



A MATTER OF SUBSTANCE

JULY 2010

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DIVISION OF BEHAVIORAL HEALTH

STAFF SPOTLIGHT: JULIE HIBBEN

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Julie Hibben is the Project Director for the five-year Strategic Prevention Framework State Incentive Grant (SPF SIG). In this role, Julie leads the Department's oversight of project activities and directly supports the SPF Advisory Council in implementing the project's five-step Strategic Prevention Framework planning process which will assist both local communities and the state in

addressing substance abuse issues.

Julie also leads the Division's youth mentoring activities and manages associated contracts.

Julie has been employed at IDPH for over two years. Before coming to IDPH, she worked in variety of settings, always with a prevention focus. Julie was employed as Director of Education and Outreach Services at Planned Parenthood of the Heartland in Des Moines where she managed a team of sexuality educators. She also worked at Youth & Shelter Services in Ames as the Community Education Coordinator where she supervised

countywide substance abuse, tobacco, child abuse prevention and youth development services.

Julie grew up outside of Cleveland, Ohio, where her family still lives. She also lived in Michigan and New York before coming to Iowa twelve years ago. She has her Master's Degree in Social Work from the University of Iowa and is a Certified Prevention Specialist. In her spare time she enjoys traveling, spending time with her husband, and playing with her dogs, Dakota and Cya. Julie and her husband are expecting their first child, a baby girl, any day now!

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Kathy Stone is the Director of the
Division of Behavioral Health

DIRECTOR'S CORNER

Filling in for the vacationing Kathy Stone is Gary Kendell, Director of the Office of Drug Control Policy (ODCP) in Iowa.

Thank you Kathy for inviting me to write this guest article. Increasingly in recent months, my office has been receiving reports of products referred to as "fake" or "synthetic" marijuana. These new products, some of which are sold as K2 or Spice, are herbal incense mixtures containing synthetic cannabinoids that stimulate the same receptors in the brain as tetrahydrocannabinol (THC), the main ingredient in natural marijuana.

All but one of the various compounds in K2 are

currently unregulated in Iowa. K2 products can be several times more potent than THC, and symptoms include dizziness, panic attacks, severe agitation, hallucinations, seizures, vomiting, elevated heart rates, chest pain and tremors.

The potential dangers associated with K2 hit home here in Iowa in June, when an Indianola teenager died of a self-inflicted gunshot wound shortly after using K2 and reportedly suffering a panic attack.

Another unregulated substance that appears to be gaining popularity among Iowa youth is Salvia divinorum, a perennial herb in the mint family that can

impair judgment and cause hallucinations. Some Salvia users also report dysphoria, uncontrolled laughter, a sense of loss of body, overlapping realities, loss of coordination, dizziness and slurred speech.

As a matter of public safety, I will ask the Legislature in January to ban K2 and Salvia, by classifying them as Schedule I Controlled Substances in Iowa. In the meantime, it's imperative that we educate Iowans—particularly parents—about these products. For more information about K2, Salvia and other drugs/substances of concern, please visit the ODCP website at www.iowa.gov/odcp.

DIVISION OF BEHAVIORAL HEALTH UPDATES

Access to Recovery Update

While we wait to see if Iowa is awarded a grant for ATR III, we thought it was a good time to share information with you about how ATR services have been used to benefit Iowans:

Performance

- ⇒ 7592 clients
- ⇒ \$7.2 million expended
- ⇒ 86 providers (17 self-described as faith-based and 69 secular)
- ⇒ 78.1% GPRA follow-up rate

Outcome Data

- ⇒ Individuals abstinent 6 months after admission into ATR increased from 68.8% to 80.6%
- ⇒ Individuals in stable housing 6 months after admission into ATR increased from 43.9% to 57.1%
- ⇒ Individuals reporting absence of negative health, behavioral or social consequences at 6 months after admission into ATR increased from 70.2% to 85%
- ⇒ Individuals currently employed 6 months after admission into ATR increased from 44.3% to 58.6%

Client Profile

- ⇒ 45% of individuals entering ATR were female compared to 31% entering treatment
- ⇒ 14.7% of individuals entering ATR were African American compared to 8.3% entering treatment
- ⇒ 5.4% of individuals entering ATR were Native American compared to 1.2% entering treatment
- ⇒ 3.6% of individuals entering ATR were Hispanic/Latino compared to 4.8% entering treatment

Two Bureaus Merge

As you may know, some changes have been taking place in the Division of Behavioral Health. In February, the Bureau of HIV, STD and Hepatitis joined the Division in a move which we anticipate will promote collaboration, foster exchange of new ideas, and benefit Iowans. With Dean Austin's retirement in April as bureau chief of Administration, Regulation, and Licensure, the decision was made to merge his previous bureau with the

bureau of Substance Abuse Prevention and Treatment to form the **Bureau of Substance Abuse**. DeAnn Decker will oversee the new bureau and believes the merger will be beneficial. "By bringing the two bureaus together, we create a more centralized and coordinated approach to substance abuse issues." DeAnn is quick to point out that licensure staff continue to have the same duties so there are no changes in who to contact.

For questions, please contact DeAnn at ddecker@idph.state.ia.us.

SPF SIG Update



Tom Newton, IDPH Director, and Lt. Jamila Davis, CSAP Project Officer

In July 2009, Iowa received a Strategic Prevention Framework State Incentive Grant (SPF SIG) from SAMHSA's Center for Substance Abuse Prevention (CSAP). A key component of the project is the SPF Advisory Council, which provides direction and guidance to the project throughout its full five years. On June 10, a kick-off meeting was held for the full Advisory Council (representing substance abuse prevention stakeholders state wide), IDPH staff, the project's technical assistance advisors, and evaluation staff from the Iowa Consortium for Substance Abuse Research and Evaluation. Lt. Jamila Davis, Project Officer from the Center for Substance Abuse Prevention attended the meeting and provided an overview presentation to Council members about the SPF SIG project.

For more information about SPF SIG, go to www.idph.state.ia.us/spfsig/default.asp.

Fast Facts from the Consortium

The Iowa Consortium for Substance Abuse Research and Evaluation conducted an analysis comparing outcomes for clients in the Culturally Competent Treatment Project (CCTP) to outcomes for minority clients in other treatment programs in Iowa. The two groups were similar in race/ethnicity and age. Alcohol was the most frequently cited substance for both groups. Statistically significant differences were found between the two groups when alcohol was not the primary substance: cocaine/crack was more frequently mentioned and marijuana was less frequently mentioned in the Cultural Competency group than in the Comparison group.

Clients in the CCTP group stayed in treatment significantly longer than those in the statewide Comparison group, regardless of their discharge status. The median length of stay for CCTP clients was one-hundred twelve days while the median length of stay for clients in the Comparison group was sixty-four. The CCTP programs increased the "Unsuccessful" clients' treatment exposure (length of stay) by one-and-a-half times. When individual programs were analyzed separately, each program had a significantly greater length of stay than the comparison group, and CCTP programs did not differ from each other in length of stay.

Client survey results over the course of the project indicated that the majority of clients saw the programs and staff as culturally competent: 85% or more of clients agreed or strongly agreed with most statements indicating cultural competency.

Watch for more "fast facts" from the **Iowa Consortium for Substance Abuse Research and Evaluation** at the University of Iowa.

MECCA to Partner with County Attorney's office for New Program

In July 2010, the Johnson County Attorney's office will begin to offer the option of a diversion program for those arrested and charged with first offense marijuana violations related to small amounts of marijuana. The program aims to divert people from the criminal justice system to substance abuse education and treatment.

MECCA Services will offer a Marijuana Diversion Program for those who have been approved to enter the county attorney's program. The program consists of a substance abuse evaluation, a six-hour education course and urine screening. The county attorney's office is requiring participants to provide a negative drug screen in order to complete the requirements of the program. The objectives of the program are to provide accurate information about drugs and alcohol, explore the role of substance use in the participants life, and develop a plan for low-risk choices in the future. MECCA Services will offer their first education group on July 31, 2010. They will offer it monthly and will adjust the frequency based on demand for the program.

For more information about MECCA's diversion program, contact Heidi Cuda at hcuda@meccaia.com.

Contractor Electronic Reimbursement:

Effective July 1, IDPH began using the SharePoint electronic document library system for management of most service contracts. Through SharePoint, providers are able to electronically sign contract documents, submit required reports, and submit requests for reimbursement. IDPH conducted trainings on the new system in May and June and distributed a SharePoint User Memorandum of Understanding (MOU) to all affected contractors on May 27.

If you are an affected contractor but were unable to participate in a

RELATED NEWS

previously scheduled training, go to www.idph.state.ia.us/mp/quality_improvement.asp.

Assistance is available at sharepointhelp@idph.state.ia.us or by calling 1-866-520-8987. Questions may also be directed to Cheryl Christie at cchristi@idph.state.ia.us.

Medication Assisted Treatment at Jackson Recovery Centers

Buprenorphine is common medication used for opioid treatment. It is considered to be both safe and effective. Jackson Recovery Centers is incorporating Medication Assisted Treatment into its programs and now offers buprenorphine to patients who come for opioid dependence treatment.

Using buprenorphine is not a cure for opioid dependence. However, it is effective for stabilizing brain chemistry by suppressing withdrawal symptoms and decreasing cravings, which allows Jackson staff to engage clients in recovery. Psychosocial counseling remains the cornerstone of opioid dependence treatment. Jackson addresses the behavioral components of the disease, helping patients to change the behaviors attributed to their opioid use. Patients learn skills to cope with triggers, stressors, relationships and life changes, things that medication alone can't provide.

Jackson considers integration of buprenorphine treatment with psychotherapy to be vital to enhance patient success. The counselor collaborates with the physician in monitoring patient medication adherence and in finding the appropriate dosage based on patient compliance and symptomatology. Counselors also can coordinate their services with the physician, motivational enhancement therapy, cognitive behavioral therapy, prevention education and intervention in case of relapse.

Another important factor of using buprenorphine, in conjunction with

counseling, is that it offers patients the ability to have their withdrawal symptoms and cravings managed in the privacy, convenience and confidentiality of an outpatient setting, breaking down their self-imposed barriers to seeking help and reducing the fear of being stigmatized.

Buprenorphine is not a cure, but it can be an important and useful tool. Opioid dependence is a chronic, relapsing disease that patients will likely need to address for the rest of their lives, much like diabetes. Therefore, Jackson bases their treatment strategy on a chronic disease model. Ongoing maintenance care continues to integrate medically assisted treatment with psychosocial counseling to achieve long-term success treating opioid-dependence.

For more information about Medication Assisted Treatment at Jackson, contact Amy Bloch at ABloch@jacksonrecovery.com.

Congratulations!

- **Appanoose County Mentoring Program** for recently being awarded full certification in the state of Iowa
- **Anna Bode** on her recent promotion to Information Technology Specialist 2 in the Bureau of HIV, STD, and Hepatitis
- The 9 recipients of the final Safe and Drug Free Schools and Communities grantees allocation. **Center for Alcohol and Drug Services (CADS), Clinton Community School District, Garner-Hayfield Community School District, Green Hills AEA, Helping Services for Northeast Iowa, Mason City Youth Task Force, Mid-Eastern Council on Chemical Abuse (MECCA), Substance Abuse Treatment Unit of Central Iowa (SATUCI), and United Action for Youth.**

What is a Disease Prevention Specialist?

The Disease Prevention Specialists, affectionately known as “DPS,” are part of a nation-wide network of prevention counselors. The position was created in the 1950’s after antibiotic treatment for syphilis became available. Once treatment was possible, finding infected persons and their sexual partners became an essential role in attempts to eradicate the infection. In most parts of the country, that is the primary, and in many cases the only, role of a DPS. Here in Iowa, however, the DPS maintains a full-fledged field office, investigating a broad range of infectious diseases that are acquired sexually or through the sharing of drug paraphernalia.

Iowa’s DPS are “the eyes and ears of the field.” They work regions as large as 24 counties. Their work begins with knowing the local provider networks, including local public health offices, community based organizations, faith-based organizations, clinics, laboratories, and hospitals. It also includes offering technical assistance on treatment options, patient care, program development, and engaging non-traditional resources such as barbers when attempting to convey prevention messages.

The DPS work directly with recently infected persons, providing information and counseling, and trying to elicit sex and/or needle-sharing partners who may have been exposed to the infectious disease. The DPS plays the role of investigator and case manager as they work to locate patients and partners who might not want to be found, and then get them the services needed.

The services provided by the DPS are not specific to HIV, STDs, and

hepatitis. They can mean securing anything from housing to domestic violence counseling, TB testing, hepatitis testing and/or vaccination, inmate re-entry resources, or substance abuse treatment referrals.

For more information about Disease Prevention Specialists, go to http://www.idph.state.ia.us/adper/std_control.asp.

Prevention Symposium Gets a Name Change

To reflect the growth of the Prevention Symposium and the inclusion of other areas of focus such as gambling and tobacco, conference arrangers decided that a more encompassing name for the conference was needed. After some discussion, the decision was made to change the name to the Iowa Prevention Conference. This year’s conference will be held November 4, 2010 at the Gateway Hotel and Conference Center in Ames.

For more information about the Prevention Conference, watch the Training Resources website at www.trainingresources.org.

NIATx and Gambling

Using NIATx Process Improvement, IDPH and Prairieland Addiction Technology Transfer Center (PATTC) worked with the Bets-Off Helpline and nine gambling treatment providers to increase admissions and reduce barriers to problem gamblers accessing treatment. Many of the changes implemented by the agencies were relatively small, yet conclusive data has shown a significant positive impact. After 11 months it’s anticipated that FY10 admissions will be 10% higher than in FY09. This increase comes despite a reduction in media funding over the past few years. In

previous years there has been a direct correlation between media spending and treatment admissions. When media spending was down, helpline call and treatment admissions were also down. While IDPH continues to see a reduction in the total number of helpline calls, there’s a much higher rate of conversion from helpline caller to treatment admission. Making that first call to the helpline can be scary. The helpline and providers have done a great job of finding new and innovative ways to help the person feel safe and cared for. This makes a big difference and IDPH is seeing this in the number of admissions.

Form more information about NIATx and gambling, contact Bob Kerksieck at rkerksie@idph.state.ia.us.

Upcoming Trainings

Co-Occurring Disorders Change Agent Training

July 14. State Historical Building Auditorium, Des Moines. For more information, contact Brenda Hollingsworth at brenda.hollingsworth@uiowa.edu.

31st Annual Summer School for Helping Professionals

August 2-5. University of Iowa Campus, Iowa City. For more information, go to <http://www.education.uiowa.edu/asshp/>

2010 Iowa Advocates for Mental Health Recovery Empowerment Conference

August 10-12. Holiday Inn Conference Center, 6111 Fleur Drive in Des Moines. For more information, go to www.iarecovery.org.

For more information about the Division of Behavioral Health, visit

www.idph.state.ia.us/bh

For questions related to “A Matter of Substance,” contact the editors:

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