

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



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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 plan.
- 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 Council¹.
- 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.

Implementation

Implementation of the strategies determined within this strategic plan will provide Iowa'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.

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.

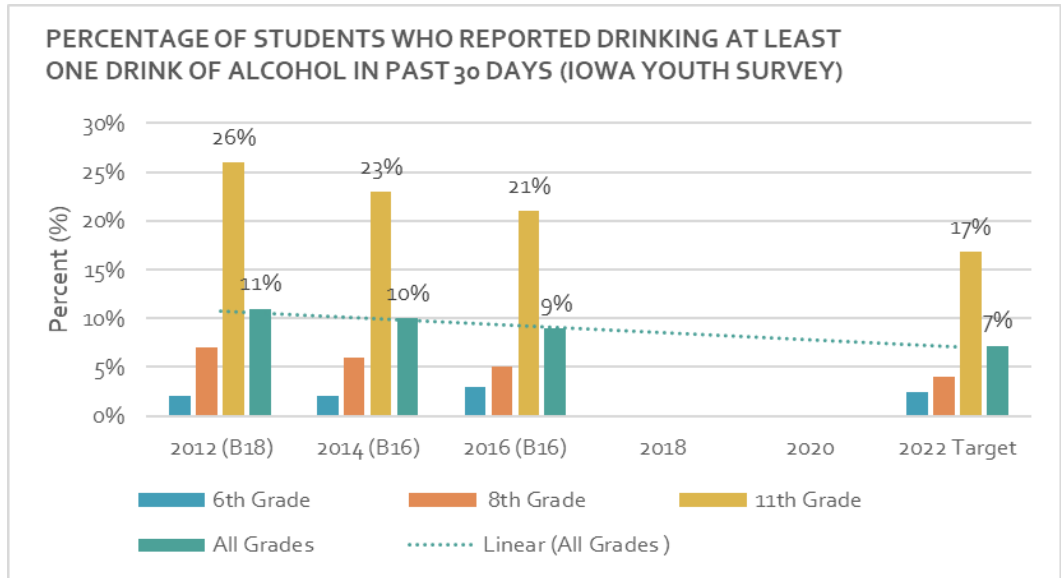
Key partners include but are not limited to:

- 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

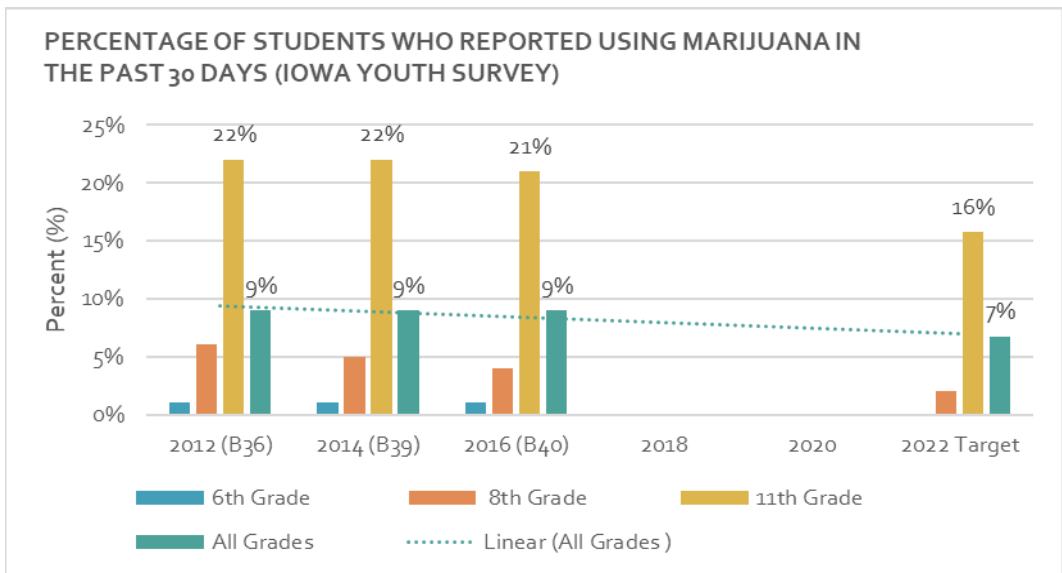
Performance Indicators & Targets

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.

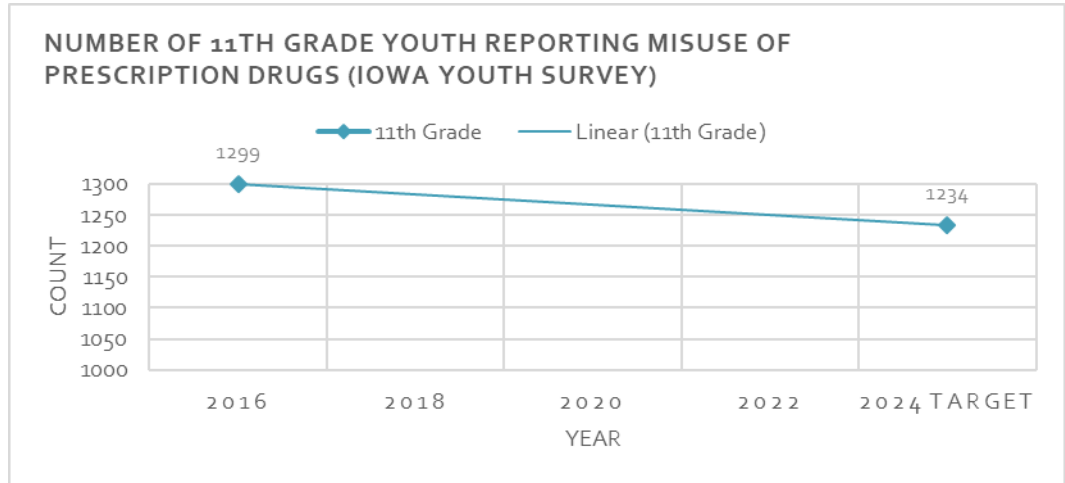
Decrease underage drinking from 11% (baseline 2012) to 7% or fewer youth reporting alcohol consumption. State rate in 2016 of 3% for 6th graders, 5% for 8th graders, and 21% for 11th graders (B16, [Iowa Youth Survey](#)).



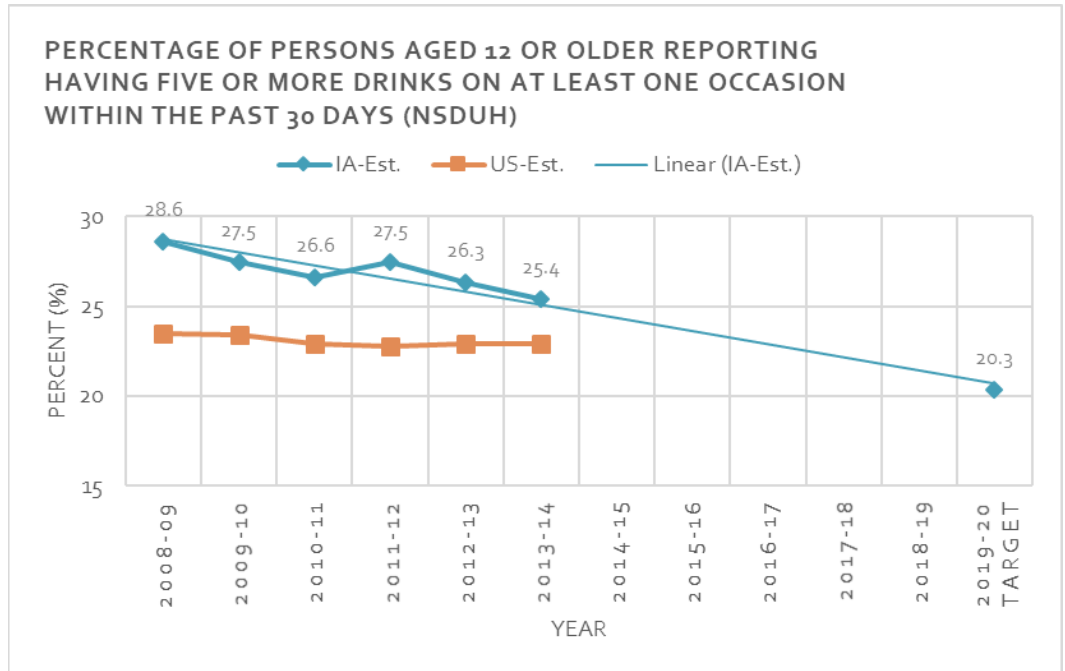
Decrease marijuana use from 9% (baseline 2012) to 7% or fewer youth reporting its use. Measured by the Iowa Youth Survey. The 2016 IYS shows 1%, 2%, and 10% for 6th, 8th, and 11th graders, respectively (B41).



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. <ul style="list-style-type: none"> ▪ 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 <i>Your Life Iowa</i> .	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 <i>Your Life Iowa</i> .	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 <i>Iowa Workforce Development</i> 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

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. <ul style="list-style-type: none"> - 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
1. Develop EBP Resource Guide																					
1. Distribute/Update EBP Resource Guide																					
2. Identify/review complete Assessments																					
2. Develop Assessment questions																					
2. Distribute Assessment templates																					
2. Ongoing data capture/monitoring																					
3. Develop public policy change toolkit																					
3. Test toolkit																					
3. Launch toolkit on IDPH website																					
4. Host regional/collaborative meetings																					
5. Define CQI model & guidelines																					
5. Define process for fidelity monitoring																					
5. Support CQI model implementation																					
5. CQI program evaluation																					
6. Develop public awareness campaign																					
6. Promote public awareness campaign																					
6. Establish follow-up protocols																					
7. Identify model for youth engagement																					
7. Identify/engage partners for training																					
7. Define outcome metrics																					
7. Implement youth trainings																					
7. Adapt/implement media campaign																					
8. Outline workforce skills & training																					
8. Define training framework																					
9. Promote prevention professions																					
9. Outreach to university programs																					
9. Develop workforce retention strategies																					
10. Define onboarding skill sets required																					
10. Identify tools, fidelity measures																					
10. Outreach to university programs																					
10. Onboarding assessment																					
11. Identify secondary prevention sources																					
11. Community meetings/collaboration																					
11. Create/test presentation materials																					
11. Schedule/deliver presentations																					
11. Evaluate/adjust based on feedback																					
11. Evaluate marketing campaign need																					
12. Design provider report card/PMP data																					

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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