



A MATTER OF SUBSTANCE

JULY 2011

A PUBLICATION OF THE IDPH
DIVISION OF BEHAVIORAL HEALTH

STAFF SPOTLIGHT: JULIE JONES

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Julie Jones has a long list of responsibilities at IDPH. In addition to being the Administrative Assistant for the Bureau of Substance Abuse and the Office of Disability and Violence Prevention, she's also the IT and Fiscal Coordinator for the Access to Recovery (ATR) Grant!

Each day Julie performs a variety of tasks — collecting case materials for the Iowa Domestic Abuse Death Review Team, training Care Coordination and Recovery Support Providers on the ATR Voucher Management System, processing monthly GAX submissions for ATR, and providing technical assistance to providers.

When asked, Julie said she truly enjoys the work she does. "I get to do a lot of different things each day so it keeps me active. Plus, I like working with all the providers and being that 'go-to' person."

Prior to coming to IDPH in 2007, Julie worked as secretary for two years with Social and Charitable Gambling Licenses in the Department of Inspections and Appeals.

When Julie's not at work keeping the Bureau running smoothly, she can usually be found running her children around from one activity to the next. Julie said when she gets home she becomes chauffeur and coach for her three kids — Kennedee, Kylee, and Kael — who are involved with soccer, softball, baseball, and basketball.

DIRECTOR'S CORNER

In the January issue of *A Matter of Substance*, I talked about strategic planning for substance abuse and problem gambling services. As I stated then, a plan is required by the SAMHSA Substance Abuse Prevention and Treatment Block Grant and is part of the on-going follow-up to our December 2009 "system alignment" report to the Legislature. We organized our efforts around "a comprehensive and integrated recovery-oriented system of care for addictive disorders, built on coordination and collaboration across problem gambling and substance abuse prevention and treatment."

Over the past 6 months, we identified 8 related key topics and drafted a discussion paper on each. The papers listed below have been

posted on IDPH's website. Each paper included a process for stakeholder comments.

- *Medicaid and Health Insurance Exchange Covered Benefits*
- *Licensure Standards*
- *Recovery-Oriented System of Care (ROSC)*
- *Geographic Service Areas*
- *Service System Transition*

Another discussion paper, *Practitioner Credentialing, Performance Measurement, and Funding Methodology*, will be posted soon.

I understand if you're feeling bombarded about ROSC and addictions system transition! We've talked about it everywhere the past couple years — in monthly newsletters, at 2 Governor's Conferences, at the 2010 Prevention Conference, and at provider meetings. In addition, the discussion papers and links

were referenced during Prairielands ATTC ROSC presentations statewide.

So, while this is a request for your continued input, it's also a thank you to those who read the discussion papers and sent in comments. All comments received are shared with IDPH substance abuse/problem gambling staff and will be considered in our planning.

Our next step will be to draft a strategic plan outline. Timeframes continue to be shaped by two deadlines — the technical assistance we received from SAMHSA to draft the papers ends in August and the block grant application must be submitted by October.

I'll keep you posted on our progress and on-going opportunities for comment.

Thanks, Kathy

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DIVISION OF BEHAVIORAL HEALTH UPDATES

Drug Testing “Benchcard”

The Iowa Judicial Branch Children’s Justice Initiative is dedicated to improving the lives and future prospects of children who pass through Iowa’s dependency courts.

Through the Parents and Children Together (PACT) grant and collaboration from governmental, judicial, community and provider partners, a “drug testing at-a-glance” benchcard was developed and adopted by the Children’s Justice State Council in June 2011.

Because alcohol and drug use are frequent contributing factors in child maltreatment, effective alcohol and drug testing is often necessary to ensure treatment compliance and to manage safety and risk concerns. The goal of the Children’s Council is to assist drug court judges and providers and partners in understanding and evaluating drug testing practices.

For a copy of the benchcard, go to http://www.idph.state.ia.us/bh/common/pdf/substance_abuse/benchcard.pdf or contact Michele Tilotta at 515-281-4816.

Injection Drug Users and HIV Counseling, Testing, and Referral Services

Three important factors make injection drug users (IDU) one of Iowa’s priority risk populations for HIV prevention:

- the high risk of transmission from sharing injection equipment
- the elevated risk for co-infections (e.g., hepatitis C), and
- higher prevalence nationally.

The *testing* arm of HIV prevention is referred to as Counseling, Testing, and Referral (CTR) Services. During CTR counseling sessions, clients discuss risk and risk reduction strategies before the HIV test is administered. If needed, additional referrals are made, such as to substance abuse treatment.

Agencies report significant challenges in finding IDU for testing, citing distrust of health personnel, competing

priorities (e.g., legal concerns), and transience as barriers. To assist in reaching active IDU, CTR counselors and agencies collaborate with treatment centers and correctional facilities. Almost half (47%) of all IDU tested — 1,898 individuals — were reached through such collaboration. This compares to only 14% of high-risk heterosexuals and 5% of men who have sex with men.

As for HIV-related risk behaviors, IDU were far more likely to report *having sex while using drugs* within the last year than any other risk group — a significant figure, as drug use may bear a direct impact on sexual risk-taking. For example, data suggest IDU also show a disproportionately high risk of *having sex without a condom*, *having sex with an anonymous partner*, and *trading sex for drugs, money, or other goods*.

Interested in HIV prevention for IDU? Consider this list of CTR Service providers around Iowa: http://www.idph.state.ia.us/adper/common/pdf/disease_prevention_immunization/CTRSites.pdf.

For other state-sponsored HIV prevention programs serving IDU, please visit: http://www.idph.state.ia.us/adper/common/pdf/disease_prevention_immunization/hivprojects.pdf.



Problem Gambling Services: Breaking the Technology Barrier

With the increasing role technology plays in our personal lives and in the delivery of healthcare and healthcare information, IDPH is supporting a statewide initiative to provide services to problem gambling clients through

phone and web-based technology — referred to collectively as “distance treatment.”

Examples of approaches that have been used successfully to-date include:

- conducting individual treatment sessions by phone or internet in rural areas, and
- offering speaker phone/conference call capability for group therapy sessions when a client can’t attend in person.

For some people, distance treatment has proven to be a valuable tool in removing barriers to recovery.

Provider Spotlight: Diane Thomas, Executive Director at SASC in Dubuque and northeast Iowa, provided the following example of how distance treatment for problem gambling has been used:

Joe is an over-the-road truck driver with a gambling problem. Joe gets lonely on the road and knows the locations of all the casinos on his route. When he feels lonely, he stops and gambles. Since becoming involved in SASC’s distance treatment program, Joe is able to talk with his counselor every week when he’s on the road. Some of those contacts are by telephone and some are via SASC’s chat rooms in its distance treatment website: www.TreatmentFirst.org

When Joe gets the urge to gamble on the road at night and his counselor is not available, he logs into his account on www.TreatmentFirst.org to access his assignments and reading materials. He can also send a secure e-mail to his counselor, knowing he will have a reply the next working day.

Mark Vander Linden, IDPH program manager for the Office of Gambling Treatment and Prevention, is reviewing the benefits and lessons learned from distance treatment with problem gambling clients for expansion to IDPH-funded substance abuse treatment clients over the next year.

To find out more about distance treatment for Gambling, contact Mark at mark.vanderlinden@idph.iowa.gov.

RELATED NEWS

Heartland's Health Home

In June, **Heartland Family Service** in Council Bluffs received an Iowa Plan Medicaid Community Reinvestment Grant to implement an Integrated Health Home (IHH). Heartland's IHH adds physical health care as an integral part of their ACT (Assertive Community Treatment) team.

The IHH program focuses on developing the infrastructure in the ACT team to address the physical health and wellness needs of ACT clients.

Through a combination of factors — inconsistent healthcare, poverty, the side effects of medications, and co-morbid use of drugs or alcohol — these individuals are known to be vulnerable to serious health problems and a much shortened life span — up to 25 years shorter! IHH will enable Heartland to work with clients who have been characterized as SMI (severely mentally ill) to improve their health status.

As part of the IHH project, Heartland will add a nurse to the ACT team whose responsibilities will include conducting health assessments and coordinating care with its IHH partner, the **Council Bluffs Community Health Center**. Initially, the nurse will assess newly admitted ACT clients as well as those existing ACT clients who want to enroll with the IHH Partner, to identify current health risks and needs. Health status will be measured using the Magellan Health Assessment Tool.

The ACT team will also hire a trained Peer Specialist to provide peer support services to ACT participants. In addition, all Heartland staff will be trained in WRAP (Wellness Recovery Action Planning) to support self-directed recovery planning by IHH participants.

Health-related program activities and progress on identified health treatment goals will be tracked via electronic health record (EHR). Information tracked will include such things as pre- and post- measures of health assessment and functional status, number and type of contacts between clients and ACT team members, and

contacts between ACT Team members and the IHH partner.

For more information on Heartland's IHH Physical Health Care Program, contact Mary O'Neill at 712-325-5633.

"One-pot" Meth Labs

The **Governor's Office of Drug Control Policy (ODCP)** has released a poster to alert Iowans to the relatively new and increasingly popular "one-pot" method of making methamphetamine.

"A growing number of meth cooks are changing how they make the illegal drug, and we want Iowans to be aware of potential new dangers," said **ODCP Director, Mark Schouten**. "The new 'one-pot' type of meth lab is smaller and involves a few different materials, but can be just as dangerous as the old versions."

Most Iowa meth labs still use anhydrous ammonia or red phosphorous as precursors. By contrast, "one-pot" meth labs use ammonium nitrate found in products such as fertilizer stakes or cold compresses. Another difference is that "one-pot" meth typically is cooked in plastic two-liter drink bottles.

"As we've already seen in our state, the combination of flammable chemicals, plastic containers and pressurized cooking methods used in one-pot' meth labs can cause flash fires and respiratory ailments," said **Kevin Frampton, Director of the Iowa Department of Public Safety, Division of Narcotics Enforcement**. "After receiving only one report of a 'one-pot' meth lab in 2009, law enforcement reported 56 of them in Iowa last year (2010)." During the first five months of 2011, there were 43 "one-pot" meth labs reported in Iowa.

"When coming across suspicious materials left behind by others, we encourage Iowans, particularly those participating in outdoor activities this summer, to stay away and stay safe," said Schouten. "We also urge Iowa retailers to use the new poster to educate clerks, and to report suspicious purchases of products used in 'one-pot' meth labs."

**Fast Facts
from the Consortium****Substance Use and Popularity**

Since 1975, the Iowa Department of Public Health has collaborated with schools in Iowa to conduct the Iowa Youth Survey (IYS). The survey was designed to help state-level planners, community agencies, and school personnel identify youth development needs, implement relevant, targeted interventions, and assess outcomes. The IYS is given to students in grades 6, 8, and 11, and is conducted every two years per Iowa code. The survey includes questions about students' behaviors, attitudes, and beliefs, as well as their perceptions of peer, family, school, neighborhood, and community.

In one section of the IYS, students are asked about social pressure to use substances. In the most recent survey, students were asked whether using various substances (cigarettes, alcoholic beverages, marijuana, or any other illegal drug) would increase, decrease, or have no effect on their popularity. Approximately 91% of 6th graders said substance use would decrease or have no effect on their popularity, while only 85% of 8th graders and 64% of 11th graders responded similarly. The data indicate that as grade increases, pressure to use substances increases.

The 2010 IYS was given to students from September through December 2010. For more information, see the State version of the report online at

www.iowayouthsurvey.org or the [Iowa Consortium for Substance Abuse Research and Evaluation](http://www.iowaconsortium.org) link <http://iowaconsortium.subst-abuse.uiowa.edu>.

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

NRIADA Conference

The 27th Annual National Rural Institute on Alcohol and Drug Abuse was held in June of this year in Wisconsin. This unique conference provides participants the opportunity to personally interact with other rural alcohol and drug abuse professionals, with federal agency representatives, and with nationally known experts who serve as Institute faculty.

This year, the U.S. Department of Justice offered 30 Institute scholarships to nominated professionals interested in the development and advancement of drug courts. Iowa's nominee was **8th Judicial District judge, Emily Dean**. Judge Dean, who currently presides as an alternate judge over a criminal drug court in Lee County, said her district has been discussing development of a family drug court project for the past few months so the timing was perfect.

According to Judge Dean, the conference was "an incredibly worthwhile opportunity. It was a great mix of education and experience — with knowledgeable presenters and an opportunity to observe an established drug court in session. I'm grateful I was able to attend and recommend that any community considering the development of or an expansion to an existing drug court do so in the future."

For more information about the National Rural Alcohol and Drug Abuse Network, contact Louise Monson at NRADAN_Inc@centruytel.net.

MECCA Begins Alcohol Audit Project

Getting youth involved in assessing needs in their community is a critical part of affecting change. As a part of its SPF SIG (Strategic Prevention Framework State Incentive Grant) program, **MECCA Services in Iowa City** is utilizing local youth to conduct an "Alcohol Audit of Johnson County"; a project aimed at raising community awareness of alcohol advertising and its impact on youth. MECCA

prevention staff are working with eight local high school student volunteers to visit 70 off-premise alcohol retailers (grocery and convenience stores) in Johnson County. At each visit, the youth volunteers record information about the number, content, placement, and visibility of alcohol ads inside and outside the store, as well as the visibility of responsible alcohol retailing practices, such as age verification and ID scanners.

Before visiting a site, the store owner/manager is sent a letter with information about the project and offering them the opportunity to ask any questions.

So far, youth have visited 42 of the targeted 70 sites in Johnson County. Feedback from both the youth and the retailer staff has been positive. Once the audits are completed, the youth will be involved in analyzing the results, and presenting the results to key stakeholders in the community, as well as to the project's local SPF Epidemiological Workgroup. The hope is that the youth will help identify data that is meaningful to local stakeholders and that provides support for any needed local policy recommendations.

For more information on the Alcohol Audit Project, contact Katya Boltanova at kboltanova@meccaia.com.

Medication Assisted Treatment (MAT)

Medications such as Acamprosate, Naltrexone, and Buprenorphine as well as other, new medications have been proven beneficial in the treatment of substance use disorders.

Magellan of Iowa is part of a national initiative seeking to increase the use of such medications. In a recent study, Magellan reported that, nationally, readmission rates for clients

discharged from inpatient and residential treatment who participated in medication assisted treatment had a 90-day readmission rate 27% lower than the readmission rate for clients not receiving such medications.

In August, Magellan will host an Iowa Plan provider roundtable to address MAT from the client, payor, and provider perspectives.

For more information, please go to www.magellanofiowa.com.

TRAININGS AND CONFERENCES

Prevention Ethics Training

July 12, Midwest Counterdrug Training Center, Johnston.

For more information, go to www.counterdrugtraining.com.

Fundamentals of HIV, Hepatitis, and STD Prevention Counseling

July 19-21, Des Moines (training location will be provided in registration confirmation email).

To register, go to www.idph.state.ia.us/register.

8th Annual Midwest Conference on Problem Gambling and Substance Abuse

July 20-22, Hyatt Regency Crown Center, Kansas City, MO.

For more information or to register, go to: <http://www.888betsoff.com/>

Multiple-occurring Disorders Change Agent Training

July 26, Des Moines Botanical Center. For more information, contact Meredith Field at 319-384-6797.

32nd Annual Summer School for Helping Professionals

August 3-5, University of Iowa.

For more information, go to <http://www2.education.uiowa.edu/rce/asshp/index.aspx>.

For more information about the Division of Behavioral Health, visit

www.idph.state.ia.us/bh

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