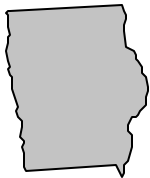


IOWA

State SSA Director

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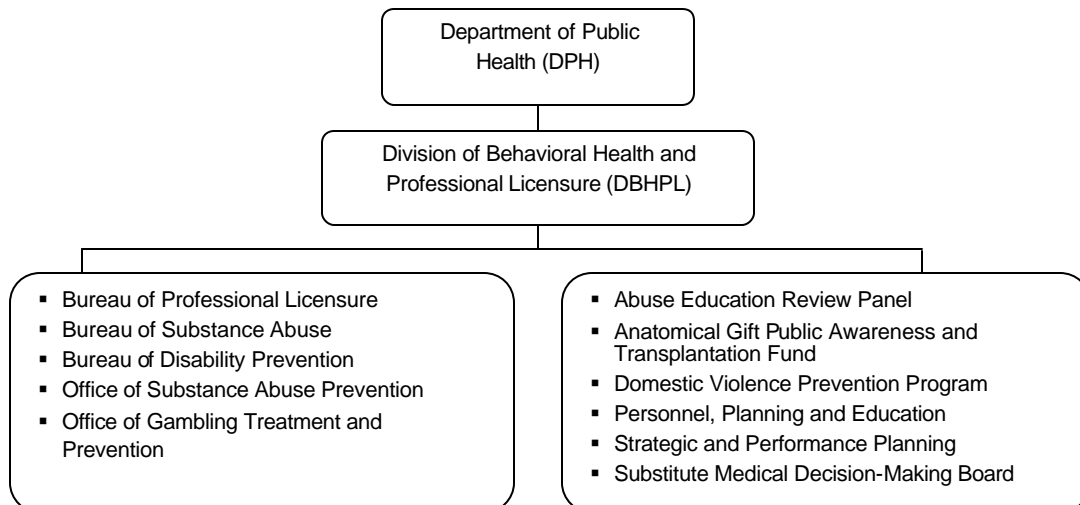
Structure and Function



The Iowa Department of Public Health (DPH) is the Single State Agency (SSA) responsible for ensuring the development and implementation of comprehensive substance abuse prevention and treatment programs. DPH is a cabinet-level department whose director reports to the Governor. The responsibility for publicly funded substance abuse prevention and treatment in the State is delegated to the Division of Behavioral Health and Professional Licensure (DBHPL) as a result of a DPH reorganization. The DBHPL Director also serves as the DPH Deputy Director.

DBHPL includes the Bureau of Substance Abuse, Bureau of Professional Licensure, Bureau of Disability Prevention, and the Office of Substance Abuse Prevention, among other programs and boards. DBHPL's responsibilities include regulation and licensing of substance abuse provider agencies, investigation of complaints brought against provider agencies, competitive contracting, management of the managed care contractor, collaboration with the Department of Human Services (DHS) in a Medicaid initiative, ensuring effective and collaborative use of resources, collaboration with sister agencies such as the Department of Corrections (DOC), Iowa Office of Drug Control Policy (ODCP), and Department of Human Rights, Division of Criminal and Juvenile Justice Planning (CJJP), and dissemination of substance abuse information to the public. A total of 18 FTEs administer and manage DBHPL matters relative to substance abuse services, including a Prevention Team that oversees prevention activities and the State Incentive Grant (SIG). The Division uses six regions for treatment planning and divides the State into 23 prevention planning regions.

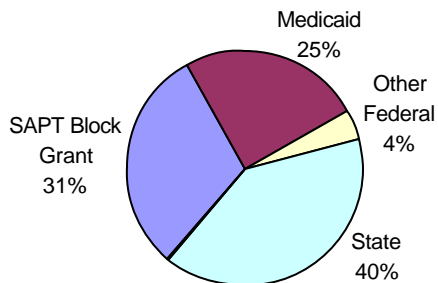
Single State Agency Structure



Single State Agency Funding Overview

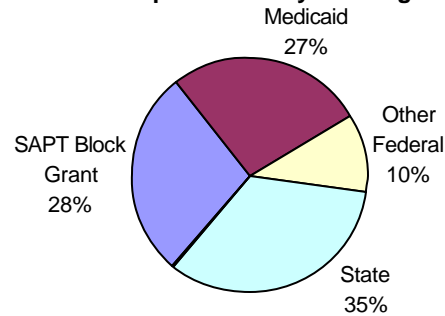
Expenditures for substance abuse services in Iowa increased between FYs 2000 and 2003 from \$40.1 to \$45.7 million. State funds as a proportion of total SSA funds declined during that time period from 40 to 35 percent, as did the Block Grant proportion (from 31 to 28 percent), while Medicaid's proportion increased slightly (from 25 to 27 percent) as did that for other Federal sources (from 4 to 10 percent).

FY 2000 Expenditures by Funding Source



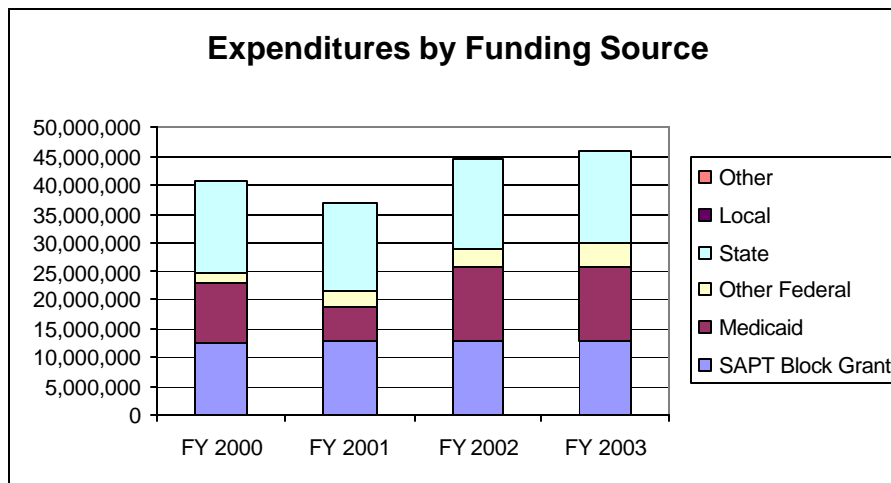
N=\$40,694,485

FY 2003 Expenditures by Funding Source



N=\$45,711,609

Expenditures by Funding Source



Single State Agency Expenditures From All Funding Sources

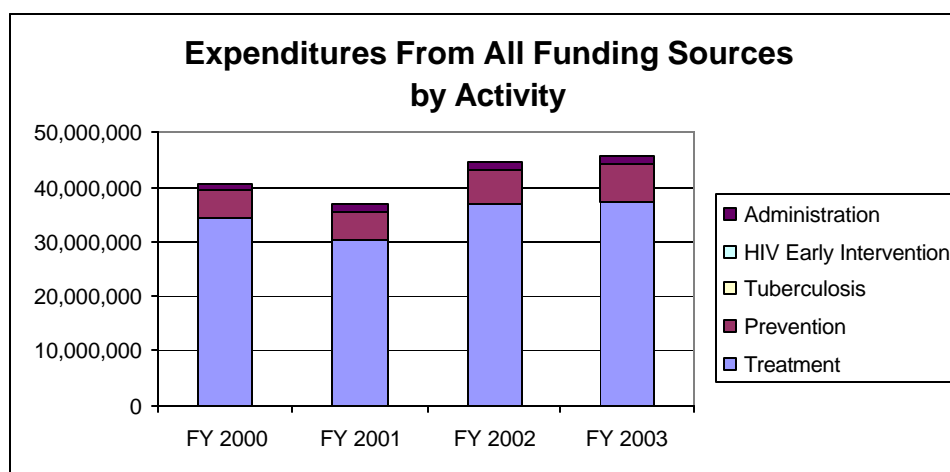
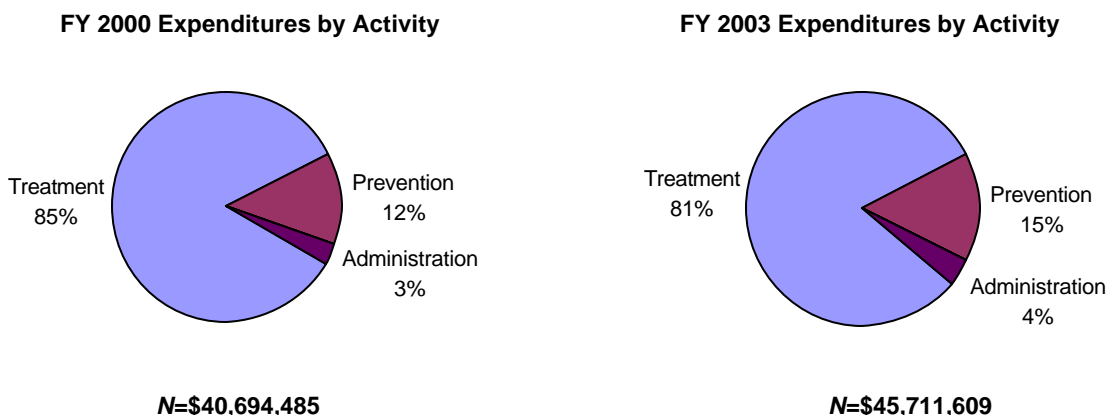
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	12,542,219	31	12,698,390	34	12,838,644	29	12,915,707	28
Medicaid	10,175,843	25	6,010,999	16	12,773,362	29	12,459,958	27
Other Federal	1,697,905	4	2,563,457	7	3,323,852	7	4,783,870	10
State	16,278,518	40	15,665,001	42	15,591,509	35	15,552,074	35
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	40,694,485	100	36,937,847	100	44,527,367	100	45,711,609	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

Nearly all (81 percent) of Iowa's SSA expenditures in FY 2003 went toward treatment services, 15 percent toward prevention services, and 4 percent toward administration activities. This distribution is similar to that in FY 2000.



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	25,090,909	63	21,123,390	57	37,104,314	83	37,161,700	81
Alcohol Treatment	4,633,786	11	4,691,483	13				
Drug Treatment	4,633,786	11	4,691,484	13				
Prevention	5,085,977	12	5,081,335	14	6,014,834	14	6,948,442	15
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	1,250,027	3	1,350,155	4	1,408,219	3	1,601,487	4
Total*	40,694,485	100	36,937,847	100	44,527,367	100	45,711,609	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

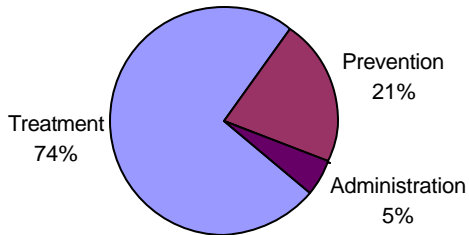
*Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

Expenditures of Block Grant Funds

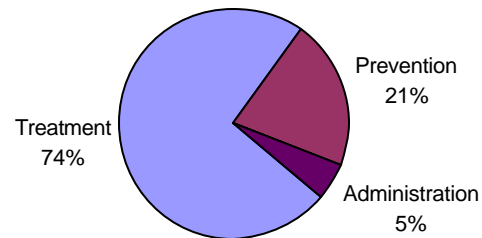
Block Grant expenditures remained relatively stable between FYs 2000 and 2003, increasing slightly from \$12.5 to \$12.9 million. The distribution of these funds remained identical during that time period, with about three-quarters (74 percent) allocated for treatment services, 21 percent for prevention services, and 5 percent for administration costs.

FY 2000 Block Grant Expenditures by Activity

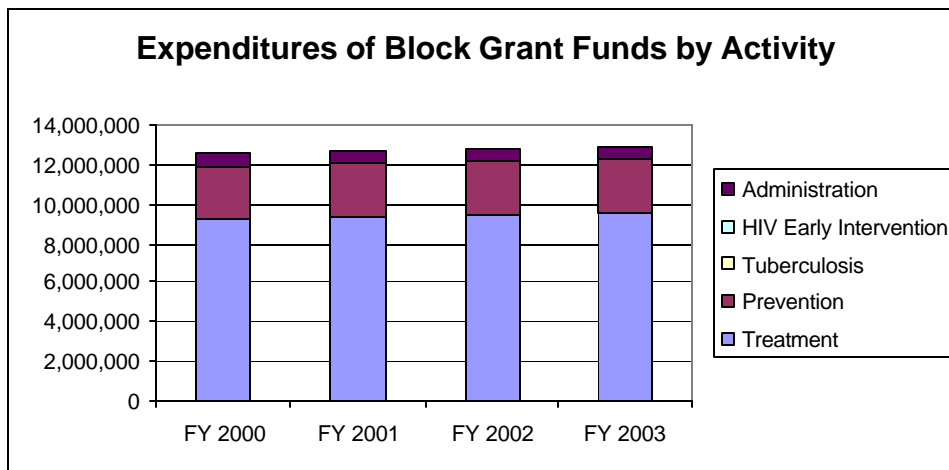


N=\$12,542,219

FY 2003 Block Grant Expenditures by Activity



N=\$12,915,727



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	0	0	9,486,603	74	9,543,565	74
Alcohol Treatment	4,633,786	37	4,691,483	37				
Drug Treatment	4,633,786	37	4,691,484	37				
Prevention	2,647,537	21	2,680,503	21	2,710,109	21	2,726,377	21
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	627,110	5	634,920	5	641,932	5	645,785	5
Total*	12,542,219	100	12,698,390	100	12,838,644	100	12,915,727	100

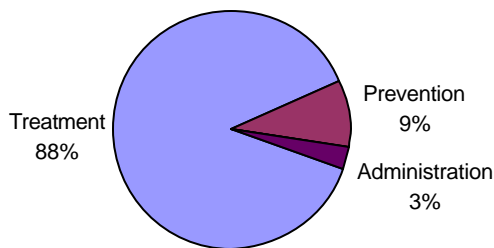
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

*Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

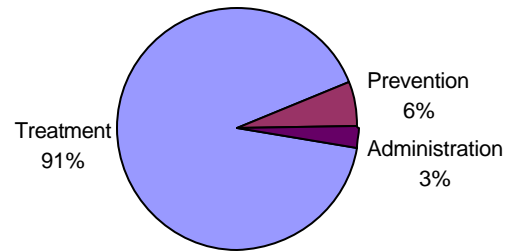
Iowa's State expenditures for substance use services declined slightly between FYs 2000 and 2003 from \$16.3 to \$15.6 million. Most (91 percent) State expenditures in FY 2003 were spent on treatment services and 6 percent on prevention services. This distribution of funds was similar during FYs 2000 through 2002.

FY 2000 State Expenditures by Activity

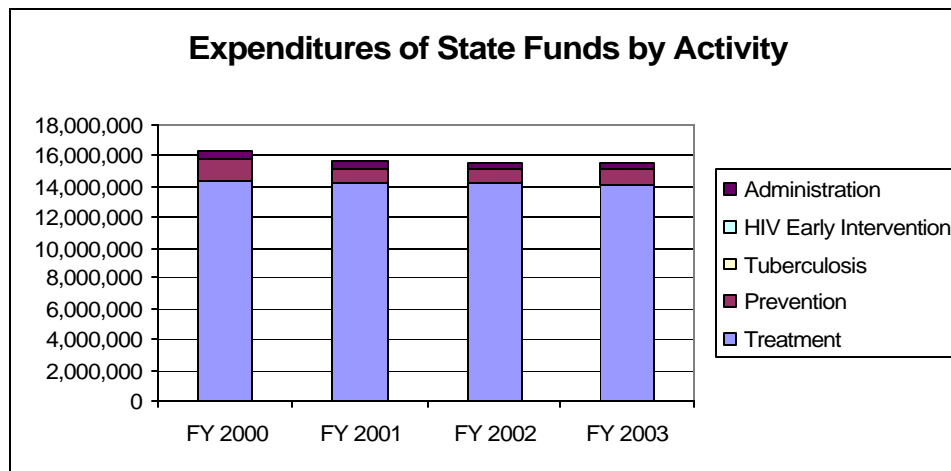


N=\$16,278,518

FY 2003 State Expenditures by Activity



N=\$15,552,074



Single State Agency Expenditures of State Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	14,349,203	88	14,264,174	91	14,205,252	91	14,173,390	91
Alcohol Treatment	0	0	0	0				
Drug Treatment	0	0	0	0				
Prevention	1,413,170	9	930,692	6	980,068	6	945,924	6
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	516,145	3	470,135	3	406,189	3	432,760	3
Total*	16,278,518	100	15,665,001	100	15,591,509	100	15,552,074	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

*Totals may not equal 100 percent due to rounding.

Prevention Services

The Division of Behavioral Health and Professional Licensure, Office of Substance Abuse Prevention performs these activities: (1) coordinates and collaborates with multiple State agencies and organizations for assessment, planning, and implementation of statewide prevention initiatives; (2) coordinates trainings and monitors funding to local community-based organizations for alcohol, tobacco, and other drug (ATOD) prevention services; and (3) provides technical assistance to individuals, groups, and contracted organizations.

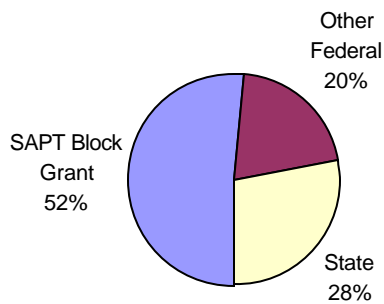
In FY 2004, an estimated 200,000 individuals were reached through prevention programs. Half the program service hours were devoted to the core initiatives of work place development, community coalition building, and youth mentoring. The Iowa Youth Survey showed a reduction in substance use, more communities are taking action against methamphetamine, and model and evidence-based programs are producing positive outcomes.

Prevention Funding and Expenditures

Prevention expenditures in Iowa totaled \$6.9 million in FY 2003, an increase since FY 2000. The largest funding source for prevention expenditures was other Federal funds at 47 percent of the total in FY 2003, followed by the Block Grant (39 percent), and State funds (14 percent). This distribution represents quite a change since FY 2000, when the Block Grant supported more than half of total prevention funds, the State supported 28 percent, and other Federal funds supported 20 percent.

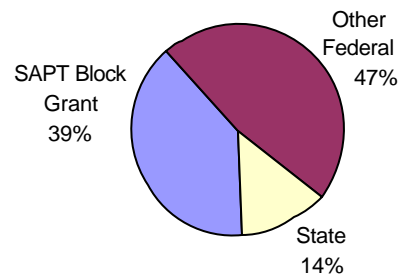
Block Grant prevention expenditures increased slightly from \$0.90 to \$0.93 per capita between FYs 2000 and 2003.

FY 2000 Prevention Expenditures by Funding Source

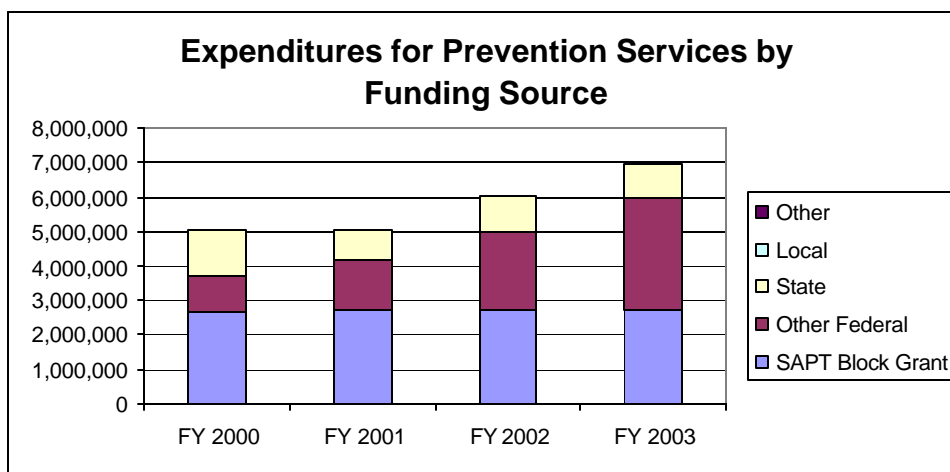


N=\$5,085,977

FY 2003 Prevention Expenditures by Funding Source



N=\$6,948,442



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	2,647,537	52	2,680,503	53	2,710,109	45	2,726,377	39
Other Federal	1,025,270	20	1,470,140	29	2,324,657	39	3,276,141	47
State	1,413,170	28	930,692	18	980,068	16	945,924	14
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	5,085,977	100	5,081,335	100	6,014,834	100	6,948,442	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding.

Core Strategies

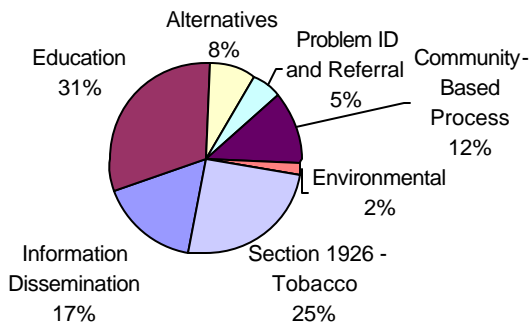
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	The statewide information center provides materials to the public and supports campaigns such as Red Ribbon Week. Dissemination also occurs through health fairs, presentations, coalitions, and forums.
Education	Activities focus on curricula, process, and programs with parents, teachers, students, and workplaces.
Alternatives	Strategies include alcohol-free teen dances, holiday parties, and Red Ribbon rallies.
Problem Identification and Referral	Training for schools, businesses, and communities on implementing programs such as student and employee assistance and drinking drivers is provided.
Community-based process	Interagency collaboration, coalition building, and networking occur to enhance services, including the Iowa Youth Survey and Iowa Tobacco Survey. The State initiated the Youth Development Collaboration.
Environmental	IDPH established and changed written community standards and codes and participated in Tobacco Free Iowa strategy to secure tobacco settlement dollars for substance abuse prevention.

Expenditures of Block Grant Funds for Core Strategies

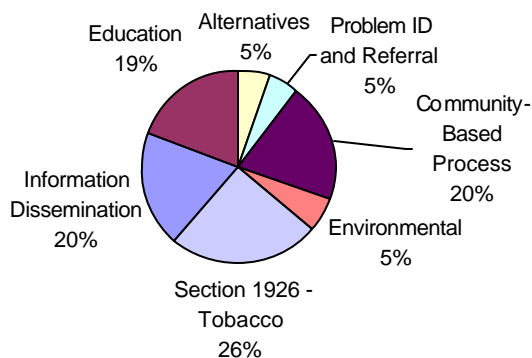
SAPT Block Grant expenditures for prevention core strategies remained stable between FYS 2000 and 2003 at about \$2.7 million. The distribution of these funds, however, shifted during this time period. Funding for education decreased, both in proportion and in dollar amount during this time. In FY 2000 the largest recipient of Block Grant funding for core prevention strategies was education (at 31 percent), whereas in FY 2003, the largest recipient was Section 1926-tobacco (at 26 percent of the total.)

FY 2000 Block Grant Expenditures by Core Strategy

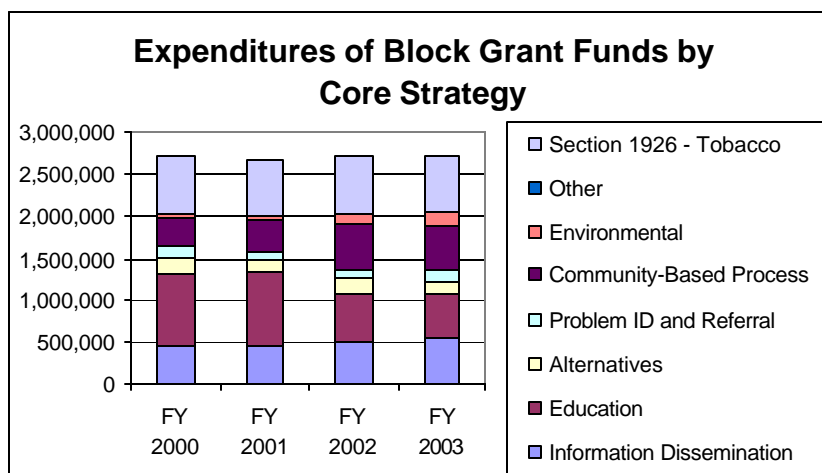


N=\$2,710,110

FY 2003 Block Grant Expenditures by Core Strategy



N=\$2,726,376



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Information Dissemination	460,177	17	455,217	17	495,019	18	536,428	20
Education	842,179	31	868,550	32	571,373	21	528,735	19
Alternatives	207,825	8	160,268	6	177,141	7	148,779	5
Problem ID and Referral	139,788	5	107,117	4	107,897	4	132,280	5
Community-Based Process	330,570	12	372,654	14	552,241	20	548,765	20
Environmental	52,044	2	46,571	2	128,910	5	149,795	5
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	677,527	25	670,126	25	677,527	25	681,594	25
Total*	2,710,110	100	2,680,503	100	2,710,108	100	2,726,376	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

*Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

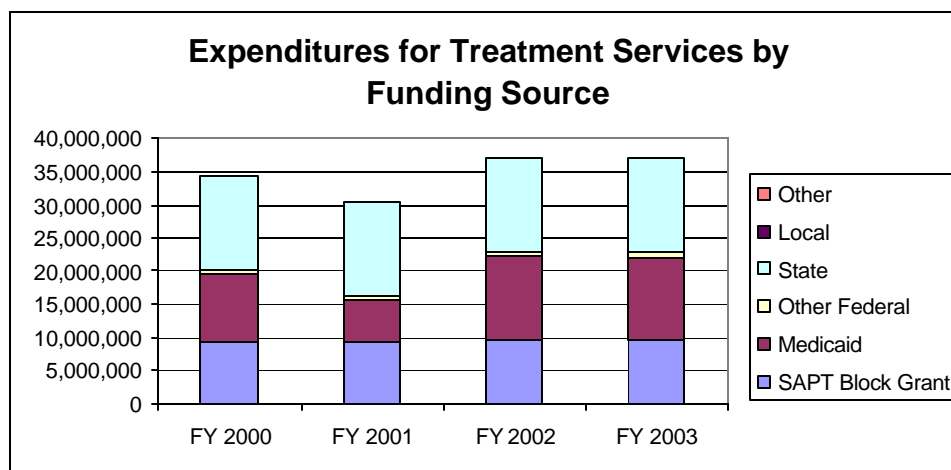
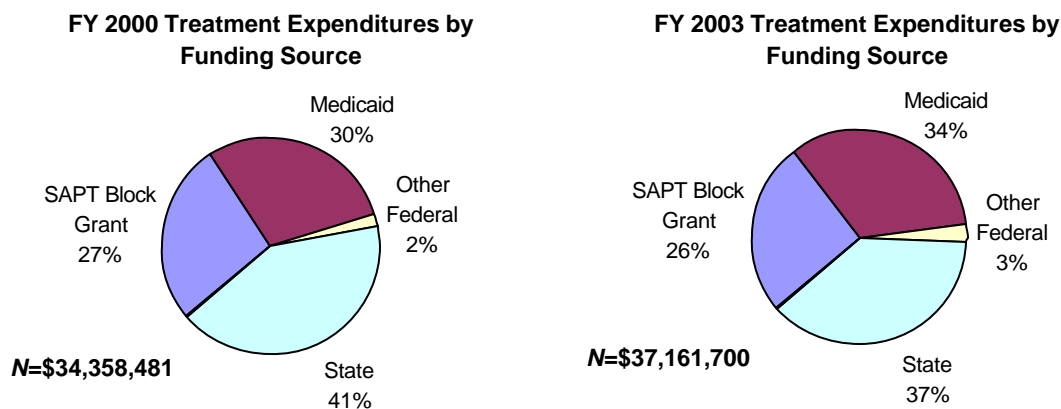
Iowa is divided into 22 service areas for substance abuse treatment. DBHPL, Bureau of Substance Abuse, licenses and monitors treatment programs, which include community- and hospital-based programs, assessment and evaluation services, Operating While Intoxicated (OWI) correctional programs, and correctional institutional programs.

The Iowa Plan for Behavioral Health (Iowa Plan) targets individuals with substance abuse treatment and mental health needs. It is an at-risk plan for managed care services under a 1915 (b) waiver for Medicaid enrollees. Providers are reimbursed using SAPT Block Grant, and State appropriations are contracted to deliver substance abuse treatment services to an agreed upon minimum number of clients or covered lives. Iowa has operated under a managed care system since SFY 1996. Merit Behavioral Care of Iowa (MBCI) currently administers the system. MBCI contracts with IDPH and Medicaid-funded service providers as well as Medicaid-only funded service providers. Programs provide a variety of services that include screening, evaluation, intake assessment, treatment, continuing care, followup services, and detoxification.

Treatment Funding and Expenditures

Funding for treatment increased in Iowa from \$34.4 to \$37.2 million between FYs 2000 and 2003. Funding from Medicaid increased, both in dollar amount and in proportion of total funding during this time. Funding from other sources remained relatively stable in dollar amount, but decreased in proportion of total funding, due to the increase in Medicaid funds.

Block Grant expenditures per capita on treatment services remained relatively stable in Iowa between FYs 2000 and 2003, increasing from \$3.16 in FY 2000 to \$3.24 in FY 2003.



Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	9,267,572	27	9,382,967	31	9,486,603	26	9,543,565	26
Medicaid	10,175,843	30	6,010,999	20	12,773,362	34	12,459,958	34
Other Federal	565,863	2	848,217	3	639,097	2	984,787	3
State	14,349,203	41	14,264,174	47	14,205,252	38	14,173,390	37
Local	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total*	34,358,481	100	30,506,357	100	37,104,314	100	37,161,700	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

*Totals may not equal 100 percent due to rounding

Admissions

Iowa's SAPT Block Grant application indicates that nearly 20,000 persons were admitted to treatment during FY 2002, of which most were admitted for outpatient (non-methadone) treatment.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=19,641)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	905	453	0
Free-standing residential	0	0	0
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	80	76	0
Short-term residential	1,145	2,124	0
Long-term residential	109	249	0
Ambulatory (Outpatient)			
Outpatient (methadone)	17	160	0
Outpatient (non-methadone)	5,630	5,279	47
Intensive outpatient	1,397	1,935	0
Detoxification (outpatient)	18	17	0
Total	9,301	10,293	47

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data System (TEDS) data indicate more than 27,000 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that 33 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	7,971	27.8
Alcohol in combination with other drugs	19,090	35.3
Total	27,061	33.1

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 187,000 persons aged 12 and older (7.6 percent of Iowa's population) needed, but did not receive, treatment for alcohol use and 58,000 persons (2.4 percent) needed, but did not receive, treatment for illicit drug use in Iowa.

Treatment Gap by Age Group

Measure	2002-2003			
	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	7.64	7.01	18.20	5.72
Needing but not receiving treatment for illicit drug use	2.36	4.18	6.00	1.43

SOURCE: National Survey on Drug Use and Health; 2002-2003; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

Iowa has a comprehensive description of the prevalence of substance use by various drugs, with estimates of both prevention and treatment needs for substate areas and indications of the specific population subgroups that have the highest needs. Data are obtained through multiple adult household surveys of substance use prevalence, abuse, dependency, and treatment needs; surveys on risk and protective factors for substance abuse and prevention; studies of social indicators, women's treatment needs, treatment needs of minority communities and seniors, and the cost effectiveness of treatment. All of the needs assessment data are used to develop the State prevention and treatment strategic plans.

A strategic planning process is used to develop Iowa's prevention system. All 10 State departments and the Governor's Office of Drug Control Policy formed a State Steering Committee, and attendees at the regional planning meetings generate and prioritize recommendations. The Division completes and publishes the State Plan for Substance Abuse Prevention based on information/recommendations obtained from the regional forums. Core services include coalition building, mentoring, and workplace programming.

Evaluation

DBHPL requires reporting by contracted providers and monitors substance abuse services through a patient complaint process, licensure reviews, testing procedures, and reviews of data sent to the Substance Abuse Reporting System (SARS). It funds an outcome monitoring system that completes followup on a percentage of clients and analyzes data for treatment outcomes. The State is developing a data warehouse so analysis of substance abuse data and correctional data will be enhanced. The outcomes for correctional clients within treatment programs will be analyzed to further enhance quality treatment services.

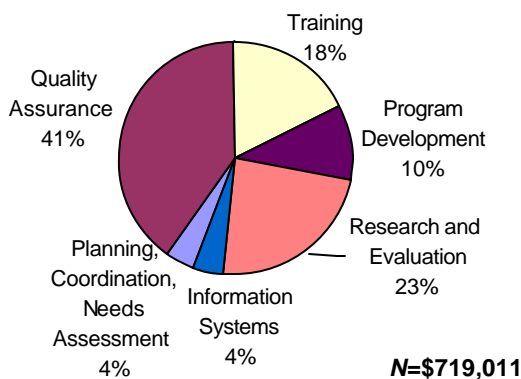
Training and Assistance

DBHPL provides continuing education for employees of facilities that provide prevention activities and treatment services. It contracts with the Iowa Substance Abuse Program Director's Association (SAPDA) Training Resources, to provide training to providers as well as the general public. A training needs assessment is completed and an annual training plan is developed. Activities and services are provided through direct procurement, subcontractors or grantees, or intergovernmental agreements. Cultural competency is a required part of every training event provided by Training Resources. Some training sessions are conducted over a fiber-optic communications network.

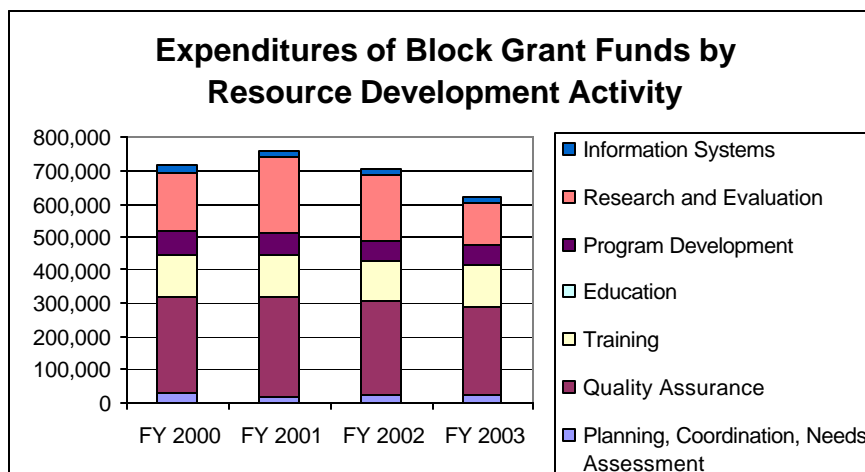
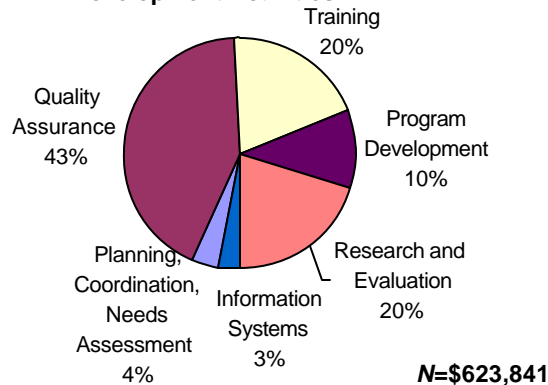
Expenditures of Block Grant Funds for Resource Development Activities

Block Grant expenditures for resource development activities in the State declined slightly between FYs 2000 and 2003 (from \$719,000 to \$624,000). These expenditures were disseminated among several main resource development activities in FY 2003 including quality assurance (which received 43 percent of funds), training (20 percent), research and evaluation (20 percent), and program development (10 percent). This distribution of funds was similar in FYs 2000 through 2002.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	29,443	4	19,260	3	21,233	3	22,398	4
Quality Assurance	288,945	40	299,904	40	281,723	40	266,711	43
Training	129,980	18	129,010	17	117,979	17	125,222	20
Education	0	0	0	0	0	0	0	0
Program Development	73,358	10	67,516	9	66,790	10	65,294	10
Research and Evaluation	168,106	23	222,035	29	196,021	28	125,221	20
Information Systems	29,179	4	19,193	3	18,548	3	18,995	3
Total*	719,011	100	756,918	100	702,294	100	623,841	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b
 *Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

The Center for Substance Abuse Prevention (CSAP) awarded \$2.6 million in discretionary prevention grant funds to Iowa entities for FY 2004. These grants included the Drug Free Communities Support (19 of the 23 grants awarded) and the Methamphetamine and Inhalant Use programs.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	19	1,625,508
Drug Free Communities Mentoring	1	47,377
Iowa Methamphetamine Prevention Sole Source 2003	1	399,949
Prevention of Methamphetamine and Inhalant Use	1	335,618
Single Sole Source Grant to the Iowa Department of Public Health 2004	1	200,000
Total	23	2,608,452

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

The Center for Substance Abuse Treatment (CSAT) awarded \$2.7 million in discretionary treatment grant funds to Iowa entities. These grants included Methamphetamine and Inhalant Use, Strengthening Communities, Residential Treatment, and State Data Infrastructure.

Center for Substance Abuse Treatment Discretionary Awards for FY 2004

CSAT Discretionary Grant	Number of Awards	Total \$ Amount
Addiction Technical Transfer Center	1	650,000
CSAT 2004 Earmarks	2	244,549
Iowa Methamphetamine Treatment Sole Source -2003	1	499,963
Residential SA Treatment	1	434,935
State Data Infrastructure	1	100,000
Strengthening Communities -Youth	1	750,000
Total	7	2,679,447

SOURCE: www.samhsa.gov