Lonnie Cleland, program planner, is responsible for three projects within the Bureau of Substance Abuse Prevention and Treatment. Lonnie is the coordinator of the Jail-Based Substance Abuse Treatment project and state change leader for the Strengthening Treatment Access and Retention - State Implementation (STAR-SI) grant as well as lead trainer and primary help desk resource for the I-SMART data system.

Prior to joining IDPH, Lonnie was a licensed independent social worker in private practice with extensive training and experience in mental health and substance abuse services. He has served as an adjunct faculty member in the University of Iowa Graduate School of Social Work and as a supervisor of social work licensure candidates.

Lonnie is the proud father of a daughter who works for a company called Music Matters and a teenage son who keeps his insurance premiums high through skateboarding.

Lonnie spends his spare time protecting Beaverdale from evil, cooking with his partner Kay, watching birds, painting, participating in fantasy sports and American Idol pools, and wondering how to lower the water level in his basement.

Access and Retention - State Implementation (STAR-SI) grant as well as lead trainer and primary help desk resource for the I-SMART data system.

In the January 2009 issue of A Matter of Substance, I referenced statewide activities related to services for Iowans with co-occurring mental health and substance abuse problems. In this issue, we have articles on licensure of problem gambling, mental health and substance abuse programs. Other articles address education and prevention initiatives and focused treatment projects. It might surprise you to know these different topics are connected—they all are part of a larger recovery-oriented system of care.

Recovery-oriented systems of care provide a broad continuum of services and supports for individuals and families experiencing, or at risk of experiencing, problems with alcohol or drug use. Our responsibility in the Division of Behavioral Health is to assure all our activities support those of you who directly provide education, prevention and treatment services. I’ll tell you more about what we’re doing in future issues. Keep reading!
Iowa Youth Survey
The Iowa Consortium for Substance Abuse Research and Evaluation is currently analyzing Iowa Youth Survey data. When final, reports will be posted to www.iowayouthsurvey.org:
- State Level: June 2009
- County Level: July 2009
- School Districts*: August 2009
- AEA Level: Sept. 2009
- Judicial Districts: Sept. 2009
- Prevention Districts: October 2009
- Trend Reports: October 2009

*School District level data will be sent to superintendents by the Department of Education and are available only from the district.

Joint Licensure for Substance Abuse and Problem Gambling Treatment Programs
In Senate File 2425, the 2008 Iowa Legislature directed IDPH to align the problem gambling and substance abuse treatment systems, including development of joint program licensure standards.

As its first step in implementing SF2425, Division of Behavioral Health staff conducted a side-by-side review of problem gambling and substance abuse treatment program licensure standards. Most of the standards are similar enough to require format or “wordsmithing” revisions only. However, certain requirements are substantially different. For example, licensure decisions for substance abuse programs are made by the State Board of Health while licensure decisions for problem gambling programs are made by IDPH.

Division staff have been meeting with providers and other stakeholders since December on recommendations to resolve licensure differences.

For a summary of discussions to-date, go to www.idph.state.ia.us/bh/sa_recovery.asp. We have begun to draft rules for public comment to meet the July 2010 completion date.

Mentoring Grants
The Bureau of Substance Abuse Prevention and Treatment funds two mentoring grants, Youth Mentoring and Prevention Through Mentoring. Together, these grants help support 13 different mentoring programs statewide. On March 13, 2009, the Bureau sponsored a workgroup where mentoring contractors came together to discuss ideas and share resources. Currently, the 13 mentoring programs support 1,237 mentoring matches. Each program provides various types of mentoring approaches ranging from one-on-one, school-based, and community-based mentoring to group, peer, and e-mail services. For more information about Division mentoring programs, contact Julie Hibben at 515-725-7895 or Linda McGinnis at 515-281-5444. For information about other Iowa mentoring programs, contact the Iowa Mentoring Partnership at www.iowamentoring.org.

Access to Recovery
In just under five months, the Access to Recovery program has achieved its year two goal of admitting 1,734 clients! That said, there is still room — and funding — for new admissions and ongoing services.

Based on suggestions from clients and providers during our first year, ATR staff have updated the Provider Manual to include a variety of new services, including Dental Care, Life Skills Coaching, Integrated Therapy, Recovery Calls, and Substance Abuse Treatment for qualifying clients. For complete information, go to www.idph.state.ia.us/atr.

Division and PATTC Extend NIATx
The Iowa Gambling Treatment Program and the Prairielands Addiction Technology Transfer Center have joined forces to apply NIATx process improvement techniques to treatment for co-occurring substance abuse and problem gambling.

Division staff, Bob Kerksieck and Mark Vander Linden, and PATTC’s NIATx consultant, Janet Zwick, are working closely with contractors funded by IDPH for both substance abuse and problem gambling treatment to increase admissions and continue to improve service quality.

April is Alcohol Awareness Month
Many communities and organizations observe alcohol awareness month to draw attention to the problems associated with alcohol abuse.

Alcohol is the most frequently used substance in Iowa — 60% of Iowa adults are current alcohol users. While many adults can occasionally drink alcohol with no negative consequences, it is the primary substance of abuse for people entering treatment in Iowa and underage and binge drinking are rapidly growing public health issues.

For additional resources, go to http://ncadi.samhsa.gov/seasonal/aprilalcohol/
The Toll of Gambling

For the vast majority of people, a trip to the casino or the occasional lottery ticket or office pool are harmless entertainment, but for some the “fun” turns into a gambling problem. It’s estimated that 43,500 Iowans are lifetime pathological gamblers and over 26,000 meet diagnostic criteria in a given year. For these individuals, gambling has negative social, economic, and psychological implications. Lost relationships, stifling debt, bankruptcy, substance abuse, and guilt and shame are just a few of the symptoms problem gamblers experience. Persons with substance abuse problems are also at high risk of a co-occurring gambling problem. Even though pathological gambling is classified as an impulse control disorder, many describe it as an addiction saying the “high” or escape that a person gets from alcohol or drugs can be replicated through gambling.

The Iowa Gambling Treatment Program funds 10 agencies that provide gambling treatment at 55 locations across Iowa. These same agencies also provide education about gambling risks and responsibilities.

The quickest way to get more information is to call 1-800-BetsOff or visit www.1800betsoff.org.

Culturally Competent Substance Abuse Treatment Project

This information was drawn from an Iowa Consortium for Substance Abuse Research and Evaluation report.

The Center for Alcohol and Drug Services (CADS) in Davenport has expanded and improved services in several areas in order to meet the culturally specific needs of African American and Latino populations and has developed an active referral network to draw more clients into the program and link clients with culturally appropriate ancillary services.

Employee and Family Resources (EFR) in Des Moines subcontracts with Urban Dreams to provide culturally relevant case management and treatment services to African American clients and has established effective methods for identifying and meeting clients’ wrap-around service needs. Jackson Recovery in Sioux City provides culturally relevant treatment services and has expanded their outreach and marketing efforts to the target population. They have trained Spanish-speaking counselors in their main office in Sioux City and in the Crawford County office.

Client and staff survey results highlight areas of capacity expansion and training that may further improve services to target populations. These areas include:

- the use of interpreters or translators with clients and significant others
- matching clients with therapists of the same gender
- increasing staff knowledge of acculturation models for minority groups
- increasing staff awareness of the challenges minorities face
- training staff to evaluate multicultural research
- training staff on intra-group differences of minority populations
- training staff in the use and limitations of psychological tests with minorities
- increasing staff awareness of and efforts to address barriers minorities face in accessing substance abuse treatment

National Public Health Week

The theme for National Public Health Week (NPHW) in Iowa this year is “Public Health Modernization as a Foundation for a Healthy Iowa.” Public health partners across Iowa are encouraged to help raise awareness about how public health promotes and protects the health of Iowans. By educating the people you serve about how public health touches their lives every day, you will enable them to participate in the important discussion now taking place regarding the Public Health Modernization Initiative.

A web page is available to help you prepare for the April 6-12 NPHW observance. Visit www.idph.state.ia.us/adper/nphw.asp today to start planning your event!

Public Health Modernization

The Iowa legislature is currently considering adopting standards for public health through legislation called the Public Health Modernization Act. If passed, this legislation means Iowans will have access to the same public health services no matter where they live. Modernization also means increased capacity for public health to respond to disease outbreaks, natural disasters, and other events that threaten the health of Iowans. For more information, go to www.idph.state.ia.us/mphi.
Substance Abuse Licensure Team Joined On Site Visit By DHS Surveyor

Cheri Reisner of the Department of Human Services Division of Mental Health and Disabilities Services (DHS) joined Dean Austin, Jeff Gronstal, and Cindy Kelly of the Division’s Administration, Licensure, and Regulation Bureau on their substance abuse re-licensure onsite inspection of Northeast Iowa Behavioral Health Center, Inc. in Decorah on January 27-29, 2009.

This joint effort was consistent with the IDPH and DHS Joint Statement on Recovery-Oriented System of Care that says:

“Over time, all Iowa mental health and substance abuse treatment services and all State processes that support such services will become recovery-oriented and capable of meeting the complex needs of individuals and families.”

When IDPH and DHS began to look at State processes, substance abuse program licensure and mental health center accreditation were high on the list -- and when Patrick Smith, NE Iowa Executive Director, suggested a joint visit to his agency, both Departments agreed this could be a terrific learning opportunity!

Northeast Iowa Behavioral Health Center is licensed by IDPH to provide outpatient substance abuse treatment in accordance with 641 Iowa Administrative Code Chapter 155. NE Iowa is accredited by DHS to provide community mental health services in accordance with 441 Chapter 24. While the January onsite inspection was the real thing for IDPH licensure, DHS had recently accredited NE Iowa for a full three years. So, instead of doing the regular DHS accreditation review, Cheri and Dean shadowed the IDPH inspection conducted by Cindy and Jeff to compare the two departments’ processes, identify similarities and differences in rules and standards, and discuss how standards are applied by surveyors. Some of the differences identified are listed below:

- DHS requires a narrative social history as part of the intake and assessment process. IDPH requirements for placement screening, admission, and assessment and evaluation do not specify a narrative social history.
- DHS routinely interviews patients when onsite. IDPH interviews clients as needed.
- Progress note requirements and format differ.
- DHS uses “conformance,” “partial conformance,” and “non-conformance” to rate standards. IDPH uses “compliance” and “non-compliance.”
- DHS requires corrective action prior to accreditation. IDPH allows corrective action after licensure.

The departments will continue to discuss licensure and accreditation to identify ways to improve state processes and better support mental health and substance abuse services in Iowa. We’ll keep you posted!

If you have input you’d like to share, please e-mail Robyn Fisher at RFisher@idph.state.ia.us. Please put the word Licensure in the subject line.

For more information about the Iowa Department of Public Health Division of Behavioral Health, visit www.idph.state.ia.us/bh

TRAININGS & CONFERENCES

Co-Occurring Disorders Change Agent Training & Consultation
April 22, 2009 in Des Moines
April 23, 2009 (Regional Consultation)
To register, contact brenda-hollingsworth@uiowa.edu.

Iowa Mentoring Partnership Spring Training
April 30, 2009 in Des Moines
To register go to www.iowamentoring.org.

Risky Business Conference
May 5, 2009 in Ames
To register go to www.yss.org.

IDPH Sponsored Prevention Training
June 4, 2009 in Des Moines
Watch for additional information at www.trainingresources.org.