diversion of controlled substances used in treatment of substance use disorders, and advocacy with state payers.*

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15. Crisis Services - Required for MHBG

Narrative Question

In the on-going development of efforts to build an robust system of evidence-based care for persons diagnosed with SMI, SED and SUD and their families via a coordinated continuum of treatments, services and supports, growing attention is being paid across the country to how states and local communities identify and effectively respond to, prevent, manage and help individuals, families, and communities recover from M/SUD crises. SAMHSA has recently released a publication, Crisis Services Effectiveness, Cost Effectiveness and Funding Strategies that states may find helpful.[61] SAMHSA has taken a leadership role in deepening the understanding of what it means to be in crisis and how to respond to a crisis experienced by people with M/SUD conditions and their families. According to SAMHSA's publication, **Practice Guidelines: Core Elements for Responding to Mental Health Crises**[62],

"Adults, children, and older adults with an SMI or emotional disorder often lead lives characterized by recurrent, significant crises. These crises are not the inevitable consequences of mental disability, but rather represent the combined impact of a host of additional factors, including lack of access to essential services and supports, poverty, unstable housing, coexisting substance use, other health problems, discrimination, and victimization."

A crisis response system will have the capacity to prevent, recognize, respond, de-escalate, and follow-up from crises across a continuum, from crisis planning, to early stages of support and respite, to crisis stabilization and intervention, to post-crisis follow-up and support for the individual and their family. SAMHSA expects that states will build on the emerging and growing body of evidence for effective community-based crisis-prevention and response systems. Given the multi-system involvement of many individuals with M/SUD issues, the crisis system approach provides the infrastructure to improve care coordination and outcomes, manage costs, and better invest resources. The following are an array of services and supports used to address crisis response.

[61] **http://store.samhsa.gov/product/Crisis-Services-Effective-Cost-Effectiveness-and-Funding-Strategies/SMA14-4848**

[62] Practice Guidelines: Core Elements for Responding to Mental Health Crises. HHS Pub. No. SMA-09-4427. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2009. **http://store.samhsa.gov/product/Core-Elements-for-Responding-to-Mental-Health-Crises/SMA09-4427**

Please check those that are used in your state:

1. Crisis Prevention and Early Intervention

- **a)** ☐ Wellness Recovery Action Plan (WRAP) Crisis Planning
- **b)** ☐ Psychiatric Advance Directives
- **c)** ☐ Family Engagement
- **d)** ☐ Safety Planning
- **e)** ☐ Peer-Operated Warm Lines
- **f)** ☐ Peer-Run Crisis Respite Programs
- **g)** ☐ Suicide Prevention

2. Crisis Intervention/Stabilization

- **a)** ☐ Assessment/Triage (Living Room Model)
- **b)** ☐ Open Dialogue
- **c)** ☐ Crisis Residential/Respite
- **d)** ☐ Crisis Intervention Team/Law Enforcement
- **e)** ☐ Mobile Crisis Outreach
- **f)** ☐ Collaboration with Hospital Emergency Departments and Urgent Care Systems

3. Post Crisis Intervention/Support

- **a)** ☐ Peer Support/Peer Bridgers
- **b)** ☐ Follow-up Outreach and Support
- **c)** ☐ Family-to-Family Engagement
- **d)** ☐ Connection to care coordination and follow-up clinical care for individuals in crisis
- **e)** ☐ Follow-up crisis engagement with families and involved community members

f) ☐ Recovery community coaches/peer recovery coaches

g) ☐ Recovery community organization

4. Does the state have any activities related to this section that you would like to highlight?

Please indicate areas of technical assistance needed related to this section.

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16. Recovery - Required

Narrative Question

The implementation of recovery supports and services are imperative for providing comprehensive, quality M/SUD care. The expansion in access to and coverage for health care compels SAMHSA to promote the availability, quality, and financing of vital services and support systems that facilitate recovery for individuals. Recovery encompasses the spectrum of individual needs related to those with mental disorders and/or substance use disorders. Recovery is supported through the key components of: health (access to quality health and M/SUD treatment); home (housing with needed supports), purpose (education, employment, and other pursuits); and community (peer, family, and other social supports). The principles of recovery guide the approach to person-centered care that is inclusive of shared decision-making. The continuum of care for these conditions includes psychiatric and psychosocial interventions to address acute episodes or recurrence of symptoms associated with an individual's mental or substance use disorder. Because mental and substance use disorders are chronic conditions, systems and services are necessary to facilitate the initiation, stabilization, and management of long-term recovery.

SAMHSA has developed the following working definition of recovery from mental and/or substance use disorders:

Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life to the greatest extent possible, and strive to reach their full potential.

In addition, SAMHSA identified 10 guiding principles of recovery:

- Recovery emerges from hope;
- Recovery is person-driven;
- Recovery occurs via many pathways;
- Recovery is holistic;
- Recovery is supported by peers and allies;
- Recovery is supported through relationship and social networks;
- Recovery is culturally-based and influenced;
- Recovery is supported by addressing trauma;
- Recovery involves individuals, families, community strengths, and responsibility;
- Recovery is based on respect.

Please see **SAMHSA's Working Definition of Recovery from Mental Disorders and Substance Use Disorders.**

States are strongly encouraged to consider ways to incorporate recovery support services, including peer-delivered services, into their continuum of care. Technical assistance and training on a variety of such services are available through the SAMHSA supported Technical Assistance and Training Centers in each region. SAMHSA strongly encourages states to take proactive steps to implement recovery support services. To accomplish this goal and support the wide-scale adoption of recovery supports in the areas of health, home, purpose, and community, SAMHSA has launched Bringing Recovery Supports to Scale Technical Assistance Center Strategy (BRSS TACS). BRSS TACS assists states and others to promote adoption of recovery-oriented supports, services, and systems for people in recovery from substance use and/or mental disorders.

Because recovery is based on the involvement of consumers/peers/people in recovery, their family members and caregivers, SMHAs and SSAs can engage these individuals, families, and caregivers in developing recovery-oriented systems and services. States should also support existing and create resources for new consumer, family, and youth networks; recovery community organizations and peer-run organizations; and advocacy organizations to ensure a recovery orientation and expand support networks and recovery services. States are strongly encouraged to engage individuals and families in developing, implementing and monitoring the state M/SUD treatment system.

Please respond to the following:

1. Does the state support recovery through any of the following:

a)	Training/education on recovery principles and recovery-oriented practice and systems, including the role of peers in care?	(•) Yes ( ) No	
b)	Required peer accreditation or certification?	( ) Yes (•) No	
c)	Block grant funding of recovery support services.	(•) Yes ( ) No	
d)	Involvement of persons in recovery/peers/family members in planning, implementation, or evaluation of the impact of the state's M/SUD system?	(•) Yes ( ) No	

2. Does the state measure the impact of your consumer and recovery community outreach activity? ( ) Yes (•) No

3. Provide a description of recovery and recovery support services for adults with SMI and children with SED in your state.

IDPH is not the mental health authority for these populations

4. Provide a description of recovery and recovery support services for individuals with substance use disorders in your state.

Please see Step I for a complete narrative of Recovery Support Services offered through the IPN and through discretionary grants.

5. Does the state have any activities that it would like to highlight?

Please indicate areas of technical assistance needed related to this section.

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17. Community Living and the Implementation of Olmstead - Requested

Narrative Question

The integration mandate in Title II of the Americans with Disabilities Act (ADA) and the Supreme Court's decision in **Olmstead v. L.C., 527 U.S. 581 (1999)**, provide legal requirements that are consistent with SAMHSA's mission to reduce the impact of M/SUD on America's communities. Being an active member of a community is an important part of recovery for persons with M/SUD conditions. Title II of the ADA and the regulations promulgated for its enforcement require that states provide services in the most integrated setting appropriate to the individual and prohibit needless institutionalization and segregation in work, living, and other settings. In response to the 10th anniversary of the Supreme Court's Olmstead decision, the Coordinating Council on Community Living was created at HHS. SAMHSA has been a key member of the council and has funded a number of technical assistance opportunities to promote integrated services for people with M/SUD needs, including a policy academy to share effective practices with states.

Community living has been a priority across the federal government with recent changes to section 811 and other housing programs operated by the Department of Housing and Urban Development (HUD). HUD and HHS collaborate to support housing opportunities for persons with disabilities, including persons with behavioral illnesses. The Department of Justice (DOJ) and the HHS Office for Civil Rights **(OCR)** cooperate on enforcement and compliance measures. DOJ and OCR have expressed concern about some aspects of state mental health systems including use of traditional institutions and other settings that have institutional characteristics to serve persons whose needs could be better met in community settings. More recently, there has been litigation regarding certain evidenced-based supported employment services such as sheltered workshops. States should ensure block grant funds are allocated to support prevention, treatment, and recovery services in community settings whenever feasible and remain committed, as SAMHSA is, to ensuring services are implemented in accordance with Olmstead and Title II of the ADA.

It is requested that the state submit their Olmstead Plan as a part of this application, or address the following when describing community living and implementation of Olmstead:

Please respond to the following items

1. Does the state's Olmstead plan include :

Housing services provided.	○ Yes ○ No
Home and community based services.	○ Yes ○ No
Peer support services.	○ Yes ○ No
Employment services.	○ Yes ○ No

2. Does the state have a plan to transition individuals from hospital to community settings? ○ Yes ○ No

Please indicate areas of technical assistance needed related to this section.

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18. Children and Adolescents M/SUD Services - Required MHBG, Requested SABG

Narrative Question

MHBG funds are intended to support programs and activities for children and adolescents with SED, and SABG funds are available for prevention, treatment, and recovery services for youth and young adults with substance use disorders. Each year, an estimated 20 percent of children in the U.S. have a diagnosable mental health condition and one in 10 suffers from a serious emotional disturbance that contributes to substantial impairment in their functioning at home, at school, or in the community.[63]. Most mental disorders have their roots in childhood, with about 50 percent of affected adults manifesting such disorders by age 14, and 75 percent by age 24.[64]. For youth between the ages of 10 and 24, suicide is the third leading cause of death and for children between 12 and 17, the second leading cause of death.[65].

It is also important to note that 11 percent of high school students have a diagnosable substance use disorder involving nicotine, alcohol, or illicit drugs, and nine out of 10 adults who meet clinical criteria for a substance use disorder started smoking, drinking, or using illicit drugs before the age of 18. Of people who started using before the age of 18, one in four will develop an addiction compared to one in twenty-five who started using substances after age 21.[66]. Mental and substance use disorders in children and adolescents are complex, typically involving multiple challenges. These children and youth are frequently involved in more than one specialized system, including mental health, substance abuse, primary health, education, childcare, child welfare, or juvenile justice. This multi-system involvement often results in fragmented and inadequate care, leaving families overwhelmed and children's needs unmet. For youth and young adults who are transitioning into adult responsibilities, negotiating between the child- and adult-serving systems becomes even harder. To address the need for additional coordination, SAMHSA is encouraging states to designate a point person for children to assist schools in assuring identified children are connected with available mental health and/or substance abuse screening, treatment and recovery support services.

Since 1993, SAMHSA has funded the Children's Mental Health Initiative (CMHI) to build the system of care approach in states and communities around the country. This has been an ongoing program with 173 grants awarded to states and communities, and every state has received at least one CMHI grant. Since then SAMHSA has awarded planning and implementation grants to states for adolescent and transition age youth SUD treatment and infrastructure development. This work has included a focus on financing, workforce development and implementing evidence-based treatments.

For the past 25 years, the system of care approach has been the major framework for improving delivery systems, services, and outcomes for children, youth, and young adults with mental and/or SUD and co-occurring M/SUD and their families. This approach is comprised of a spectrum of effective, community-based services and supports that are organized into a coordinated network. This approach helps build meaningful partnerships across systems and addresses cultural and linguistic needs while improving the child, youth and young adult functioning in home, school, and community. The system of care approach provides individualized services, is family driven; youth guided and culturally competent; and builds on the strengths of the child, youth or young adult and their family to promote recovery and resilience. Services are delivered in the least restrictive environment possible, use evidence-based practices, and create effective cross-system collaboration including integrated management of service delivery and costs.[67].

According to data from the 2015 Report to Congress[68] on systems of care, services:

1. reach many children and youth typically underserved by the mental health system;
2. improve emotional and behavioral outcomes for children and youth;
3. enhance family outcomes, such as decreased caregiver stress;
4. decrease suicidal ideation and gestures;
5. expand the availability of effective supports and services; and
6. save money by reducing costs in high cost services such as residential settings, inpatient hospitals, and juvenile justice settings.

SAMHSA expects that states will build on the well-documented, effective system of care approach to serving children and youth with serious M/SUD needs. Given the multi- system involvement of these children and youth, the system of care approach provides the infrastructure to improve care coordination and outcomes, manage costs, and better invest resources. The array of services and supports in the system of care approach includes:

- non-residential services (e.g., wraparound service planning, intensive case management, outpatient therapy, intensive home-based services, SUD intensive outpatient services, continuing care, and mobile crisis response);
- supportive services, (e.g., peer youth support, family peer support, respite services, mental health consultation, and supported education and employment); and

- residential services (e.g., like therapeutic foster care, crisis stabilization services, and inpatient medical detoxification).

[63]Centers for Disease Control and Prevention, (2013). Mental Health Surveillance among Children ? United States, 2005-2011. MMWR 62(2).

[64]Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., & Walters, E.E. (2005). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. Archives of General Psychiatry, 62(6), 593-602.

[65]Centers for Disease Control and Prevention. (2010). National Center for Injury Prevention and Control. Web-based Injury Statistics Query and Reporting System (WISQARS) [online]. (2010). Available from www.cdc.gov/injury/wisqars/index.html.

[66]The National Center on Addiction and Substance Abuse at Columbia University. (June, 2011). Adolescent Substance Abuse: America's #1 Public Health Problem.

[67]Department of Mental Health Services. (2011) The Comprehensive Community Mental Health Services for Children and Their Families Program: Evaluation Findings. Annual Report to Congress. Available from **https://store.samhsa.gov/product/Comprehensive-Community-Mental-Health-Services-for-Children-and-Their-Families-Program-Evaluation-Findings-Executive-Summary/PEP12-CMHI0608SUM**

[68] **http://www.samhsa.gov/sites/default/files/programs_campaigns/nitt-ta/2015-report-to-congress.pdf**

Please respond to the following items:

1. Does the state utilize a system of care approach to support:

a) The recovery and resilience of children and youth with SED? ○ Yes ○ No

b) The recovery and resilience of children and youth with SUD? ○ Yes ○ No

2. Does the state have an established collaboration plan to work with other child- and youth-serving agencies in the state to address M/SUD needs:

a) Child welfare? ○ Yes ○ No

b) Juvenile justice? ○ Yes ○ No

c) Education? ○ Yes ○ No

3. Does the state monitor its progress and effectiveness, around:

a) Service utilization? ○ Yes ○ No

b) Costs? ○ Yes ○ No

c) Outcomes for children and youth services? ○ Yes ○ No

4. Does the state provide training in evidence-based:

a) Substance misuse prevention, SUD treatment and recovery services for children/adolescents, and their families? ○ Yes ○ No

b) Mental health treatment and recovery services for children/adolescents and their families? ○ Yes ○ No

5. Does the state have plans for transitioning children and youth receiving services:

a) to the adult M/SUD system? ○ Yes ○ No

b) for youth in foster care? ○ Yes ○ No

6. Describe how the state provide integrated services through the system of care (social services, educational services, child welfare services, juvenile justice services, law enforcement services, substance use disorders, etc.)

7. Does the state have any activities related to this section that you would like to highlight?

Please indicate areas of technical assistance needed related to this section.

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Advisory Council Members

For the Mental Health Block Grant, **there are specific agency representation requirements** for the State representatives. States MUST identify the individuals who are representing these state agencies.

State Education Agency
State Vocational Rehabilitation Agency
State Criminal Justice Agency
State Housing Agency
State Social Services Agency
State Health (MH) Agency.

Start Year: 2022 End Year: 2023

Name	Type of Membership	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
No Data Available				

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Advisory Council Composition by Member Type

Start Year: 2022 End Year: 2023

Type of Membership	Number	Percentage
Total Membership	**0**	
Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services)	0	
Family Members of Individuals in Recovery* (to include family members of adults with SMI)	0	
Parents of children with SED/SUD*	0	
Vacancies (Individuals and Family Members)	0	
Others (Advocates who are not State employees or providers)	0	
Persons in recovery from or providing treatment for or advocating for SUD services	0	
Representatives from Federally Recognized Tribes	0	
Total Individuals in Recovery, Family Members & Others	**0**	**0.00%**
State Employees	0	
Providers	0	
Vacancies	0	
Total State Employees & Providers	**0**	**0.00%**
Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ Populations	0	
Providers from Diverse Racial, Ethnic, and LGBTQ Populations	0	
Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ Populations	**0**	
Youth/adolescent representative (or member from an organization serving young people)	0	

* States are encouraged to select these representatives from state Family/Consumer organizations.

Indicate how the Planning Council was involved in the review of the application. Did the Planning Council make any recommendations to modify the application?

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22. Public Comment on the State Plan - Required

Narrative Question

Title XIX, Subpart III, section 1941 of the PHS Act (42 U.S.C. § 300x-51) requires, as a condition of the funding agreement for the grant, states will provide an opportunity for the public to comment on the state block grant plan. States should make the plan public in such a manner as to facilitate comment from any person (including federal, tribal, or other public agencies) both during the development of the plan (including any revisions) and after the submission of the plan to SAMHSA.

Please respond to the following items:

1. Did the state take any of the following steps to make the public aware of the plan and allow for public comment?

a) Public meetings or hearings? (●) Yes ( ) No

b) Posting of the plan on the web for public comment? (●) Yes ( ) No

If yes, provide URL:

https://idph.iowa.gov/substance-abuse/block-grant-reports

As stated in step I, IDPH and DHS held a series of meetings, with stakeholders, from January- May of 2021 to present on the SABG and MH Block grant application regulations and to gather public comment regarding gaps and needs and shared goals. Strengths and opportunities identified include: Expansion of yourlifeiowa to assist with ease of navigation in locating licensed and accredited providers, professional development with telehealth, focus on workforce development and expansion of licensed and certified providers, services to individuals with health disparities or individuals living in rural areas, service focus for individuals for minority or refugee populations, focus on suicide planning efforts, focus on opioid data and initiatives, continued need to expand educational opportunities for licensed and certified counselors and continued focus on evidence-based practices.

c) Other (e.g. public service announcements, print media) (●) Yes ( ) No

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23. Syringe Services (SSP)

Narrative Question:

The Substance Abuse Prevention and Treatment Block Grant (SABG) restriction[1,2] on the use of federal funds for programs distributing sterile needles or syringes (referred to as syringe services programs (SSP)) was modified by the **Consolidated Appropriations Act**, 2018 (P.L. 115-141) signed by President Trump on March 23, 2018[3].

Section 520. *Notwithstanding any other provisions of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.*

A state experiencing, or at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, (as determined by CDC), may propose to use SABG to fund elements of an SSP other than to purchase sterile needles or syringes. States interested in directing SABG funds to SSPs must provide the information requested below and receive approval from the State Project Officer. Please note that the term used in the SABG statute and regulation, *intravenous drug user* (IVDU) is being replaced for the purposes of this discussion by the term now used by the federal government, *persons who inject drugs* (PWID).

States may consider making SABG funds available to either one or more entities to establish elements of a SSP or to establish a relationship with an existing SSP. States should keep in mind the related PWID SABG authorizing legislation and implementing regulation requirements when developing its Plan, specifically, requirements to provide outreach to PWID, SUD treatment and recovery services for PWID, and to routinely collaborate with other healthcare providers, which may include HIV/STD clinics, public health providers, emergency departments, and mental health centers[4]. SAMHSA funds cannot be supplanted, in other words, used to fund an existing SSP so that state or other non-federal funds can then be used for another program.

In the first half of calendar year 2016, the federal government released three guidance documents regarding SSPs[5]: These documents can be found on the Hiv.gov website: **https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs**,

1. **Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016** from The US Department of Health and Human Services, Office of HIV/AIDS and Infectious Disease Policy **https://www.hiv.gov/sites/default/files/hhs-ssp-guidance.pdf ,**

2. **Centers for Disease Control and Prevention (CDC)Program Guidance for Implementing Certain Components of Syringe ServicesPrograms,2016** The Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Division of Hepatitis Prevention **http://www.cdc.gov/hiv/pdf/risk/cdc-hiv-syringe-exchange-services.pdf,**

3. **The Substance Abuse and Mental Health Services Administration (SAMHSA)-specific Guidance for States Requesting Use of Substance Abuse Prevention and Treatment Block Grant Funds to Implement SSPs http://www.samhsa.gov/sites/default/files/grants/ssp-guidance-state-block-grants.pdf ,**

Please refer to the guidance documents above and follow the steps below when requesting to direct FY 2021 funds to SSPs.

- **Step 1** - Request a Determination of Need from the CDC
- **Step 2** - Include request in the FFY 2021 Mini-Application to expend FFY 2020 - 2021 funds and support an existing SSP or establish a new SSP
  - Include proposed protocols, timeline for implementation, and overall budget
  - Submit planned expenditures and agency information on Table A listed below
- **Step 3** - Obtain State Project Officer Approval

Future years are subject to authorizing language in appropriations bills.

End Notes

[1] Section 1923 (b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-23(b)) and 45 CFR § 96.126(e) requires entities that receive SABG funds to provide substance use disorder (SUD) treatment services to PWID to also conduct outreach activities to encourage such persons to undergo SUD treatment. Any state or jurisdiction that plans to re-obligate FY 2020-2021 SABG funds previously made available such entities for the purposes of providing substance use disorder treatment services to PWID and outreach to such persons may submit a request via its plan to SAMHSA for the purpose of incorporating elements of a SSP in one or more such entities insofar as the plan request is applicable to the FY 2020-2021 SABG funds ***only*** and is consistent with guidance issued by SAMHSA.

[2] Section 1931(a(1)(F) of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (42 U.S.C.§ 300x-31(a)(1)(F)) and 45 CFR § 96.135(a)(6) explicitly prohibits the use of SABG funds to provide PWID with hypodermic needles or syringes so that such persons may inject illegal drugs unless the Surgeon General of the United States determines that a demonstration needle exchange program would be effective in reducing injection drug use and the risk of HIV transmission to others. On February 23, 2011, the Secretary of the U.S. Department of Health and Human Services published a notice in the Federal Register (76 FR 10038) indicating that the Surgeon General of the United States had made a determination that syringe services programs, when part of a comprehensive HIV prevention strategy, play a critical role in preventing HIV among PWID, facilitate entry into SUD treatment and primary care, and do not increase the illicit use of drugs.

[3] Division H Departments of Labor, Health and Human Services and Education and Related Agencies, Title V General Provisions, Section 520 of the Consolidated Appropriations Act, 2018 (P.L. 115-141)

[4] Section 1924(a) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(a)) and 45 CFR § 96.127 requires entities that receives SABG funds to routinely make available, directly or through other public or nonprofit private entities, tuberculosis services as described in section 1924(b)(2) of the PHS Act to each person receiving SUD treatment and recovery services.

Section 1924(b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(b)) and 45 CFR 96.128 requires "designated states" as defined in Section 1924(b)(2) of the PHS Act to set- aside SABG funds to carry out 1 or more projects to make available early intervention services for HIV as defined in section 1924(b)(7)(B) at the sites at which persons are receiving SUD treatment and recovery services.

Section 1928(a) of Title XXI, Part B, Subpart II of the PHS Act (42 U.S.C. 300x-28(c)) and 45 CFR 96.132(c) requires states to ensure that substance abuse prevention and SUD treatment and recovery services providers coordinate such services with the provision of other services including, but not limited to, health services.

[5]***Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016*** describes an SSP as a comprehensive prevention program for PWID that includes the provision of sterile needles, syringes and other drug preparation equipment and disposal services, and some or all the following services:

- Comprehensive HIV risk reduction counseling related to sexual and injection and/or prescription drug misuse;
- HIV, viral hepatitis, sexually transmitted diseases (STD), and tuberculosis (TB) screening;
- Provision of naloxone (Narcan?) to reverse opiate overdoses;
- Referral and linkage to HIV, viral hepatitis, STD, and TB prevention care and treatment services;
- Referral and linkage to hepatitis A virus and hepatitis B virus vaccinations; and
- Referral to SUD treatment and recovery services, primary medical care and mental health services.

Centers for Disease Control and Prevention (CDC) Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016 includes a **description of the elements of an SSP** that can be supported with federal funds.

- Personnel (e.g., program staff, as well as staff for planning, monitoring, evaluation, and quality assurance);
- Supplies, exclusive of needles/syringes and devices solely used in the preparation of substances for illicit drug injection, e.g., cookers;
- Testing kits for HCV and HIV;
- Syringe disposal services (e.g., contract or other arrangement for disposal of bio- hazardous material);
- Navigation services to ensure linkage to HIV and viral hepatitis prevention, treatment and care services, including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis, post-exposure prophylaxis, prevention of mother to child transmission and partner services; HAV and HBV vaccination, substance use disorder treatment, recovery support services and medical and mental health services;

- Provision of naloxone to reverse opioid overdoses
- Educational materials, including information about safer injection practices, overdose prevention and reversing an opioid overdose with naloxone, HIV and viral hepatitis prevention, treatment and care services, and mental health and substance use disorder treatment including medication-assisted treatment and recovery support services;
- Condoms to reduce sexual risk of sexual transmission of HIV, viral hepatitis, and other STDs;
- Communication and outreach activities; and
- Planning and non-research evaluation activities.

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

Environmental Factors and Plan

Syringe Services (SSP) Program Information-Table A

If the state is planning to expend funds from the COVID-19 award, please enter the total planned amount in the footnote section.

Syringe Services Program SSP Agency Name	Main Address of SSP	Planned Dollar Amount of SABG Funds Expended for SSP	SUD Treatment Provider (Yes or No)	# Of Locations (include mobile if any)	Narcan Provider (Yes or No)
No Data Available					

OMB No. 0930-0168 Approved: 04/19/2019 Expires: 04/30/2022

Footnotes:

A Matter of Substance

A Publication of the IDPH Bureau of Substance Abuse

October 2020
Quarterly Publication
Bureau of Substance Abuse

IDPH • Lucas State Office Building • 321 East 12th St., Des Moines, IA 50319 • www.idph.iowa.gov

2020 Recovery Month

Every September, the Substance Abuse and Mental Health Services Administration (SAMHSA) within the U.S. Department of Health and Human Services (HHS) sponsors National Recovery Month to educate Americans that substance use treatment and mental health services can enable those with a mental and/or substance use disorder to live a healthy and rewarding life.

The theme for 2020 National Recovery Month was "Join the Voices for Recovery: Celebrating Connections." To support Recovery Month this September, the Iowa Department of Public Health collaborated with substance use disorder treatment programs to develop and implement recovery month activities and events across the state of Iowa.

Thank you to all that supported Recovery Month!

Note! September is National Recovery Month!

Seasons Center hosted a Community Connect Drive-Thru Resource Fair on September 24 that reached over 120 individuals.

Employees set up a resource table and distributed prepared materials directly to attendees' car windows.

Heartland Family Service hosted their 10th Annual Hands Across the Bridge for Recovery on September 19!

This virtual event was held over Zoom and Facebook Live and highlighted three speakers who focused on Prevention Works, Treatment is Effective, and People Do Recover.

The Spencer Fire Department, Police Department, Public Library and High School Cheerleaders also attended the event to share their support and cheer on their community.

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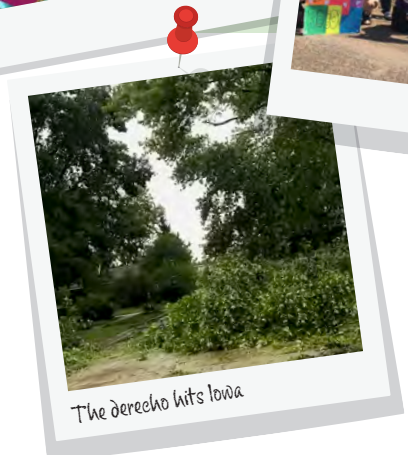
Important Information!

Provider Spotlight

2020 - You don't have to look far on social media sites to see a meme or infographic about the terrible state of the year. For Iowa, the derecho of August 10th added yet another complex layer to our year. For some Iowans, the impacts may have been mild, if any. Yet for our friends in central to eastern Iowa, the impacts have many still in recovery mode. For this 'provider spotlight,' the Iowa Department of Public Health wishes to recognize all providers of substance use disorder and mental health disorder services in Iowa who were impacted by the derecho. The resiliency of our providers in Iowa has proven to be strong and persistent. We recognize those many individuals, who continue to provide services to those in need, may also be recovering themselves from both the physical and emotional impacts of the derecho. For your own support, please know that **Your Life Iowa**, a safe place to chat, talk or text is also here for you. IDPH recognizes your strength as you continue to move forward day after day. Thank you for being the kind of person that contributes to our goal of whole health and recovery for all Iowans.

YOUR LIFE IOWA

IOWA DEPARTMENT OF PUBLIC HEALTH



The derecho hits Iowa

Employee Spotlight

Nick Lavorato joined the Iowa Department of Public Health (IDPH) in March 2020, as a Contracted Project Manager. In his role, he oversees the development of the Iowa Behavioral Health Reporting System (IBHRS), Request for Proposal (RFP) and implementation. Prior to his role at IDPH, Nick worked as a project manager with Unity Point Health and the Department of Human Services of Iowa.

Nick served in the US Army from 1994 to 1997 and the Iowa National Guard from 1998 to 2001. He received his Bachelor's degree in Business from Iowa State University in 2002. Nick then went on to further his education and received his Master's degree in Business Administration from Iowa State University in 2013.

Nick's favorite food is taco pizza. In his spare time, he enjoys coaching travel youth fastpitch softball, playing electric guitar for his worship band at church, and spending time in Florida. Welcome, Nick!

Nick Lavorato

Take Note

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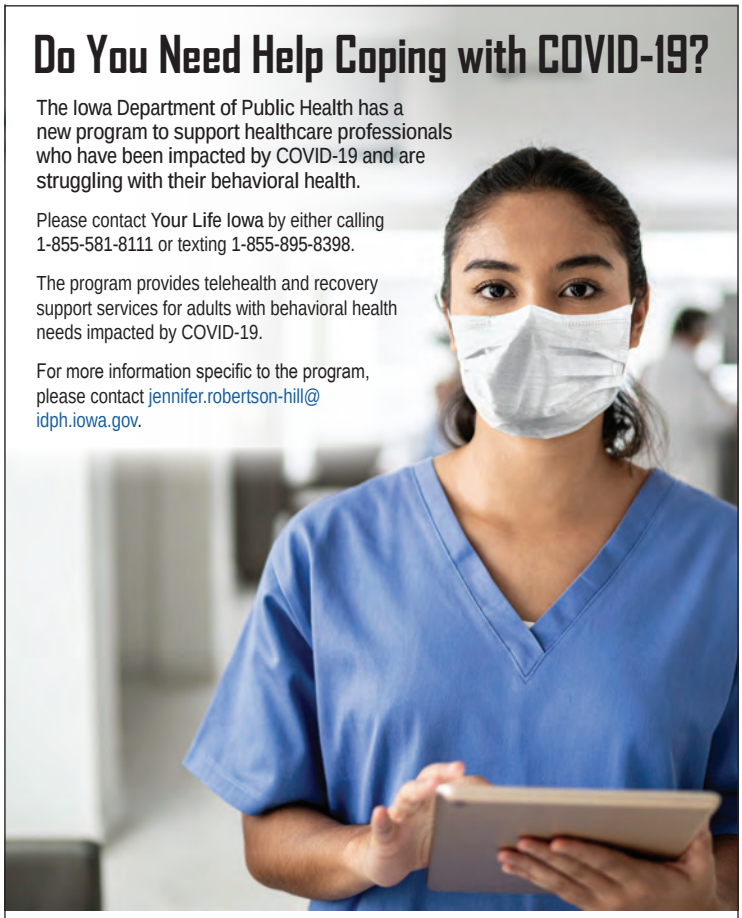
Substance Abuse Treatment and Prevention Block Grant Monitoring Site Visit

On September 14-15, 2020, the Substance Abuse and Mental Health Services Administration (SAMHSA) provided a review of the Substance Abuse Treatment and Prevention block grant (SABG). SAMHSA's virtual site visit assessed the state's administration of, and compliance with, the Substance Abuse Prevention and Treatment block grant. This site visit consisted of compliance and monitoring with the State SABG application and reporting requirements, as well as a meeting between the SAMHSA Project Officer and two Iowa Provider Network (IPN) contractors:

- ✓ House of Mercy (HOM)
- ✓ United Community Services (UCS)

Thank you, HOM and UCS, for sharing your time, expertise, and innovative practices with SAMHSA! For more information regarding the SAMHSA site visit, contact Michele Tilotta at: Michele.tilotta@idph.iowa.gov.



Emergency COVID-19 Grant

As seen in the infographic to the left, the Iowa Department of Public Health has a new program that has been developed for Iowan's impacted by COVID-19. The program is called Iowa's Emergency COVID-19 Project and has a special focus on helping healthcare, including behavioral health, professionals get free help for their behavioral health concerns. The program will serve all Iowans with resources and support who have been impacted by COVID-19 and are experiencing struggles with behavioral health. If you or a loved one is interested in hearing more about the program, please contact **Your Life Iowa** by calling **1-855-581-8111**.

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Important Information!

Iowa Receives $17.9 Million to Combat Opioids and Psychostimulant Use

The Iowa Department of Public Health (IDPH) has been awarded $17.8 million dollars over two years to address the use of opioids and psychostimulants, such as methamphetamines as part of the State Opioid Response (SOR) grant. The funds, made available by the U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration (SAMHSA), are part of the U.S. Health and Human Services Five-Point Opioid Strategy.

"Our state is extremely grateful for this funding opportunity from SAMHSA," said Kevin Gabbert, Opioid Initiatives Director at the Iowa Department of Public Health. "Unfortunately, we saw an increase in the number of deaths involving opioids and psychostimulants in 2019, and all indicators point to that number increasing in 2020."

Monica Wilke-Brown, project director for the grant said, "These funds will allow Iowa to increase efforts for overdose prevention, in addition to expanding prevention, treatment, and recovery support services for people affected by both opioids and methamphetamine."

"Programs such as these are instrumental because they facilitate greater access to evidence-based treatment," said Assistant Secretary for Mental Health and Substance Use Elinore F. McCance-Katz, MD, PhD. "Now, more than ever, this access to treatment for those with substance use disorders is especially critical."

Funding will allow Iowa to increase efforts for overdose prevention and expand prevention treatment and recovery services.

Narcan® Shelf Life Update

The Iowa Department of Public Health's Bureau of Substance Abuse recently published information announcing that Emergent BioSolutions, the manufacturer of Narcan®, had obtained approval from the U.S. Food and Drug Administration (FDA) to extend the shelf life of Narcan® nasal spray from 24 months to 36 months. This extension was to include any product previously released with a 24-month shelf life by extending the shelf life an additional 12 months. However, Emergent released the following announcement this week:

Recently, you may have received a communication from Emergent BioSolutions regarding shelf life extension for Narcan® (naloxone HCI) Nasal Spray 4 mg. The following is to correct that prior communication. The FDA has approved the extension of the shelf life of Narcan® (naloxone HCI) Nasal Spray from 24 months to 36 months. This extension will be applicable only to new product which will be labeled with the new expiration date. This product has not yet been distributed. Accordingly, product currently in the market which you may have in inventory, is still subject to the expiration dating printed on the packaging for the product. In other words, all Narcan Nasal Spray product remains subject to the expiration dating printed on its specific package.

IDPH apologizes for the inconvenience this may have caused. If you have any questions about obtaining Narcan®, please contact RaChel Greenwood at rachel.greenwood@idph.iowa.gov.

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Important Information!

Equity Matters

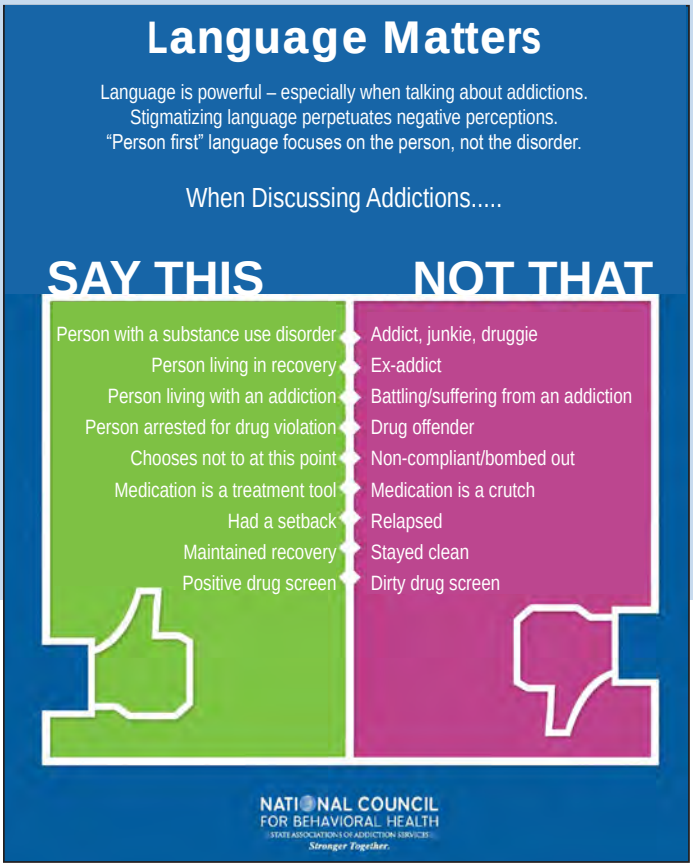
Welcome to A Matter of Substance's Equity Matters, where we discuss health equity issues for Iowans. This quarter, we look at the importance of the language we use in driving health equity and health inequities. Using our previous article's image of the three people looking over the fence, how does language add a block for those too short to look over or remove one?

Research has proven that when inappropriate or stigmatizing language is used for people who use drugs, or alcohol it can re-identify the inaccurate and outdated social perception that people who use drugs have some sort of moral failing and can never recover. It is now known that substance use disorder is a chronic and treatable disease that people can and do recover from and go on to lead healthy lives.

Using inaccurate language can:

- ✓ Reduce the willingness of individuals with substance use disorder (SUD) to access the treatment they need;
- ✓ Negatively influence healthcare provider perceptions of their clients with SUD leading to poorer client care;
- ✓ Lead to family, friends, coworkers and other people in the person with SUD's life to pity them, or be angry at them, or prefer to socially distance themselves from them.

This last point is especially important for treatment and recovery, as we know that isolation and negative emotions can have a large impact on recovery. We believe our readership can show leadership in how language can destigmatize the disease of addiction. To aid in promotingthis health equity endeavor, please see and share the infographic here.



Recovery Coach Academy

The Iowa Department of Public Health's Bureau of Substance Abuse will be offering opportunities to help build the capacity of peer services in the state of Iowa. Training vouchers from the Connecticut Community for Addiction Recovery (CCAR) are available and provide free opportunities for participation in the virtual Recovery Coach Academy and the Ethical Considerations for Recovery Coaches. More information regarding participation, dates and times available will be shared soon! Please note that any individual interested in participating must commit to attend the entire training online. Vouchers will be divided among the Integrated Provider Network service areas. For any additional questions regarding this matter, please email sarah.vannice@idph.iowa.gov.

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Training Spotlight

Suicide Prevention Trainings for Substance Use Treatment Professionals

Substance use disorder treatment professionals work with individuals at a higher risk for suicide, yet many have not had access to evidence-based suicide prevention training. IDPH is excited to offer two trainings to help through the Zero Suicide Iowa project!

Applied Suicide Intervention Skills Training (ASIST)
ASIST is an evidence-based, two-day face-to-face workshop designed to help participants explore thoughts and attitudes about suicide, learn how to conduct a skilled suicide intervention, and develop a collaborative safety plan to keep someone alive. The learning process, based on adult learning principles, utilizes various training methods including audiovisuals, mini-lectures, facilitated discussions, group simulations, and role-plays. ASIST is appropriate for all levels of staff at the organization. ASIST is a widely used training across multiple countries with over 2 million people trained worldwide. In the United States, the National Suicide Prevention Lifeline provides support to its national network of crisis centers to conduct ASIST for crisis counselors answering the national suicide prevention lifeline. In Iowa, there are approximately 50 trainers providing ASIST to schools, service organizations, military installations, and many more. Due to the COVID-19 pandemic, ASIST has been modified to adhere to safety standards. This includes smaller group sizes and social distancing. To learn more, please visit the ASIST website.

Assessing and Managing Suicide Risk for Substance Use Disorder Treatment Professionals (AMSR – SUD)
AMSR – SUD is a 6.5 hour training that develops skills in the recognition, assessment, and management of suicide risk and delivery of effective suicide-specific interventions. The training is led by a certified AMSR -SUD trainer and includes lecture, video demonstrations, case vignettes, and small group practice. Due to the COVID-19 pandemic, AMSR-SUD has been modified to be conducted through an online format. For more information, visit the AMSR –SUD website.

For more information about suicide prevention trainings in Iowa, contact Keri Neblett, Suicide Prevention Director at keri.neblett@idph.iowa.gov.

Approaches to Pain Management Conference

On October 7, 2020, IDPH offered the Second Approaches to Pain Management Conference. Over 125 individuals attended this virtual conference. To view PowerPoints and resources, visit the event website. To watch a recorded Approaches to Pain Management presentation, you can visit https://yourlifeiowa.org/prevention/ prevention-training.

Upcoming Events & Trainings Calendar

Many people do not know that the Iowa Department of Public Health-Bureau of Substance Abuse posts upcoming events and trainings on a calendar found on the YourLifeIowa website. To view these opportunities, visit https://yourlifeiowa.org/events.

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Take Note

Virtual Learning Series Well-Attended!

The Iowa Department of Public Health, Bureau of Substance Abuse would like to thank the nearly 650 attendees who participated in the Virtual Learning Series.

The first part offered ten sessions, which included opportunities to learn about:

- ✓ Ethics for Prevention
- ✓ Ethics for Clinical Professionals
- ✓ Data to Action
- ✓ Health Equity
- ✓ Suicide Prevention
- ✓ Continuum of Care
- ✓ Prevention Along the Continuum
- ✓ Multiple Pathways of Recovery
- ✓ Rules, Rules, Rules - Licensing Made Simple

PowerPoints and additional resources from these presentations are posted on the Virtual Learning Series website.

The second part offered six sessions:

- ✓ The New Nicotine Addiction
- ✓ Certified Community Behavioral Health Clinics
- ✓ Contingency Management
- ✓ An Update on Iowa's Medical Cannabidiol Program
- ✓ Alcohol-Related Disparities in Iowa, and
- ✓ Telehealth in Iowa

PowerPoints from these presentations can be found on the website, as well.

To watch a recorded Virtual Learning Series presentation, you can visit https://yourlifeiowa.org/prevention/prevention-training.

As we continue to navigate a world with COVID-19, virtual learning may become a new normal. While we certainly miss the opportunity to network and meet with you all in person, we hope these virtual presentations allow more flexibility to meet the continuing education needs and professional development of Iowa's behavioral health workforce. If you have any feedback or ideas for additional behavioral health topics, please email Kayla.Sankey@idph.iowa.gov.

2020 Iowa Youth Survey Postponed

Due to the COVID-19 pandemic, the 2020 Iowa Youth Survey has been postponed. With sensitivity to Iowa schools' new priorities during the pandemic and the impact on administrative and academic demands, the Iowa Youth Health Assessment Program will postpone the survey to Fall 2021.

The administration of the IYS is not feasible in the current environment nor in the uncertainty of the spring semester. We are committed to supporting Iowa schools and stakeholders with valuable adolescent health behavior data to inform critical student support services. However, survey administration in the 2020-2021 school year is not the best way to support our schools and students during this uniquely challenging time.

In addition, the Iowa Youth Risk Behavior Survey, also administered by our program, is postponed until the Fall 2021 semester. Updates will be posted on https://iowayouthsurvey.idph.state.ia.us/.

Questions? Contact iowayouthsurvey@idph.iowa.gov.

Brain Injury Alliance

The Iowa Department of Public Health, Division of Behavioral Health, in partnership with the Brain Injury Alliance of Iowa, are participating in the National Center on Advancing Person-Centered Practices and System's (NCAPPS) Brain Injury Learning Collaborative. The goal of this collaborative is to expand and enhance person-centered, community-based supports for people with brain injury.

To help Iowa's efforts in this collaborative, we are asking for your feedback! The Brain Injury Alliance of Iowa has developed a short survey that we encourage all SUD providers to take. Collecting this information will provide Iowa's team with a baseline understanding of current screening for brain injury in SUD treatment agencies. Click here to take the short survey.

Please Read!

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ASAM Updates COVID-19

The American Society of Addiction Medicine's Caring for Patients During COVID-19 Task Force has updated guidance and resources for practitioners. The revised guidance and resources were published on September 18, and include a variety of COVID-related topics, including: ongoing management of the continuum of addiction care, access to buprenorphine in office-based settings, access to care in opioid treatment programs, treating unhoused individuals with addiction, and more! To view these revised guidelines, visit this page.

2020 Iowa ACEs Report

"ACEs" stands for "Adverse Childhood Experiences," and these experiences are divided into three categories: abuse, household challenges and neglect, which are then divided in further subcategories.

According to ACEs 360, "Starting even before birth, a child's brain is constructed through an ongoing process that continues into adulthood. But many children experience stress early on that can become toxic without adult support. Over time, this level of stress can impact behaviors and lead to poor health, learning, and social outcomes." Both nationally and in Iowa, work continues to collect data on ACEs, translate the data to guide practice and policy change, and identify strategies for improving the world for our children. ACEs 360 Iowa released its 2020 report, which builds upon the report released in 2016 outlining the challenges in Iowa's data abouts ACEs as well as the progress made through practice and policy changes. For more information, please visit https://www.iowaaces360.org/.

Assessing for Falls Risk

Although Falls Prevention Awareness Week (Sept. 21-25, 2020) has passed, falls prevention is a year-round effort.

To assess falls risk, you can ask 12 simple questions.

1. Have you fallen in the past year?
2. Do you use or been advised to use a cane or walker to get around safely?
3. Do you feel unsteady when walking?
4. Do you steady yourself by holding onto furniture when walking at home?
5. Are you worried about falling?
6. Do you need to push with your hands to stand up from a chair?
7. Do you have trouble stepping up onto a curb?
8. Do you often have to rush to the bathroom?
9. Have you lost some feeling in your feet?
10. Do you take medicine that sometimes make you feel light-headed or more tired than usual?
11. Do you take medicine to help you sleep or improve your mood?
12. Do you often feel sad or depressed?

If an individual answers YES to four or more, they may be at higher risk for falling. Learn more about Falls Prevention at https://idph.iowa.gov/falls-prevention/resources.

To learn more about Opioid and Falls Risk in the Older Adult or for information visit https://www.ncoa.org/resources/fact-sheet-opioids-fall-risks-older-adult/.

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Licensure Spotlight

Licensure Standards FAQ

Please submit any licensure questions to SUD.PG.License@idph.iowa.gov.

Our program has recently started using telehealth due to COVID-19 restrictions. What are some of the best resources to access to make sure we are in compliance and up to date in our practices?

COVID-19 restrictions have caused a lot of changes in the way we meet and interact with each other and our patients. Many licensed programs in Iowa have utilized telehealth to best meet the needs of their patients and staff. Per licensure regulations, the provision of treatment to a patient through any electronic means, regardless of the location of the program or facility shall constitute the practice of treatment in the state of Iowa. A program that provides licensed program services via electronic means shall inform the patient of the limitations and risks associated with such services and shall document in the patient record that such notice has been provided.

The Substance Abuse and Mental Health Services Administration (SAMHSA)'s Treatment Improvement Protocol TIP-60 is a manual which contains information to assist clinicians with implementing technology-assisted cared. The manual highlights the importance of using technology-based assessments and interventions in behavioral health treatment services. The manual also discusses how technology reduces barriers to accessing care.

The TeleHealth Resource Center provides assistance, education, and information to organizations and individuals who are actively providing or interested in providing health care at a distance.

Last, but not least, you can reach out to the IDPH licensure team with questions by submitting an email to SUD.PG.License@idph.iowa.gov.

October is Domestic Violence Awareness Month

During the pandemic, while physical distancing has been the recommended strategy for slowing the spread of COVID-19, it may put individuals who experience domestic violence at additional risk of violence in their home.

The National Network on End Domestic Violence has infographic tip sheets entitled "Tips for helping a friend experiencing domestic abuse during COVID-19." These are available in English and Spanish at https://nnedv.org/resources-library/tips-helping-friend-experiencing-domestic-abuse-covid-19/.

For more information, please contact Monica Goedken, IDPH Violence Prevention Coordinator, at monica.goedken@idph.iowa.gov.

Substance Use Disorders Linked to COVID-19 Susceptibility

A study recently published in the scientific journal Molecular Psychiatry, funded by the National Institutes of Health, found that people with substance use disorders (SUDs) are more susceptible to COVID-19 and are more likely to experience worse outcomes than those without an SUD.

The authors suggest that the study's findings underscore the need to screen and then treat people with SUDs to help control the pandemic.

To read this article about the research published in Molecular Psychiatry, please click here.

For more information about the IDPH Bureau of Substance Abuse, visit http://idph.iowa.gov/bh. For questions related to *"A Matter of Substance,"* contact editors:

- ✓ Jennifer Robertson-Hill: jennifer.robertson-hill@idph.iowa.gov
- ✓ Maggie Ferguson: maggie.ferguson@idph.iowa.gov
- ✓ Kayla Sankey: kayla.sankey@idph.iowa.gov
- ✓ Colleen Bush, graphic designer: colleen.bush@idph.iowa.gov

A Matter of Substance

A Publication of the IDPH
Bureau of Substance Abuse

January 2021
Quarterly Publication
Bureau of
Substance Abuse

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2021 Legislative Session

The Iowa Department of Public Health looks forward to sharing information with you during the 2021 legislative session.

Condition of the State and Governor's Budget
Gov. Kim Reynolds delivered the Condition of the State address on Tuesday, Jan. 12, 2021. The speech is available at the governor's webpage. The governor's proposed budget is also posted at the Department of Management website.

Tips and Tools for Keeping Up-to-Date with the Iowa Legislature:

- ✓ Legislative Subscriptions offers a variety of subscriptions and tracking tools to watch and track bills.
- ✓ An instructional video called Subscription and Bills and Rules Watch can be viewed here.
- ✓ If you would like to know more about your legislators and the House and Senate leadership, click here.
- ✓ Details on committees are posted here.
- ✓ Learn what's happening in the Chambers here.
- ✓ Find daily activities, track bills and see committee action, schedules and more at this link: https://www.legis.iowa.gov.
- ✓ You can find new bills posted here each day.
- ✓ If you want to build your own library of bills, check out the many bill tracking tools here at the Legislative Services Agency website and create a bill watch.
- ✓ You can find budget information, fiscal notes and other publications by topic at this link.

Provider Spotlight

PHC/Prelude Successes

This quarter, the Bureau of Substance Abuse would like to highlight Primary Health Care, Inc. and Prelude Behavioral Services. These two organizations partner together on the Promoting Integration of Primary and Behavioral Health Care (PIPBHC) grant to improve primary and behavioral health outcomes for individuals with substance use disorders (SUD).

"One of the key goals of PIPBHC is to assure the SUD patient/client receives not only good substance use care, but also good, coordinated medical care in general. We know that nationally this group does not always have the best medical care and suffers more long-term complications from that lack of care, as well as placing a larger burden on health care expenditures."

"During the first two years of our program, we have uncovered at least six patients with untreated Hepatitis C, four of whom were unknown to be infected, and two of whom had been previously diagnosed but lost to follow-up. Currently four are now in treatment and two have been again lost to follow-up, though we still try to find them, and have not given up on them. One of these two is at least newly aware of his diagnosis."

"Hepatitis C is now a treatable condition with a short-duration of treatment and excellent results. This means that the long-term complications of liver failure, cirrhosis and organ transplant can be avoided. The cost of treatment is coming down, though still expensive, and we are usually able to get them covered by Medicaid due to Iowa's approval of the ACA expansion. It is at least theoretically possible that the cost of diagnosing and treating these patients will be totally covered by the savings from long-term complications."

"Hepatitis C is just one example of how the PIPBHC model can impact care of individuals and the healthcare system itself, a sort of low-hanging fruit."

Keep up the great work!

Primary Health Care & Prelude Behavioral Services

Take Note

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Zero Suicide Iowa

Zero Suicide Iowa, a Substance Abuse Mental Health Services Administration (SAMHSA) grant, is full steam ahead into Year 3 of the project with a new Project Director, Keri Neblett. She has been working closely with Pat McGovern, former Zero Suicide Project Director and Destinee Woodris, Zero Suicide Project Evaluator for a smooth transition into her role. Welcome aboard, Keri!

The Iowa Department of Public Health (IDPH) is sponsoring Assessing and Managing Suicide Risk – Substance Use Disorder (AMSR-SUD) trainings being held on January 12th 2021 and February 4th 2021. This training is geared towards clinicians and is available at no-cost to Integrated Provider Network (IPN). IPN providers also have access to LivingWorks Start, an online evidence-based suicide prevention gatekeeper training for staff that have little to no training in suicide prevention. Additionally, the Education Development Center (EDC) is hosting a Zero Suicide Community of Practice (CoP) for those IPN providers who participated in the Zero Suicide Academy Cohort 1 that was held in September 2020. The CoP will provide those providers a space to connect with one another on implementation strategies and solutions for delivering of suicide safer care within the Zero Suicide framework. The next ZeroSuicide Academy for the IPN providers in cohort 2 is planned for August 2021.

Employee Spotlight

Keri Neblett, LMSW

Keri joined the Bureau of Substance Abuse in September 2020 as the Suicide Prevention Director and Project Director for the Zero Suicide Iowa grant.

Keri earned a bachelor's degree in Psychology and a Master of Social Work from the University of Iowa.

Keri comes to IDPH with over 13 years of experience working in suicide prevention and crisis intervention. She worked as the Director of Crisis Intervention Services at Community Crisis Services and Foodbank where she oversaw the operations of the 24-hour crisis hotline, crisis text and chat services, suicide prevention and community outreach services, mobile crisis outreach services and suicide loss bereavement support. She chaired the Johnson County Suicide Prevention Coalition for 10 years and previously served on the board of directors of NAMI Johnson County and the Iowa Chapter of the American Foundation for Suicide Prevention (AFSP).

Nationally, Keri served two terms on the National Suicide Prevention Lifeline's Standards, Training and Practice Committee and currently serves on the accreditation committee for the International Council for Helplines. Prior to joining IDPH Keri worked for 3 years as a Clinical Assistant Professor and Director of Field Education at the University of Iowa School of Social Work.

Keri is originally from Louisville (pronounced Louvulle), Kentucky and is an avid Louisville Cardinal basketball fan. When she is not watching college basketball, she enjoys spending time with her family and snuggling with her two Alaskan Malamutes, Xena (Warrior Puppy) and Magic.

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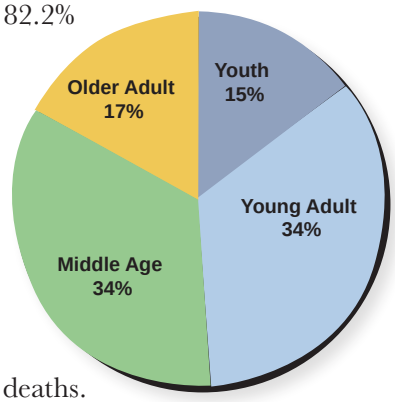
Important Information!

2018 Iowa Violent Death Reporting Annual Report

The Iowa Violent Death Reporting System completed its annual report on suicide in Iowa for the calendar year 2018. The report can be found on the Iowa Violent Death Reporting System web page or at this link. For 2018, Iowa's suicide rate was 15.3 per 100,000 residents, which is slightly higher than the national average. The report also notes that males accounted for 82.2% of suicide deaths. This graphic illustrates the percentage of deaths by lifestage in 2018.



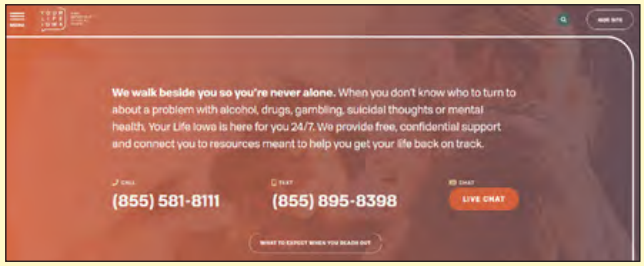
In early 2021, the program will issue a 3-year report on circumstances that contribute to suicide deaths in Iowa. We hope this information will assist those who work in communities to prevent future deaths.

Note: Due to timelines on reporting for the violent death reporting system, cases are not finalized until a year and a half after the end of the calendar year in which they occur. Deaths reported in the 2018 calendar year were not closed until April 2020.

YLI Spotlight

Your Life Iowa (YLI) Update

Your Life Iowa continues to be the go-to resource for information, resources and help for problems related to gambling, substance use, mental health, and thoughts of suicide. During State Fiscal Year (SFY) 2020 Your Life Iowa received 13,757 contacts. In the first 5 months of SFY 2021 Your Life Iowa has received almost 11,000 contacts. People are reaching out and finding that Your Life Iowa can help. No Judgement. Just Help. So far in SFY 2021 a total of 190 referrals have been made for problem gambling treatment, and 1,765 for substance use disorder treatment.



The website continues to see strong growth and so far in Calendar Year (CY) 2021 almost 183,000 individuals have visited yourlifeiowa.org. To continue to support this growth, ZLR Ignition, Webspec Design, Iowa Department of Public Health, and Department of Human Services have been working on an update to the Your Life Website.

The redesign used information from focus groups conducted throughout Iowa. The website will have a new look and feel, with updated and new content added to make it easier for the user to find the information or help that they may be looking for. Look for an announcement from IDPH in January 2021 on when the changes will be available for you!

Remember, if you or a loved one are concerned about the use of alcohol or drugs, problem gambling or concerns about mental health or suicidal thoughts, YLI can help. YLI is a trusted source with 24/7 help available, every day, via text (**855-895-8398**) chat (yourlifeiowa.org) or phone (**855-581-8111**).

For more information on this project, please send inquires to eric.preuss@idph.iowa.gov.

Please Read!

A Matter of Substance

A Publication of the IDPH Bureau of Substance Abuse

Gambling in Iowa – Be #1 at Getting Help Campaign

We are excited to announce the launch of our new '#1 at Getting Help Campaign.' This campaign, developed in partnership with ZLR Ignition, focuses on gambling in Iowa and is funded through an allocation from the Sports Wagering Tax Receipt Fund (which was initiated when Advanced Deposit Sports Wagering and Fantasy Sports Contests were legalized in 2019). Throughout the rest of the article, you'll find more information on the development of the campaign and the materials that are available to Iowans. Campaign materials can be ordered by completing and returning the YLI/1-800-BETS OFF - Clearinghouse Order Form.

Two rounds of focus groups were conducted in 2019 to explore public attitudes about gambling and what the prominent barriers are to seeking treatment. The research identified many barriers and three consistent barrier themes emerged:

- ✓ **Wounded pride.** Shame of admitting personal failure or weakness.
- ✓ **Denial; It's not a problem.** Not portrayed as dangerous. Don't believe they fit into their stereotypical definition of 'problem gambling'.
- ✓ **Feeling isolated and alone.** Fear of negative reactions from others (perceived lack of external empathy and understanding).

Using this information, three message strategies were developed and then tested in the second wave of focus groups.

1. "It takes strength and courage to own it." To speak to the strength and courage it takes to admit to a gambling problem and then to do something about it. The campaign affirms the act of acknowledgment and outreach as heroic and brave and to reward the action of admitting a problem with positive affirmation and support.

2. "Redefining the face of problem gambling." Speak to and "myth bust" people's assumptions about what problem gambling looks like and who it impacts. Anyone can by impacted (community leaders, business professionals, people with advanced educational degrees, fathers and grandmothers; any individual regardless of intelligence or success can struggle with problem gambling.

3. "Encourage empathy and understanding from others." Redirect messaging to those that the gambler has to 'confess' to. Encourage them to be understanding, to be caring and empathetic.

The focus group results led to the final design of the campaign materials that include:

- ✓ Campaign Toolkit
- ✓ Banner Ads
- ✓ TV Spots (https://youtu.be/M1BWW38bvUc and https://youtu.be/l-Cb3MVNqog)
- ✓ Radio PSA and DJ Scripts
- ✓ Billboard/Movie Slides
- ✓ New **1-800 BETS OFF** Business Card
- ✓ Two New **1-800 BETS OFF** Magnets

If you or someone you know has a gambling problem, call **1-800-BETS OFF** or go to https://yourlifeiowa.org/gambling/ for more information and the resources available near you.

YOUR LIFE IOWA — IOWA DEPARTMENT OF PUBLIC HEALTH

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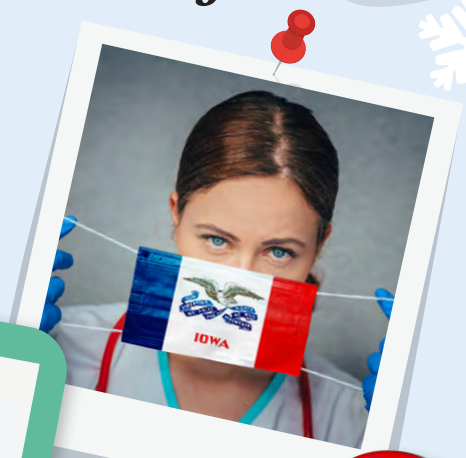
Take Note

Iowa's Emergency COVID-19 Project

As seen in the previous newsletter, the Iowa Department of Public Health has implemented a new program that has been developed for Iowans impacted by COVID-19. The program is called Iowa's Emergency COVID-19 Project and aims to support Iowans who are experiencing struggles with adjusting to how their life has been impacted by the pandemic. The program will serve all Iowans with resources and support who have been impacted by COVID-19 and can help coordinate and fund mental health disorder and substance use disorder treatment. If you or a loved one is interested in hearing more about the program, please contact Your Life Iowa by calling **855-581-8111**.



YourLifeIowa.org
855-581-8111
YOUR LIFE IOWA
IOWA DEPARTMENT OF PUBLIC HEALTH

TIEH grant is intended to serve those 18 and over who are at-risk, homeless and have a SUD or SMI.

Iowa Treatment for Individuals Experiencing Homelessness

The Iowa Treatment for Individuals Experiencing Homelessness (TIEH) grant funded by SAMHSA intends to serve individuals 18 and over, at-risk for or are experiencing homelessness who have a Substance Use Disorder (SUD) and a Serious Mental Illness (SMI). The program combines comprehensive case management, evidenced based interventions, and recovery support services to improve outcomes of individuals with a Substance Use Disorder (SUD) and Serious Mental Illness (SMI), and are at or at risk for or experiencing homelessness. IA-TIEH will strengthen collaboration and linkages across multiple systems to improve services for the population of focus. Iowa TIEH providers include: ASAC, CADS, CFR, HOM, Pathways, Prelude, and UCS Healthcare. For more information, please contact any of the TIEH providers and/or Michele Tilotta at Michele.tilotta@idph.iowa.gov.

Please Read!

A Matter of Substance

A Publication of the IDPH Bureau of Substance Abuse

Training Spotlight

Identifying Opioid Misuse

Registration is Open! IDPH will be offering Identifying Opioid Misuse, a training series that addresses opioid misuse in Iowa and across the nation. There will be three opportunities to attend this one day virtual event:

- ✓ February 25, 2021
- ✓ March 25, 2021
- ✓ April 22, 2021

The content at each training will be identical. There is no need to attend more than one session. For more information and to register, please visit https://www.regcytes.extension.iastate.edu/opioidmisuse/.

2021 Governor's Conference on Substance Abuse

Save the date! The Iowa Governor's Conference on Substance Abuse will be held virtually on May 18-20, 2021. More information coming soon.

Call for Presentations

The Iowa Department of Public Health invites you to submit a presentation proposal that addresses Iowa's behavioral health systems. The call for presentations will be open now through February 17th. Please submit a brief summary of your proposed presentation, the title, and name/s of speakers to Jennifer Robertson-Hill at jennifer.robertson-hill@idph.iowa.gov by February 17th for consideration.

Make it OK Campaign

"Make It OK" is a campaign to reduce the stigma of mental illnesses. Visit the website makeitok.org for additional options to help stop stigma, engage in meaningful conversations and support review strategies to support one another with mental illnesses. Mental health and wellness are impacted across public health topics. Mental health and wellness are diminished when an individual, family, community or society experience multiple health inequities such as insecure housing, economic instability, intimate partner violence, limited access to health care, etc. Normalize wellness by reducing stigma. For more information about mental health outcomes from exposure to intimate partner violence contact Monica Goedken, MPA – Violence Prevention Coordinator & Rape Prevention Education Director monica.goedken@idph.iowa.gov.

A Matter of Substance

A Publication of the IDPH Bureau of Substance Abuse

Important Information!

MAT Coverage under the SUPPORT Act

The Office of National Drug Control Policy (ONDCP) announced that, on October 1, the Center for Medicaid and Medicare Services (CMS) reaffirmed to states that under the SUPPORT Act, state Medicaid programs are required to provide coverage of Medication-Assisted Treatment (MAT) services and drugs under a new mandatory benefit. The purpose of this new mandatory benefit is to increase access to evidence-based treatment for Opioid Use Disorder for all Medicaid beneficiaries and to allow patients to seek the best course of treatment and particular medications which may not have previously been covered.

You can read more about this announcement here. ONDCP will continue to push for expanded access to MAT and recovery support services in our whole-of-government to end the addiction epidemic and save lives.

Iowa's Prescription Drug Take Back Event

On October 24th, 2020, around 100 communities took part in the National Prescription Drug Take Back Day. This opportunity allowed Iowans to safely dispose of unused and unneeded medications, especially those accumulated during the pandemic. "Getting rid of unneeded medications is especially important now, because of additional stressors that may be associated with the pandemic," said Dale Woolery, Director of the Governor's Office of Drug Control Policy. "Take Back is one step nearly all of us can take to help prevent prescription drug misuse, addiction and overdose."

This year's Take Back Day resulted in 11,143 lbs pounds of unwanted medication being collected in Iowa.

To learn more about this year's event and previous Take Back days, please click on the following link: Take Back.

2020 Katie Cash Award

Congratulations to IDPH's Maggie Ferguson on receiving the 2020 Katie Cash Award from the National Association of State Head Injury Administrators (NASHIA)!

NASHIA was proud to award the 2020 Katie Cash award to Maggie Ferguson of Iowa. Maggie currently serves on the NASHIA Board of Directors as Chair of the Membership Committee and President-Elect.

During her time on NASHIA's Board, Maggie has assisted with partnership development with organizations such as the National Council on Aging, and the Safe States Alliance. She developed a scholarship program that enables Iowans to attend NASHIA's annual State of the States (SOS) in Head Injury conference, as well as TBI Stakeholder Day on Capitol Hill each year. She was also the first SOS host to convene a "constituent lunch" during the conference, inviting public officials to learn from individuals in Iowa the brain injury community.

NASHIA is grateful to Maggie's contributions to our organization and the brain injury community at-large.

A Matter of Substance

A Publication of the IDPH Bureau of Substance Abuse

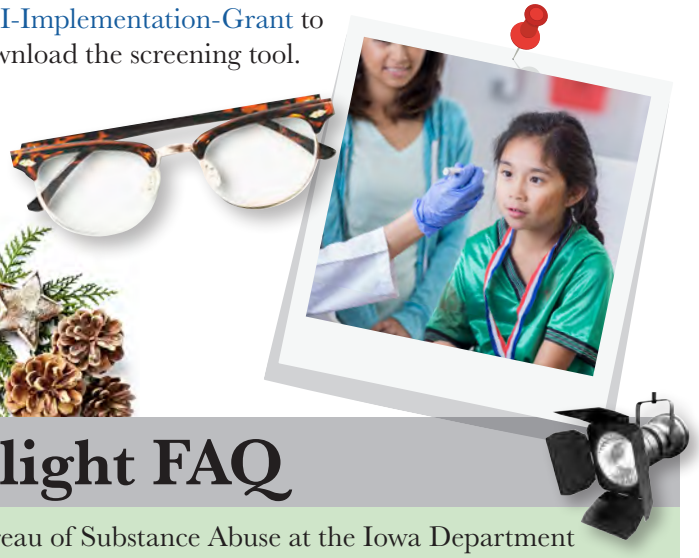
Advisory Council on Brain Injuries Adopts a Pediatric Screening Tool

Research indicates 18% of all traumatic brain injuries (TBI) related emergency department visits involve children age 0-4 with almost 50% of TBI in infants, toddlers and young children are related to assaults, child abuse and falls.

Pediatric neuropsychologist Ross Greene says, "Your explanation guides your intervention." Screening for brain injury is a best practice when responding to and/or planning for clinical and community based responses. Depression, anxiety, a behavioral disorder or other childhood problems be a latent effect of an undiagnosed brain injury.

If there is an underlying brain injury, your interventions must change to improve the outcomes for children or youth involved in a variety of treatment settings.

In an effort to address this concern the advisory board adapted a screening tool from the Colorado Brain Check Survey. The tool is free and available (with instructions for use) and follow up assistance from the Brain Injury Alliance of Iowa. To access the tool contact Jim Pender at james.pender@idph.iowa.gov or **515-204-7978** or visit the IDPH website at https://idph.iowa.gov/brain-injuries/TBI-Implementation-Grant to download the screening tool.



Licensure Spotlight FAQ

Please submit any licensure questions to SUD.PG.License@idph.iowa.gov.

As a smaller licensed substance use disorder treatment program, am I required to use email encryption when sending patient information to other programs?

Although emailing patient information is a quick and efficient way to send information, it is not necessarily without security risks. For example, accidentally emailing a patient name to an incorrect recipient would be considered an unauthorized disclosure. Licensure requires programs release or disclose patient information in strict accordance with Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR Part 2 [(641§ 155.10(f)]. This would include ensuring Protected Health Information (PHI) remains protected when crossing the Internet or other insecure networks. HIPAA does allow for PHI to be transmitted through email as long as there are safeguards in place to protect the confidentiality and integrity of the data. One of those safeguards includes encryption. Encryption is required if you are using email to send PHI to outside entities, to include other treatment programs, referral sources, and even government agencies such as staff within the Bureau of Substance Abuse at the Iowa Department of Public Health.

HIPAA's Security Rule requires entities implement a mechanism to encrypt and decrypt ePHI [(45 CFR § 164.312(a)(2)(iv)]. It is important to find an email service provider that ensures HIPAA compliance and incorporates all of the necessary safeguards to meet the requirements of the HIPAA Privacy and Security Rules. Further guidance on using encryption for HIPAA-covered entities can be obtained from the National Institute of Standards and Technology (NIST).

In addition to potential disciplinary actions enforced by licensure, HIPAA can also impose financial penalties for email violations which can range from $100 to $1.5 million dollars (https://www.hipaajournal.com/hipaa-compliance-for-email/).

If you are unsure of HIPAA requirements for the use of email, it is strongly recommended that you contact a healthcare attorney that specializes in HIPAA to advise you of the requirements.

For more information please contact Lori Hancock-Muck at lori.hancock-muck@idph.iowa.gov.

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Take Note

Equity Matters

This quarter in Equity Matters, we explore the relationship between sex, gender, and substance use disorders. Firstly, it's important to distinguish between sex and gender, which are interrelated but separate concepts.

Sex is primarily associated with physical and physiological features including chromosomes, gene expression, hormone levels and function and reproductive/sexual anatomy. It is usually categorized in a male/female binary, but there exist a spectrum of variations in both the biological attributes and how those attributes are expressed such that intersex bodies are normal, albeit relatively rare.

Gender is an expression of a human identity. Unlike sex, gender is comprised of socially constructed roles, behaviors, expressions and identities of girls, women, boys, men, and gender diverse people. It influences how people perceive themselves and how others perceive them, how people act and interact, and the distribution of power and resources in society. Gender identity is similarly not a binary (girl/woman, boy/man) and is instead a continuum that changes over time.

In the field of substance use and addiction, gender and sex inform health states in many ways. The National Institute on Drug Abuse states that men are more likely than women to use almost all types of illicit drugs, and that illicit drug use is more likely to result in emergency department visits or overdose deaths for men than for women. However, women are just as likely to develop a substance use disorder but may be more susceptible to craving and relapse. Research has also shown that women often use drugs differently, respond to drugs differently, and can have unique obstacles to effective treatment, such as finding child care, or being prescribed treatments that have not been adequately tested on women. Despite being equally likely to develop substance use disorder (SUD), women are more likely to progress from first use to an SUD and present to treatment with more severe medical, behavioral, psychological and social problems.

Simply providing equal measures or resources (providing one box) to both men and women with SUD will not result in equal health states. To reduce inequities, it is important to provide sex and gender-informed treatment, services, and programs.

For more information about the IDPH Bureau of Substance Abuse, visit https://idph.iowa.gov/bh. For questions related to *"A Matter of Substance,"* contact editors:

- ✓ Jennifer Robertson-Hill: jennifer.robertson-hill@idph.iowa.gov
- ✓ Maggie Ferguson: maggie.ferguson@idph.iowa.gov
- ✓ Kayla Sankey: kayla.sankey@idph.iowa.gov
- ✓ Colleen Bush, graphic designer: colleen.bush@idph.iowa.gov

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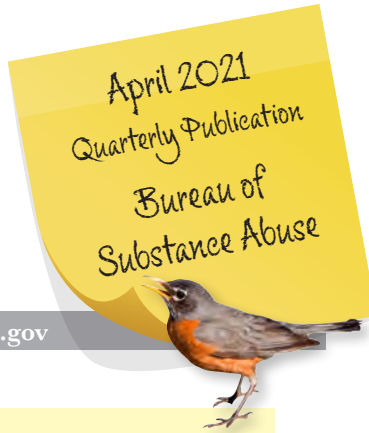

April Matter of Substance Newsletter Update:

This quarter, the Matter of Substance Newsletter will be focusing solely on upcoming trainings and events. The July Matter of Substance Newsletter will resume as normal. If you have any Matter of Substance questions, please contact kayla.sankey@idph.iowa.gov. For more information about the IDPH Bureau of Substance Abuse, please visit http://idph.iowa.gov/bh.

44th Annual Iowa Governor's Conference on Substance Abuse

Registration is Open! The 44th Annual Iowa Governor's Conference on Substance Abuse will be held virtually from May 18th-20th, 2021.

Speakers will tackle difficult topics related to COVID-19, improving the workforce and services of Iowa's behavioral health professionals. On the third day, the Iowa Governor's Conference on Substance Abuse will offer a Day of Hope, with a full day of inspirational speakers sharing about their lived experience.

For more information, please visit https://www.regcytes.extension.iastate.edu/gcsa/.

To register, please visit https://www.regcytes.extension.iastate.edu/gcsa/registration/.

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Take Note

Training Spotlight

Prevention Solutions Trainings

The IDPH Bureau of Substance Abuse has purchased a variety of on demand trainings and are making them available for free to IDPH prevention contractors and Iowa prevention professionals, stakeholders and coalition members. On demand trainings are available 24 hours a day.

These courses are offered through Prevention Solutions at EDC which provides training and expert consultation to support public health agencies and organizations working to address substance misuse and related problems in communities. All courses are endorsed by the International Certification and Reciprocity Consortium (IC&RC). Selected courses are also approved for CHES/MCHES contact education hours. Certificates for training hours are provided upon completion.

To request participation in any training course listed below, click on the course title and fill out the registration form. A training course access letter will then be provided via email after the registration form is submitted. Participants have thirty days to complete each course once registered. **All training courses must be finished by May 31, 2021.**

For additional information on the trainings listed below, go to https://preventionsolutions.edc.org/services/online-courses.

Available Courses:

- Focusing on Focus Groups: An Implementation Guide for Substance Abuse Prevention Practitioners
- Go Get It! Finding Existing Data to Inform Your Prevention Efforts
- Introduction to Substance Abuse Prevention: Understanding the Basics
- Involving Youth in Your Substance Abuse Prevention Program
- Opioid Overdose Prevention: Understanding the Basics
- Making the Most of Key Informant Interviews
- Prevention SustainAbilities: Planning for Success
- Prevention SustainAbilities: Understanding the Basics
- What is the SPF? An Introduction to SAMHSA's Strategic Prevention Framework

Additional Trainings

Substance Abuse Prevention Ethics for Certification Training (virtual)
June 23-24, 2021 from 1:00pm-4:30pm (on the 23rd) and 8:30am-12:00pm (on the 24th)

Substance Abuse Prevention Ethics for Recertification Training (virtual)
May 5, 2021 from 8:30am-12:00pm
August 4, 2021 from 8:30am-12:00pm

Substance Abuse Prevention Skills Training (virtual)
June 16-17, 2021 and July 14-15, 2021 from 8:00am-4:30pm (FYI, this is one training - the dates happen over two months)

Registration for all above trainings can be found on the Midwest Counterdrug Training Center website.

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Important Information!

Training Spotlight

Health Promotion Webinar Series

Registration is Open! The 2021 Health Promotion Webinar Series is a part of the Iowa Department of Public Health's Promoting the Integration of Primary and Behavioral Health (PIPBHC) grant initiatives. The purpose of this webinar series is to provide trainings on integrated care for primary and behavioral healthcare providers for individuals with substance use disorders.

- **May 13, 2021 – 1:00pm-2:30pm** Supporting Healthy Lifestyles Among Iowans with Low Income
- **May 25, 2021 – 2:00pm-3:30pm** The Intersection of Brain Injury and Multi-occurring Conditions
- **June 9, 2021 – 10:30am-12:00pm** Tobacco Prevention and Cessation in Integrated Care Settings

For more information and to register, please visit https://www.regcytes.extension.iastate.edu/pipbhc/health-promotion-webinars/.

Join us for a Health Promotion Webinar Series with topics on nutrition, brain injury, and tobacco!

Stacked Deck: Virtual Prevention Training

Registration is now open for Stacked Deck Virtual Training, which will be held April 26-28, 2021. Please register before April 15 to receive required materials, which will be mailed to you before the training. Registrations after April 15 will be taken on a case by case basis, please contact aroberts@iastate.edu.

After completing the training, the participant will be able to:

- Identify the history of gambling expansion in the United States;
- Learn how the expansion of gambling has impacted American culture;
- Describe youth gambling and problem gambling;
- Facilitate the Stacked Deck curricula.

For more information https://www.regcytes.extension.iastate.edu/responsible/stacked-deck-virtual-training/.

To register https://www.regcytes.extension.iastate.edu/responsible/register/.

Please Read!

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Training Spotlight

Ethical Highlights for Behavioral Health Practice: 2021

Join the Mid-America Technology Transfer Center (Mid-America ATTC) for a three-and-a-half-hour presentation on professional ethics for behavioral health professionals. During this session, Dr. Mita Johnson, President of the National Association for Alcoholism and Drug Abuse Counselors (NAADAC), will share insights and best practices from her 30-plus years of professional counseling practice. This training is available only to individuals working in HHS Region 7 States (Iowa, Kansas, Missouri, and Nebraska). Registration is free and required.

Topics:

- ✓ Boundary issues/dual relationships
- ✓ Scope of practice
- ✓ Safe and ethical use of technology
- ✓ Appropriate referral for treatment
- ✓ Being an ethical professional
- ✓ How to represent yourself
- ✓ Culture of treatment within an ethical context

Questions? Contact Bree Sherry at sherryb@umkc.edu.
To Register click here.

Problem Gambling Services Lunch & Learn Training Series

Registration is open! The Iowa Department of Public Health is offering a Problem Gambling Services Lunch and Learn webinar series. The series consists of 24 one-hour sessions to be held on Tuesdays and Thursdays during the noon hour beginning April 13, 2021 and concluding on July 1, 2021.

Participants will learn and expand their understanding of gambling, the continuum of problem gambling and gambling treatment (how to assess, plan and implement person centered treatment and recovery support) and the outreach efforts necessary to raise awareness of problem gambling and to enhance/building community referral pathways.

- **April 13 & 15:** Introduction to Gambling Treatment (Part 1 & 2)
- **April 20 & 22:** Gambling Assessment (Part 1 & 2)
- **April 27 & 29:** Gambling: ASAM Criteria (Part 1 & 2)
- **May 4 & 6:** Gambling Pathways (Part 1 & 2)
- **May 11, 13, 18, 20:** Gambling Counseling (Part 1, 2, 3 & 4)
- **May 25 & 27, June 1 & 3:** Gambling Finances (Part 1, 2, 3 & 4)
- **June 8 & 10:** Gambling: Family Dynamics (Part 1 &2)
- **June 15 & 17:** Gambling: Criminal Justice (Part 1 & 2)
- **June 22 & 24:** Managing Gambling Recovery (Part 1 & 2)
- **June 29 & July 1:** Community Outreach (Part 1 & 2)

While these trainings are complimentary, registration is required. CEU's have been applied for with the Iowa Board of Certification. Attendants must provide their name, and attend the entire hour of each session to be eligible for CEU's. **Register here**.

A Matter of Substance

A Publication of the IDPH Bureau of Substance Abuse

Take Note

Training Spotlight

CCAR

Online Offerings for Iowa Residents...

Recovery Coach Academy

Ethical Considerations for Recovery Coaches

In collaboration with CT Department of Children and Families, the following CCAR training programs will be offered online to Iowans through a voucher program (vouchers are limited):

Recovery Coach Academy - 30 Contact Hours
A: June 7-11, 2021, 10:00 a.m. to 2:00 p.m. (EST) ***or***
B: June 28—July 2, 2021, 10:00 a.m. to 2:00 p.m. (EST) ***or***
C: July 12-14, 2021, 10:00 a.m. to 2:00 p.m. (EST)

Ethical Considerations for Recovery Coaches - 16 Contact Hours
A: June 23-25, 2021 10:00 a.m. to 2:00 p.m. - 6/25 will end at 12:00 p.m. (EST), ***or***
B: July 19-21, 2021, 10:00 a.m. to 2:00 p.m. - 7/21 will end at 12:00 p.m. (EST).

For any questions about the online offerings or to inquire about the voucher, please email sor@idph.iowa.gov.

REGISTRATION OPEN FOR THE 2021 TRAINING "Identifying Opioid Misuse"

There will be one more opportunity for you to attend this one day event on understanding the impacts of opioid use for the individual, the community and the nation.

Limited Space Available!

✓ April 22nd

10 a.m. - 3:45 p.m. CST. Lunch will be held from 12 - 1 p.m.
Each date will cover the same set of topics, participants should only attend one.

Training Objectives: The training objectives for participants are to
1) List the individual and community impacts of opioid misuse;
2) Identify an evidence based strategy to screen and address substance misuse; and
3) Identify appropriate opioid overdose recognition and response strategies.
Please visit https://www.regcytes.extension.iastate.edu/opioidmisuse/ for registration

The "Identifying Opioid Misuse" training is sponsored by the Iowa **Department of Public Health and funded by the Office on Women's** Health and Substance Abuse Mental Health Services Administration, Department of Health and Human Services. For more information, please contact Jennifer Robertson-Hill at jennifer.robertson-hill@idph.iowa.gov.

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December 2020

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- ✓ Jennifer Robertson-Hill: jennifer.robertson-hill@idph.iowa.gov
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- ✓ Colleen Bush, graphic designer: colleen.bush@idph.iowa.gov

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Quarterly Publication
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HHS Alignment Website Announced

On May 26th, the Iowa Department of Public Health (IDPH) and the Iowa Department of Human Services (DHS) announced their new website, https://hhsalignment.iowa.gov/, to communicate updates to the public, media and stakeholders about the health and human services alignment assessment.

Over the next nine months, IDPH and DHS will embark on a health and human services alignment assessment with a contractor, Public Consulting Group (PCG), to identify shared program goals and align and integrate programs, practices and policies to improve delivery of services and most effectively leverage funding. The agencies will update the website regularly.

As part of the alignment process, IDPH and DHS will identify community-based stakeholders (organizations and community members) and other stakeholders to provide input and guidance on the departments' programmatic and policy efforts. IDPH and DHS will also engage all levels of staff to inform the departments' established goals and project plans, and create an organizational structure that optimizes delivery of services, supports efficiency for staff, and integrates the departments' programs and services with community and other available resources.

"My commitment to you to provide frequent updates remains as strong as ever," Director Kelly Garcia said. "There's a saying I hold close, particularly in this unique type of work: 'Nothing about me, without me.' You have my pledge that, indeed, nothing about you will happen without you. This work must be done together, but change is coming. The result will not be status quo. I am hopeful that together we will embrace this opportunity head on."

Between IDPH and DHS, the connections are numerous, and, in many cases, the same families access similar services with no clear pathway to connect them that reaches across departments. The work IDPH and DHS can do to wrap services around a family to ensure better outcomes is significant in terms of impact. In terms of work, there is much the two agencies can do with clear communication and purposeful collaboration between programs and a dedicated focus.

Through aligning the two departments, IDPH and DHS will be able to achieve several goals including opportunities to better leverage funding sources and the ability to identify potential for expanded funding sources; break down silos to create a unified, integrated behavioral health system; and better access to services and easier navigation of the system for those we serve. Ultimately, better alignment will lead to improved outcomes for individuals, communities and the state.

IDPH and DHS are committed to open conversations and transparency. Please use the resources provided on https://hhsalignment.iowa.gov/, check back often for updates, share your feedback on the website's Contact Us page, and subscribe to email updates here.

Take Note

A Matter of Substance

A Publication of the IDPH Bureau of Substance Abuse

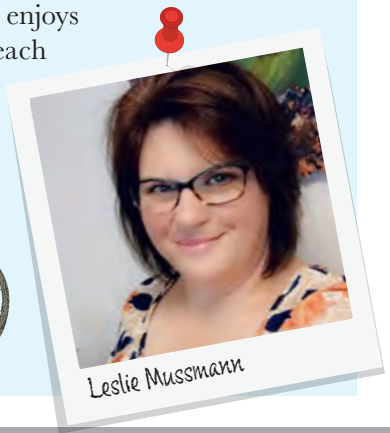
Employee Spotlight

Leslie Mussmann

Leslie joined the Bureau of Substance Abuse in October 2020 as the Prevention Training Coordinator for the Overdose Data 2 Action project. In her role, Leslie gets to create and provide training on a variety of prevention related topics. She also provides technical assistance to local prevention training teams. Leslie is excited to be working with the IDPH Bureau of Substance Abuse Prevention Team to expand the Capacity Coaching system in Iowa and reigniting Prevention Workforce Taskforce.

Leslie started her journey in prevention in 2000, when she left her career as a secondary education teacher to work with her local Tobacco Partnership. Leslie joined the Area Substance Abuse Council staff in 2001 and became a Certified Prevention Specialist in 2003. She has worked in a variety of roles including Prevention Coordinator, Assistant Prevention Director and Prevention Director. Leslie is also a Capacity Coach with the Iowa Department of Public Health, in this role Leslie gets to provide performance and personal coaching to a variety of prevention professionals in Iowa. Leslie hopes her years of experience working as a contractor and coach will help IDPH to support prevention. Her long-term goal is to build a strong prevention workforce and create a path for prevention to be recognized as a profession in Iowa.

Leslie lives in Clinton, Iowa, five miles from the widest part of the Mississippi, with her husband Chris and their two (almost grown) children, Eliza and Gideon. She is involved in a number of local prevention and community organizations. When she isn't crusading, Leslie can be found binge watching TV or listening to 80's and 90's music; she also enjoys biking on her Hello Kitty Beach Cruiser or camping with her family.



Leslie Mussmann

Spotlight

State Opioid Response Corrections Liaison (SOR CL) Spotlight

The SOR CL grant is part of the IDPH's State Opioid Response efforts to provide Medication Assisted Treatment (MAT), care coordination and recovery support services for people re-entering the community from a correctional setting with opioid use disorder and/or stimulant use disorder. Grantees of SOR CL are substance use disorder treatment organizations across the state which house re-entry specialists/corrections liaisons who coordinate with community corrections, local jails, prisons and criminal justice staff and programs to provide care coordination and recovery support services, and connect clients to MAT and community services. For more information about the grant and to contact the liaisons, please email: sarah.vannice@idph.iowa.gov.

The grant provides recovery support services for people re-entering the community from a correctional setting with an opioid use disorder and/or stimulant use disorder.

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Equity Matters

Welcome to Equity Matters within A Matter of Substance, where we discuss health equity matters for people in Iowa. In honor of Juneteenth, this quarter's article explores the relationship between social justice and health equity.

Social justice is the belief that everyone deserves equal rights and opportunities- including the right to good health. Current evidence clearly indicates that health inequities are the result of policies and practices that have created (and continue to enforce) unequal distributions of money, power and resources among communities based on race, place, class, gender, and other factors. These inequities are avoidable, unnecessary and unjust and are often referred to as social determinants of health. To ensure that all people in Iowa have the equal opportunity to be healthy, social determinants of health must be addressed. Addressing these determinants promotes social justice and helps to achieve health equity.

Disparities in health outcomes between racial groups and individuals of differing ethnic backgrounds have been well documented throughout the history of the United States. On June 19, 1865 (more than two years after President Lincoln signed the Emancipation Proclamation) enslaved Americans in Texas finally received word of their freedom. Recognition of this day, Juneteenth, as a national holiday is a step towards remembering the historic systemic racism and inequality.

To improve social justice and create more equal opportunities for health, there are a multitude of both small and large actions we can take, such as:

1. Name racism as a determining force in the distribution of the social determinants of health and equity and not an individual character flaw;
2. Start a conversation about Juneteenth and health equity within your agency or organization (and with community partners) and foster dialogue about present-day racism, bias and inequity and how they contribute to disparate health outcomes; and
3. Target investment in marginalized and under-resourced communities and ensure representation of these groups in decision-making processes. Through addressing the social determinants of health we create a healthier Iowa.

Iowa's Annual Governor's Conference on Substance Abuse

Iowa's Annual Governor's Conference on Substance Abuse took place May 18th through the 20th and what an amazing virtual conference it was! With over 400 individuals registered, and with this being the first time it had ever been hosted virtually, it was definitely a unique and wonderful experience. The Iowa Department of Public Health wishes to thank all of you in attendance as well as the speakers, planning committee members and the event coordination staff at Iowa State University for all of your contributions to the event's success. Despite the technological glitches on occasion, IDPH heard from so many people that the event was even more engaging than in-person conferences that they had been to in the past. Some even said that in the future they would prefer the virtual experience over the in person! That says a lot! We really need to give a shout out to our speakers. We owe so much of what the event experience was to the wonderful composition of speakers, speakers that were so invested in the spirit of helping other humans improve their lives, of improving our workforce and of sharing their own personal experiences. So many wonderful speakers, so much enlightening content and such great conversation from those of you in attendance. We look forward to hosting this event in the future and will plan on announcing dates for 2022 in the Fall! Finally, many of you in attendance heard about our Kudoboard we developed for the conference. If you haven't, it is a virtual platform for sending a 'thank you,' it was used throughout the event to show appreciation to behavioral health providers. We wanted to announce that we've left it open, if you would like to view or add more appreciation to the Kudoboard. Feel free to take a look and hope to see you all next year!

Important Information!

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State Opioid Response 2 (SOR2) Funding Announcement

The Iowa Department of Public Health is now opening State Opioid Response (SOR2) grant services to community agencies and businesses to expand services available to Iowans with substance use disorders. Funding is available through an award from the Substance Abuse and Mental Health Services Administration (SAMHSA) to address opioid and stimulant use disorders by creating and strengthening recovery-oriented systems of care. This comprehensive approach allows agencies to be more responsive in meeting the needs of individuals seeking services by providing a continuum of services rather than just crisis-oriented care.

Funding is intended to supplement existing services and funding streams, and must not supplant or replace them. The goal of SOR2 is to ensure Iowans statewide can access high quality treatment services for opioid and stimulant use disorders in their own communities. Extending funding to more agencies throughout the state will provide additional access to multiple pathways to recovery through a person-centered approach that offers choices to individuals seeking assistance. Funding can be used to support services that engage and retain Iowans in recovery from opioids and/or stimulants such as Medication Assisted Treatment (MAT), Care Coordination, Peer Recovery Coaching, Housing Assistance, Dental Services, and Supplemental Needs (transportation, clothing, hygiene items, wellness support, education, HIV/HCV testing, etc.). Appropriate applicants include (but are not limited to) qualified and licensed providers of substance use disorder treatment (including agencies and private practitioners), mental health treatment (including community mental health centers and private practitioners), recovery-related medical services (clinics and private practitioners), licensed dentists, peer drop-in centers, recovery housing, and human service agencies providing recovery-related resource referral services.

The application and additional information will be available on the IDPH MAT Provider Website (https://idph.iowa.gov/mat/provider). Applications to provide services will be accepted on an ongoing basis based on service need and funding availability. Please direct any questions to SOR@idph.iowa.gov.

2022-2023 Substance Abuse Prevention and Treatment Block Grant and Synar Update

The Substance Abuse and Mental Health Services Administration (SAMHSA), a part of the U.S. Department of Health and Human Services, oversees two block grants that are very important to Iowa: the Substance Abuse Prevention and Treatment Block Grant and the Community Mental Health Services Block Grant. While the block grants differ in a number of ways (e.g.) targeted populations and method of calculating Maintenance of Effort (MOE), both block grants are governed by statute and by detailed and comprehensive regulations, including specific requirements for planning and for population- or program-specific set-asides. And both require stakeholder input.

As part of the Iowa Health and Human Services alignment efforts, DHS and IDPH staff, together, are seeking stakeholder input from various councils, associations, stakeholders, and the Iowa Board of Health. Through a series of integrated meetings, IDPH and DHS, are currently gathering input to develop joint shared goals for the two block grants, which will be submitted independently in the fall of 2021. As a reminder, the SABG Block Grant is at: https://idph.iowa.gov/substance-abuse/block-grant-reports.

For more information and/or to share your comments, please email them to Michele.Tilotta@idph.iowa.gov and specify "Block Grant Comment" in the subject line of your email.

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Training Spotlight

Recovery Coach Academy Ethical Considerations for Recovery Coaches

In collaboration with CT Department of Children and Families, the following CCAR training programs will be offered online to Iowans through a voucher program (vouchers are limited):

- **Recovery Coach Academy** - 30 Contact Hours
  August 23-27, 2021, 5:00 p.m. to 9:00 p.m. (EST)
  September 13-17, 10:00 a.m. to 2:00 p.m. (EST)
- **Ethical Considerations for Recovery Coaches** - 16 Contact Hours
  July 19-21, 2021, 10:00 a.m. to 2:00 p.m. - 7/21 will end at 12:00 p.m. (EST).
  September 8-10, 2021, 10:00 a.m. to 2:00 p.m. - 9/10 will end at 12:00 p.m. (EST).

For any questions about the online offerings or to inquire about the voucher, please email sor@idph.iowa.gov.

IBHRS Update, June 2021

The Iowa Behavioral Health Reporting System (IBHRS) is on track with IBHRS data collection set to begin July 1, 2021 with reporting to IDPH beginning in August 2021. IBHRS combines substance use disorder and problem gambling treatment data models, and has more extensive and robust validation rules to ensure data meet the Department's standards.

IBHRS recorded training webinars, technical documentation, FAQs, and details on future training webinars can be found on the IBHRS Web page. Questions about IBHRS may be submitted to IDPH at sapgdata@idph.iowa.gov.

Problem Gambling Services: Lunch & Learn Webinar Series

The Iowa Department of Public Health offered the Problem Gambling Services: Lunch and Learn Webinar Series consisting of 24 one-hour sessions held on Tuesdays and Thursdays during the noon hour from April 13, 2021 and concluded on July 1, 2021. This series was a direct result of problem gambling treatment service providers to help cross train staff to recognize and assist those who may be seeking treatment for a substance use or mental health disorder. They may also have a "hidden" gambling problem that is interfering with their recovery efforts. The series provided information on the history and prevalence of gambling and related behaviors in Iowa; defining gambling and the continuum of problem gambling; implementing effective strategies for community outreach and identifying individuals harmed by gambling and building community referral pathways; learning and using evidence based treatment strategies, treatment planning and recovery support; and the impacts of gambling on the family, finances, and criminal justice system.

Over 120 individuals have participated in more than one of the sessions. Participants reported an increase in competency on their knowledge about gambling and the continuum of problem gambling as well as how to implement effective screening and person-centered treatment strategies.

Interested in catching up on one or more sessions? Recordings of the training and related materials can be found at https://yourlifeiowa.org/events or click here for a full listing of the Problem Gambling Services: Lunch and Learn Webinar Series.

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Important!

Dear Iowa Youth Health Behavior Surveys Stakeholder:

The Iowa Youth Survey (IYS) and Youth Risk Behavior Survey (YRBS) will be jointly administered from September 27 to November 12, 2021. These surveys collect valuable youth health behavior data that drives funding, program and policy decisions in communities across the state. We value your past support and look forward to it again as we seek to understand the adolescent health behavior impacts of the pandemic.

All public and private school districts serving 6th, 8th and 11th grade students are invited to participate in the IYS. A small sample of Iowa high school buildings will be invited to participate in the YRBS. We offer in-person administrative support to any school participating in both surveys.

To assist with the joint administrative planning of these two important surveys, school district superintendents were recently invited to register their intent to participate. We appreciate your historical support and encourage you to contact your local school superintendent to explain why you value the survey data and to encourage them to register their intent to participate.

Hear why stakeholders need your school to participate in the 2021 IYS and YRBS. For more information on the surveys, see the Iowa Youth Health Assessment Program webpage and the Iowa Youth Survey webpage.

The 2021 IYS questionnaire will be available by the end of June. The 2021 Iowa YRBS questionnaire will be available this summer. Please direct questions about either survey to iowayouthsurvey@idph.iowa.gov.

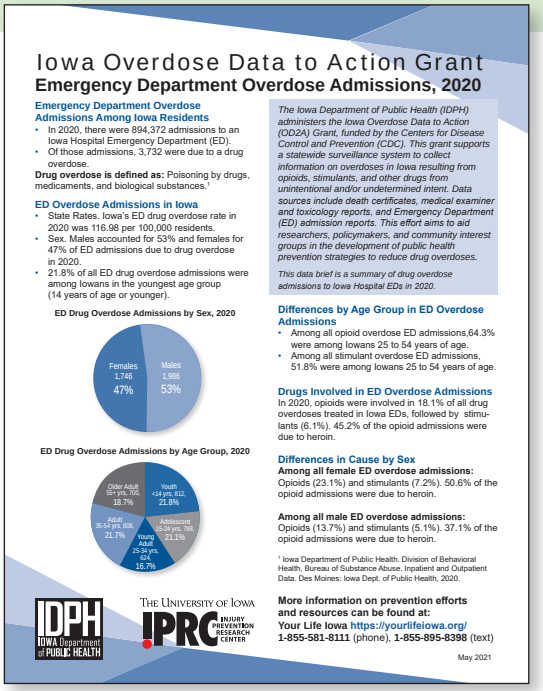
Thank you.

Note:

Hear why stakeholders need your school to participate in the 2021 IYS and YRBS.

Overdose Data to Action Grant: Fact Sheets

As part of the Centers for Disease Control and Prevention (CDC) funded initiative, Overdose Data to Action grant, the Bureau of Substance Abuse is collecting and disseminating timely Emergency Department (ED) data on all suspected drug, opioid, heroin and stimulant overdoses. The data for all hospital-based health outcomes are derived from the Iowa Hospital Inpatient-Outpatient (IPOP) Discharge database, including data for any ED visit. All Iowa hospitals (N=118) contribute to this dataset, which can be queried to support the development and calculation of measures based on all diagnoses. The IPOP datasets are owned by IDPH and collected by the Iowa Hospital Association (IHA) in accordance with Iowa Code Section 135.166. Aggregate drug overdose data by month are reported to the CDC every quarter. The annual data brief can be found at: https://idph.iowa.gov/substance-abuse/substance-use-and-problem-gambling-data-reporting/in-the-know-common-data-reports.



Iowa Overdose Data to Action Grant

Emergency Department Overdose Admissions, 2020

Emergency Department Overdose Admissions Among Iowa Residents

- In 2020, there were 894,372 admissions to an Iowa Hospital Emergency Department (ED).
- Of those admissions, 3,732 were due to a drug overdose.

Drug overdose is defined as: Poisoning by drugs, medicaments, and biological substances.[1]

ED Overdose Admissions in Iowa

- State Rates. Iowa's ED drug overdose rate in 2020 was 116.98 per 100,000 residents.
- Sex. Males accounted for 53% and females for 47% of ED admissions due to drug overdose in 2020.
- 21.8% of all ED drug overdose admissions were among Iowans in the youngest age group (14 years of age or younger).

The Iowa Department of Public Health (IDPH) administers the Iowa Overdose Data to Action (OD2A) Grant, funded by the Centers for Disease Control and Prevention (CDC). This grant supports a statewide surveillance system to collect information on overdoses in Iowa resulting from opioids, stimulants, and other drugs from unintentional and/or undetermined intent. Data sources include death certificates, medical examiner and toxicology reports, and Emergency Department (ED) admission reports. This effort aims to aid researchers, policymakers, and community interest groups in the development of public health prevention strategies to reduce drug overdoses.

This data brief is a summary of drug overdose admissions to Iowa Hospital EDs in 2020.

ED Drug Overdose Admissions by Sex, 2020

ED Drug Overdose Admissions by Age Group, 2020

Differences by Age Group in ED Overdose Admissions

- Among all opioid overdose ED admissions,64.3% were among Iowans 25 to 54 years of age.
- Among all stimulant overdose ED admissions, 51.8% were among Iowans 25 to 54 years of age.

Drugs Involved in ED Overdose Admissions

In 2020, opioids were involved in 18.1% of all drug overdoses treated in Iowa EDs, followed by stimulants (6.1%). 45.2% of the opioid admissions were due to heroin.

Differences in Cause by Sex

Among all female ED overdose admissions: Opioids (23.1%) and stimulants (7.2%). 50.6% of the opioid admissions were due to heroin.

Among all male ED overdose admissions: Opioids (13.7%) and stimulants (5.1%). 37.1% of the opioid admissions were due to heroin.

[1] Iowa Department of Public Health. Division of Behavioral Health, Bureau of Substance Abuse. Inpatient and Outpatient Data. Des Moines: Iowa Dept. of Public Health, 2020.

IDPH Iowa Department of Public Health

The University of Iowa IPRC Injury Prevention Research Center

More information on prevention efforts and resources can be found at:
Your Life Iowa https://yourlifeiowa.org/
1-855-581-8111 (phone), **1-855-895-8398** (text)

May 2021

Naloxone Dispensing Program

The Naloxone (Narcan®) dispensing program continues to be a great success, with over 1,400 kits dispensed to patients in the state of Iowa and over 220 Iowa pharmacies participating to date. All Iowans are eligible to receive Narcan® at no-cost ($0 copay) and pharmacies are reimbursed the cost of Narcan® plus a $20 dispensing fee for patient education and counseling. A few Narcan® promotion kits, which were mailed to all Iowa pharmacies earlier in the year, are still available. Providers who would like a promo kit, or more information about the program, may contact the Iowa Prescription Monitoring Program (PMP) at: pmp@iowa.gov. The Iowa PMP thanks the Iowa Department of Public Health for their on-going support of this project.

Opioid Disposal Kit Program

The Iowa Disposal Kit dispensing program kicked off on July 1, 2021. All community pharmacies across the state of Iowa are eligible to participate and patients are eligible to receive two disposal kits every 30 days at no-cost ($0 copay). Pharmacies are reimbursed $7.50 for providing the kit and patient education. Welcome kits were mailed to all Iowa pharmacies who previously participated in the Narcan® disposal project. A few additional kits remain, and providers who would like a kit, or more information about the program, may contact the Iowa PMP at: pmp@iowa.gov. The Iowa PMP thanks the Iowa Department of Public Health and DisposeRx® for their support of this project.

Prevention Core Competencies

The Substance Abuse and Mental Health Services Administration (SAMHSA) recently published a report titled Prevention Core Competencies. The goal of this project was to strengthen the substance use prevention field and is intended for professionals currently working in the prevention field. For more information about the core competencies and to download the report, visit this website.

Updated Prescription Monitoring Program Rules

As of May 12, 2021, the Board of Pharmacy started requiring that all Schedule V (CV) controlled prescriptions (Lyrica®, pregabalin, promethazine with codeine, et al) be reported to the Iowa Prescription Monitoring Program (PMP). The newly adopted rule makes non-prescription sales of cough suppressants containing codeine (e.g., Robitussin-AC) a reportable transaction. Providers should now be able to track their patient's CV use going forward.

Please Read!

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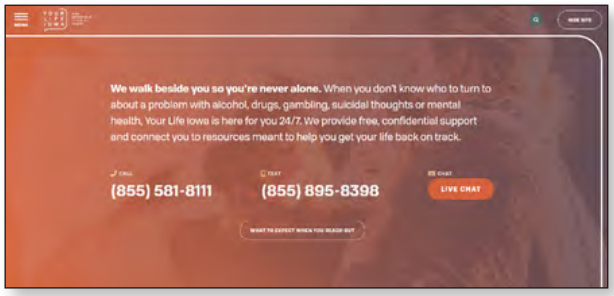
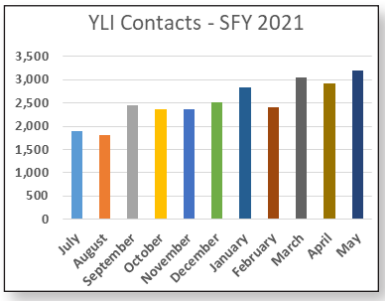
Your Life Iowa (YLI) Update

Many of you have known Eric Preuss for his work as the lead for Problem Gambling Services in Iowa, a position he's held since 2013, and his work helping out the Data Team as the I-SMART and CDR "answer man". He helped birth the idea of Your Life Iowa almost 5 years ago, and with the continued growth, took on the Your Iowa Project Director role this past February. Transition plans are in place for problem gambling services, and Eric won't be too far away from gambling with Your Life Iowa.



Kudos to the individuals at DHS, IDPH, Foundation 2, WebSpec, and ZLR Ignition, who helped with the planning, development and implementation of the brand new Your Life Iowa website that launched in April 2021. This was an 18 month project that built off of feedback, focus group, and lots of brainstorming. If you've not had a chance to take a look around, please visit https://yourlifeiowa.org and use the contact link to let us know what you think.

The new Facility Locator helps users to quickly find care nearby, and a completely rebuilt Media Center provides easy access to one of 16 different media campaigns addressing alcohol, gambling, marijuana, mental health (youth and adult), meth, opioids, stigma, teens and parents, gambling, mental health, and suicide, and the Your Life Iowa campaign.



Additionally, a new supportive text messaging service (YourLifeIowa.Support) has launched. Anyone can sign up to receive encouraging messages at the frequency of their choosing.Click here to sign up.

More individuals are reaching out to YLI now more than ever! May 2021 was a new record for contacts (3,203). We've now had over 27,800 total contacts from July 2020 through May 2021, more than doubling the 12,846 contacts from the year before. What is important is over 10,000 total referrals have been made linking individuals to the care and services they seek.

Remember, Your Life Iowa can be the everyday life support for you, your friends, your patients, your family and others you know. 24/7, every day, via text (**855-895-8398**), chat (yourlifeiowa.org), or phone (**855-581-8111**).

For more information on this project, please send inquires to eric.preuss@idph.iowa.gov.

Licensure Spotlight

Licensure Standards FAQ

Please submit any licensure questions to SUD.PG.License@idph.iowa.gov.

What will IDPH site visits for license renewal be like now that IDPH is returning to in-person work? COVID-19 restrictions caused a lot of changes in the way the surveyor team met and interacted with licensed substance use disorder and problem gambling treatment programs this last year. On April 1, 2020, on-site inspections temporarily were suspended following Governor Reynolds' issuance of a State of Public Health Disaster Emergency due to the COVID-19 pandemic. During the emergency declaration, licensure inspections consisted primarily of desk audits of application materials along with virtual inspections of programs. Effective July 6, 2021, the IDPH surveyors will return to conducting on-site inspections.

As always, you can reach out to the IDPH licensure team with questions by submitting an email to SUD.PG.License@idph.iowa.gov.

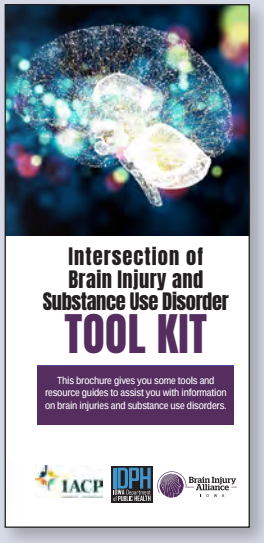
A Matter of Substance

A Publication of the IDPH Bureau of Substance Abuse

Important Information!

Traumatic Brain Injury Toolkit

Check out this new toolkit to assist SUD providers' in better serving individuals with a co-occurring SUD and lifetime history of traumatic brain injury. This toolkit is a collaborative effort of the Iowa Department of Public Health (IDPH) Office of Disability, Injury, and Violence Prevention, IDPH Bureau of Substance Abuse, community stakeholders, and those with lived experience of brain injury.



This collaboration is part of The National Center on Advancing Person- Centered Practices and Systems (NCAPPS), an initiative from the Administration for Community Living and the Centers for Medicare & Medicaid Services that helps States, Tribes, and Territories implement person-centered thinking, planning, and practice in line with U.S. Department of Health and Human Services policy.

If you have any questions about the toolkit please contact Jim Pender at **515-204-7978** or james.pender@idph.iowa.gov.

House Resolution 364

On May 24th, Representatives Dave Joyce (R-OH) and Tim Ryan (D-OH), Vice Chairs of the Addiction, Treatment, and Recovery Caucus, with support from Representatives Bill Johnson (R-OH), David Trone (D-MD), and Paul Tonko (D-NY), introduced House Resolution 364. This resolution recognizes contributions of addiction professionals in the workforce. The Association for Addiction Professionals (NAADAC), Addiction Policy Forum, National Association of Addiction Treatment Professionals (NAATP), and the Northeast Ohio Hospital Opioid Consortium have all endorsed the resolution. For more information and to read the press release, click here.

National Council Announces Name Change

On May 6th, 2021, the National Council for Behavioral Health announced their name change to the National Council for Mental Wellbeing, effective immediately. President and CEO Chuck Ingoglia said "By changing our name, we are changing the conversation. Not only is the National Council for Mental Wellbeing inclusive of mental health and substance use, our new name boldly states our goal – to make mental wellbeing a reality for everyone."

Ingoglia went on to say, "A lot has changed over the past year. The pandemic has fueled mental illness and substance use. Today, the work of mental health and substance use treatment organizations are more important than ever. Our challenge is to ensure that everyone has access to comprehensive, high-quality, affordable treatment when they need it. By promoting comprehensive approaches to prevention, treatment and recovery supports, we will ensure mental wellbeing is a reality for everyone."

To read the complete press release, please visit this website.

"In the Know"

The IDPH Bureau of Substance Abuse is pleased to share this "In The Know" link to our site where you can find more common data reports and links to other data resources. This site contains some reports based on mortality data and a report from Your Life Iowa. Bureau staff plan to continue expanding this site by adding more data reports and links over the next several months. Questions may be directed to the Bureau via sapgdata@idph.iowa.gov.

For more information about the IDPH Bureau of Substance Abuse, visit http://idph.iowa.gov/bh. For questions related to *"A Matter of Substance,"* contact editors:

- ✓ Jennifer Robertson-Hill: jennifer.robertson-hill@idph.iowa.gov
- ✓ Maggie Ferguson: maggie.ferguson@idph.iowa.gov
- ✓ Kayla Sankey: kayla.sankey@idph.iowa.gov
- ✓ Colleen Bush, graphic designer: colleen.bush@idph.iowa.gov