

A Matter of Substance

January 2021
Quarterly Publication
Bureau of
Substance Abuse



A Publication of the IDPH
Bureau of Substance Abuse

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

2021 Legislative Session

The Iowa Department of Public Health looks forward to sharing information with you during the 2021 legislative session.

Condition of the State and Governor's Budget

Gov. Kim Reynolds delivered the Condition of the State address on Tuesday, Jan. 12, 2021. The speech is available at the [governor's webpage](#). The governor's proposed budget is also posted at the [Department of Management website](#).

Tips and Tools for Keeping Up-to-Date with the Iowa Legislature:

✓ [Legislative Subscriptions](#) offers a variety of subscriptions and tracking tools to watch and track bills.

- ✓ An instructional video called Subscription and Bills and Rules Watch can be viewed [here](#).
- ✓ If you would like to know more about your legislators and the House and Senate leadership, click [here](#).
- ✓ Details on committees are posted [here](#).
- ✓ Learn what's happening in the Chambers [here](#).
- ✓ Find daily activities, track bills and see committee action, schedules and more at this link: <https://www.legis.iowa.gov>.
- ✓ You can find new bills [posted here each day](#).
- ✓ If you want to build your own library of bills, check out the many [bill tracking tools here](#) at the Legislative Services Agency website and create a bill watch.
- ✓ You can find budget information, fiscal notes and other publications by topic [at this link](#).

Provider Spotlight

PHC/Prelude Successes

This quarter, the Bureau of Substance Abuse would like to highlight Primary Health Care, Inc. and Prelude Behavioral Services. These two organizations partner together on the Promoting Integration of Primary and Behavioral Health Care (PIPBHC) grant to improve primary and behavioral health outcomes for individuals with substance use disorders (SUD).

“One of the key goals of PIPBHC is to assure the SUD patient/client receives not only good substance use care, but also good, coordinated medical care in general. We know that nationally this group does not always have the best medical care and suffers more long-term complications from that lack of care, as well as placing a larger burden on health care expenditures.”

“During the first two years of our program, we have uncovered at least six patients with untreated Hepatitis C, four of whom were unknown to be infected, and two of whom had been previously diagnosed but lost to

follow-up. Currently four are now in treatment and two have been again lost to follow-up, though we still try to find them, and have not given up on them. One of these two is at least newly aware of his diagnosis.”

“Hepatitis C is now a treatable condition with a short-duration of treatment and excellent results. This means that the long-term complications of liver failure, cirrhosis and organ transplant can be avoided. The cost of treatment is coming down, though still expensive, and we are usually able to get them covered by Medicaid due to Iowa's approval of the ACA expansion. It is at least theoretically possible that the cost of diagnosing and treating these patients will be totally covered by the savings from long-term complications.”

“Hepatitis C is just one example of how the PIPBHC model can impact care of individuals and the healthcare system itself, a sort of low-hanging fruit.”

Keep up the great work!

Primary Health Care & Prelude Behavioral Services

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Take Note

Zero Suicide Iowa

Zero Suicide Iowa, a Substance Abuse Mental Health Services Administration (SAMHSA) grant, is full steam ahead into Year 3 of the project with a new Project Director, Keri Neblett. She has been working closely with Pat McGovern, former Zero Suicide Project Director and Destinee Woodris, Zero Suicide Project Evaluator for a smooth transition into her role. Welcome aboard, Keri!

The Iowa Department of Public Health (IDPH) is sponsoring Assessing and Managing Suicide Risk – Substance Use Disorder (AMSR-SUD) trainings being held on January 12th 2021 and February 4th 2021. This training is geared towards clinicians and is available at no-cost to Integrated Provider Network (IPN). IPN providers also have access to LivingWorks Start, an online evidence-based suicide prevention gatekeeper training for staff that have little to no training in suicide prevention. Additionally, the Education Development Center (EDC) is hosting a Zero Suicide Community of Practice (CoP) for those IPN providers who participated in the Zero Suicide Academy Cohort 1 that was held in September 2020. The CoP will provide those providers a space to connect with one another on implementation strategies and solutions for delivering of suicide safer care within the Zero Suicide framework. The next ZeroSuicide Academy for the IPN providers in cohort 2 is planned for August 2021.

NOTE:

Zero Suicide Iowa is starting year 3 in 2021.

Employee Spotlight

Keri Neblett, LMSW

Keri joined the Bureau of Substance Abuse in September 2020 as the Suicide Prevention Director and Project Director for the Zero Suicide Iowa grant.

Keri earned a bachelor's degree in Psychology and a Master of Social Work from the University of Iowa.

Keri comes to IDPH with over 13 years of experience working in suicide prevention and crisis intervention. She worked as the Director of Crisis Intervention Services at Community Crisis Services and Foodbank where she oversaw the operations of the 24-hour crisis hotline, crisis text and chat services, suicide prevention and community outreach services, mobile crisis outreach services and suicide loss bereavement support. She chaired the Johnson County Suicide Prevention Coalition for 10 years and previously served on the board of directors of NAMI Johnson County and the Iowa Chapter of the American Foundation for Suicide Prevention (AFSP).

Nationally, Keri served two terms on the National Suicide Prevention Lifeline's Standards, Training and Practice Committee and currently serves on the accreditation committee for the International Council for Helplines. Prior to joining IDPH Keri worked for 3 years as a Clinical Assistant Professor and Director of Field Education at the University of Iowa School of Social Work.

Keri is originally from Louisville (pronounced Louville), Kentucky and is an avid Louisville Cardinal basketball fan. When she is not watching college basketball, she enjoys spending time with her family and snuggling with her two Alaskan Malamutes, Xena (Warrior Puppy) and Magic.





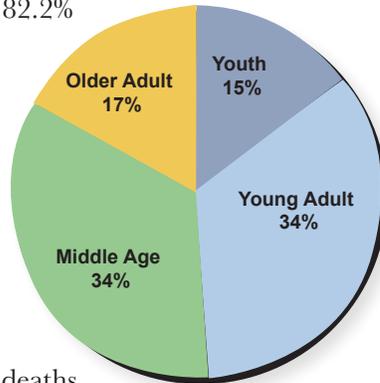
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Important Information!

2018 Iowa Violent Death Reporting Annual Report

The Iowa Violent Death Reporting System completed its annual report on suicide in Iowa for the calendar year 2018. The report can be found on the Iowa Violent Death Reporting System web page or at this link. For 2018, Iowa's suicide rate was 15.3 per 100,000 residents, which is slightly higher than the national average. The report also notes that males accounted for 82.2% of suicide deaths. This graphic illustrates the percentage of deaths by lifestage in 2018.



In early 2021, the program will issue a 3-year report on circumstances that contribute to suicide deaths in Iowa. We hope this information will assist those who work in communities to prevent future deaths.

Note: Due to timelines on reporting for the violent death reporting system, cases are not finalized until a year and a half after the end of the calendar year in which they occur. Deaths reported in the 2018 calendar year were not closed until April 2020.



YLI Spotlight

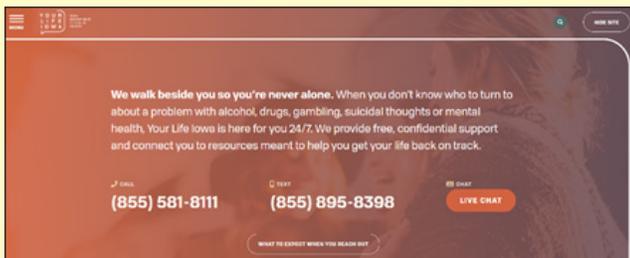
Your Life Iowa (YLI) Update

Your Life Iowa continues to be the go-to resource for information, resources and help for problems related to gambling, substance use, mental health, and thoughts of suicide. During State Fiscal Year (SFY) 2020 Your Life Iowa received 13,757 contacts. In the first 5 months of SFY 2021 Your Life Iowa has received almost 11,000 contacts. People are reaching out and finding that Your Life Iowa can help. No Judgement. Just Help. So far in SFY 2021 a total of 190 referrals have been made for problem gambling treatment, and 1,765 for substance use disorder treatment.

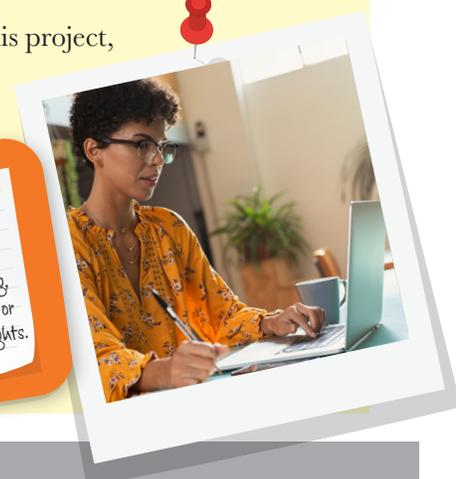
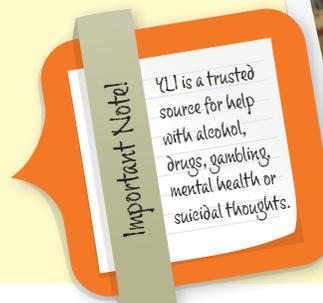
The redesign used information from focus groups conducted throughout Iowa. The website will have a new look and feel, with updated and new content added to make it easier for the user to find the information or help that they may be looking for. Look for an announcement from IDPH in January 2021 on when the changes will be available for you!

Remember, if you or a loved one are concerned about the use of alcohol or drugs, problem gambling or concerns about mental health or suicidal thoughts, YLI can help. YLI is a trusted source with 24/7 help available, every day, via text (855-895-8398) chat (yourlifeiowa.org) or phone (855-581-8111).

For more information on this project, please send inquires to eric.preuss@idph.iowa.gov.



The website continues to see strong growth and so far in Calendar Year (CY) 2021 almost 183,000 individuals have visited yourlifeiowa.org. To continue to support this growth, ZLR Ignition, Webspec Design, Iowa Department of Public Health, and Department of Human Services have been working on an update to the Your Life Website.



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Please Read!

Gambling in Iowa – Be #1 at Getting Help Campaign

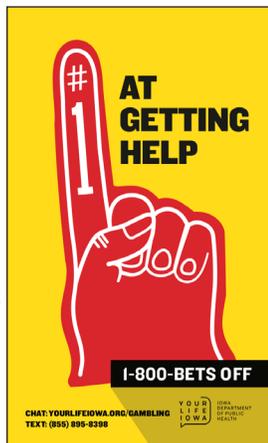
We are excited to announce the launch of our new ‘#1 at Getting Help Campaign.’ This campaign, developed in partnership with ZLR Ignition, focuses on gambling in Iowa and is funded through an allocation from the Sports Wagering Tax Receipt Fund (which was initiated when Advanced Deposit Sports Wagering and Fantasy Sports Contests were legalized in 2019). Throughout the rest of the article, you’ll find more information on the development of the campaign and the materials that are available to Iowans. Campaign materials can be ordered by completing and returning the [YLI/1-800-BETS OFF - Clearinghouse Order Form](#).

Two rounds of focus groups were conducted in 2019 to explore public attitudes about gambling and what the prominent barriers are to seeking treatment. The research identified many barriers and three consistent barrier themes emerged:

- ✓ **Wounded pride.** Shame of admitting personal failure or weakness.
- ✓ **Denial; It’s not a problem.** Not portrayed as dangerous. Don’t believe they fit into their stereotypical definition of ‘problem gambling’.
- ✓ **Feeling isolated and alone.** Fear of negative reactions from others (perceived lack of external empathy and understanding).

Using this information, three message strategies were developed and then tested in the second wave of focus groups.

1. **“It takes strength and courage to own it.”**
To speak to the strength and courage it takes to admit to a gambling problem and then to do something about it.



The campaign affirms the act of acknowledgment and outreach as heroic and brave and to reward the action of admitting a problem with positive affirmation and support.

2. **“Redefining the face of problem gambling.”** Speak to and “myth bust” people’s assumptions about what problem gambling looks like and who it impacts. Anyone can be impacted (community leaders, business professionals, people with advanced educational degrees, fathers and grandmothers; any individual regardless of intelligence or success can struggle with problem gambling).

3. **“Encourage empathy and understanding from others.”** Redirect messaging to those that the gambler has to ‘confess’ to. Encourage them to be understanding, to be caring and empathetic.

The focus group results led to the final design of the campaign materials that include:

- ✓ Campaign Toolkit
- ✓ Banner Ads
- ✓ TV Spots (<https://youtu.be/M1BWW38bvUc> and <https://youtu.be/l-Cb3MVNqog>)
- ✓ Radio PSA and DJ Scripts
- ✓ Billboard/Movie Slides
- ✓ New **1-800 BETS OFF** Business Card
- ✓ Two New **1-800 BETS OFF** Magnets

If you or someone you know has a gambling problem, call **1-800-BETS OFF** or go to <https://yourlifeiowa.org/gambling/> for more information and the resources available near you.



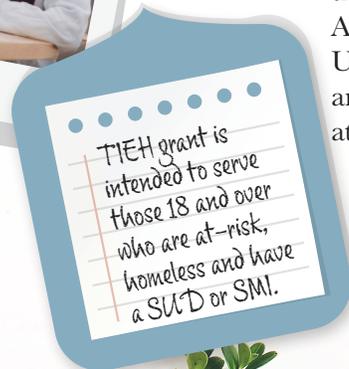
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Take Note

Iowa's Emergency COVID-19 Project

As seen in the previous newsletter, the Iowa Department of Public Health has implemented a new program that has been developed for Iowans impacted by COVID-19. The program is called Iowa's Emergency COVID-19 Project and aims to support Iowans who are experiencing struggles with adjusting to how their life has been impacted by the pandemic. The program will serve all Iowans with resources and support who have been impacted by COVID-19 and can help coordinate and fund mental health disorder and substance use disorder treatment. If you or a loved one is interested in hearing more about the program, please contact Your Life Iowa by calling **855-581-8111**.



Iowa Treatment for Individuals Experiencing Homelessness

The Iowa Treatment for Individuals Experiencing Homelessness (TIEH) grant funded by SAMHSA intends to serve individuals 18 and over, at-risk for or are experiencing homelessness who have a Substance Use Disorder (SUD) and a Serious Mental Illness (SMI). The program combines comprehensive case management, evidenced based interventions, and recovery support services to improve outcomes of individuals with a Substance Use Disorder (SUD) and Serious Mental Illness (SMI), and are at or at risk for or experiencing homelessness. IA-TIEH will strengthen collaboration and linkages across multiple systems to improve services for the population of focus. Iowa TIEH providers include: ASAC, CADS, CFR, HOM, Pathways, Prelude, and UCS Healthcare. For more information, please contact any of the TIEH providers and/or Michele Tilotta at Michele.tilotta@idph.iowa.gov.

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Training Spotlight

Identifying Opioid Misuse

Registration is Open! IDPH will be offering Identifying Opioid Misuse, a training series that addresses opioid misuse in Iowa and across the nation. There will be three opportunities to attend this one day virtual event:

- ✓ February 25, 2021
- ✓ March 25, 2021
- ✓ April 22, 2021

The content at each training will be identical. There is no need to attend more than one session. For more information and to register, please visit <https://www.regcytes.extension.iastate.edu/opioidmisuse/>.

2021 Governor's Conference on Substance Abuse

Save the date! The Iowa Governor's Conference on Substance Abuse will be held virtually on May 18-20, 2021. More information coming soon.

Call for Presentations

The Iowa Department of Public Health invites you to submit a presentation proposal that addresses Iowa's behavioral health systems. The call for presentations will be open now through February 17th. Please submit a brief summary of your proposed presentation, the title, and name/s of speakers to Jennifer Robertson-Hill at jennifer.robertson-hill@idph.iowa.gov by February 17th for consideration.

Make it OK Campaign

"Make It OK" is a campaign to reduce the stigma of mental illnesses. Visit the website makeitok.org for additional options to help stop stigma, engage in meaningful conversations and support review strategies to support one another with mental illnesses. Mental health and wellness are impacted across public health topics. Mental health and wellness are diminished when an individual, family, community or society experience multiple health inequities such as insecure housing, economic instability, intimate partner violence, limited access to health care, etc. Normalize wellness by reducing stigma. For more information about mental health outcomes from exposure to intimate partner violence contact Monica Goedken, MPA – Violence Prevention Coordinator & Rape Prevention Education Director monica.goedken@idph.iowa.gov.



WHAT NOT TO SAY:

"It could be worse."
 "Just deal with it."
 "Snap out of it."
 "Everyone feels that way sometimes."
 "You may have brought this on yourself."
 "We've all been there."
 "You've got to pull yourself together."
 "Maybe try thinking happier thoughts."
 Don't use words such as:

- "Crazy"
- "Psycho"
- "Nuts"
- "Insane"

Make It OK
 MakeItOK.org/IOWA



It might be more than just the "winter blues."

It's OK to talk about your mental health.

Make It OK
 MakeItOK.org/IOWA



WHAT TO SAY:

"Thanks for opening up to me."
 "Is there anything I can do to help?"
 "How can I help?"
 "Thanks for sharing."
 "I'm sorry to hear that. It must be tough."
 "I'm here for you when you need me."
 "I can't imagine what you're going through."
 "People do get better."
 "Oh man, that sucks."
 "Can I drive you to an appointment?"
 "How are you feeling today?"
 "I love you."

Make It OK
 MakeItOK.org/IOWA



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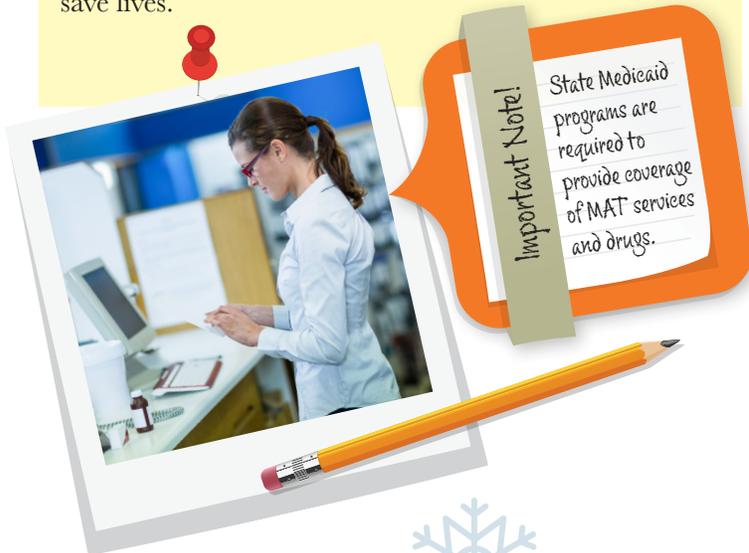
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Important Information!

MAT Coverage under the SUPPORT Act

The Office of National Drug Control Policy (ONDCP) announced that, on October 1, the Center for Medicaid and Medicare Services (CMS) reaffirmed to states that under the SUPPORT Act, state Medicaid programs are required to provide coverage of Medication-Assisted Treatment (MAT) services and drugs under a new mandatory benefit. The purpose of this new mandatory benefit is to increase access to evidence-based treatment for Opioid Use Disorder for all Medicaid beneficiaries and to allow patients to seek the best course of treatment and particular medications which may not have previously been covered.

You can read more about this announcement [here](#). ONDCP will continue to push for expanded access to MAT and recovery support services in our whole-of-government to end the addiction epidemic and save lives.



Iowa's Prescription Drug Take Back Event

On October 24th, 2020, around 100 communities took part in the National Prescription Drug Take Back Day. This opportunity allowed Iowans to safely dispose of unused and unneeded medications, especially those accumulated during the pandemic. "Getting rid of unneeded medications is especially important now, because of additional stressors that may be associated with the pandemic," said Dale Woolery, Director of the Governor's Office of Drug Control Policy. "Take Back is one step nearly all of us can take to help prevent prescription drug misuse, addiction and overdose."

This year's Take Back Day resulted in 11,143 lbs pounds of unwanted medication being collected in Iowa.

To learn more about this year's event and previous Take Back days, please click on the following link: [Take Back](#).



2020 Katie Cash Award

Congratulations to IDPH's Maggie Ferguson on receiving the 2020 Katie Cash Award from the National Association of State Head Injury Administrators (NASHIA)!

NASHIA was proud to award the 2020 Katie Cash award to Maggie Ferguson of Iowa. Maggie currently serves on the NASHIA Board of Directors as Chair of the Membership Committee and President-Elect.

During her time on NASHIA's Board, Maggie has assisted with partnership development with organizations such as the National Council on Aging, and the Safe States Alliance. She developed a scholarship program that enables Iowans to attend NASHIA's annual State of the States (SOS) in Head Injury conference, as well as TBI Stakeholder Day on Capitol Hill each year. She was also the first SOS host to convene a "constituent lunch" during the conference, inviting public officials to learn from individuals in Iowa the brain injury community.

NASHIA is grateful to Maggie's contributions to our organization and the brain injury community at-large.



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Please
Read!

Advisory Council on Brain Injuries Adopts a Pediatric Screening Tool

Research indicates 18% of all traumatic brain injuries (TBI) related emergency department visits involve children age 0-4 with almost 50% of TBI in infants, toddlers and young children are related to assaults, child abuse and falls.

Pediatric neuropsychologist Ross Greene says, “Your explanation guides your intervention.” Screening for brain injury is a best practice when responding to and/or planning for clinical and community based responses. Depression, anxiety, a behavioral disorder or other childhood problems be a latent effect of an undiagnosed brain injury.

If there is an underlying brain injury, your interventions must change to improve the outcomes for children or youth involved in a variety of treatment settings.

In an effort to address this concern the advisory board adapted a screening tool from the Colorado Brain Check Survey. The tool is free and available (with instructions for use) and follow up assistance from the Brain Injury Alliance of Iowa. To access the tool contact Jim Pender at james.pender@idph.iowa.gov or 515-204-7978 or visit the IDPH website at <https://idph.iowa.gov/brain-injuries/TBI-Implementation-Grant> to download the screening tool.



Licensure Spotlight FAQ

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

As a smaller licensed substance use disorder treatment program, am I required to use email encryption when sending patient information to other programs?

Although emailing patient information is a quick and efficient way to send information, it is not necessarily without security risks. For example, accidentally emailing a patient name to an incorrect recipient would be considered an unauthorized disclosure. Licensure requires programs release or disclose patient information in strict accordance with Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR Part 2 [(641§ 155.10(f)]. This would include ensuring Protected Health Information (PHI) remains protected when crossing the Internet or other insecure networks. HIPAA does allow for PHI to be transmitted through email as long as there are safeguards in place to protect the confidentiality and integrity of the data. One of those safeguards includes encryption. Encryption is required if you are using email to send PHI to outside entities, to include other treatment programs, referral sources, and even government agencies such as staff within the

Bureau of Substance Abuse at the Iowa Department of Public Health.

HIPAA's Security Rule requires entities implement a mechanism to encrypt and decrypt ePHI [(45 CFR § 164.312(a)(2)(iv)]. It is important to find an email service provider that ensures HIPAA compliance and incorporates all of the necessary safeguards to meet the requirements of the HIPAA Privacy and Security Rules. Further guidance on using encryption for HIPAA-covered entities can be obtained from the National Institute of Standards and Technology (NIST).

In addition to potential disciplinary actions enforced by licensure, HIPAA can also impose financial penalties for email violations which can range from \$100 to \$1.5 million dollars (<https://www.hipaajournal.com/hipaa-compliance-for-email/>).

If you are unsure of HIPAA requirements for the use of email, it is strongly recommended that you contact a healthcare attorney that specializes in HIPAA to advise you of the requirements.

For more information please contact Lori Hancock-Muck at lori.hancock-muck@idph.iowa.gov.





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Equity Matters

This quarter in Equity Matters, we explore the relationship between sex, gender, and substance use disorders. Firstly, it's important to distinguish between sex and gender, which are interrelated but separate concepts.

Sex is primarily associated with physical and physiological features including chromosomes, gene expression, hormone levels and function and reproductive/sexual anatomy. It is usually categorized in a male/female binary, but there exist a spectrum of variations in both the biological attributes and how those attributes are expressed such that intersex bodies are normal, albeit relatively rare.

Gender is an expression of a human identity. Unlike sex, gender is comprised of socially constructed roles, behaviors, expressions and identities of girls, women, boys, men, and gender diverse people. It influences how people perceive themselves and how others perceive them, how people act and interact, and the distribution of power and resources in society. Gender identity is similarly not a binary (girl/woman, boy/man) and is instead a continuum that changes over time.

In the field of substance use and addiction, gender and sex inform health states in many ways. The National Institute on Drug Abuse states that men are more likely than women to use almost all types of illicit drugs, and that illicit drug use is more likely to result in emergency department visits or overdose deaths for men than for women. However, women are just as likely to develop a substance use disorder but may be more susceptible to craving and relapse. Research has also shown that women often use drugs differently, respond to drugs differently, and can have unique obstacles to effective treatment, such as finding child care, or being prescribed treatments that have not been adequately tested on women. Despite being equally likely to develop substance use disorder (SUD), women are more likely to progress from first use to an SUD and present to treatment with more severe medical, behavioral, psychological and social problems.

Simply providing equal measures or resources (providing one box) to both men and women with SUD will not result in equal health states. To reduce inequities, it is important to provide sex and gender-informed treatment, services, and programs.



For more information about the IDPH Bureau of Substance Abuse, visit <https://idph.iowa.gov/bh>. For questions related to "A Matter of Substance," contact editors:

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