Mary Crawford is the Data Coordinator for the substance abuse prevention and problem gambling treatment programs in the Division of Behavioral Health. She joined IDPH in 1999 and since 2001 has provided technical assistance to data staff at prevention and problem gambling treatment agencies across Iowa.

As Data Coordinator, Mary conducts system testing and assures data quality for prevention and problem gambling information in I-SMART — the Iowa Service Management and Reporting Tool. Through I-SMART, Mary compiles data for the SAMHSA Substance Abuse Prevention and Treatment Block Grant application and report, as well as for a variety of reports and documents for IDPH programs, other state agencies, the legislature, and other stakeholders.

While opportunities to meet face-to-face with providers are rare, Mary appreciates the great "virtual" relationships she's established with many agency data and program staff through the years.

In life before IDPH, Mary graduated with a Bachelor of Arts degree in music from Coe College in Cedar Rapids, Iowa. She has been a long-time professional accompanist, performing with soloists and groups for community theater, school events/musicals, and church services.

Prior to state government, Mary worked in the health and insurance fields and taught private music lessons. Her photographer/musician husband works for Briggs Healthcare in West Des Moines. They enjoy combining their interest in photography with hiking trips through U.S. national parks.

According to Mary's co-workers, in addition to being a photographer and musician, her husband is a great cook and she often talks of the "epicurean delights" he's prepared — although her coworkers also report they've never been treated to any … hmm!

Last month I started what I said would be an off and on series about "things you should know". That first article focused on the State Board of Health role in IDPH program licensure duties. This month we'll take that a step further.

Per Iowa Code chapter 125, it is the policy of this State:
1. That persons with substance-related disorders be given the opportunity to receive quality treatment,
2. To encourage high quality and coordinated substance abuse education and prevention efforts, and
3. To insure that substance abuse programs are operated by individuals who are qualified.

IDPH has the duty to carry out the requirements of Chapter 125 and the program licensure standards are a key element of that duty.

The licensure standards are part of the Iowa Administrative Code, specifically: Chapter 155 Licensure Standards for Substance Use Disorder and Problem Gambling Treatment Programs.

We updated the standards last year, primarily to align with other State code language and with the most recent editions of the ASAM Criteria and DSM-5. You can review the standards by going to http://www.idph.state.ia.us/bh/admin_regulation.asp.

We also considered how the standards support quality treatment and qualified professionals and, in turn, support recovery.

So what's the "thing you should know"? The licensure standards replaced most references to "substance abuse" with "substance use disorder".

Any idea why?
Recovery Peer Coaching:
For many years, Peer Support has been a reimbursable service under Medicaid for individuals with a primary mental health diagnosis. This has not been the case, however, for persons with a primary diagnosis of substance use disorder.

Recently, IDPH and Magellan Behavioral Health updated the Iowa Plan peer support service description to include Recovery Peer Coaching for substance use disorders and implemented a Medicaid-funded pilot project with three providers:

- **First Resources** - Ottumwa
- **Siouxland Mental Health Center** - Sioux City
- **United Community Services** - Des Moines

While still in its early stages, the pilot project could prove to be a significant step forward in support of a more comprehensive and sustainable recovery-oriented system of care statewide.

For more information, contact Kevin Gabbert at kevin.gabbert@idph.iowa.gov.

2014 Iowa Youth Survey State Trend Report:
The [

| State Trend Report | for the 2014 Iowa Youth Survey (IYS) is now available. Additional trend reports for the district, county, and other substate levels will be released over the next three months.

The 2014 IYS trend reports will have all the sections included in previous trend reports, and will include a new section showing trends on 25 representative individual questions. Each of these questions serves as an example of how you can look at and present IYS trend data for those questions of most interest to you.

For more information about the IYS, please contact us at iowayouthsurvey@idph.iowa.gov.

Block Grant Comments:
The 2016 SAMSHA Substance Abuse Prevention and Treatment Block Grant and Synar (tobacco compliance) reports and related documents will be posted soon to [http: www.idph.state.ia.us/bh/block_grant.asp](http: www.idph.state.ia.us/bh/block_grant.asp).

Your comments are welcome. Please send them to Michele Tilotta at michele.tilotta@idph.iowa.gov, with Block Grant or Synar in the subject line.

Medicaid Modernization:
An update on the Iowa High Quality Health Care Initiative announced by Governor Branstad in February.

The initiative, which will enroll most Iowa Medicaid members with a managed care organization (MCO) for comprehensive health care services, encompasses physical health, behavioral health, and long term services and supports. The initiative also includes administrative services for certain IDPH-funded substance use disorder treatment services. On August 17, DHS announced the winning bidders and issued a notice of intent to award contracts to four MCO bidders:

- **Amerigroup Iowa, Inc.**
- **AmeriHealth Caritas Iowa, Inc.**
- **UnitedHealthcare Plan of the River Valley, Inc.**
- **WellCare of Iowa, Inc.**

One of the four awarded MCOs will be selected to provide the administrative services for IDPH-funded substance use disorder treatment. Watch for that announcement in this newsletter and through DHS.

You can continue to learn about Medicaid Modernization — now called the IA Health Link program — by going to [http://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization](http://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization).

You can find provider resources and educational opportunities at [Flyer online, Provider Toolkit, and Stakeholder and Community Partner Toolkit](http://dhs.iowa.gov/ime/about/initiatives/MedicaidModernization).

Fast Facts from the Consortium
Nationally, Hispanic youth demonstrate the highest rates of illicit drug use, specifically marijuana use. Thus, it is important to understand trends in Hispanic youth substance use treatment admissions. The present study focused on Hispanic youth admissions to substance abuse treatment programs, examining trends over an 18-year period (1995-2012). Age, sex, student status, living arrangement, and source of income were of particular interest. We analyzed differences and trends over the 18 years of data, comparing Hispanics with non-Hispanics and looked at the Hispanic-only trends to improve the current understanding.

Results indicate an increasing trend in all youth marijuana admissions. The Hispanic group increased more than the non-Hispanics for youth marijuana admissions. Hispanics made up 13% of all youth marijuana admissions in 1995; and by 2012, they accounted for 27.33% of these admissions. The Hispanic trend demonstrated an interaction between demographic differences that may explain the disparate increase.

The present findings suggest specific demographic characteristics might better explain the steady increase, contributing to the current multicultural understanding of Hispanic treatment utilization. Hispanic youth treatment admissions are increasing at alarming rates when compared to non-Hispanic youth. The disparities were most evident in the 15-17 year old group suggesting a strong need for early prevention strategies.


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

Governor Branstad signed a proclamation early last month, designating September 7-13 as Suicide Prevention Week in Iowa.

The data show that suicide is the tenth leading cause of death for all Iowans and the second leading cause of death for 15 to 24 year-olds and those ages 25 to 44. Most people who die by suicide have talked about it or have definite warning signs such as making a plan; suffering the recent loss of a family member or friend through death or suicide; other losses, like a job or relationship; use or increased use of drugs and/or alcohol; sudden uncharacteristic behavior changes like increased aggression; or a sudden decline in grades at school.

Talking about suicide is not an easy thing to do, but if you are concerned, your involvement might save a life.

Ways to start a conversation about suicide:

- I’ve been feeling concerned about you lately.
- Recently, I’ve noticed some differences in you and wondered how you are doing.
- I wanted to check in with you because you haven’t seemed yourself lately.

If you or someone you know appears depressed and possibly suicidal, call the Suicide Prevention Lifeline at (800) 273-8255 or go to http://www.suicidepreventionlifeline.org/. You may also contact Your Life Iowa by telephone at (855) 581-8111 or by text at (855) 895-8398, or go to www.yourlifeiowa.org.

SBIRT Problem Gambling Screening Pilot Project

According to the National Council on Problem Gambling, research suggests gambling addiction rates among active-duty military and veterans are significantly higher than rates in the general population. These individuals also suffer higher rates of bankruptcy, domestic violence and suicide, as well as substance use and mental health disorders.

Knowing the strong correlation between substance abuse and problem gambling, IDPH’s gambling treatment and SBIRT programs implemented use of the Disordered Gambler Prescreen and Screen (DG-PSS) as part of the SBIRT component of Iowa National Guard periodic health assessments. Adding this tool to the existing substance abuse screenings will help identify and assist Guard members with gambling related issues.

Through this first-in-the-nation project, Guard members who screen positive on the DG-PSS will be provided with problem gambling information and a referral to an IDPH-funded gambling treatment program in the their home area.

To learn more about gambling treatment options or to speak with someone about gambling concerns, visit www.1800BETSOFF.org or call 1-800-BETS OFF. To learn more about SBIRT-IOWA, visit http://www.idph.state.ia.us/sbirt/.

Elizabeth Schaller Retires

Long time IDPH employee Elizabeth Schaller retired on August 31. Many of you may know Elizabeth as the voice of the I-SMART Help Desk; she had worked for the State since April 2003. Join us in wishing Elizabeth all the best!

I-SMART Help Desk

The I-SMART (Iowa System Management and Reporting Tool) Help Desk assists users with problems they encounter in using the system. The Help Desk operates from 9:00am to 4:00pm, Monday through Friday (excluding State holidays), and can be reached via e-mail at ismart.helpdesk@idph.iowa.gov or by phone at 1-866-339-7913 (toll free) or 515-725-2950.

TRAININGS AND EVENTS

UNITE To Face Addiction
October 4, Washington D.C.
For more information, go to http://www.facingaddiction.org/about/

2015 Mental Health Conference
October 6-7, Altoona
For more information, go to www.trainingresources.org

Implementation and Evaluation: Essential Steps to Community Change Using SPF Training
October 13-14, Des Moines
For more information, go to www.trainingresources.org

SATUSC Training

- Ethical Decision Making in Therapeutic Practice
  October 22, Marshalltown
  9:00am - Noon

- DSM 5: Changes in Substance Related Disorders
  October 22, Marshalltown
  1:00pm - 4:00pm

For more information, please call 641-752-5421

Employment Law and Supervisor Ethics Training
October 27, Des Moines
For more information, please contact Vicki.mueller@pathwaysb.org

2015 Iowa Prevention Conference
November 10, Des Moines
For more information, go to www.trainingresources.org
Drug Facts: Trends in the use of marijuana among Iowa youth

A new research study published in *The American Journal of Drug and Alcohol Abuse* shows that American youth have become less likely to use marijuana in the past decades. The study showed a significant decrease in marijuana use among youth aged 12-17 years old. Between 2002 and 2013, the proportion of youth reporting strong disapproval of marijuana use increased from 74.38 percent to 78.92 percent.\(^1\) Perceived risk appears to be having an impact on youth as those who perceive great risk from marijuana use are less likely to use it.

In Iowa, youth marijuana use decreased by nearly 6 percent for 11th grade students and 3 percent for 8th grade students in the past seven years.\(^2\) In the figure shown here, marijuana use among 8th grade and 11th grade students has decreased from 17 percent to 11 percent and from 6 percent to 2 percent since 1999, respectively.\(^3\)

Marijuana use among youth is a public health problem. Although the current data show marijuana use has been declining among Iowa youth, many youth continue to use it. Marijuana use has been associated with serious mental and physical health problems. People who use marijuana may develop drug dependence and experience reduced pulmonary defense against infections.\(^3\) Children who use marijuana are more likely to drop out of school.\(^4\) It is important for Iowans to continue to raise awareness about the negative consequences associated with youth marijuana use.

For more information or to learn more about prevention and treatment resources, contact the Iowa Substance Abuse Information Center at 1-866-242-4111 or visit [http://www.drugfreeinfo.org/](http://www.drugfreeinfo.org/)

For more information regarding this article, or for suggestions on future articles, please contact Epidemiologist Toby Yak, MPH, PhD(c) at toby.yak@idph.iowa.gov

**References**


