

A Matter of Substance



A Publication of the IDPH
Bureau of Substance Abuse

April 2018
Quarterly Publication
Bureau of
Substance Abuse

IDPH • Lucas State Office Building • 321 East 12th St., Des Moines, IA 50319 • www.idph.iowa.gov

Iowa Veterans in Treatment

Substance use disorders (SUDs) pose significant problems for veterans. Compared to those without military experience, veterans may have a larger proportion of co-occurring mental disorders, medical disorders, below poverty level incomes and homelessness compared to those without alcohol use disorder (Bhalla & Rosenheck, 2017). Veterans may be difficult to reach and experience significant barriers to treatment. Veterans have unique presentations, making it important to consider different approaches to improve outcomes. For example, military personnel with mental health issues may increasingly turn to heavy drinking as they age (Sahker, Acion, & Arndt, 2016). We need to better understand veterans' needs for SUD treatment in Iowa.

The Iowa Consortium for Substance Abuse Research and Evaluation sought to investigate admission characteristics of veterans in Iowa. The Consortium was particularly interested in how age may be important to the treatment of Iowa veterans. Preliminary results were based on all Iowa substance use treatment admissions programs receiving public funding using SAMHSA's Treatment Episode Datasets (TEDS-A). Initial exploratory results show that veteran admissions are significantly decreasing in Iowa. Iowa veterans saw a 50 percent decrease in substance use treatment admissions from 2000 to 2014. This is in contrast to the relatively stable admissions among Iowa non-veterans. However, a different story emerges when client age is taken into consideration. *Figure 1* shows that Iowa veterans represent a unique group of treatment concerns. Non-veteran treatment admissions decrease as clients get older. Veterans, on the other hand, show an opposite pattern. Iowa veterans increase in treatment admissions as they get older.

It is interesting to note that while veterans in Iowa are decreasing in admissions, those who make up the bulk of admissions tend to be older. This is not the case for non-veterans, who tend to be younger. This disparity is noteworthy for important considerations regarding age, screening and social support in treatment. Differences within the two oldest (50-54, 55+) and two youngest (25-29, 30-34) age groups demonstrated clinically meaningful effect sizes. This finding has implications in special considerations for veterans and treatment for older adults. Only about 6 percent of Iowa SUD treatment programs offer specialized care for veterans (NSSATS, 2016). At the very least, these programs should be prepared to address this age disparity and accompanying multiple co-occurring mental and physical health issues known to face veterans. For more information, contact stephan-arndt@uiowa.edu.

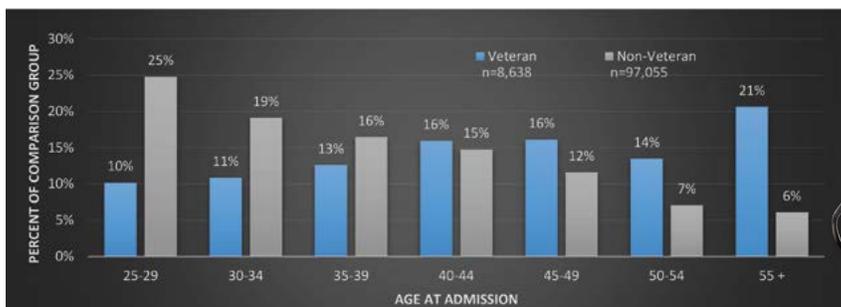


Figure 1. Total Treatment Admissions by Veteran Status and Age, 2000-2014



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Take Note

Staff Spotlight



Tiffany Conroy has been the Violence Prevention Coordinator at IDPH since October 2016. She coordinates Iowa's public health response to sexual and intimate partner violence. She also serves as director of IDPH's Rape Prevention and Education Grant, the Public Health Approaches to Violence Against Women program, and the Iowa Violent Death Reporting System.

Tiffany approaches her work with an intersectional and trauma-informed lens, and seeks to address shared risk and protective factors across multiple forms of violence to prevent future violence and to support survivors of harm that has already happened. An ultimate goal is to see the social norms around sexual and intimate partner violence shift from the responsibility being on individual people to protect themselves from harm, to the societal expectation to not perpetrate violence.

Prior to joining IDPH, Tiffany was a trauma therapist in Chicago for six years where she worked with children, youth and families affected by complex trauma and prenatal substance exposure. As a therapist she specialized in sexual trauma, and community and youth violence.

In her previous work, Tiffany also joined with the Urban Youth Trauma Center to provide community-based trainings on strategies to prevent community violence. In this work she was introduced to a public health approach to violence prevention, including the Social-Ecological Model. It was then that she realized she was a social worker with a public health lens without even realizing it! She felt privileged to be able to hear her clients' stories and build safe relationships with them as a therapist, but always felt a drive to do more to prevent these types of stories needing to be told in the first place.

Tiffany has worked as a trauma therapist working with children, youth and families affected by complex trauma and prenatal substance exposure.



When not working, Tiffany can be found cross stitching in her recently purchased first home, surrounded by midcentury thrift store finds, loud wallpaper, and an overabundance of plants, and spending time with her partner, Andrew, a photographer, and their ridiculously cute rescue dog, Chief. Contact Tiffany at tiffany.conroy@idph.iowa.org.



Iowa Youth Survey

The Iowa Youth Survey (IYS) is the most frequently used source of data regarding Iowa's youth. IYS data are used to inform policy, strategy development and surveillance, funding at the local and state levels, and research. The 2018 IYS will be administered online from October 1 to November 9, 2018 for all public and non-public students in grades 6, 8 and 11. Registration is now open for superintendents and administrators to sign up their schools and districts. As of March 21, 2018, 181 schools have registered to participate in the 2018 IYS. Please visit with your local school officials about the IYS if you use IYS data in your work. For questions about the 2018 Iowa Youth Survey, please contact us at iowayouthsurvey@idph.iowa.gov.

Please Read

YSS Francis Lauer Expands Adolescent Treatment in Iowa

Andrew Allen, YSS President and CEO, welcomed about 75 people on Thursday, February 8, in Mason City to the grand opening and ribbon cutting of the state's newest facility for adolescent residential addiction treatment. While the location is new, the program is an expansion of Iowa's adolescent treatment program started by YSS nearly 40 years ago. Mr. Allen shared his journey of recovery starting with his time at YSS as a teenager. Allen credits YSS with saving his life and starting him on a path leading to his current position as CEO.

Governor Kim Reynolds and Lt. Governor Adam Gregg were on hand to launch the YSS Francis Lauer program. Governor Reynolds spoke about the need for quality care and support for youth in Iowa. She shared her understanding of how families struggle with addiction. Her message was one of hope as she encouraged youth in the program to stick with it and cheered on those currently in recovery, noting that life does get better. YSS presented Governor Reynolds with the Youth Advocacy Leadership Award for her leadership in the state, particularly for those in recovery.

YSS introduced Shanda Hansen, as the new Director for Francis Lauer and the audience warmly welcomed a youth currently being treated at the YSS location in Ames, as he discussed his struggles and accomplishments since starting treatment.

The YSS Francis Lauer location will provide treatment to up to 10 youth at any time period. These are the first new treatment beds for adolescents in several years.

According to President and CEO Allen, "the need for youth addiction treatment programs continues to grow as the opioid epidemic spreads across Iowa. Each year thousands of youth who need treatment simply don't get it. In addition to a lack of services, it's complicated to navigate getting help for a child. YSS is working to simplify the process to get youth help, when and where they need it, by expanding our program to North Iowa."

YSS residential treatment provides evidence-based therapeutic and skill development guidance and support led by licensed behavioral health therapists and certified addiction counselors. Throughout treatment, youth ages 12-18 and their families have access to mental health care and other needed services. YSS also provides follow-up services after discharge to ensure a smooth transition.

YSS programs also incorporate time for school, and most youth make considerable progress in their classwork thanks to the hands-on approach and small class size. Most youth are in residential treatment for 90-120 days based on the needs of each child. Eighty percent of youth in YSS residential addiction treatment successfully complete the program. For more information visit www.yss.org.

The facility will house up to 10 youth needing treatment.



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CRUSH the Crisis: A Community Discussion on the Opioid Epidemic

Jacquelyn Preston of Pathways Behavioral Health highlights the event called CRUSH the Crisis: A Community Discussion on the Opioid Epidemic held on February 18, 2018, at Hawkeye Community College in Waterloo.

We've all probably heard the saying, "It Takes a Village." In the case of putting on a large event, it took an agency, a coalition, a University of Northern Iowa class and lots of individuals pitching in to create a huge success.

Before the event became a reality, I went to CRUSH (Community Resources United to Stop Heroin) meetings and Opioid Response team meetings in Dubuque, and participated in Iowa Pharmacy Association and Alliance of Coalitions for Change (AC4C) meetings on the topic of opioids. This issue needed a collaborative multifaceted response so next steps involved planning strategies and identifying stakeholders and resources. Contacts were made recruiting individuals for the CRUSH Professional and Community Coalition of Black Hawk and surrounding counties (PCC). The PCC has representatives from law enforcement, education, substance abuse prevention and treatment, healthcare, mental health providers, correctional services, human services, government, faith communities and family members of persons affected by opioid use disorders.

The PCC identified priorities and discussed how to make a significant impact in a short period of time. We knew a community-based event would allow us to reach more people if we could find the right combination of activities and education. We previewed the movie "Written Off" at a CRUSH PCC meeting. Dialogue after the movie led to the decision to host an event with a multi-faceted approach.

Once we had a plan, we began contacting the media and had a radio show on KBBG, shared the event on Facebook, distributed a flyer, and participated in multiple stories on KWLL TV.

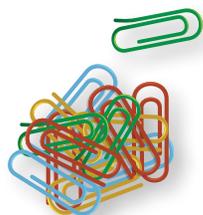
Licensing to show "Written Off" was obtained and coalition members developed questions that would likely be asked of the panel by event participants. The panel discussion provided a variety of perspectives on the issues surrounding the opioid crisis and was comprised of representatives from law enforcement, substance abuse prevention and treatment, mental health providers, correctional services, persons in recovery and family members of persons affected by opioid use disorders.

Free Naloxone training and Nasal Naloxone kits were provided, supported by funding from the IDPH State Targeted Response (STR) grant.

Resource tables from a variety of agencies and organizations were displayed throughout the event. Those attending were able to learn about opioid treatment options, support groups, mental health services, drug take back options and coalition involvement.

Our "village" is celebrating several measures of success including the 100 people that attended, 60 people trained in Naloxone administration, and distribution of nearly 80 Naloxone kits. Participant feedback included statements like: "Powerful movie," "Great awareness for our community," "the panel's answers were eye-opening," and "the more people trained the better advocates and community we can be." For more information, contact Jackie_Preston@pathwaysb.org.

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Important information!

Your Life Iowa – Spotlight



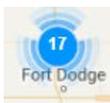
Find Help Near You

Do you or someone you know have a problem with alcohol, drugs or gambling?

To find providers offering services in your county, select the **Type of Agency** and your **County**. The map is dynamic and will automatically return results for each option chosen. Click on **Advanced Search** for more options (outpatient, residential, gender specific, opioid treatment program (methadone) and fee assistance).
For immediate assistance, please click on **Live Chat**, call (855) 981-8111, or text (855) 895-8398.



Since the launch of yourlifeiowa.org in October 2017, many of you have taken the time to let us know what you think. From the feedback received, we've made some updates so the site displays much better on mobile devices and we've made improvements to the functionality of the Find Help Near You page.



One update added “radar” buttons on the map (circle with a number inside) that allow the user to “zoom-in” to see the programs in that area of the state. In this example, there are 17 locations listed in the Fort Dodge area, and by clicking on the “radar button,” all 17 locations will be displayed. Additional improvements include displaying the facility phone number when hovering over a “pin” on the map, and listing the programs that are currently showing on the map.

Facility information will appear if you click on a “pin” or link on the map. The facility information appears on a separate page so users can go back to their search results and click on another location.

Each licensed program and drinking driver education program, for each location, has the opportunity to post a Welcome Video, Facility Photo and Informational Text about their program. To update a facility listing to include these new features, use the Find Help Near You: Submit

a Listing update button on the Find Help Near You page. IDPH will review information and upon approval, update the facility listing. If there are any issues with content submitted, IDPH will provide guidance for resubmitting.

For more information and to provide feedback for improvements, visit the Your Life Iowa website at <https://yourlifeiowa.org/contact> or email IGTP@idph.iowa.gov.



National Prescription Drug Take Back Day Helps Consumers Dispose of Unused Medications

Consumers will have the opportunity to dispose of unneeded or unwanted medications during Drug Enforcement Administration's (DEA's) 15th National Prescription Drug Take Back Day on Saturday, April 28, 2018. From 10 AM to 2 PM, consumers may safely dispose of unwanted medications at one of thousands of collection sites coordinated by DEA. Drug Take Back Day is free and anonymous, with no questions asked. Sites will accept tablets, capsules, and all other solid dosage forms of unwanted medication. Personal information should be blacked out on prescription bottles, or medications may be emptied from the bottles into the bins provided at the events. DEA's Take Back Day [website](http://www.dea.gov/take-back-day) has more resources about the upcoming opportunity.

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Screening for Brain Injury

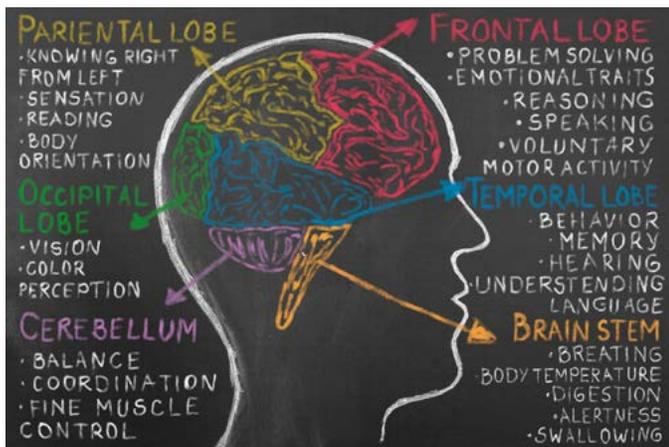
This article is the third in a series on brain injury and substance use.

Often called the “silent epidemic,” brain injury can often go undiagnosed or unrecognized. This is particularly true for individuals who do not readily appear to have a disability; therefore, the cognitive challenges the individual experiences may be attributed to other causes (e.g., they are told they are not trying or lazy, or they may be misdiagnosed with a mental illness or other disability.)

A basic understanding of brain injury (last issue reviewed basic brain anatomy and impact of injury), along with information about a person’s lifetime history of brain injury, can help professionals provide an appropriate person-centered plan. There are various tools available that can be easily used by professionals who are not experts in brain injury for screening individuals for possible history of brain injury when a medical history may be lacking.

One such tool is the HELPS screening tool for Traumatic Brain Injury (TBI). Using the acronym HELPS, the tool gathers information about potential brain injury history using the following questions to prompt conversation:

- H** – Have you ever **Hit** your **Head** or been **Hit** on the **Head**?
- E** – Were you ever seen in the **Emergency department**, hospital, or by a doctor because of an injury to your head?
- L** – Did you **Lose** consciousness or experience a period of being dazed and confused because of an injury to your head?
- P** – Do you experience any of these **Problems** in your daily life since you hit your head?
- S** – Any significant **Sickness**?



The Ohio State University TBI Identification Method is another standardized procedure that takes approximately five minutes to administer. This tool also collects information meant to determine the likelihood that a brain injury has occurred due to an individual’s lifetime exposure.

- Worst:** there has been one moderate or severe TBI (i.e., any TBI with 30 minutes or more loss of consciousness).
- First:** TBI with any loss of consciousness before age 15.
- Multiple:** had 2 or more TBIs close together, including a period of time when they experienced multiple blows to the head even if apparently without effect.
- Recent:** a mild TBI in recent weeks or a more severe TBI in recent months.
- Other Sources:** any TBI combined with another way that their brain has been impaired.

Once individuals who may have a history of brain injury have been identified, additional assessment, support or consultation may be necessary. The Brain Injury Alliance of Iowa staff can offer resource facilitation to help individuals learn more about brain injury, as well as navigate various systems of service and support in their community of choice. The Brain Injury Alliance of Iowa staff can offer resource facilitation to help individuals learn more about brain injury, navigate systems of service and support in their community of choice, and professionals can benefit from case consultation; call **1-855-444-6443** or email info@biaia.org. For more information and support on brain injury, please **contact Maggie Ferguson**, IDPH Brain Injury and Disability program manager at **515-281-8465** or brain.injury@idph.iowa.gov.

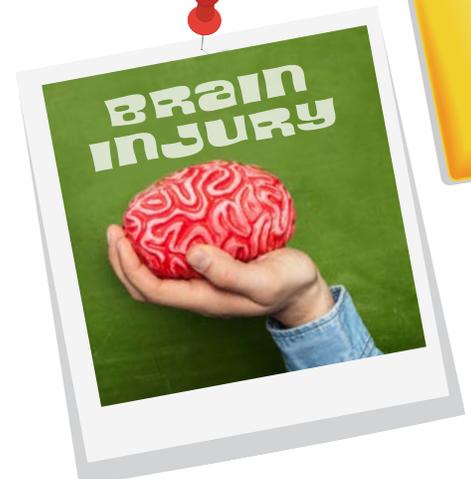
H – Hit on Head

E – Emergency department

L – Lose consciousness

P – Problems

S – Sickness



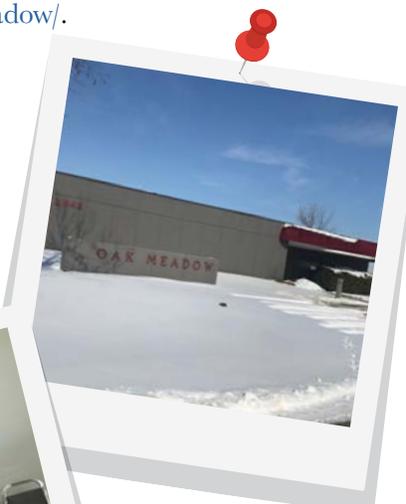
First Resources Opens a Male/Female Residential Treatment Facility in Ottumwa

Oak Meadow Treatment & Recovery Center opened on March 19, 2018, and is licensed as a substance use disorder treatment program under First Resources Corporation in Ottumwa. Oak Meadow specializes in providing 3.5 residential substance use disorder treatment services for men and women.

First Resources and Oak Meadow staff recognize addiction as a disease that affects all aspects of a person's life; therefore, their treatment programs are equipped for co-occurring services to support a person's recovery.

For more information, please check out the Oak Meadow page of First Resource Corporation's website at <http://www.firstresources.us/services/treatment-and-recovery/inpatient-services/oak-meadow/>.

Open House at Oak Meadow Treatment and Recovery Services 3/13/18. First Resources staff pictured: Anne Bain, Michelle Weeks, Cathy Pringle-Maletta



41st Annual Governor's Conference on Substance Abuse



Veteran's Memorial-Community Choice Credit Union Convention Center, Des Moines, IA

Keynote Speakers: Corey Waller, Kevin Hill
Early Registration: \$140

Registration to open mid-February at www.trainingresources.org
Contact becky@trainingresources.org for more information

Sponsored by the Iowa Department of Public Health,
Division of Behavioral Health



Licensure Standards FAQ

Please submit any licensure questions to SUD.PG.License@idph.iowa.gov.

Q: We want to close our licensed substance use disorder treatment program and a company has approached us about purchasing our program. Is this allowed?

A: No; a program license is not transferable. A closing program is one which intends to cease providing licensed program services. The licensee shall notify the Division of Behavioral Health 30 days before ceasing service provision. The licensee shall be responsible for the transition of patients to another program and for the preservation of all records. The licensee shall include in its notice to the Division its plan to transition patients and locate records. When a program closes, the program's license is void on the date the program ceases providing licensed program services, and the license shall be returned to the department. A person, facility or legal entity acquiring a licensed, closing or closed program for the purpose of operating a program shall apply for a license.

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Intersecting Priorities: Infectious Disease and Substance Use Disorders

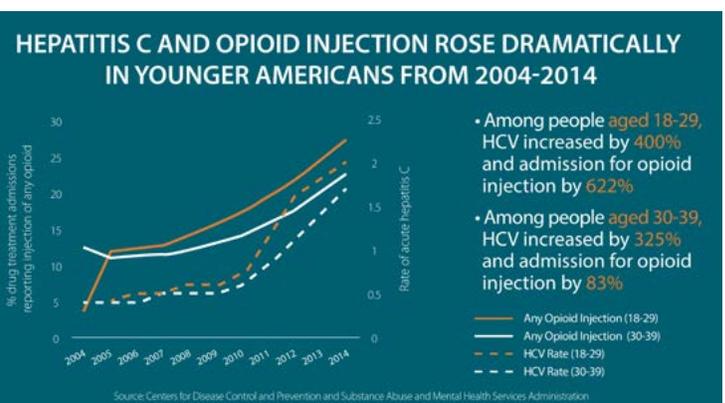
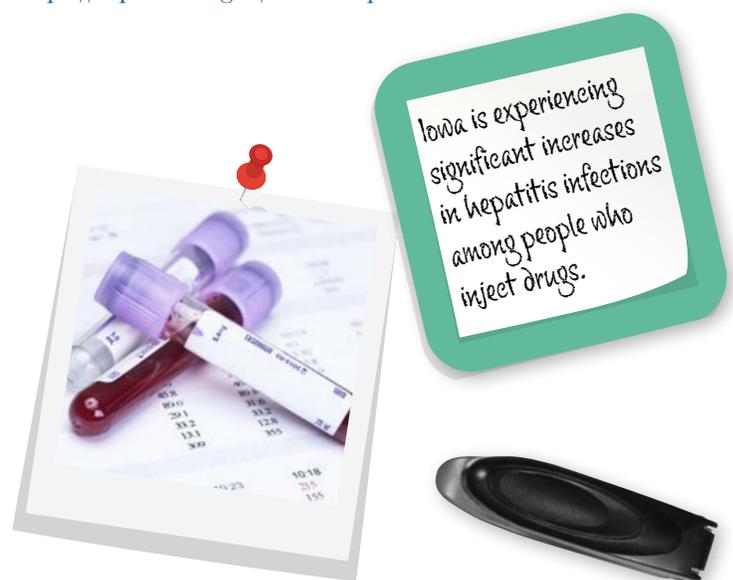
In the United States, the Hepatitis C Virus (HCV) kills more Americans than any other infectious disease. While the majority of people living with HCV are those born from 1945 to 1965, recent increases in acute HCV among people under 40 have driven nationwide discussions around the intersection of the disease and injection drug use. A recent study by Jon Zibbell et al, cited by the Centers for Disease Control and Prevention (CDC), found that the nation's HCV and opioid epidemics are closely associated. The study suggests that these intertwined epidemics require an integrated response including services that provide sterile syringe access, opioid agonist therapies, and comprehensive HCV screening and linkage to care and treatment.

In November 2017, the IDPH Bureau of HIV, STD and Hepatitis and the Bureau of Substance Abuse collaborated to assess nine variables related to injection drug use in Iowa. The purpose of the assessment was to present evidence for review by the CDC demonstrating that Iowa is experiencing significant increases in hepatitis infections among People Who Inject Drugs (PWID) and may be at risk for an Human Immunodeficiency Virus (HIV) or HCV outbreak related to injection drug use. By December, the CDC concurred with the assessment highlighting the relationship between statewide increases in substance abuse treatment admissions of PWID and a three-fold increase in HCV diagnoses among persons under the age of 30 over a five-year period.

The Bureau of HIV, STD and Hepatitis conducted a needs assessment with SAMHSA Substance Abuse Prevention and Treatment Block Grant (SABG) programs to identify opportunities for collaboration, on resource sharing and current capacity for HIV and HCV screening. All respondents to the needs assessment reported serving former or current PWID. Six out of 16 respondents reported that their agency currently tests those who self-report injection drug use for HCV and HIV, three agencies reported that they sometimes test individuals, and seven reported that they do not test. The needs assessment also highlighted the availability of routinized HIV and HCV testing at SABG sites with six out of 16 respondents reporting routine testing for all patients regardless of risk and the remaining 10 sites not currently offering in-house testing.

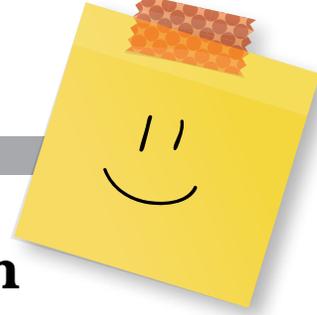
In March 2018, the Bureau of HIV, STD, and Hepatitis began piloting a routinized HIV and HCV testing project with a participating SABG site. Bureau staff are also available to provide technical assistance and capacity building around case-finding, linkage and retention in care among people with HIV or HCV and a co-occurring substance use disorder. For more information on how the Bureau of HIV, STD and Hepatitis is addressing the intersection of substance use and infectious disease, please contact Joe Caldwell, HIV and Substance Use Coordinator at joe.caldwell@idph.iowa.gov.

For more information on HIV, STD and Hepatitis C care and prevention activities, please visit the Bureau of HIV, STD and Hepatitis webpage at <https://idph.iowa.gov/hivstdhep>.



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Requests for Proposals (RFP) Information

IDPH intends to release a Request for Proposals (RFP) in April to select applicants to establish an integrated statewide network of IDPH-funded substance use and problem gambling prevention and treatment services and providers. Contracts that result from the RFP are expected to be effective in October 2018.

The integrated network approach grew out of state legislation directing IDPH to create a service delivery system that encompasses both prevention and treatment for both substance use and problem gambling. IDPH has envisioned the ideal service delivery system as a resiliency- and recovery-oriented system of care, organized through geographic service areas, and built on local and state level planning, access, coordination, and quality.

The integrated network will improve the health of Iowans by:

- ✓ Reducing the incidence of substance use and gambling problems through public education, evidence-based prevention services, and early intervention services, and
- ✓ Increasing recovery from substance use disorders and gambling problems through timely, ongoing, and effective treatment and recovery support services.

Through the RFP, IDPH will integrate delivery of services historically funded through the following contracts:

- ✓ Comprehensive Substance Abuse Prevention
- ✓ IDPH-Funded Substance Abuse Treatment Services
- ✓ Problem Gambling Treatment, Prevention and Recovery Support Services

IDPH intends to solicit applications from eligible applicants to provide all IDPH-funded prevention and outpatient treatment covered services in each service area established in the RFP.

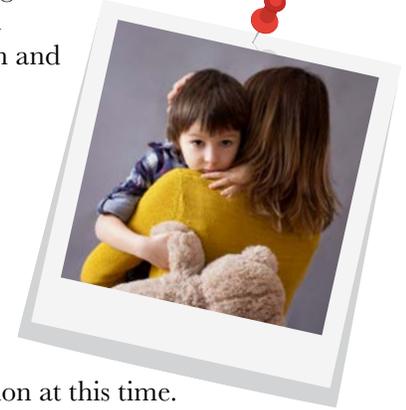
- ✓ Applications may be submitted by a single eligible applicant or by a legal entity comprised of multiple eligible applicants, e.g. a 501(c)(3) organization.

In submitting an application, eligible applicants may also request additional funding for adult residential treatment, juvenile residential treatment, specialized Women and Children treatment, and/or methadone treatment.

This announcement is for informational purposes only. All information is subject to change.

IDPH will not respond to questions about this information at this time.

Official notice of any RFP will be posted by IDPH at the IDPH grants site at www.IowaGrants.gov.



Mental Health & Teen Suicide Prevention Bills Signed

On March 29, 2018, Gov. Kim Reynolds signed a mental health bill, House File 2456, and a teen suicide prevention bill, Senate File 2113. House File 2456 is an Act relating to behavior health, including provisions relating to involuntary commitments and hospitalizations, the disclosure of mental health information to law enforcement professionals and mental health and disability services. Senate File 2113 is an Act requiring school employee training and protocols relating to suicide prevention and the identification of adverse childhood experiences and strategies to mitigate toxic stress response.

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 the editors:

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