

# IOWA OPIOID STR STRATEGIC PLAN

Expanding the current programmatic capacity

- Considering the current capacity – How will your state utilize the Opioid STR funding to:
  - Increase the number of OTPs/OBOTs

*Iowa's STR project has tasked the network of 23 Block Grant SUD treatment providers develop or increase the availability of MAT through their services. Communities across the state fall along a continuum of opioid knowledge and preparation that needs to become more consistent in order to best serve any Iowan who may develop an opioid use disorder (OUD). In order to effectively accomplish this goal, community assessment and strategic planning to become opioid-informed communities has begun. IDPH has noted an opioid-informed community as one whose stakeholders:*

- *are aware of current opioid-related risks and problems in their communities,*
- *prioritize education, prevention, treatment (including MAT), and recovery from opioid use disorders, and*
- *agree to implement a plan of action to address both the current opioid crisis and underlying factors that may contribute to the crisis.*

*An assessment workbook was adapted from the Iowa Partnerships for Success and the SPF-Rx grants to address OUD treatment services. The workbooks will be submitted in October and the strategic plans in November. One of the OTPs in the state is exploring options to locate medication units in other communities as another avenue of expanding access to MAT through an existing OTP.*

- *Increase the availability of qualified staff and programs to address the needs of persons with OUD*

*Iowa's STR sub-grantees, with the mandate to expand MAT access, are required to include psycho-social services such as counseling offered in conjunction with the medication, as evidence has shown the combination to be more effective.*

- *Improve access to services (Provide transportation, telehealth, internet connections, Web-based group sessions, etc.)*

*The assessment and strategic planning processes will allow providers to thoughtfully consider both the data and capacity of the stakeholders in their community in order to most effectively prioritize issues of access such as the provision of telehealth, transportation, and others.*

Initiation and/or Expansion of Recovery Support Services

- Peer Recovery Coaches
  - Available 24-hours a day for on-call response to Emergency Departments, etc.
  - Provide links to community services and recovery community programs
  - Provide assistance with access (Transportation, Financial Assistance (Medicaid, Medicare, insurance), Employment assistance, Housing assistance

*The IDPH is looking to support the development of a statewide recovery organization. While mental health peer recovery supports are well established, Iowa does not currently have any substance use disorder recovery community organizations and has very limited peer recovery services offered. Other resources have been dedicated for a competitive bid process and STR funds are planned to support these efforts. A statewide tour of informational sessions was provided to introduce the concept and a follow-up two day training was provided on how to set*

*up an RCO. Current discussions among public health, provider association and the three managed care organizations are addressing the adoption of shared utilization management guidelines that would ensure financial sustainability for this service.*

Based upon your state data of persons served with public and private funds in OTPs and DATA 2000 Buprenorphine Waiver Provider Practices (including FQHCs) from most recent annual data available

- What financial interventions will you utilize to
  - Increase the number of persons served with public funds (federal grants, Medicaid, state and local funds, etc.)
  - Increase the number of persons served with private funds (self-pay, private insurance, etc.)
  - Ensure coverage for persons who are not insured or underinsured

*Allowing local providers to gather community stakeholders in a thoughtful assessment and strategic planning process allows flexibility for each network provider to plan for the most effective and locally tailored implementation of expanding MAT access. Iowa STR funds are available through the treatment provider network to make MAT accessible.*

Considering current staffing limitations

- Provide the process, services, and interventions you will use to increase the capacity of your existing programs dedicated to addressing OUD
  - Hiring and training new staff
  - Integrating programs and personnel
  - Collaboration with other qualified professionals and systems

*Iowa contracts with a continuing education coordinating company to facilitate the training and educational workshops needed by the department. IDPH began integration of MAT and opioid information in statewide educational efforts even before the state was awarded the MAT-PDOA grant in August of 2015. As the Iowa STR project is structured to begin with a community assessment and strategic plan, these are the first training topics being offered to providers. Providers are required to commit staff to participation in several trainings. Training in topics related to opioids and MAT will be provided to STR sub-grantees during year.*

Considering the other existing activities and their funding sources in the state that address opioid use prevention, treatment and recovery activities

- What processes, systems, interventions and collaborations will you utilize to support a holistic approach to addressing the opioid epidemic
  - Collaboration with CDC, CMS, ASTHO, HRSA, ASPE, AHRQ, etc. within your state
  - Integration with primary health care providers via co-location of staff
  - Referral/Business agreements with other provider networks
  - Coordination with public health clinics, FQHCs, Emergency Departments, etc.

*The Bureau of Substance Abuse staff at IDPH coordinates efforts with other opioid-related efforts via several strategies: a bi-weekly opioid update email is sent to all interested stakeholders to provide up-to-date information. Additional collaborations between department staff, other state departments, and community level providers are also being utilized to address the opioid epidemic: for example, the Iowa Healthcare Collaborative is hosting a statewide*

*hospital-based “Opioid Guardianship Program” to develop and encourage adoption of best practices in prescribing opioids. Another example is the communication plan developed with technical assistance through the MAT-PDOA grant, to provide informational email blasts and patient materials to the boards of medicine, nursing, pharmacy, and dentistry.*

Please provide a detailed plan for addressing your population of focus and other priority populations, i.e. Pregnant Women and Women with Dependent Children, persons being released from incarceration, tribal entities, etc.

- What processes, systems, interventions, and collaborations will you utilize to support these populations
  - Integration with primary and public health
  - Expansion of trained providers to provide evaluation, assessment, medication induction, specialized services, etc.
  - Inclusion of other state entities and agencies involved with these populations
    - Criminal Justice, Law Enforcement, Child Welfare, Child Protective Services, Drug Courts, Probation/Parole, Other

*The Iowa STR program is encouraging a comprehensive approach for providers to lead the community efforts towards becoming an opioid-informed community. The population of focus is Iowans aged 18-44yrs old. Additional priority is to be developed on the local level for disproportionately affected populations. The process of community assessment and strategic planning is being innovatively adapted from the Strategic Prevention Framework to apply to the treatment provider network across the state. This process is pushing further cross-training and collaboration between prevention and treatment stakeholders in communities, as well as other key stakeholder groups such as first responders, healthcare providers, court systems, and correctional systems.*

*At the state level, conversations with a new medical director in the department of corrections are looking to improve partnerships and practices regarding access to MAT in prisons and re-entry resources.*

*In addition to the STR program, Iowa benefits from several SAMHSA grants, that when combined with state funds provide significant services for various populations that are either focused on, or include, opioids.*

1. *Opioid Treatment Project (Iowa General Fund Appropriations and SAMHSA Substance Abuse Prevention and Treatment Block Grant) \$520,000 annually*

*For the past 20 years, IDPH has funded selected opioid treatment programs to provide medication assisted treatment to Iowans in the form of methadone maintenance. The three funded providers are:*

- [\*Center for Alcohol and Drug Services\*](#) – Davenport
- [\*Heartland Family Services\*](#) – Council Bluffs
- [\*United Community Services\*](#) – Des Moines

2. *Access to Recovery (SAMHSA Grant) \$2.6M annually*

*In October 2007, IDPH was awarded a SAMHSA Access to Recovery (ATR) grant. IDPH received two additional ATR awards in 2010 and in 2014, totaling over \$30 million to fund a broad array of recovery support services in Iowa. As approaches to medication assisted treatment evolved over those years, IDPH used ATR funding to support additional treatment medications such as Naltrexone and Buprenorphine.*

**3. MAT-PDOA Grant (SAMHSA Grant) \$1M annually**

*IDPH was awarded a SAMHSA Medication Assisted Treatment – Prescription Drug and Opioid Addiction (MAT-PDOA) grant in July 2015. The 3-year grant directs \$1 million per year to IDPH to assist Iowa in meeting the following goals:*

- *Coordinate expansion and enhancement of Medication Assisted Treatment (MAT) services through statewide outreach, overdose prevention, and training in MAT services.*
- *Increase the number of Iowans receiving MAT services by contracting with four providers in Iowa's highest need counties to offer MAT-PDOA services.*
- *Decrease illicit drug use and improve client outcomes through MAT-PDOA services that reduce patient use by 10% at 6-month follow-up.*

**4. Pregnant and Post-Partum Women Grant (SAMHSA Grant) \$524,000 annually**

*IDPH was awarded a SAMHSA Pregnant and Post-Partum Women (PPW) grant in September 2015. The 3-year grant directs \$524,000 per year to IDPH to assist Iowa in meeting the following goals:*

- *Reduce the pervasive, harmful and costly health impact of violence and trauma by integrating trauma-informed approaches throughout behavioral health and related systems.*
- *Expand the availability of comprehensive residential substance abuse treatment, prevention and recovery support services for pregnant and postpartum women and their minor children, including services for non-residential family members of both the women and children.*
- *Provide a care coordinated approach to comprehensive service provision that improve client outcomes through PPW services to a minimum of 360 women and an estimated 593 minor children in Iowa.*

*Iowa is offering Medication Assisted Treatment as a funded recovery support service under the PPW grant project.*

**5. State Youth Treatment – Implementation Grant (SAMHSA Grant) \$800,000 annually**

*IDPH was awarded a SAMHSA State Youth Treatment – Implementation Grant (SYT-I) grant in July 2015. The 3-year grant directs \$800,000 per year to IDPH to assist Iowa in meeting the following goals:*

- Advance the State in further establishing a coordinated effort to serve adolescents and their families by engaging representatives of all perspectives to oversee the grant and review and implement State policies and procedures.
- Expand and enhance treatment for an additional adolescents and transitional aged youth (TAY) ages 12-25 by implementing increased evidence based practices and recovery support services.
- Improve outcomes for adolescents, transitional aged youth and families by utilizing data systems to monitor outcomes to ensure 75% program completion rates and that 80% of those that complete treatment will report improved outcomes.

6. Strategic Prevention Framework for Prescription Drugs (SAMHSA Grant) \$371,616 annually

IDPH was awarded a SAMHSA Strategic Prevention Framework – Prescription Drugs Grant (SPF-Rx) in September 2016. The 5-year grant directs \$371,616 per year to reduce prescription drug disparities, reduce use, and reduce consequences of prescription drugs (including overdose). This project focuses on primary and secondary approaches aimed at preventing/reversing prescription drug abuse by youth and young adults. The project also will target traditionally underserved minorities including racial, ethnic and LGBTQ communities.

7. Prevention of Opioid Misuse in Women (SAMHSA Grant) \$100,000 annually

IDPH was awarded the SAMHSA Prevention of Opioid Misuse in Women Grant (POMW) in July 2017. The 3-year grant directs \$100,000 per year to expand prevention strategies that support the decrease of opioid misuse in women. IDPH will expand prevention strategies through two approaches:

- Providing Screening, Brief Intervention, and Referral to Treatment (SBIRT) training to a range of professionals (domestic violence advocates, health professionals, social workers) who provide services to women
- Developing and implementing a digital media campaign to increase awareness about the risks of opioid misuse for women

8. Harold Rogers Prescription Drug Monitoring Program (BJA/DOJ Grant) \$200,000 annually

IDPH has applied for the BJA/DOJ Harold Rogers Prescription Drug Monitoring Program Grant, and anticipates being awarded the grant due to requests received for additional information from the funder. The 2-year grant directs \$200,000 per year to enhance the existing Prescription Monitoring Program (PMP) in Iowa. The proposed enhancements include:

- Expand reporting to Schedule V. controlled substances and extend inter-state data sharing nationally
- Increase patient and practice level reporting
- Increase prescriber registration and registrants' use of PMP as a clinical tool.

Based on the results of your needs assessment:

Describe the prevention population(s) of focus. Outline any identified gaps and areas of high need and the strategies that will be used to address them

*Iowa's population of focus was not divided between treatment and prevention. The population of focus is Iowans aged 18-44yrs old. Additional priority is to be developed on the local level for disproportionately affected populations. Collaboration with the SPF-Rx grant in Iowa will allow for leveraging impacts while avoiding duplication of efforts especially in the building on and dissemination of the media campaign.*

- Describe the strategies and processes that will be implemented to increase the utilization of the PDMP and increase data collection efforts in areas of high need
- Describe the strategies that will be implemented to ensure that prevention capacity is increased for underserved prevention population(s) of focus and the identified areas of high need

*Through the resources and training opportunities available through STR grant as well as the needs assessment and strategic planning processes, prevention providers will be able to increase capacity to address opioid abuse. These processes will also help prevention providers identify higher need populations.*

- Identify how grant funds will be utilized to engage community partners and stake holders to address disparities among prevention populations of focus

*Prevention providers and other community partners are required to be included in the SPF process, in collaboration with the treatment agency.*

- Describe how data (epidemiological, PDMP, etc.) will be used to address opioid overdose and to identify gaps and areas of high needs, as well as strategies to enhance data collection efforts

*The State Epidemiological Workgroup (SEW) will also be reviewing PMP data and has a workgroup focusing on data gaps and is continually looking for other data sources and partners that provide data through state agencies. The SEW distributes data briefs and a yearly Epidemiological Profile in which opioids will be a focus in the coming Fiscal Year.*

- If applicable, describe identified gaps in PDMP data collection and the strategies that will be used to expand PDMP data collection efforts

*The Iowa Prescription Monitoring Program (PMP) is under the purview of the Iowa Board of Pharmacy (IBP). A new competitive funding opportunity is planned for administration of the Iowa PMP in order to provide a new software system and make the system more user friendly to prescribers and pharmacists in the state. Iowa STR funds are being used to support the enhancements planned for this system.*

Describe gaps in the current naloxone distribution system; be sure to provide a description of:

- The pre-existing naloxone-distributors in target areas;
- How naloxone will be distributed to areas of greatest need
- Which FDA-approved naloxone products will be purchased

- How much naloxone will be distributed and how will it be stored
- Areas of greatest need for naloxone by counties and other geographic locations that are not currently receiving naloxone or naloxone supplies are insufficient

*Naloxone purchase and distribution is planned with STR funds, however details are still being considered in consultation with the state medical director. The current standing order, provided by the state medical director, only provides for the intranasal and auto-injector versions.*

Please provide the number and type of entities/individuals trained in overdose education and naloxone administration

- Indicate whether SAMHSA's Opioid Overdose Prevention Toolkit was used as a guide to develop the training
- Describe the audience that the training course intends to reach, (EMT's, healthcare providers, persons with a substance use disorder, friends and family of persons with a substance use disorder, etc.)
- Based on your needs assessment, describe any modifications to the audience

*At this time, overdose and naloxone administration education is being implemented at the local level as needed and via existing online resources. The state has developed through MAT-PDOA technical assistance, and distributed an informational brochure on the recognition and response to opioid overdose events. The development of the brochure content was done by the state of Ohio, and used key information from the SAMHSA Toolkit. IDPH does not currently track the number of trained persons/entities providing overdose education and/or naloxone administration. IDPH has posted and promoted links to educational videos on the MAT/Opioid page of the website and is informed of community access via other methods. For example, in the past year: an Eastern Iowa hospital system provides free training on the use of naloxone and free kits upon completion of the training, and the Eastern Iowa Harm-Reduction Coalition offered free naloxone kits.*

Based on policy/legislation categories below, describe how policy/legislation will be utilized to strengthen prevention efforts in the state/jurisdiction

- Good Samaritan laws
- Mandatory participation in PDMP
- Open prescription for naloxone
- Newly dedicated state funding for naloxone
- Standing orders for naloxone

*At this time, the standing order for naloxone is set to expire before the end of 2017. Staff is working with the medical director to ensure continued access to naloxone for persons in a position to assist.*

- The creation of governor's task forces, advisory councils, or work groups to address the opioid crisis

*At this time, the governor of Iowa has not created any task force or related group*

Describe how awareness of opioid overdose prevention will be increased in the community, including:

- Media campaigns
  - Intended audiences

- Intended messages

*Current department prevention media efforts specific to opioids include the SPF-Rx campaign targeting 12-25 yr olds. With the message: "Prescription drugs are still drugs". The media campaign is currently focused on 10 highest need counties identified by the indicators the State Epidemiological Workgroup determined. Three highest need counties are being awarded the SPF Rx funding which will implement targeted media coverage utilizing the campaign. The STR funds will expand this media campaign beyond the original 10 counties, to the rest of the state and will provide additional campaign materials focused on the 25-44yr old demographic as the target audience. STR funded campaign materials are scheduled to run in early 2018.*

- Key strategies and activities
- Distribution timelines
- Staff responsible for key activities

*The state staff responsible for the prevention activities described above is the STR Project Director. Ongoing collaboration with the Comprehensive Prevention lead (NPN) and SPF-Rx Project Director will support these efforts. Services will be provided during FY18.*

- Other funded programs addressing the opioid crisis, i.e. PDO, SPF-RX, Medication drop off sites (describe efforts under each grant program)
  - Describe how STR funds will operate in conjunction with currently funded programs to avoid duplication of effort and ensure the needs of the underserved areas are being met

*Additional collaboration with the Pharmacy Association and the Office of Drug Control Policy are working to assure drug drop-off boxes in every one of the 99 counties in Iowa.*

*As STR funded efforts follow the SPF-Rx and MAT-PDOA grants, collaboration between project directors at the state level assures the avoidance of duplication of effort. While individual questions are addressed as they arise, regular provider calls are also scheduled with STR grantees to clarify expectations and answer questions.*

- School and community education programs
  - Describe how STR funds will be utilized to engage schools and community education/outreach programs to raise awareness and promote educational opportunities about the risk of opioid misuse and opioid overdose and related adverse effects

*STR funded efforts plan to offer training and technical assistance, including shared media campaign materials, with Comprehensive Prevention providers.*

- Include any other prevention efforts not described above

*IDPH recently received federal funding from the Center for National Community Service to address the opioid crisis through AmeriCorps members. These AmeriCorps host sites are currently being selected through an RFP process and eligible applicants are substance abuse prevention agencies and coalitions. These members will provide services focused on prevention of opioid abuse in collaboration with the SPF-Rx and STR grants.*