



A MATTER OF SUBSTANCE

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DIVISION OF BEHAVIORAL HEALTH

STAFF SPOTLIGHT: KARIN FORD

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Karin Ford is a Community Health Consultant with IDPH, working for the last 10 years with the *Improving Health of People With Disabilities* Grant, funded through the Centers for Disease Control and Prevention.

The grant focuses on inclusion for people with disabilities throughout all aspects of life in Iowa, including the physical environment, accessible technology, and health care

and disaster management. Using the Americans with Disabilities Act (ADA) Accessibility Guidelines, Karin helps organizations be in compliance with the ADA, including consideration of reasonable accommodation, where indicated.

Karin believes most Iowans sincerely want to be in compliance with the ADA but, unless they have a disability or a friend or loved one that does, compliance may not be on their radar.

Along with her work in disability and health, Karin monitors IDPH's responsibilities for training curriculum for mandatory abuse reporting in Iowa. IDPH ensures that training provided to mandatory

reporters meets the minimum requirements of Iowa Code. IDPH maintains a list of [mandatory abuse trainings](#) online, but does not keep certificates or have records of individuals who take a course — that information should be maintained by the individual and may be available from the provider of the training.

Karin has a BA in Art/ Education, a teaching certificate from Grinnell College, and a MSPS in Art Therapy from Drake University. She spent 20 years working as a social worker before coming to IDPH. She is a master gardener, accomplished chef and avid Hawkeye Fan. Most of her free time is spent spoiling her two collies and cat.

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Kathy Stone is Director of the Division of Behavioral Health

DIRECTOR'S CORNER

An update on IDPH-funded substance use disorder services and Medicaid Modernization:

From 1995 through 2015, IDPH partnered with the Department of Human Services Iowa Medicaid Enterprise (IME) on the Iowa Plan for Behavioral Health (Iowa Plan) managed care program.

Through the Iowa Plan, IDPH purchased certain "administrative services only" (ASO) functions for IDPH-funded substance abuse treatment services

from Magellan, the Iowa Plan managed care organization (MCO). Those services included contracting with IDPH-funded treatment providers and related quality and compliance monitoring.

IDPH is now contracting for similar ASO functions with Amerigroup, one of IME's Iowa Health Link (Medicaid Modernization) MCOs.

IDPH's contract with Amerigroup is specific to IDPH-funded substance use disorder treatment services and providers, as described in the Iowa High Quality

Healthcare Initiative Request for Proposals. Amerigroup will contract directly with IDPH's providers for treatment services, at rates set by IDPH. Provider contracts will include IDPH's normal, historical language and requirements, such as Block Grant compliance activities.

IDPH retains oversight authority for the substance use disorder treatment services it funds, and for its associated data systems — I-SMART and the Central Data Repository.

DIVISION OF BEHAVIORAL HEALTH UPDATES

Overcoming Fear Together: Capacity Coach Project

In a recent edition of the Suicide Prevention Resource Center (SPRC) *Weekly Spark* blog, **Area Substance Abuse Council (ASAC) Executive Director Barb Gay** posted an article on the benefit of engaging suicide attempt survivors not only in their own recovery, but also in efforts to prevent suicide and improve the systems that help people recover. Inspiring and personal, Barb advocates, "We need to believe in the messages of hope and recovery that we promote. Engaging people with lived experience in our work can help us better understand how to prevent suicide and to help people who have attempted suicide find hope, rekindle a desire to live, and recover."

To read the [article](#) in its entirety or learn more about SPRC, please visit www.sprc.org.

A Call for Volunteers:

Earlier this year, the [Iowa Suicide Prevention Plan](#) was released. The next step to move the plan into action is to form workgroups to delve deeper into plan goals and objectives.

The Suicide Prevention Plan has seven potential workgroups:

- Prevention Programming
- Communication
- Prevention Partnerships
- Treatment
- Education and Training
- Cultivating Supportive Environments for At-Risk Individuals
- Data Collection and Use

Each workgroup will meet in a virtual format beginning in January 2016 and periodically as needed through September. Workgroups will be comprised of individuals from across the state, representing a wide range of backgrounds and experiences. Each group will be led by at least one member of the Iowa Suicide Prevention Planning Group.

For more information on the planning group, contact Pat McGovern at pat.mcgovern@idph.iowa.gov.

Capacity Coach Project Highlighted at National Prevention Conference:



Pictured left to right: Clare Jones, Julie Hibben, Amy Croll, Angie Asa-Lovstad, Leslie Mussmann, Jane Larkin, Jodee Goche and Pat McGovern

IDPH prevention staff and Capacity Coach contractors presented at the National Prevention Network Conference in Seattle, Washington on November 19.

The presentation focused on the Capacity Coach project established in March 2011 through IDPH's Strategic Prevention Framework State Incentive Grant. Using a Request for Proposal process, eight Capacity Coaches were selected to expand training and coaching support statewide, built on the Strategic Prevention Framework (SPF).

The presenters highlighted how using a system of coaches helped ensure the SPF was understood and implemented at the local level, as well as increased knowledge and capacity to use the SPF statewide.

For an overview of IDPH's Capacity Coach project, go to www.npnconference.org.

I-SMART Help Desk Staff Changes:

Rebecca Swift has taken a new position within IDPH as the Certificate of Need Program Manager. We will miss Becky! In the interim, Eric Preuss will oversee the Data Team and I-SMART Help Desk.

Additionally, we welcome Robyn Harris as a new voice on the I-SMART Help Desk. Robyn is now the initial contact

for the I-SMART Help Desk and helps triage requests for assistance, gathering additional information as necessary, and linking requesters to the individuals that can help resolve their I-SMART, Data Integrity Report, or other data-related issues and questions. (Many of you may know Robyn in her role as secretary for program licensure.)

The I-SMART Help Desk can be reached at:

- 866-339-7913 (toll free)
- 515-725-2950 (local,
- ismart.helpdesk@idph.iowa.gov

The Help Desk is available Monday through Friday from 9 AM – 4 PM, excluding holidays. When contacting the Help Desk after hours or when the Help Desk is busy assisting others, please leave a message or email including your name, program, and phone number, and a brief summary of the problem and Robyn or another Help Desk staff person will get back to you as soon as possible.

IDPH Starts AmeriCorps Program:

In February 2015, IDPH committed to starting an AmeriCorps Program in collaboration with the Commission on Volunteer Service. The program currently supports nine full- and part-time AmeriCorps members through five youth mentoring program host sites across the state that were selected through a competitive Request for Proposal process.

AmeriCorps engages more than 75,000 members in intensive service annually to serve through nonprofit, faith-based, and community organizations at 25,000 locations across the country. These members help communities tackle pressing problems while mobilizing millions of volunteers for the organizations they serve.

For more information, visit NationalService.gov or contact Julie Hibben at julie.hibben@idph.iowa.gov.

RELATED NEWS

Certified Community Behavioral Health Clinics (CCBHC) Planning Grant:

The Certified Community Behavioral Health Clinics (CCBHC) grant is a one-year planning grant awarded to the Iowa Department of Human Services (DHS) in October 2015 by SAMHSA, the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration. The grant requires the collaboration of the State's Medicaid Authority — DHS's Iowa Medicaid Enterprise — and the State's Substance Abuse authority — IDPH.

The grant is intended to assist states in improving the behavioral health of their citizens through high-quality, coordinated, community-based mental health and substance use disorder services built on evidence-based practices and integration of physical health care services.

Through the CCBHC planning grant, 24 states, including Iowa will establish prospective payment systems for certain Medicaid reimbursable CCBHC services, adopt CCBHC certification standards and certify at least two CCBHCs, develop capacity for CCBHCs to provide behavioral health services that meet CCBHC criteria, and prepare an application to participate in a two-year CCBHC demonstration grant.

SAMHSA is working with the Centers for Medicare and Medicaid Services (CMS) and the Assistant Secretary for Planning and Evaluation (ASPE) in implementing the CCBHC grant.

Additional information and resources can be found at:

<http://www.samhsa.gov/section-223>

For additional information about CCBHC's in Iowa, contact:

Michele Tilotta (IDPH) at michele.tilotta@idph.iowa.gov
or

Laura Larkin (DHS) at llarkin@dhs.state.ia.us

Thank You Magellan:

As mentioned in the Director's Corner, a new managed care organization will be taking over the administrative services functions for IDPH-funded substance abuse treatment that Magellan Behavioral Health has provided since 1995.

We'd like to take this opportunity to say thank you to Magellan staff for being a great partner to IDPH over the past 20 years! Thank you!

Mid-America ATTC hosts 2016 Leadership Institute:

Mid-America ATTC is holding a Leadership Institute in 2016. The Institute is an intensive 8-month leadership development program for mid- to upper-level behavioral health professionals. In addition to a 360° leadership skill assessment, training and mentoring, the 2016 Institute will emphasize *Resiliency in Times of Change*.

If you know a young mid- to upper-management leader, or an agency leader who is grooming someone for future advanced leadership responsibilities as part of his/her succession planning, please share this information and recommend the program. Space is limited to 12 slots and applications are due February 1, 2016.

For more information regarding the application process, please visit the ATTC website at www.attcnetwork.org/midamerica.



Fast Facts from the Consortium

The Iowa Consortium is under contract with IDPH for the Outcomes Monitoring System project (OMS). The OMS provides an independent evaluation regarding substance use disorder treatment outcomes in Iowa. The Consortium conducts follow-up interviews with randomly selected clients from IDPH-funded treatment agencies. The interviews occur approximately six months after discharge from the treatment program and provide follow-up data to determine outcomes as well as analyze changes between admission and follow-up. The [Year 17](#) OMS Trend Report examines outcomes for clients admitted to treatment over the ten-year period between January 1, 2005 and December 31, 2014. Some of the OMS findings include:

- Abstinence at follow-up has ranged from 41% to 59% over the ten years and significantly increased from 2005 to 2014. However, from 2009 to 2014 abstinence has significantly decreased.
- The most often reported primary substance at admission and follow-up in all ten years was alcohol. Marijuana is the second most common primary substance reported at follow-up through the years, except in 2012 and 2013 when a higher percentage of clients reported methamphetamine as the secondary substance.
- Although the majority of clients reported arrests at admission each year, fewer than 20% of clients reported arrests six months following treatment discharge.
- Over the ten years, an average of 64% of clients reported employment at follow-up compared to an average of 43% indicating employment at admission.

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

Mental Health First Aid:

Mental Health First Aid (MHFA) is an 8-hour course that teaches how to help someone who is developing a mental health problem or experiencing a mental health crisis. The training helps you identify, understand, and respond to signs of mental illness and substance use disorders.

Mental Health First Aid is an international program and has been proven to be effective. Peer-reviewed studies published in Australia, where the program originated, show that individuals trained in the program:

- Grow their knowledge of signs, symptoms and risk factors of mental illnesses and addictions.
- Can identify multiple types of professional and self-help resources for individuals with a mental illness or addiction.
- Increase their confidence in and likelihood to help an individual in distress.
- Show increased mental wellness themselves.

Studies also show that the program reduces the social distance created by negative attitudes and perceptions of individuals with mental illnesses.

Mental Health First Aid USA is listed in the SAMHSA National Registry of Evidence-based Programs and Practices.

"This program is a top-notch service to communities like ours; we are so grateful for the opportunity to have this program in our area."

Nikki Carber, President, Speak Out Against Suicide - Camanche, Iowa

Read more of Nikki's story and the impact MHFA has had on her community at <http://www.mentalhealthfirstaid.org/cs/success-stories/top-notch-service-communities/>

www.mentalhealthfirstaid.org/cs/success-stories/top-notch-service-communities/

For more information or to locate a MHFA trainer in your county, visit: <http://www.mentalhealthfirstaid.org/cs/>

or contact Eric Preuss at eric.preuss@idph.iowa.gov.

NSDUH 2016 is Coming:

RTI International, a not-for-profit contract research organization, will be conducting the National Survey on Drug Use and Health (NSDUH) in Iowa during 2016. The NSDUH is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA).

The NSDUH is a scientific, national survey of the U.S. civilian non-institutionalized population age 12 and older. The purpose of the study is to provide up-to-date information on alcohol, tobacco, and drug use, mental health, and other health issues. In 2016, approximately 186,000 randomly selected households in the 50 states and District of Columbia will be sent letters explaining the study and informing them that a professional field interviewer will soon be visiting their household. The interviewer will ask a resident age 18 or older to take part in a brief screening interview to determine if someone in that household age 12 or older is eligible for voluntary participation in the study.

NSDUH interviews take about an hour and are conducted in the privacy of the participant's home using a computerized questionnaire. Everyone who completes the entire interview will be given \$30 in cash as a token of appreciation for their participation. Both SAMHSA and RTI International assure complete confidentiality of all responses and individual names are not collected.

Information about the NSDUH can be found at <https://nsduhweb.rti.org> and www.rti.org. State level estimates can be found at www.samhsa.gov/data/population-data-nsduh/.

For more information about the Division of Behavioral Health, visit

<http://idph.iowa.gov/bh>

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

Kevin Gabbert
(kevin.gabbert@idph.iowa.gov)
or Julie Hibben
(julie.hibben@idph.iowa.gov)

Where's the Chronic-Care Approach?

Recently an article in the *Addiction Professional* magazine posed the question, "Where's the chronic-care approach to this chronic disease?" The author **Michael Weiner** said, "To evolve toward a chronic-care model, we need to change how we think, what we say, and what we do." Several key changes were outlined such as: substituting "commitment to recovery" celebrations for graduations; acknowledging that there is no such thing as "aftercare"...just care; and, of course, dropping the word relapse.

So why is the language we use so important? According to Weiner, "The language of acute care is the language of shame." He proposes that we stop asking people how many times they've been in treatment before because ultimately what we're asking them is, how many times have you failed? To read the entire article, click [here](#).

TRAININGS AND CONFERENCES

Substance Abuse Prevention Skills Training January 12-13 and February 9-10. Midwest Counterdrug Training Center. Johnston. To register, go to www.counterdrugtraining.com/.

Marijuana Update

January 15. Area Substance Abuse Council Prevention Services Office. Cedar Rapids. To register, go to <https://asacprevention.wufoo.com/>.

Safe Zone 101 and 102

January 25. Youth & Shelter Services. Ames. To register contact Saul Hammond at 515-233-3141 Ext. 4468, or shammond@yss.ames.ia.us.

Emerging Drug Trends

February 12. Area Substance Abuse Council Prevention Services Office. Cedar Rapids. To register, go to <https://asacprevention.wufoo.com/>.

SAVE THE DATE:

39th Annual Governor's Conference on Substance Abuse

April 19-20. Des Moines. For more information, watch the [Training Resources](#) website.