

**STATE TARGETED RESPONSE TO THE OPIOID CRISIS (OPIOID STR)
GRANT FUNDING NEEDS ASSESSMENT: IOWA
DUE JULY 31, 2017**

This needs assessment should identify and address the opioid disorder crisis in your state/jurisdiction. The assessment should identify:

- The areas where opioid misuse and related harms are most prevalent
- All existing activities and funding sources in the state/jurisdiction that address
 - Opioid use prevention, treatment and recovery activities
- Gaps in the existing state system to be addressed in the strategic plan

I. Summarize the most recent annual data obtained from the state's Prescription Drug Monitoring Program (PDMP) if available.

- Number of opioid painkiller prescriptions per 100 persons by state and county
By state: 72.8 opioid prescriptions per 100 persons
County data (see attached)
- Number of benzodiazepine prescriptions per 100 persons by state and county
By state: 42.9 opioid prescriptions per 100 persons
County data (see attached)
- An analysis of the data obtained and implications associated with these rates including identification of counties and municipalities at highest risk for opioid painkiller and benzodiazepine overprescribing and potential for misuse or diversion
Efforts are ongoing to collaborate with the Board of Pharmacy that manages the PMP, in order to gain access to the more granular levels of data, beyond what is available in the general annual report. They are posting a Request for Proposals for a new contract for PMP system administration. STR grant funds are designated to assist in the enhancement of the Iowa PMP, with the intention to gain access to more geographically-specific data that might assist with the reduction of overprescribing. Priority requests include regular reports or ongoing data access to establish timely and accurate counts of opioid and benzodiazepine prescriptions, county specific data on prescriptions, and county specific data on registered users of the PMP. A one-time baseline data pull was provided to IDPH that provided the state and county level data noted above. This data suggests that many of the counties with the highest prescriptions per 100 persons are in the southern third of the state.
- Describe the epidemiological data and PDMP data used to further efforts in reducing overprescribing practices and identify gaps/opportunities for PDMP expansion.
Efforts to reduce overprescribing practices and identify gaps/opportunities
As noted above, this data has only recently been made available and STR grant funds are designated to assist in achieving on-going access. (See attached map)

II. Summarize the most recent annual data available for Opioid-involved Overdose Deaths

- Number of opioid-involved overdose deaths by state and county
*By state: 180 opioid-related deaths. *Provisional 2016 data*
By county: Eight counties with reportable 2016 provisional data include:

Polk: 47, Scott: 24, Linn: 14, Dubuque: 10, Johnson: 12, Pottawattamie: 7, Black Hawk: 6 and Lee: 6

- Rate of opioid-involved overdose deaths per 100,000 persons by state and county
*By state: 5.74 opioid-related deaths per 100,000 *Provisional 2016 data*
- An analysis of data and identification of counties and municipalities at highest risk for opioid-involved overdose deaths
Opioid-related deaths in Iowa were provided through the Department of Public Health's Office of Vital Statistics. County data is limited, due to the rural nature of the state. Of the 99 total counties, many have very few cases on an annual basis. Iowa department policy dictates that data be suppressed from public dissemination for potential confidentiality concerns in all counties with five or less deaths per year.
- Describe the epidemiological data and PDMP data used to identify populations of focus in areas of high need; to include geographic areas, institutions, areas of unmet needs and the underserved.
Counties with reportable numbers of opioid-related deaths ranked high in the determination of need for the STR grant funding formula. Treatment admissions with opioids as primary, secondary, or tertiary were also considered in the determination of need (see attached map). Iowa recognized the population of focus as Iowans aged 18-44, and therefore committed to funding all providers within the network of block grant treatment organizations, as indicated by the determination of need.

The following data was included in the Iowa application to the STR FOA: Opioid use in Iowa is widespread throughout the state in both urban and rural communities. Similar to the general population of Iowa, current data does not provide a specific or easily identified community where opioid risks are highest. The data that follows identifies the Iowans most affected by opioid use disorders as those in the 18-44 year old age group.

Iowa's Prescription Monitoring Program (PMP) tracks scheduled medications. Data provided for the years 2010-2015 show a marked increase in the number of individuals receiving prescriptions for Schedule II medications. During this period, individuals receiving Class II medications increased from fewer than 300,000 to more than 900,000. With the addition of persons filling Class III and IV medications, the Board of Pharmacy PMP reports 1,498,700 individuals received scheduled medications in 2015. Statewide, PMP reports reveal that in 2015 those filling prescribed scheduled medications received 5,199,186 prescriptions equal to 303,030,950 doses of controlled medications. Twenty-eight percent of all doses dispensed involved hydrocodone and oxycodone. The total: 84,848,666 monitored doses.

All Iowa licensed pharmacies are required to report to the Iowa PMP. Currently, 75.4 percent of the state's pharmacists and 37 percent of the state's CSA registered prescribers are registered and report to the Iowa PMP.

Considering the number of individuals who receive prescription medication compared to the total state population - and particularly the adult population - it is clear that a high proportion of Iowans receive medications known to have potential for misuse, abuse or dependency.

Upticks in opioid use by non-Hispanic whites and an increased incidence of heroin use is a national crisis, and is demonstrated in Iowa by increasing incidence and rates of drug-involved hospitalization and deaths. While hospitalization data is not opioid-specific at this time, it still sheds light on the issue. Iowa epidemiological surveillance reports for 2014 show that the highest rates of hospitalization occur in the 18-24 year and the 25-44 year cohorts. These rates are 136.4 and 145.1 per 100,000 Iowans, respectively. For women aged 18-24, drug related hospitalizations occur at the rate of 151.6; for men in the same age group, the rate is 122.0. For those aged 25-44, women are hospitalized at the rate of 166.6, and men at a rate of 124.4 for drug poisoning.

III. Summarize the current availability of medication-assisted treatment

- Number of certified Opioid Treatment Programs (OTPs), their location by county and their average patient capacity

Iowa has nine (9) OTP locations in 6 of the most populated counties of the state:

<i>County</i>	<i>Providers</i>	<i>Ave. Patient Capacity</i>
<i>Polk</i>	<i>United Community Services (UCS)</i> <i>Center for Behavioral Health (CBH)</i>	<i>No limit(capacity is increased with demand)</i> <i>400</i>
<i>Scott</i>	<i>Center for Alcohol and Drug Services (CADS)</i> <i>Center for Behavioral Health (CBH)</i>	<i>140</i> <i>400</i>
<i>Linn</i>	<i>Cedar Valley Recovery</i> <i>Cedar Rapids Treatment Center</i>	<i>125</i> <i>450</i>
<i>Black Hawk</i>	<i>Cedar Valley Recovery</i>	<i>100</i>
<i>Pottawattamie</i>	<i>Heartland Family Services via BART</i>	<i>*</i>
<i>Woodbury</i>	<i>Center for Behavioral Health (CBH)</i>	<i>150</i>

**Average patient capacity has been requested, but not yet received*

- Number of Office-based Opioid Treatment (OBOT) certified providers (including MDs, DOs, PAs, and NPs), their location by county and whether they are prescribing up to the limit of their capacity: *As of July 25, 2017, Iowa had 52 DATA waived providers per the SAMHSA physician locator. One of these is a PA and seven are NPs. At this time, IDPH does not have a separate tracking system that duplicates this information, nor do we track the capacity or prescribing activity of each provider. At this time, of those listed on the SAMHSA locator, only 16 of Iowa's 99 counties have one or more DATA waived providers, as noted below:*

<i>Counties with no OBOT</i>	<i>Counties with 1-2 waived providers</i>	<i>Counties with 3-4 waived providers</i>	<i>Counties with 5+ waived providers</i>
<i>83 counties</i>	<i>O'Brien(1)</i>	<i>Woodbury(4)</i>	<i>Polk (13)</i>
	<i>Scott(2)</i>	<i>Dubuque(3)</i>	<i>Johnson(6)</i>

	<i>Boone(1)</i>	<i>Linn(3)</i>	
	<i>Decatur(2)</i>	<i>Black Hawk(3)</i>	
	<i>Hardin(1)</i>	<i>Plymouth(3)</i>	
	<i>Pottawattamie(1)</i>	<i>Cerro Gordo(3)</i>	
	<i>Marshall(2)</i>		
	<i>Clinton(1)</i>		

- Number of OTPs and OBOTs who provide psychosocial interventions either within their program or through contract arrangements with qualified BH providers: *The OTPs in Iowa are all required to provide psychosocial interventions (treatment services) in addition to the dispensation of methadone. In addition, the four MAT-PDOA programs also provide treatment services in combination with MAT. Many of the other waived physicians are in contract arrangements with the IDPH SUD treatment provider network, however, at this time, other OBOTs do not report to IDPH whether or not they provide psycho-social interventions.*

IV. Current programmatic capacity

- Number of persons with OUD currently served with MAT in OTPs by county who are publically funded (including federal grants, Medicaid, state and local funds, etc.)

<i>County</i>	<i>OTP Providers (numbers may include methadone, buprenorphine, and naltrexone patients)</i>	<i># clients publically funded</i>	<i># clients self/privately funded</i>
<i>Polk</i>	<i>United Community Services (UCS) Center for Behavioral Health (CBH)</i>	<i>523 Not specified</i>	<i>145* 253</i>
<i>Scott</i>	<i>Center for Alcohol & Drug Services (CADS) Center for Behavioral Health (CBH)</i>	<i>60 Not specified</i>	<i>52 215</i>
<i>Linn</i>	<i>Cedar Valley Recovery Cedar Rapids Treatment Center</i>	<i>0 0</i>	<i>123 180</i>
<i>Black Hawk</i>	<i>Cedar Valley Recovery</i>	<i>0</i>	<i>88</i>
<i>Pottawattamie</i>	<i>Heartland Family Services via BART</i>	<i>**</i>	<i>**</i>
<i>Woodbury</i>	<i>Center for Behavioral Health (CBH)</i>	<i>Not specified</i>	<i>25</i>
<i>Totals:</i>		<i>583</i>	<i>1,081</i>

*The * does not include patients on buprenorphine prescriptions that do not dose at the facility, but may be patients of the medical practice.*

*The ** signifies data that has been requested but not yet received.*

- Number of persons with OUD currently served in MAT in OTPs by county who are privately funded (including self-pay, private insurance, etc.)
See above table, last column to the right.
- Describe the current prevention system to address the opioid crisis in your state. Identify any strengths or gaps in services

The SAMHSA-funded Strategic Prevention Framework for Prescription Drugs (SPF Rx) funding builds upon the experience and data-driven SPF-based prevention infrastructure in the state. Three counties identified as high-need, and awarded via competitive process, will address the prescription drug misuse. The counties will work with substance abuse prevention coalitions to decrease the misuse of prescription drugs for 12-17-year-olds and adults 18 and older. They will accomplish this by educating medical providers on the benefits of registering and using the Prescription Monitoring Program as well as incorporating four evidence-based practice strategies. During the 5-year funding which ends 2021, data will be collected and analyzed to support the outcomes of the SPF Rx grant.

Gaps include the limitation of funding to only 3 of Iowa's 99 counties via this process. Service system strengths include the comprehensive prevention services via SAMHSA SUD block grant funds. Other strengths include efforts to address gaps such as leveraging of STR funds to extend the reach of the SPF-Rx media campaign across the state as well as efforts to assign prevention-focused AmeriCorps volunteers to assist in the efforts to control this crisis.

V. Locations of existing prevention and recovery initiatives

- Summarize current Naloxone distribution system; identify any significant gaps with the current system; identify areas of greatest need for Naloxone by counties and other geographic locations

IDPH staff in the Bureau of Substance Abuse is in collaboration with the Division of Acute Disease Prevention, Emergency Response, and Environmental Health (ADPER) to monitor the needs for naloxone by first responders. Currently, naloxone distribution in Iowa takes place via one of three routes:

- 1. Pharmacies can sell naloxone via prescription, or also under a new statewide standing order made possible through 2016 legislation (SF2218 and HF2460) that allows for "persons in a position to assist" to acquire, possess and use naloxone.*
- 2. MAT-PDOA grantees are allowed to purchase and provide naloxone to patients receiving grant-funded services.*
- 3. Community access via other methods include:*
 - a. an Eastern Iowa hospital system provides free training on the use of naloxone and free kits upon completion of the training,*
 - b. Eastern Iowa Harm Reduction Coalition, that has provided approximately 400 free naloxone kits to the community.*

- Summarize the number and type of entities/individuals trained in overdose education and Naloxone administration

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 Opioid/MAT 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.

VI. Policy/legislation proposed or enacted within your state/jurisdiction related to the opioid overdose crisis including the overall socio-political environment that is supportive of MAT

- Good Samaritan laws: *The Iowa code does not contain any relevant Good Samaritan laws. The 2017 legislative session saw consideration of two bills to provide Good Samaritan protections: one was perceived to be too broad and failed to proceed, while the other was amended to only provide protections in alcohol cases, but also failed to pass.*
- Mandatory participation in PDMP: *The Iowa Code requires pharmacists to document dispensation of controlled substances in the Prescription Monitoring Program, however, it does not require participation of prescribers.*
- Open prescription for Naloxone: *see below information on standing orders*
- New dedicated state funding for MAT (methadone, buprenorphine and naltrexone): *none*
- New dedicated state funding for naloxone: *none*
- Public regulatory agency developments and practices (i.e. siting of programs, laws and policies that impede persons struggling with OUD from obtaining treatment): *The Iowa Department of Corrections Behavioral Health Director is interested in establishing partnerships and re-entry practices that would facilitate treatment for persons with OUD that are currently residing within, and/or soon to be leaving, any state of Iowa correctional facilities.*
- Public payor reimbursement practices for providers (i.e. limitations on the types of medications utilized, dosage of medications, duration of treatment, etc.): *Staff and leadership discussions with staff at the Iowa Medicaid authority (housed under the department of Human Services in Iowa, separate from Public Health) are underway to seek clarification of the status of methadone and buprenorphine as covered medications.*
- Standing orders for Naloxone: *As of 2016, Dr. Patricia Quinlisk, IDPH Medical Director, provided a state-wide standing order for naloxone purchases by anyone “in a position to assist.”*
- The creation of governor’s-task forces, advisory councils, or work groups to address the opioid crisis: *The Prevention Partnerships Advisory Council is an established prevention substance use disorder group that is working to address the opioid crisis. There are also Short Term Action Teams for public education, the prescription monitoring program, workforce development, evidence-based practice workgroup, continuous quality improvement, and a data workgroup to assist with a comprehensive strategic plan addressing opioids.*

VII. Provide a description of the current evidence-based, evidence-informed and promising practices in place for prevention efforts

- Media campaigns, include intended audiences and messages: *Current prevention media efforts include the SPF-Rx campaign targeting 12-25 yr olds. With the message: “Prescription drugs are still drugs”. The media campaign is statewide and is also focused on 10 highest need counties identified by the indicators the State Epidemiological Workgroup determined. There will be three highest need counties awarded the SPF Rx funding which will implement targeted media coverage utilizing the campaign.*
- Other funded programs addressing the opioid crisis, i.e. PDO, SPF-RX, Medication drop off sites. (describe efforts under each grant program): *Iowa’s SPF-Rx efforts are noted above. Targeted communities will be selected via a competitive procurement process. Iowa also leverages the comprehensive prevention grants through Block grant funded providers. All providers have identified areas of service that are relevant to opioids*

and/or prescription drugs. Medication drop-off sites are being coordinated by the state Office of Drug Control Policy in partnership with county law enforcement and additional agreements with pharmacies or other locations. The goal is to locate at least one drop box in each of Iowa's 99 counties.

- *School and community education programs: Community programs may be coordinated by the comprehensive prevention providers and/or local or regional prevention coalitions. Additionally, the three counties awarded the SPF Rx funding will implement school and community education programs according to the dosage and frequency required to make change based on their assessment results. An evidence-based practices workgroup has determined 8 strategies the counties may utilize. Within the SPF Rx grant, the three awarded counties are required to implement a total of four evidence-based practice strategies. The SPF Rx social media campaign and the patient/provider information/education campaign using resources from CDC's Prevention Policy Guidelines for Prescribing Opioids for Chronic Pain and SAMHSA's Opioid Overdose Prevention Toolkit are two of the strategies that are required. The other two strategies will be determined via the SPF process. During the assessment process, the counties are required to conduct a town hall meeting which will serve to educate and promote the grant's efforts.*
- *Summarize location of prevention efforts (i.e. geographic locations, institutions and areas of unmet need/underserved): Comprehensive prevention services are contracted in catchment areas that cover the whole state. Block grant funded prevention is 20% of the state total. The SPF Rx grant will increase prevention efforts in three of the highest need counties identified.*
- *Other: IDPH has partnered with the AmeriCorps program to dedicate members to specifically combat opioid prevention. AmeriCorps members will enhance the capacity and sustainability of programs focusing on substance abuse prevention, increasing community, professional education on substance use, and building community engagement.*
 - *IDPH AmeriCorps Substance Abuse Prevention Program will have up to 30 members serving at host sites across the state of Iowa focusing on the following activities:*
 - *Members will collaborate with IDPH and host sites to help develop and deliver 30 community-focused prevention trainings and develop and distribute community based resource material community wide.*
 - *Members will support the delivery and follow-up to prevention curriculum and resources provided to medical and pharmacy personnel in at least 3 trainings.*
 - *Members will collaborate with host sites on the utilization of the media and communication education toolkit in up to 20 host site communities.*
 - *Members will recruit volunteers at each substance abuse prevention program host site.*
 - *Development and promotion of RCOs through targeted outreach to statewide and local prevention programs.*
 - *Members will assist in the development of sustainability plans for substance abuse prevention programs at up to 20 host sites (1 per host site).*

VIII. Summarize the existing recovery support initiatives including a description of their current involvement and capacity for addressing the opioid crisis

- Recovery Community Organizations: *At this time, Iowa does not have SUD specific recovery community organizations. Current recovery supports are generally provided via 12-Step groups.*
- Peer Recovery Coaches/Specialists: *The IDPH has trained peer recovery coaches in Iowa through the ATR grant. Due to billing questions and the lack of an RCO in the state, peer services are limited. The Iowa treatment provider association is advocating with the MCOs in the state to extend coverage of mental health peer services to include substance use disorder peer services.*
- Community Outreach to assist in re-integration of persons released from incarceration: *Re-entry services occur on the local level in communities most impacted by the challenges of re-integration after incarceration.*

IX. Provide a summary of persons served with public and private funds in DATA 2000 Buprenorphine Waiver Provider Practices (including FQHCs) by state and county (from most recent annual data available)

- Total number of persons served with public funds (federal grants, Medicaid, state and local funds, etc.)
MAT-PDOA grantees served a total of 170 patients in the second year of the grant (August 2016-July 2017):

County	Persons served with public funds (MAT-PDOA only)
Dubuque	33
Linn	30
Polk	84
Woodbury	23
Total	170

- Total number of persons served with private funds (self-pay, private insurance, etc.):
Data not currently collected

X. Estimated current treatment need – based upon data collected via the National Survey on Drug Use and Health (NSDUH); CDC reports; N-SSATS; TEDS admission and discharge data; other sources.

NSDUH data specific to Iowa shows that 7.1% (12,000) of those that need treatment for alcohol receive it (just below national rate of 7.3%) When considering the need for treatment for illicit drug use, Iowa’s population who receives it (13.2% or 5,000) is also just below the national average (13.9%). NSDUH data regarding youth nonmedical use of pain relievers did not change significantly from 2010-2014, and Iowa (4.3%) was similar to the national percentage of 4.7%.

The N-SSATS 2010 state profile for Iowa notes 7,747 clients in SUD treatment across 125 facilities. While 50% of clients are noted as treated for both alcohol and drugs, an additional 22% are treated for drugs only. At that time, it is noted that 5 facilities offered methadone, 13 offered buprenorphine, and 15 offered naltrexone (not specified if used for OUD or AUD)

TEDS 2011 admissions data notes that the average annual rate of admissions to SUD treatment in Iowa (1,529 per 100,000 aged 12 and older, adjusted) was significantly higher than the national average (836). TEDS also notes the over 300% increase in non-heroin opioid admissions (per 100,000) from 11 in 2001 to 48 in 2011. The primary heroin admissions during that decade varied from 9-15 per 100,000, without a clear trend in either direction.

More recent data supplied from within the Iowa Department of Public Health notes an increase in opioid-related treatment admission from 608 in 2005 to 2,274 in 2016 (see attached map). Annual opioid overdose deaths increased from 28 to 86 during those same years, and annual opioid-related deaths from 59 to 180.

This data suggests that the estimated treatment need for illicit drug use is approximately 32,000 Iowans beyond those that are already receiving it.

XI. Any other existing activities and their funding sources in the state that address opioid use prevention, treatment and recovery activities:

The state of Iowa continues to address the multi-faceted issues associated with the opioid crisis with a variety of strategies. The Iowa Department of Public Health developed a strategic plan on opioids, in early 2015 after several taskforce meetings focused on prescription drugs and opioids demonstrated that this crisis was a growing threat to the citizens of the state. The plan documents past efforts to prevent, treat, and manage opioid use disorders as well as recommended actions based on nationally demonstrated best practices.

IDPH staff leads many of these efforts as are discussed previously in this needs assessment. An example of collaboration with other state entities includes participation, in late 2016- early 2017, in the National Governors' Association Technical Assistance Learning Laboratory. This effort identified priorities and provided training for a state team that included staff from the departments of public health, human services, and public safety, as well as the office of drug control policy and the Governor's office.

Utilizing the data collected above, identify gaps in treatment related to location (rural, frontier, tribal entities); access issues (lack of transportation, distance to site, etc.); availability of MAT and BH services; community connections; integration with physical health care; family treatment; employment assistance; education assistance; on-going recovery supports; policy/program changes; etc.

Iowans continue to face the challenges of living in rural communities where access to healthcare and integrated behavioral health services is challenging. As a medium-sized state of just over 3 million people living in 99 counties, Iowa ranks 36th in population density, averaging just 55 people per square mile. However, county populations range from just under 3,700 people, to a

maximum of almost half a million. With less than 10,000 people in each of 24 counties, and nearly a third of the state's population in just 3 counties, there are different challenges in different areas of the state. The networks of service providers reach across the state, including FQHCs, private health systems, public health services and SUD prevention/treatment providers. Use of technology continues to be limited despite its potential promise to improve access and maintain effective use of clinical resources.

Through the community assessment and strategic planning processes, treatment providers will build new, and strengthen existing community connections with stakeholders. STR funds will provide opportunities to increase the capacity of both small and large, rural and urban treatment organizations to provide MAT and further integrate with physical health care. STR also encourages increases in on-going recovery supports at both the state and local levels.