IOWA STATE PLAN

FOR

SUBSTANCE ABUSE TREATMENT

MAY 2000

IOWA STATE PLAN

FOR

SUBSTANCE ABUSE TREATMENT

IOWA DEPT. OF PUBLIC HEALTH

DIVISION OF SUBSTANCE ABUSE & HEALTH PROMOTION

STEPHEN C. GLEASON, DIRECTOR

THOMAS J. VILSACK, GOVERNOR
SALLY J. PEDERSON, LT. GOVERNOR

MAY 2000

INTRODUCTION:
OVERVIEW OF THE STATEWIDE PLANNING PROCESS

The Iowa State Plan for Substance Abuse Treatment is the product of a statewide needs assessment/community input process. It is a follow up to the State Plan for Substance Abuse Prevention developed in 1998.

Following the development of the Prevention Plan, the Iowa Department of Public Health (IDPH), Division of Substance Abuse and Health Promotion under director Janet Zwick, and the Iowa Substance Abuse Program Director's Association (ISAPDA) under the leadership of Art Schutt began discussing the need to develop a comprehensive treatment plan. Through ISAPDA, technical assistance was requested from the National Leadership Institute (NLI) of the Center for Substance Abuse Treatment (CSAT). Charles Williams and Caroline Cahn of Johnson, Bassin & Shaw and CDM Group, respectively, provided the service. On June 29, Mr. Williams and Ms. Cahn met with a planning group comprised of ISAPDA staff including director Art Schut, Tressa Youngbear and JoAnn DeYoung; IDPH staff including Ms. Zwick; Bruce Upchurch, Executive Director of the Governor's Alliance on Substance Abuse (GASA); and Ken Burger, Assistant Director of Offender Services. At this meeting, it was determined that the NLI would facilitate a series of public meetings to be held in six regions of the State: southeast (Fairfield), northeast (Manchester), north central (Iowa Falls), northwest (Storm Lake), southwest (Creston), and central/south central (Des Moines). These meetings would be conducted over a period of two weeks. Charles Williams would facilitate all six meetings.

Plan for Regional Meetings

It was determined that the following tasks would be undertaken to plan for and execute the regional meetings:

- Expert panels comprised of representatives from area stakeholders would be formed in each region; panelists would make opening presentations at each meeting. (Highlights of these presentations are included in the Regional Meetings sections of this report.)

- An overview of the process and issues to be addressed would be sent to all invited participants (Attachment A, Primer for Discussion and Feedback).

- The invitation list would be broad and inclusive (Attachment B).

The following timetable and responsibilities were determined:

- Meeting dates—August and September; Charles Williams to facilitate all meetings

- Draft of recommendations to IDPH—September 15, 1999; NLI

- First draft of plan—October 31, 1999; NLI

How the Regional Meetings Were Conducted

Each meeting followed, more or less, the following steps:

- An introduction which covered the purpose of the meeting, credited the organizers, described the meeting process, described how the participants' input would be used, and laid out the timetable for production of a plan.
- Presentation of issues by members of the panel.
- General discussion among panelists and between the panel and the participants.
- Gathering of specific recommendations and comments from the participants.
- Wrap-up and thank you's.

A facilitator and one or more note-takers were present at each regional meeting.

EXECUTIVE SUMMARY

The Iowa Substance Abuse Program Director's Association (ISAPDA) in collaboration with the Iowa Department of Public Health (IDPH), Division of Substance Abuse and Health Promotion, and in cooperation with the Governor's Alliance on Substance Abuse (GASA) approached the Center for Substance Abuse Treatment's (CSAT) National Leadership Institute (NLI) with a request for assistance in developing a Statewide plan for the treatment of substance use disorders. The plan is based on discussions and recommendations resulting from six regional meetings conducted in August and September, 1999.

With very few regional variations, the participants in the meetings called for a significant broadening of the current public treatment system. Their recommendations ranged from increased use of individual, licensed, office-based practitioners in order to increase access to treatment in more rural areas of the State, to unencumbered access to medical detoxification programs in all areas of the State, to an individual consumer orientation and a billing and reimbursement structure based on this orientation. There was general dissatisfaction with the perceived limits on the number of treatment episodes an individual can have, limited local access to some types of services, and limited local support and aftercare options. Also, there was a strongly expressed need to increase the availability of specific options: treatment services for adolescents accompanied by family support; treatment services for individuals with co-occurring substance use and mental health disorders; and free-standing, non-hospital-based medical detoxification.

A number of significant policy recommendations were proposed including increased flexibility of third-party reimbursements and parity for substance abuse and mental health treatment; re-examine managed care; strengthened relationships between mental health and substance abuse, strengthened regional-based service planning; enhanced licensing procedures for individual practitioners, including dual substance abuse and mental health licensing/certification; and enhanced performance measurement and evaluation of treatment outcomes.

The consensus outcome of the regional meetings was that a comprehensive, Statewide treatment plan give first priority to addressing the health, social, family, cultural, and employment needs of individuals with substance use disorder. This plan also should be based on two core principles: one, that substance use disorder is a complex, chronic disease requiring comprehensive, individualized treatment approaches and that successful treatment often requires multiple treatment episodes; and two, that individuals with a substance use disorder are more likely to engage in treatment if it is readily accessible and available.

OVERALL RECOMMENDATIONS

The following State-wide recommendations are compiled from the ideas that were generated at the Regional Meetings:

- Increase prevention and treatment services for children and adolescents
- Provide full array of treatment service options, especially in rural areas; increase continuum of care, including halfway houses, aftercare, long-term treatment
- Expand the availability of family services
- Develop local community coalitions
- Increase funding sources; assist in identifying additional funding; explore funding options
- Develop better partnerships among corrections, probation, parole, and treatment
- Increase early treatment/intervention/prevention
- Re-examine managed care
- Gain parity for mental health and substance abuse

REGIONAL MEETINGS

Six regional meetings were held over a two week period, August 24 to September 2, 1999. Each meeting was opened by the facilitator, followed by presentations by panelists and general discussion. Meetings concluded with participants making general and specific recommendations for improving the delivery of substance abuse treatment services in that region. It is important to note that though the focus of each meeting was on substance abuse treatment services, participants contributed recommendations on prevention and intervention services as well. In each region there was a very strong belief that treatment was but one point along a continuum of care that begins with prevention and education; continues through early identification and intervention; acute care; and long term care, support and follow-up. In each region there was also a very strong belief that treatment and support needed to be available to both the individual with a substance use disorder and his/her family. Further, all regions expressed the opinion that the substance abuse treatment system should closely collaborate with the juvenile and adult justice systems, corrections, the schools, and mental health service systems. There were significant regional variations as well.

The regions regarding themselves as more rural offered a variety of recommendations for increased accessibility to care. The western regions, especially the southwestern one, offered suggestions for interstate compacts or arrangements between Iowa and Nebraska, especially long-term treatment needs. The more urban regions focused on interagency cooperation and collaboration, especially between and among the criminal justice, corrections and substance abuse treatment systems and between mental health and substance abuse treatment. Specialized treatment approaches for racial/ethnic minorities was also emphasized in the more urbanized regions and one of the rural regions.

Summaries of the regional meetings follow. They are presented in chronological order.

FAIRFIELD—REGION 6

August 24, at the Elks Lodge, Fairfield

Counties included: Appanoose, Cedar, Davis, Des Moines, Henry, Iowa, Jefferson, Johnson, Keokuk, Lee, Louisa, Lucas, Mahaska, Monroe, Muscatine, Scott, Wapello, Wayne, Worth, and Van Buren.

Panelists: Barb Macey, 8 Judicial District; Jay Nelson, Mt. Pleasant Correctional Facility; R. J. Winkelhake, Chief, Iowa City Police Department; and Art Schut, Iowa Substance Abuse Program Director's Association; in attendance: Curt Smith, Governor's Alliance on Substance Abuse.

Summary of Panelists' Comments

Jay Nelson: Mt. Pleasant is seeing an increase in the number of individuals with co-occurring substance abuse and mental health disorders. It has a need to increase levels of treatment but staff is not available. There is also a need for a seamless system of service delivery. Communications among service providers, support systems and corrections and aftercare for released inmates are major issues.

Barb Macey: Eighty-five percent of inmates are substance abusers; inadequate care is a significant problem for corrections. The treatment needs of special populations (e.g., youth offenders 16 to 21 years of age, women with children) are not being addressed. Lack of transportation is an issue. Individuals who are in need, but not ready for treatment, are entering the criminal justice system. The treatment needs of those with co-occurring mental health and substance use disorders are not being met. Corrections and substance abuse treatment need to work together if progress is going to be made on addressing the treatment needs of the corrections population. Treatment approaches should vary in order to meet the different needs of individuals. Corrections and the community need to collaborate in order to secure funding needed to address treatment and aftercare needs.

R. J. Winkelhake: Communicating with law enforcement about the effectiveness of treatment is key—law enforcement is not aware of the impact of treatment and is suspicious of treatment as part of corrections. Hiring additional officers won't help if there's no additional funding for treatment. Treatment agencies need to work more closely with law enforcement. Police and sheriffs don't see tobacco sales compliance checks as an issue for them. Funding to pay for overtime and court time for officers doing Synar regulation compliance checks is needed.

Art Schut: Public sector health care insurance pays for most of the substance abuse treatment provided in the State; the move from private to public health care insurance has resulted in the

closing of a number of treatment units, shorter lengths of stay, decreased staffing, low pay for remaining staffs, and longer waiting lists for treatment. There is a general problem of access: too many people in need of treatment, but there are not enough treatment resources available. Substance abuse treatment is a successful as treatment for diabetes, asthma, and hypertension. Sixty percent of individuals in community treatment programs are from the criminal justice system. The State is in danger of losing 40 percent of its Substance Abuse Prevention and Treatment Block Grant funds because of Synar Regulations.

Discussion

The discussion focused on the following themes: Synar Regulation and public funding, substance abuse and criminal justice, communication and public education, access to treatment and aftercare, treatment outcomes, co-occurring disorders, and prevention education and early intervention.

Recommendations

- Increase prevention programs for children and adolescents, show them what happens and the consequences, education and awareness starts with families.
- Increase continuum of care, half-way houses, aftercare, long-term treatment.
- Increase funding.
- Pool funding (supplied by taxes and fines) to develop individual treatment plans.
- Fund what works.
- Link service providers with aftercare (case managers).
- Adequately assess treatment needs through continuum of care.
- Pay for treatment only for those who want treatment.
- Increase communications between agencies.
- Increase relapse prevention programs.
- Increase community-based and prison options for treatment.

- State fully-funded treatment.
- Do away with managed care, give money to local providers.
- Educate policy-makers.

MANCHESTER—REGION 3

August 25, 1999, at the Delaware County Community Center, Manchester

Counties included: Allamakee, Benton, Black Hawk, Bremer, Buchanan, Butler, Chickasaw, Clayton, Clinton, Delaware, Dubuque, Fayette, Grundy, Howard, Jones, Jackson, Linn, and Winneshiek.

Panelists: Barbara McDonald, 6th Judicial District; Pam Benson, Anamosa Prison; Diane Thomas, ISAPDA; Stephen Rapp, US Attorney for the Northern District of Iowa; Jack Stanebrook, Waterloo Police Department; Dave Mullinhoff, Family Service League; Mary Green, Hillcrest Family Services; Sherry McDonnell, Eastern Iowa Regional Housing Authority; and Kevin Smith, Iowa National Guard, Governor's Alliance on Substance Abuse.

Summary of Panelists' Comments

Barbara McDonald: The district depends on community partners, substance abuse treatment services, housing services, etc. and are very concerned about the reduction of funding for these services. We're seeing more clients with multiple problems who are very expensive to serve. Needs include ways to increase partnerships with corrections, effective treatment for substance abusers with criminal behavior, and long-term treatment for clients. Alcohol is still the number-one drug of abuse and is closely tied to domestic violence and other criminal behaviors. The drug court is effective.

Pam Benson: Eighty-five percent of the prison population has a substance abuse problem. There's not enough funding for substance abuse treatment in the prisons, and there's a need for more aftercare and relapse prevention for individuals after release from prison.

Diane Thomas: Alcohol continues to be the primary drug of abuse. Current funding does not cover the number of people who need treatment; priority is given to "special populations" and the "normal" adult male is not being reached. Funding has been reduced and the number of clients increased. The substance abuse treatment infrastructure has been lost.

Stephen Rapp: Methamphetamine abuse is worse in Iowa than most places; the number of meth labs in Iowa has grown over the past three years but most of the methamphetamine still comes from out of State. Enforcement is the sole answer to this problem, but law enforcement needs partnerships with prevention and treatment. There is a need to get people into treatment in order to reduce the demand for drugs. More drug courts are needed, as the program has been effective.

Jack Stanebrook: Education is needed to stop the cycle of abuse. Breaking up meth labs drains off resources that could be used for other issues.

Dave Mullinhoff: Sixty percent of people involved in domestic violence also have a substance abuse problem. There is a lack of funding for coordinating services for special populations, education and on-going training for staff, specific services for people needing treatment (e.g., child care), resources to pay for treatment, and transportation necessary to get to treatment.

Mary Green: There is a lack of family involvement in prevention and treatment. There is a need for improved education on mental health, equal to that in the substance abuse field. Also, there is a need for therapeutic foster care; it is a service in short supply.

Sherry McDonnell: There seems to be a significant connection between people who qualify for low-income housing and substance abuse. There is a need for emergency and temporary housing for pregnant teenagers, troubled teenagers, troubled families, and people completing substance abuse treatment. Housing is a major issue for many recovering people: when they have no place to live they are at higher risk for relapse. There needs to be more and better education for landlords on signs of abuse and the treatment process. Many clients seem to fear losing their apartment if they go into treatment.

Kevin Smith: The Iowa SAFE community program acts as an umbrella to bring communities together. It is important to involve youth in prevention activities.

Discussion

The discussion focused on the following themes: additional treatment for youth and adolescents; family-focused assessment and treatment; improved services for chronic abusers (long-term care) and for those with co-occurring disorders; increased availability of detoxification services; staffing and licensing of individual providers; increased accessibility of treatment in rural areas; and increased prevention, early diagnosis, and early intervention.

Recommendations

- Increase funding in order to ensure a full continuum of fully funded services.
- Plan services locally, using local partnerships and reflecting local treatment needs.
- Increase regionally-based services in the more rural areas.
- Increase access to and availability of treatment services.
- Make treatment for children and adolescents more accessible to families and communities.

- Encourage treatment facilities to work more closely with corrections in order to ensure that appropriate services are provided.
- Make intensive outpatient treatment available in every community, or within a half-hour drive or less.
- Increase availability of intervention, detoxification, residential, transition, and aftercare support and housing services.
- Determine length of treatment by individual needs, not by funding availability or pre-set limits.
- Gain parity between mental health and substance abuse services.
- Improve coordination between substance abuse and child welfare services.
- Raise salaries for substance abuse treatment staff in order to increase retention.
- Enhance and increase services for individuals with co-occurring substance use and mental health disorders.
- Establish common certification standards for mental health and substance abuse workers.
- Establish competency standards for individual service providers.
- Establish standard outcome measures for treatment providers.
- Re-examine managed care. (The improvements haven't panned out, and individual client needs are not being met.)
- Increase focus on treatment services to the chronic client.
- Increase research-based curricula and intervention services in schools.
- Increase the number of localized assessment services.
- Increase case management services.
- Make greater use of volunteers (e.g., Americore, RSVP, and Foster Grandparents).

IOWA FALLS—REGION 2

August 26, at the Elks Lodge, Iowa Falls

Counties included: Boone, Cerro Gordo, Floyd, Franklin, Hancock, Hardin, Kossuth, Marshall, Mitchell, Poweshiek, Story, Tama, Winnebago, and Worth.

Panelists: Linda Murken, 2nd Judicial District, Department of Corrections; Bert Teckenberg, Marshall County Sheriff; Judge Steven Carroll; Joan Stoker, Salvation Army and Marshall County Comprehensive Plan; and Jay Hansen, Prairie Ridge.

Summary of Panelists' Comments

Linda Murken: The Department of Corrections sees two major categories of offenders with a substance abuse problem: those with "criminal values" and a substance abuse disorder and those with co-occurring disorders. For the former group, traditional substance abuse treatment doesn't seem to work. For the latter group, treatment is much more complex. The department is looking at the research relating to substance abuse treatment and corrections and see a need for longer, individualized treatment of greater intensity.

Bert Teckenberg: There has been a growing problem with methamphetamine use, sales, and production. The supply of methamphetamine has increased and methamphetamine users seem to require longer treatment. Marshall County sees the same people over and over again and they can't lock them all up.

Judge Steven Carroll: Judges are not involved in policy making. The legislature has reduced judicial discretion in sentencing. Children learn about drug-using behavior from their parents.

Joan Stoker: Surveys done in Marshall County rated the top four risk factors: family management and conflict, drug usage, community laws favorable to drugs, and early initiation of problem behaviors. The comprehensive plan for the county is a crime prevention tool—prevention, education, and intervention prior to involvement with the courts.

Jay Hansen: Substance abuse is a problem because drugs work. Alcohol and tobacco are still the largest substance abuse issues; they need to be included in any plan. Prevention is important; it is also more difficult to treat than prevent. Two models are troubling: the public health model which emphasizes empathy for substance abuse as a medical disease and the "moralistic model" which emphasizes arrest, the legal system, the "bad person," and the lack of will power. Public policy needs to address where to use available resources. In the treatment area, there's a need to expand on what works. The treatment system in Iowa is at great risk—funding is needed to recruit, retain, and train good employees. In the past eight years there has not been any increase in funding for treatment.

Discussion

There was general discussion focused on values and morality, including family values and shame-based treatment; substance abuse is a guilt- and shame-driven disease. There is a need for more education about legal substances and other drugs. Discussion also centered on consequences to substance use and issues of accountability. Some discussion focused on residential treatment and triage. A discussion on managed care focused on its pros and cons for substance abuse treatment and use of savings from its implementation. There was also general discussion about the corrections system and the courts.

Recommendations

- Work more intensely with families and in neighborhoods.
- Teach parenting skills and conflict resolution to adults and children.
- Involve at-risk (alternate high school) youth in discussions with community leaders and media.
- Increase the money available to the treatment system.
- Increase the availability and number of treatment options for adolescents.
- Increase the access and availability of treatment in order to eliminate waiting lists.
- Individualize treatment plans in order to eliminate length of stay as an issue.
- Increase access to treatment in rural areas, and increase outreach and transportation, as necessary.
- Improve collaborative relationships between criminal justice and substance use treatment services.

STORM LAKE—REGION 1

August 31, at the Arrowhead Area Education Agency, Storm Lake

Counties included: Audubon, Buena Vista, Calhoun, Carroll, Cherokee, Clay, Crawford, Dickinson, Emmet, Greene, Guthrie, Hamilton, Humboldt, Ida, Lyon, Monona, Osceola, O'Brien, Palo Alto, Plymouth, Pocahontas, Sac, Shelby, Sioux, Webster, Woodbury, and Wright.

Panelists: Pat McCormick, Sioux City District Associate Judge; Gary Niles, Woodbury County Drug Court; Lori Adams, Coordinator of Workforce Development; Cindy Daither; and Kermit Dahlen, Gordon Recovery Centers.

Summary of Panelists' Comments

Pat McCormick: The court sees a large percentage of people with drug charges and there is a problem with determining if the person has a substance use problem. There are concerns about how to target the population for treatment, the availability of inpatient treatment, and the short length of stay for outpatient treatment (too few visits allowed).

Gary Niles: The drug court has a federally funded budget of $400,000 for four years. Citizens sit on a panel comprised of lawyers, counselors, and others. Adults and juveniles are seen in the same court one day a week; defendants are referred as a condition of their probation to the drug court by the District Court. It is often difficult to access appropriate care for adults.

Lori Adams: Workforce Development is an established Welfare-to-Work (WtW) program that uses a ten-question assessment tool to help identify individuals at risk of or involved with substance abuse. There is a problem moving people into treatment: approximately 20 percent (92) of the 478 people screened were identified as having a substance use problem but only 2 individuals followed through with getting some type of treatment. Supports mandatory assessment for the WtW population.

Cindy Daither: Ms. Daither works with adolescents with a substance use problem and the schools. Because of the lack of available treatment, adolescents are sent away from their rural community in order to receive treatment. There is a need to help its client establish a strong, local support network; sending youth away for treatment causes problems when they return. Existing treatment programs have a limited service array and flexibility. There is a need for access to in-home services to help maintain confidentiality, increased community education, and more firmly established Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) groups.

Kermit Dahlen: Effective treatment decreases healthcare costs and increases work productivity. Comprehensive treatment unites corrections, judges, drug court, and community based providers to keep people out of prison and get them into treatment. There is a need for parity for substance

abuse treatment benefits; very little inpatient treatment is authorized and outpatient treatment is minimal. Special populations are falling through the cracks; there is a need for more programming for children, women with children, and persons with brain injuries and chronic mentally illness. Recovering people need to have a voice and a place in the community. There is a need to create partnerships with State government entities, (e.g., GASA, DHS, DOT); these agencies now compete for the same resources instead of working together.

Discussion

Discussion focused on the availability of and access to treatment. Specific topics included: funding for treatment, local partnerships to develop a comprehensive array of services, increased availability of and access to treatment for children and adolescents, and increased availability of detoxification services.

Recommendations

- Develop a comprehensive, community-based treatment and education system that involves Corrections, Judges, Drug Courts, IDPH, DOT, GASA, schools, families, and community-based organizations (CBOs) to keep people out of prison and get them into treatment.
- Gain parity for substance use and mental health treatment.
- Give treatment dollars directly to CBOs or develop regional provider networks.
- More firmly establish AA/NA groups.
- Expand the use of community-based Drug Courts.
- Institute a mandatory substance use assessment for the Welfare-to-Work population.
- Increase access to in-home services.
- Develop more services for special populations—children, women with children, and persons with brain injuries, dual-diagnoses, or chronic mentally illness.
- Develop more culturally competent programs for Native Americans, Serbians, and Bosnians.
- Ensure that managed care pays for a more effective service array.

- Involve the family system in treatment.
- Increase access to care for children and adolescents.
- More clearly define the goals of prevention, intervention, and treatment.
- Locate more treatment in rural communities.

CRESTON—REGION 4

September 1, at Southwestern Community College, Creston

Counties included: Adair, Adams, Cass, Clarke, Dallas, Decatur, Fremont, Madison, Mills, Mitchell, Montgomery, Page, Pottawattamie, Ringgold, Taylor, and Union.

Panelists: Rick Rice, Action Now; Charlie Jackson, DHS; Kent Ellithorp, probation and parole; Judge Jim Brown, 5th Judicial District; Sonia Marquez, SAFE; Lee Tool, PACT; and Rick Crowl, Pottawattamie County Attorney.

Summary of Panelists' Comments

Rick Rice: Action Now is a community-based outpatient treatment program serving 6 counties with a total population of 35,000 to 45,000 people. There are no competing-community based providers in his region. Managed care has provided more treatment options and flexibility, more dollars; there is no waiting list. Sixty percent of clients come through the judicial system. There are no treatment options other than outpatient; it's difficult to get clients into residential treatment. (There are no beds at Mt. Pleasant, Zion doesn't take women, and other residential facilities have waiting lists and are far away.) There are no detoxification options available. There is a need to focus on co-occurring disorders and long term treatment for dually-diagnosed individuals.

Charlie Jackson: Mr. Jackson is the supervisor for three counties providing financial aid to needy families, services for adults and children, and protective services for children and adults. They are seeing an increase in substance use involved families. There needs to be an expansion of services for families, and his staff needs more training on how to identify substance abuse.

Kent Ellithorp: Mr. Ellithorp's system lacks money for substance abuse treatment and it does not have access to inpatient services. It believes that only drug dealers and violent criminals should be in prison; others should be held accountable for their actions, but receive treatment. The prisons don't provide adequate treatment. Drug courts should be encouraged in all eight judicial districts. There is a need for "holistic treatment," not just 28 days.

Judge Brown: The bottom line is allocating funding to corrections for treatment. First offenders should go into treatment; second and third offenders should receive treatment while in prison. Funding is the core issue for inpatient treatment; it can't/won't be more expensive than the current system.

Sonia Marquez: There is a need to fund truancy reduction officers, to provide more aftercare for juveniles, and to provide comprehensive care when a juvenile returns to school.

Lee Tool: There's a need for a stronger bond between agencies that deal with adolescents and the schools, as well as for programs for younger students, 4th grade and under. Training teachers and educators to identify early signs of student and/or family substance use, and getting the entire family involved in treatment is also needed.

Rick Crowl: There is a general lack of social services available. The county has noticed an increase in people with co-occurring substance use and gambling problems. The methamphetamine problem is epidemic and creating family problems. There is an increase in women using methamphetamine and ending up in jail, and there are no services for the children left behind.

Discussion

Discussion focused primarily in four areas: the lack of services for children and youth; the lack of a treatment service array (inpatient, outpatient, and halfway houses), especially in rural areas; the need to expand family services; and the need for corrections and parole to work together.

Recommendations

- Increase services for children and adolescents.
- Address the lack of a full array of treatment service options, especially in more rural areas—inpatient/residential, outpatient, and halfway houses were generally cited.
- Expand the availability of family services.
- Encourage better collaboration among Corrections, Probation, and Parole.
- Develop a comprehensive approach to planning based on local community coalitions supported by collaboration among relevant State agencies, including Corrections, Public Health, Education, and others.
- Increase available options for detoxification.
- Increase the number of 12-step programs as one way of helping to reduce/dispel stigma.
- Increase staff training.
- Improve long-term care and residential options for dually-diagnosed people.
- Provide assistance in identifying additional funding sources.

DES MOINES—REGION 5

September 2, at Iowa Methodist Medical Center, Des Moines

Counties included: Jasper, Marion, Polk, and Warren.

Panelists: Cindy Jenkins, Housing and Urban Development (HUD); Dr. Tam Nueyn, EFI Institute for the Well Being of Refugees; Cindy Erickson, Des Moines Public Schools; Janet Lispcomb, Broadlawns Medical Center for Chemical Dependency Services; Becky Dyer, TASC; Buzz Hoffman, 5th Judicial District; Jamie Sohn, SAFE Coalition, Newton; and Norm Van Klompenburg, Capstone Center.

Summary of Panelists' Comments

Cindy Jenkins: HUD's policy on substance abuse focuses on family stability and accountability, health, and safety; there is a "one strike" screening and eviction for substance abuse. HUD has adopted "disabled" language. Des Moines has a Shelter Plus program which provides rental assistance for homeless with disabilities including drugs and alcohol.

Dr. Tam Nueyn: There is a need for substance abuse treatment in the communities of Asian immigrants and refugees. Funding that supported translators for counselors working with immigrants has been cut in half. AA is a difficult concept for many of the immigrants and refugees to grasp—it does not match-up with their cultural experiences. There is a significant need for help and aftercare for youth. More culturally competent services are needed. Six models might apply, successfully, to the Asian immigrant and refugees communities: case management, family, information deficit, empowerment, cultural enrichment, and mutual support.

Cindy Erickson: The public schools are concerned that outside of child abuse, there is limited public policy on the rights of children. There is a need to help children manage their anger; they have many reasons to be angry: abuse, abandonment, family unfriendly workplaces, and unsupportive communities. Three groups of children are in great need of support: those who use drugs, those whose parents use drugs, and those who use drugs and whose parents use drugs also. There are needs for early intervention and treatment, 6 to 12 months of aftercare, a comprehensive support system, prevention, flexible third-party payers, and social skills development.

Janet Lispcomb: Recovering people are valuable; they are caring parents and church members. The success rate of people in treatment is positive and encouraging. There are needs for free-standing, reimbursable, "social setting" detoxification, a comprehensive system for treating those with co-occurring substance use and mental health disorders, and a "relapse track" for parolees.

Becky Diers: Involved in evaluation and case management, and receives referrals from corrections, attorneys, probation/parole officers, jails, and judges. There is a need for safe housing; it is frustrating that clients are discharged from treatment without available, safe, and adequate housing.

Buzz Hoffman: Concerned that we are letting the funds control the treatment of clients. People are being discharged too early, too quickly. There is concern that the system is taking a "one glove fits all" approach; it doesn't work. There need to be dual diagnosis teams in the prisons. We need to have more prevention and education and early intervention and we need to take a close look at the best practices of successful programs.

Jamie Sohn: Coordinates the Healthy Community-Healthy Youth program in Newton which is an assets building model. Only seven percent of youth have the assets necessary to protect and promote good qualities. The community needs to focus on developing assets. Schools should make parenting education a requirement for graduation.

Norm Van Klompenburg: Involved in building a four-county treatment provider network that bids on non-Medicaid treatment contracts. Policy makers need to stop "blaming the victim" when developing substance abuse policies. There is a need to measure outcomes to see if current treatment practices are really working. Also, there is a need for community-state collaboration and cooperation, increased availability of detoxification services, and treatment for those with co-occurring disorders.

Discussion

The discussion focused primarily on four issues: the need for a broad, diverse comprehensive continuum of care including specialty services such as halfway houses and missions, other long term care, programs for immigrants and other cultural minorities, and treatment for women with children; the need for increased prison-based treatment, diversion, and intensive aftercare for parolees; a comprehensive, family-centered array of services with community support and involvement; and increased prevention, early intervention and treatment services. Other issues discussed included flexibility of third-party reimbursement for a varied continuum of care and support for a comprehensive continuum of care for individuals with co-occurring disorders.

Recommendations

- Provide more comprehensive family system-centered services with community supports and involvement, especially with State and social service departments.
- Increase early treatment/intervention/prevention.

- Increase flexibility with third-party reimbursement for a varied continuum of care.
- Increase culturally competent services.
- Institute more non-hospital, social model detoxification services.

SUMMARY OF RECOMMENDATIONS FROM REGIONAL MEETINGS

The lists below summarize recommendations from the six Regional Meetings held August 24 – 26, 1999, and August 31 to September 2, 1999.

Continuum of Care (recommendations for specific components and populations)

- Services for adolescents
  - Youth treatment accessible to families
  - Increase availability of residential treatment
  - Increase availability of outpatient treatment
  - Increase availability of school-based early intervention
  - Make 6 to 12 months of aftercare available
  - Use the non-hospital, social model of detoxification
  - Increase social and treatment services for families with children in treatment

- Detox services
  - Increase availability
  - Increase availability of free-standing, non-hospital-based detox (so-called social setting detox)
  - Increase availability for adolescents
  - Provide easier access

- Residential services
  - Increase availability
  - Provide long-term care for chronic recidivists
  - Provide easier access

- Prevention services
  - Make parenting education a required course for graduation from high school
  - Increase funding for prevention and education programs and services
  - Develop K–12 education programs

- Intervention
  - Increase funding for intervention services, youth through elderly

- Aftercare
  - Increase halfway-house programs
  - Increase continuing care programs

- Services for dually-diagnosed individuals
  - Increase availability
  - Provide easier access

- Prison/jail-based services
  - Increase availability of prison-based treatment
  - Recommend a minimum of 3 months of treatment for offenders in the corrections system
  - Recommend a minimum of 6 months aftercare
  - Form dual-diagnosis teams

- Assessment
  - Focus on individualized treatment plans
  - Require mandatory assessment for Welfare-to-Work participants
  - Centralize assessment sites

- Services for chronic clients
  - Increase the focus on this population

- Drug courts
  - Increase number of drug courts in State

- Family services
  - Support development of family-centered, community-based services
  - Increase availability of treatment for women with children

System Issues (including funding)

- Partnerships/Collaborations
  - Corrections and substance abuse
  - Child welfare and substance abuse
  - Social services and substance abuse
  - Americorp, RSVP/Foster Grandparents and treatment programs
  - Mental health and substance abuse
  - Public-private (corporate) partnerships
  - Partnerships among all State agencies with substance abuse funding, responsibility, and/or interest (e.g., GASA, Transportation)
  - State-local partnerships for service planning

- Funding
  - Increase funding to ensure adequate services along the total continuum of care
  - Use liquor and tobacco taxes and tobacco settlement dollars to support prevention, intervention, and treatment

- Increase staff salaries so retention and quality of services is improved

- Access to care
  - Increase number of programs in rural areas
  - Increase availability of transportation to and from service provider sites
  - Make intensive outpatient services available to/in each community
  - Increase availability and access to detoxification services
  - Provide treatment on demand

- Case management
  - Prenatal identification and long-term tracking

- Program staffing
  - Increase wages to address issue of staff retention

- Cultural competency
  - Promote culturally competent services in communities and the corrections system

Policy Issues

- Insurance
  - Increase flexibility of third-party reimbursements so that they follow the continuum of care (i.e., ensure that all components of continuum are "reimbursable")
  - Gain parity for substance abuse and mental health

- Strengthen relationship between mental health and substance abuse treatment

- Community-based planning
  - Regional-based planning of service/care needs
  - Regional determination of service priorities

- Managed care
  - Evaluate managed care to determine if value/cost-effectiveness
  - Fund/reimburse all components of continuum of care
  - Drop managed care and fund providers directly

- Education
  - Increase voice of recovering people in policy making and planning
  - Better educate elected officials about substance abuse and substance abuse treatment issues

- Access to care
  - Prioritize who is treated; better services for fewer people

- Criminal justice
  - Mandatory minimum sentences, like Federal practice

Standards/Licensing/Certification

- Individual practitioners/providers
  - Establish competency standards
  - Offer dual certification: substance abuse and mental health
  - Improve licensing process

- Provider organizations
  - Include quality of services as a criterion for licensing

Performance Measures

- Standardize treatment outcome measures

- Evaluate treatment outcomes of currently funded treatment programs

- Publicize results of outcome studies of currently funded treatment programs

Best Practice

- Identify best practices/model programs for prison-based treatment

- Publicize best practices/model programs on Web site and through electronic newsletter

Training

- More training in addictions for medical school and law school students

- More training in early identification for teachers and other educators

Other

- Access to in-home treatment service

DIRECTIONS FOR TREATMENT IN THE STATE OF IOWA

Through their comments, discussion, and recommendations, the participants of the regional meetings provided clear direction for the continued development of the system for planning and organizing the delivery of services for individuals with substance use disorder. The direction offered to public policy makers presents many challenges: funding, collaboration between agencies at the State and local levels, and political. The direction offered also provides challenges to local providers: organization of services and reimbursements; individualized, consumer-focused treatment planning; and the possibility of combining local substance use and mental health service delivery. Participants had recommendations for all components of the treatment system, recommendations, that if enacted, would have far-reaching effects.

Before discussing the directions proposed, it might be helpful to examine in detail the components of effective treatment for substance abuse disorders. Below, principles of effective treatment gleaned from three decades of scientific research and clinical practice by the National Institute on Drug Abuse (NIDA) are summarized.

Principles of Effective Treatment

In 1999, NIDA published a research-based guide to the principles of effective drug addiction treatment (*Principles of Drug Addiction Treatment,* NIH Publication No. 99-4180). These principles are based on three decades of scientific research and clinical practice. For the most part, the major, overarching principles of effective treatment described by NIDA are reflected in the recommendations resulting from the regional meetings. The principles are briefly described below.

1. No single treatment is appropriate for all individuals. Treatment is most effective when the settings, interventions, and services are matched to each individual's particular problems and needs.

2. Treatment needs to be readily available. Since individuals with substance use disorder are often uncertain about entering treatment, it is important to take advantage of opportunities when they are ready for treatment. Potential clients can be lost if treatment is not immediately available or readily accessible.

3. Effective treatment attends to the multiple needs of the individual, not just the substance use. Effective treatment addresses the range of needs and problems (e.g., medical, social, vocational, legal, and psychological) facing the client.

4. An individual's treatment and services plan must be assessed continually and modified as necessary to ensure that the plan meets the person's changing needs. Varying combinations of services and treatment components may be required over

the course of treatment and recovery. Also, it is critical that the treatment approach be appropriate to the client's age, gender, ethnicity, and culture.

5. Remaining in treatment for an adequate period of time is critical for treatment effectiveness. Research indicates that the threshold of significant improvement is reached at about three months in treatment; additional treatment after reaching this threshold can produce further progress toward recovery. Treatment programs should include strategies to engage and keep clients in treatment.

6. Counseling and other behavioral therapies are critical components of treatment. Counseling/therapy help the client to address issues of motivation, build skills to resist substance use, and improve problem-solving abilities. Behavioral therapy facilitates the client's ability to function in the community and family.

7. Medications are an important element of treatment for many clients, especially when combined with counseling and other behavioral therapies. Methadone is very effective in helping individuals addicted to heroin or other opiates stabilize their lives and reduce illicit drug use; naltrexone is effective with some opiate addicts and some individuals with co-occurring alcohol dependence. Both behavioral treatments and medication can be critically important to persons with co-occurring substance use and mental disorders.

8. Addicted or drug-abusing individuals with co-occurring mental disorders should have both disorders treated in an integrated manner. Because of the relatively high occurrence of substance use and co-occurring mental disorders, individuals presenting with either condition should be assessed and treated for the co-occurrence of the other.

9. Medical detoxification is only the first stage of substance use treatment and by itself does little to change long-term drug use. For some individuals, medical detoxification is a strongly indicated precursor to effective addiction treatment.

10. Entry into treatment, retention rates, and success of treatment interventions can be significantly increased with sanctions or enticements in the family and/or employment setting, or the criminal justice system.

11. Relapses to drug use can occur; therefore testing for possible drug use continuously during treatment is necessary. Monitoring can provide early evidence of drug use so that adjustments to the individual's treatment plan can be made.

12. Treatment programs should provide assessments for HIV/AIDS, hepatitis B and C, tuberculosis and other infectious diseases, and counseling to help patients modify or change behaviors.

13. Drug addiction is a chronic illness and recovery can be a long-term process, frequently requiring multiple episodes of treatment. Relapses to drug use can occur during or after successful treatment episodes, and addicted individuals may require prolonged treatment and multiple episodes to achieve long-term abstinence and fully restored functioning.

Research on successful treatment approaches all acknowledge the need to provide a combination of therapies and other services to meet the needs of the individual. Treatment can occur in a variety of settings, take many different forms, and last for varying lengths of time. NIDA, in its Principles of Drug Addiction Treatment, states clearly that the best treatment programs "provide a combination of therapies and other services to meet the needs of the individual patient, which are shaped by such issues as age, race, culture, sexual orientation, gender, pregnancy, parenting, housing, and employment, as well as physical and sexual abuse."

The comments of the participants in the regional meetings and the resulting recommendations clearly reflect this knowledge. If participants' comments and recommendations could be stated in a single sentence, it would be: *Build an individually-focused treatment system that recognizes that substance use is a complex and chronic disorder and is prepared to offer treatment in a host of settings, in many different forms, and for differing lengths of time.* There was a complete abandonment of the notion of limited treatment options, fixed time lengths per option, and limited numbers of treatment episodes. A successful and comprehensive treatment system would have a strong individual consumer orientation.

I. Community-Based (Regional) Planning

The Issue: Participants generally preferred a "bottom up" approach to planning for treatment services. A significant recommendation was for the organization of local or regional of community-based partnerships comprised of treatment providers, corrections, the courts, schools, families, consumers, and others to lead the determination and development of service needs and priorities. State resources would be allocated based on identified service needs and priorities.

Opportunities: Moving forward on this recommendation would afford the State an opportunity to seek innovate service delivery and financing solutions. For example, each planning unit could be allocated a pot of money, amount based on actuarial and other demographic formulae, and then be allowed to develop and fund its own service array, contracting with providers and individual practitioners as required. This would provide the State with an opportunity to experiment with some local control or "devolution" strategies under consideration in other States (e.g., Michigan). Also, this could increase resources available locally if collaborations among stakeholders (e.g., the courts, corrections, mental health, substance abuse, and education) resulted in coordinated funding and/or service provision.

Challenges: The challenges facing the State would be many including the following:

- Determining the size and number of local planning units
- Developing local organizations to act as intermediaries and fiduciary agents for local planning units
- Determining a formula on which to base resource allocations
- Determining what, if any, services would not be eligible for funding with State and Block Grant dollars
- Assisting with the development of local partnerships
- Responding to the likely fallout when local service priorities can't be met because of statutory or fiscal restraints or lack of appropriate providers

II. Fully Funded Continuum of Care for the Public Client

The Issue: Participants from all parts of the State were adamant in expressing the need for the availability of a full continuum of care for individuals with a substance use disorder. At a minimum this continuum would include the following components:

- Detoxification services—both hospital and non-hospital-based and including programs for adolescents
- Individualized, consumer-oriented assessment services and treatment planning
- An array of treatment approaches including outpatient and residential
- Services for persons with co-occurring substance use and mental health disorders
- Long-term care
- Early intervention services, especially for adolescents and their families
- Specialty services for adolescents, pregnant and postpartum women, women with children, and others
- Halfway houses and other aftercare support services
- Drug courts and other diversion programs

- Jail-/prison-based treatment that includes community-based aftercare
- Substance use assessment for Welfare-to-Work participants

Participants argued that a full range of services should be available and accessible to individuals in all areas of the State. The perceived limited availability of some services and the perceived limitation on their use were frequently cited as shortcomings of the current organization of services and funding patterns.

There was overwhelming support for easier, more immediate access to services. Also, participants argued that since multiple treatment episodes are often necessary and since individualized treatment planning is to be preferred over a "cookie-cutter" approach, there should not be limits on the number of treatment episodes or length of treatment term available to consumers.

Opportunities: Easy access to treatment and the availability of a range of treatment options to meet individual consumer needs are important components of effective treatment. Individualized treatment planning and interventions that are responsive to individual consumer needs seem to enhance successful treatment outcomes. Having a full range of treatment and support options available to meet consumer needs could have important social outcomes, including crime reduction, improving child welfare, reducing homelessness, improving success of permanently moving individuals from welfare to work, and reducing demand for illicit drugs.

Challenges: Funding the full range of services necessary to meet individual consumer treatment needs would require significant changes to the way substance abuse disorders are perceived. Current perceptions (e.g., moral weakness, antisocial, criminal, etc.) and the accompanying stigma (substance users are "bad people") weaken efforts to develop and fund services found to be effective means of treating individuals with substance use disorders and reducing substance use overall. Attaining full availability of a continuum of care for substance use disorders would seem to require partnerships and coalitions among various sectors of the population (business, medical, political, social service, religious, etc.). These partnerships could push for alternative approaches in dealing with substance abuse disorders, approaches that focus on treatment and support needs rather than on continued social stigma. Developing these partnerships and coalitions may be a formidable task.

III. Fully Funded Continuum of Care for the Privately Insured Client

The Issue: Commercial medical insurance programs place limitations on the availability of treatment for substance abuse disorders and reimburse providers a lower levels than for other medical services.

Opportunities: The opportunities are the same as were discussed in the previous section (II. Fully Funded Continuum of Care for the Public Client).

Challenges: The challenges facing the State are similar to those that face the treatment of public clients (Section II). Additionally, commercial insurers have actively opposed this and similar propositions across the country and in Congress.

IV. Access to Care

The Issue: Access to care is perceived to be limited by geography, provider availability, and public policy. Treatment is perceived to be less available in the more rural areas of the State; access to available treatment may require commuting great distances. Participants argued that this worked against people entering treatment. Complaints about the relative lack of access to detoxification and long-term residential services were common in most areas of the State. Also, there was the perception that the current system of approving and licensing providers limited the availability of treatment. Licensing of individual providers who could provide office-based services in small towns and the more rural areas of the State was proposed.

Opportunities: Relative ease of access to treatment is an important first step to successful treatment outcomes. Waiting lists, long commutes, and a limited range of services are often impediments to individuals entering treatment. Organizing a treatment system with the goal of providing treatment "on demand" could, conceivably, increase the number of providers in most areas of the State.

Challenges: Iowa's treatment system, like many others across the country, relies on a network of nonprofit providers who have been the historical sources of substance abuse treatment. Efforts at increasing the number of available providers, including integrating substance abuse and mental health services and managed care, have been spotty. The nonprofit provider system is deeply entrenched and can claim the mantles of expertise and commitment. Also, there is a long history of mistrust of the mental health treatment system and of licensing individual, office-based providers. Developing coalitions with a strong consumer orientation and focused on increasing access will take considerable effort. Overcoming the perception that increasing the number of providers will decrease the size of the slice of the pie available, especially to the nonprofit provider, will be extremely difficult.

V. Measuring and Reporting on Treatment Effectiveness

The Issue: Participants supported developing standardized treatment outcome measures and publicizing the results of outcome studies. There was also support for establishing competency standards for individual providers.

Opportunities: Developing standardized treatment outcome measures would assist funders, including the State, with the allocation of resources. Publicizing the results of outcome studies would provider consumers with the information needed to make choices among providers.

Standardized measures could also support improvement of services across the board. Competency standards for individual providers would support professionalization of the substance abuse treatment field and support changes in public perceptions of the field and individuals with substance abuse disorders.

Challenges: Achieving consensus on standardized performance measures and individual competency standards will involve consultation with the current system of providers (both in the substance abuse and mental health fields); with the associations representing the various health professions, social workers and psychologists, and hospitals; and, most likely, with commercial health insurers. The State should be well-poised to undertake this effort, especially if supported by the Legislature and the Governor.

REFERENCES

Principles of Drug Addiction Treatment: A Research-Based Guide. National Institute on Drug Abuse. 1999. NIH Publication 99-4180.

National Dialogue on Co-occurring Mental Health and Substance Abuse Disorders. National Association of State Alcohol and Drug Abuse Directors and National Association of State Mental Health Program Directors. 1998.

ATTACHMENT A—PRIMER FOR DISCUSSION AND FEEDBACK

The following is an excerpt of the notice sent to Regional Meeting Panelists:

In partnership with the Governor's Alliance on Substance Abuse (GASA), the Iowa Department of Public Health is soliciting your input to develop a comprehensive strategic plan for substance abuse. Following are the primary issues that will be addressed through the forums. You need not be prepared to provide responses to all of the issues, nor are you limited to addressing only those issues stated below. If you are unable to attend a forum in person, you are invited to provide written comment on these or other issues related to substance abuse policies.

Managed Care for Substance Abuse Treatment

- Effectiveness of managed care
  - Effectiveness of Medicaid
  - Effectiveness of managed care for indigent clients
- Suggestions for improving the system

Access

- Accessibility of substance abuse treatment
  - Accessibility for special populations
  - Accessibility throughout the treatment continuum
- Accessibility of smoking cessation programs

Outcomes

- Outcomes to be incorporated into planned outcome-based funding approach for substance abuse treatment

Quality of Care

- Prioritizing the type and length of substance abuse treatment
- Treatment aftercare

Substance Abuse Treatment for Corrections

- Community-based corrections
  - Drug courts
  - Dual diagnosis
- Prison-based
- Jail-based
- Diversion of non-violent substance abusing offenders

Substance Abuse Treatment for Juveniles

- Child welfare
- Juvenile offenders
- Temporary Assistance for Needy Families (TANF)

Law Enforcement

- Tobacco law compliance
  - Enforcing underage smoking laws
  - Retailers selling tobacco to minors
- Reducing availability and demand of illicit drugs
  - Collaboration with community
  - Collaboration with agencies
  - Collaboration with education

Courts and Sentencing Practices

- Reducing recidivism among first-time non-violent offenders
- Improving offender accountability
  - To victims
  - To community
- More/less direction in sentencing

Research

- Areas to be evaluated
  - Substance abuse
  - Related issues

ATTACHMENT B—INVITATION LIST

In addition to obtaining input on a State-wide level, the Regional Meetings were designed to include as many stakeholders as possible. With this goal in mind, individuals from the following groups were invited to participate in the Regional Meetings:

- Substance Abuse Treatment Programs
- Community-Based Corrections Programs
- Justice Department
- Department of Education
- Public Health
- Department of Human Services
- Associate District Court Judges
- Departments of Probation and Parole
- Juvenile Court Officers
- Housing and Urban Development (HUD)
- Workforce Development
- Head Start
- Veterans Administration
- Judiciary
- SAFE
- Community Groups
- Law Enforcement
- Central Points of Contact
- Consumers