



# A MATTER OF SUBSTANCE

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DIVISION OF BEHAVIORAL HEALTH

## STAFF SPOTLIGHT: BOB KERKSIECK

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Bob Kerksieck is a substance abuse and problem gambling Health Facilities Surveyor. Program licensure duties and on-site inspections are just a couple of his many responsibilities. In addition, Bob facilitated most substance abuse administrative rule changes over the past five years. He has served as a NIATx coach and tobacco cessation

consultant, provides technical assistance and training, and works with problem gambling treatment programs to improve services, especially Recovery Support Services, problem gambling's version of Access to Recovery.

Bob has over 30 years of counseling and clinical supervisory experience in substance abuse and problem gambling services, with both adolescents and families. He holds an IAADC counselor certification and an LMSW license.

Bob says working at IDPH is a great way to embrace new challenges and to continue to serve the field — without being on-call!

Bob was raised as the oldest child on a dairy farm in northern Wisconsin and did high school, college and graduate school in Wisconsin. His wife, Dinah, also the oldest child from a dairy farm, is from Nebraska. They met in Iowa and have three children and one "very charming and beautiful granddaughter." Their children live in Brooklyn, Los Angeles, and Memphis, so family gatherings are extra special. Next summer the whole crew will gather for a week at a cabin where they have many great childhood memories.

Bob and Dinah enjoy being outside — fishing, canoeing, hiking, biking, gardening, and snowshoeing!

### IOWA DEPARTMENT OF PUBLIC HEALTH

### DIVISION OF BEHAVIORAL HEALTH

Lucas State Office Building  
321 East 12th Street  
Des Moines, IA 50319  
[www.idph.state.ia.us](http://www.idph.state.ia.us)



Pamela S. Hyde, J.D. is Administrator of the Substance Abuse and Mental Health Services Administration in the U.S. Department of Health and Human Services



In the 10 years since the September 11 attacks, more than 2 million United States troops have been deployed to Iraq and Afghanistan. Although most of our returning service men and women successfully reintegrate into civilian life, many are unable to transition easily as a result of frequent deployments, separations from family, exposure to combat and sustained injuries. These military members may struggle with a traumatic brain injury (TBI), post-traumatic stress disorder (PTSD), depression, and/or substance use. And far too many, unable to cope, take their own lives.

## ACALL TO CIVILIAN PROVIDERS

By Pamela S. Hyde

The statistics are significant:

- More than 1.6 million U.S. veterans meet criteria for a substance use disorder.
- Nearly 600,000 veterans aged 18 or older experienced a co-occurring substance use disorder and mental illness in the past 12 months.
- More than one million veterans experienced a major depressive episode within the past 12 months during 2009 and 2010.

To respond to the behavioral health needs of military members and their families, SAMHSA has been leading efforts to fulfill the goals of the Military Families Initiative, one of eight

strategic initiatives introduced in [Leading Change: A Plan for SAMHSA's Roles and Actions 2011 – 2014](#).

To learn more, click on the following links:

- [SAMHSA Technical Assistance Packet for Becoming a TRICARE Provider](#)
- [Strengthening Our Military Families: Meeting America's Commitment](#)
- [The Veterans Crisis Line](#)
- [Military/Veterans Task Force of the NAASP](#)

To learn more about what Iowa is doing, turn to page 2.

This excerpt appears courtesy of SAMHSA News, Volume 19, Number 3, Fall 2011. SAMHSA News may be accessed at <http://www.samhsa.gov/samhsaNewsletter>

## DIVISION OF BEHAVIORAL HEALTH UPDATES

### Military Policy Academy Update

Members of Iowa's Military Policy Academy team traveled to Washington, D.C. in December for a 3-day intensive training on strategies to improve behavioral health services for Iowa veterans and members of the military, reserves, and National Guard and their families.

In D.C., Iowa team members received technical assistance and peer consultation on homelessness and suicide prevention; mental health and substance abuse treatment; military culture; military-informed outreach and peer support; and a range of related issues critical to the readiness, resiliency, and health of service members, veterans and their families.

Iowa team members in D.C. included:

- **Theresa Armstrong**, DHS Mental Health and Disabilities Services
- **Megan Hartwig**, IDPH Brain Injury Program
- **Deb Kazmerzak**, Iowa Primary Care Association
- **Jill Lehman**, Veterans Administration
- **Colonel Kevin Kruse**, Iowa National Guard
- **Michele Tilotta**, IDPH Access to Recovery
- **Stephen Trefz**, Iowa Association of Community Providers
- **Deanna Triplett**, Iowa Behavioral Health Association

Iowa's Military Policy Academy team continues to collaborate across State agencies and stakeholders to implement SAMHSA's Military Families Strategic Initiative. **Jodi Tymeson**, Director of the Iowa Department of Veterans Affairs, participated in the November Policy Academy meeting in Des Moines. **Teresa Wahlert**, Iowa Workforce Development Director and three staff — **Ed Wallace**/Deputy Director, **Robert Loter**/Veteran Program and **Anthony Smithart**/U.S. Department of Labor — provided information on veteran employment.

For more information, please contact Kevin Gabbert at [kevin.gabbert@idph.iowa.gov](mailto:kevin.gabbert@idph.iowa.gov).

### Strategic Prevention Enhancement (SPE) Grant

Did you know that at least 10 different state agencies and many more community coalitions and local providers conduct substance abuse prevention activities in Iowa?

Funded through SAMHSA, IDPH's SPE grant is intended to align Iowa substance abuse prevention efforts statewide.

In December, with the guidance of the SPE Policy Consortium, IDPH staff submitted four "mini-plans" to SAMHSA, addressing:

1. Data Collection, Analysis, and Reporting
2. Coordination of Services
3. Technical Assistance and Training
4. Performance Evaluation

Together, the mini-plans contribute to a 5-year strategic plan to improve substance abuse prevention policy, planning, and services.

For more information, please contact Linda McGinnis at [linda.mcginnis@idph.iowa.gov](mailto:linda.mcginnis@idph.iowa.gov).

### Prevent Iowa Youth Addiction Facebook Page

In December, IDPH launched a new tool for protecting the health of Iowa's youth. If you haven't been there yet, please visit the [Prevent Iowa Youth Addiction](#) Facebook page and **click the "Like" button** to stay informed about and contribute to discussion on some new dangers facing Iowa youth.

When you visit the site, you'll learn about "dissolvables"; smokeless tobacco products being test-marketed by the tobacco industry. Dissolvables closely resemble things like mints, toothpicks and breath strips and are being sold in some Iowa locations alongside snus and e-cigarettes.

Keep following the page to learn about other potentially harmful substances and ways to address their use.

For more information, please contact Garin Buttermore at [garin.buttermore@idph.iowa.gov](mailto:garin.buttermore@idph.iowa.gov).

### Residential Treatment Tobacco Cessation

IDPH's Division of Behavioral Health and Division of Tobacco Use Prevention and Control have partnered with three substance abuse treatment programs offering IDPH-funded residential treatment services to implement 100% tobacco-free facilities by July 1, 2012.

To-date, the programs have developed policies and procedures covering a variety of topics such as staff training, tobacco-free facility signage, smoking cessation curricula, and nicotine replacement therapy.

All three programs have worked closely with stakeholders in implementing their specific tobacco cessation project.

The three participating treatment programs are:

- **Area Substance Abuse Center (ASAC)** – Cedar Rapids
- **Community & Family Resources (CFR)** – Fort Dodge
- **Prairie Ridge Addiction Treatment Services** – Mason City

IDPH staff visited each program early in the project and have held monthly coaching calls with the programs since March 2011 to share successes and discuss issues as they arise. Program staff estimate that more than 90% of their residential patients use tobacco. A project objective is to provide tobacco use interventions to 90% of residential treatment tobacco users.

Rates of smoking reported in various substance abuse treatment settings in the U.S. range from 83-90%. Research cited in [A Rationale and Model for Addressing Tobacco Dependence in Substance Abuse Treatment](#) (Richter and Arnsten, 2006) shows tobacco-free facilities and tobacco cessation classes may have a strong correlation with long-term recovery from drug and alcohol dependency.

For more information, please contact Bob Kerksieck at [robert.kerksieck@idph.iowa.gov](mailto:robert.kerksieck@idph.iowa.gov).

## RELATED NEWS

**“Co-Occurring” Capacity**

For the past several years, IDPH and DHS have lead state efforts to develop services for Iowans with complex needs related to mental health, problem gambling, and substance use disorders. With the goal of supporting personal and family resiliency and recovery, these efforts have involved advocates, clients, consumers, family members, providers, consultants, county and State staff, and other stakeholders in forums, planning groups, and trainings. As a result, Iowa has a strong base of educated and committed individuals who contribute in ways specific to their advocacy or agency mission to a shared approach to service delivery — what IDPH characterizes as a resiliency/recovery-oriented system of care (ROSC).

Here’s one concrete example of how the ROSC approach is being “operationalized.” IDPH, Magellan and IDPH-funded treatment providers developed five **co-occurring readiness incentive measures** for the July 2011-June 2012 Iowa Plan contract year. Providers submit documentation to Magellan showing how each measure is met:

1. *Mission statement and program description* describe provider’s ability to treat substance abuse and address co-occurring problem gambling, mental health, and physical health concerns.
2. Policies assure that substance use and potential co-occurring problems are *continually assessed*.
3. Policies assure that *treatment plans* address substance use and identified co-occurring problems.
4. Policies specifically state *clients are not routinely discharged* for substance use, gambling, mental health symptoms, physical health problems or having trouble following a treatment plan.
5. Agreements are in place for any recovery and support services a provider does not directly provide.

For more information, contact Eric Preuss at [eric.preuss@idph.iowa.gov](mailto:eric.preuss@idph.iowa.gov).

**SAMHSA Workforce Study**

SAMHSA is funding a national study entitled **“Vital Signs: Taking the Pulse of the Addiction Treatment Profession.”** The study, conducted by the Addiction Technology Transfer Center (ATTC) Network, is intended to provide SAMHSA with information they will need to shape policy and provide quality programs in the future.

If your agency is contacted about the survey in the next few months, please participate and assure Iowa-specific workforce issues are communicated and considered.

For more information, go to <http://www.attcnetwork.org/workforcestudy> or contact Olivia Ryan at [ryanom@umkc.edu](mailto:ryanom@umkc.edu).

**DHS “Multi-Occurring” Survey**

The DHS Survey on Systemwide Multi-occurring Capability remains open through January 6. The survey will be used to determine a baseline of current capability and to identify next steps toward integrated local systems of care throughout the state.

If you haven’t taken the survey, go to [https://uiowa.qualtrics.com/SE/?SID=SV\\_5pyMnrqKh2oqff6](https://uiowa.qualtrics.com/SE/?SID=SV_5pyMnrqKh2oqff6).

**Conference Travel Awards Available**

SAMHSA’s annual **College on Problems of Drug Dependence** Conference is being held June 9-14, 2012 in Palm Springs, CA. SAMHSA will sponsor up to 30 **travel awards** for substance abuse treatment practitioners to attend. All travel costs and conference registrations will be covered.

To be eligible for consideration for a travel award, candidates must hold full-time employment as the director or clinical supervisor in a U.S. substance abuse treatment program. To apply, visit the CPDD application website at <http://www.cpdd.vcu.edu/Pages/Index/Awards/Appliccsaattravelaward.html>.

**Fast Facts from the Consortium**

IDPH contracts with the Iowa Consortium for Substance Abuse Research and Evaluation for the Outcomes Monitoring System project (OMS). The OMS provides an independent evaluation of substance abuse treatment outcomes in Iowa. The Consortium conducts follow-up interviews with randomly selected clients from IDPH-funded substance abuse treatment agencies. The interviews occur approximately six months after discharge from the substance abuse treatment program and provide follow-up data to determine outcomes as well as analyze changes between admission and follow-up.

Some of the results from the 2011 OMS Trend Report are:

- Since 2005, abstinence rates have increased from 41% to 57%
- Since the Consortium has been tracking Iowa OMS data (1999), alcohol and marijuana are the two most often reported substances used
- Although the majority of clients reported arrests at admission each year, fewer than 15% of clients report arrests six months following treatment discharge
- An average of 49% of clients indicated full-time employment at follow-up
- Hospitalizations after treatment due to substance-related problems are reduced to one-third of the pre-treatment hospitalization rate
- Overall, clients who successfully complete treatment are more likely to be abstinent, have not been arrested, and are employed full-time six months following discharge than clients who did not successfully complete treatment

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



## ISAIC Appoints Director

Emily Blomme is Program Manager for the **Iowa Substance Abuse Information Center (ISAIC)** at the Cedar Rapids Public Library.

For those not familiar with this terrific service, ISAIC is funded by IDPH as a statewide resource center for substance abuse and problem gambling information and referral. ISAIC offers a lending library of books, videos, DVDs, and curricula and has an online ordering system for free print materials. Through its **website — <http://www.drugfreeinfo.org/> — and 24/7 Helpline — 1-866-242-4111**, ISAIC assists Iowans looking for resources and treatment referrals and connects callers with immediate access to crisis counseling.

Emily came to ISAIC from Horizons, A Family Service Alliance in Cedar Rapids where she served in a variety of roles; including managing a boys group home and a victims of violent crime program. During her last two years, Emily served as Quality Assurance Director, overseeing data management, program evaluation and quality improvement. Emily has over 11 years experience implementing programs in the Cedar Rapids area. ISAIC allows her to reach people across the entire state.

Emily was raised in Fort Collins, Colorado and graduated from Colorado State University with a Bachelor's Degree in Human Development and Family Studies. While she likes living in Iowa, she really misses the mountains — and this year, the snow!

Emily is married to a court appointed attorney and lives in Ely with their daughter, age 13, and sons, ages 10 and 9. When not being a chauffeur for kids' soccer, baseball, cheerleading, dance, guitar, etc., Emily can be found outdoors (or buying shoes!). She is an avid runner and cyclist, has completed numerous marathons, and enjoys cooking (no meat please!), reading, and spending time with her family. *Emily can be reached at [blommee@crlibrary.org](mailto:blommee@crlibrary.org).*

## Gambling Attitudes Survey

The 2011 Iowa Gambling Attitudes Survey report is now available!

First, some relatively good news: despite a significant increase in gambling opportunities since 1995 (the last time the survey was conducted), the overall prevalence of problem gambling among adult Iowans has remained the same at .7 percent during the past 12 months and at 2 percent lifetime. What is more concerning is the percentage of Iowans exhibiting risky and low level gambling problems — over 13 percent of adult Iowans experienced at least one symptom of problem gambling during the past 12 months and 14.5 percent experienced at least one symptom over their lifetime.

The study also pointed to the profound impact problem gamblers can have on the community. More than 1 in 5 respondents (22 percent), said they have been negatively affected by the gambling behavior of a family member, friend or someone else they know.

The survey was conducted by the **University of Northern Iowa Center for Social and Behavioral Research** between February and May 2011 with 1,700 respondents. *The complete report can be found on the IDPH Gambling Prevention and Treatment website at <http://www.idph.state.ia.us/IGTP/Reports.aspx>.*

## TRAININGS AND CONFERENCES

**The Science of Addiction: The Brain on Adolescence (ATTC Webinar)** January 11. *For more information, contact Candace Peters at [candace-peters@uiowa.edu](mailto:candace-peters@uiowa.edu).*

**Change Agent Training** Minkoff/Cline January 19. Johnston. *For more information, contact [meredith-field@uiowa.edu](mailto:meredith-field@uiowa.edu).*

**Addiction Treatment: An Integrated Approach** Kermit Dahlen January 27. Sioux City. *For more information, contact Jackson Recovery Centers at 712-234-2300.*

**Cultural Competency Webinar** February 2. *For more information, go to [www.trainingresources.org](http://www.trainingresources.org).*

**Students Taking Charge** March 2. Ankeny - DMACC. *For more information, go to [www.studentstakingcharge.org](http://www.studentstakingcharge.org).*

**35th Annual Governor's Conference on Substance Abuse** April 3-4. Des Moines - Veterans Auditorium. *For more information, watch the Training Resources website at [www.trainingresources.org](http://www.trainingresources.org).*

**2012 Mental Health Conference** October 9-10. Ames - ISU Scheman. *For more information, watch the Training Resources website at [www.trainingresources.org](http://www.trainingresources.org).*

**IBHA Training Without Travel** *For more information, go to [www.trainingresources.org](http://www.trainingresources.org).*



**For more information about the Division of Behavioral Health, visit [www.idph.state.ia.us/bh](http://www.idph.state.ia.us/bh)**

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

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