



IOWA

Introduction

The National Association of State Alcohol and Drug Abuse Directors, Inc. (NASADAD) is a not-for-profit organization that works to promote effective and efficient State substance abuse service systems. NASADAD members include the State Substance Abuse Directors from the 50 States and five Territories. These State Directors, also known as Single State Authorities (SSAs), have the front-line responsibility for managing the nation's publicly funded substance abuse prevention, treatment and recovery systems.

Substance Abuse Prevention and Treatment Block Grant

The Substance Abuse Prevention and Treatment (SAPT) Block Grant is a formula grant awarded to every State and territory. It is the backbone of our publicly funded substance abuse prevention, treatment and recovery system. This flexible funding stream is designed to help States address their own unique needs related to addiction. In addition, 20 percent of the SAPT Block Grant is, by statute, dedicated to prevention services. Over the past four years, the overall SAPT Block Grant has been cut approximately \$20 million. Iowa's FY 2007 Block Grant allocation is approximately \$13.5 million.

SAPT Block Grant Yields Results: Through outcomes data, State substance abuse directors report that SAPT Block Grant-funded services help people remain alcohol and drug free; obtain or regain employment; stay out of the criminal justice system; find stable housing; and enter into recovery. The Iowa Consortium for Substance Abuse Research and Evaluation's Year Eight Report released in September 2006 found the following results for randomly selected clients on selected measures:

- At admission, 33.9 percent of clients reported no arrests in the twelve months prior to admission. At follow-up, 87 percent of clients reported no arrests in the six months after discharge.
- The percentage of clients employed full-time increased from 35.4 percent at admission to 51.8 percent six months after discharge
- For clients reporting cocaine as their primary drug of choice at admission, 78 percent were abstinent six months after discharge
- For clients reporting methamphetamine as their primary drug of choice at admission, 54.6 percent were abstinent six months after discharge

Family Treatment Services

Women and Children services are provided to Iowa residents with no financial means to obtain substance abuse and/or ancillary services other than through DPH or Medicaid funding. The programs focus on pregnant women or women with children, or women who are attempting to regain or maintain custody of their children. In delivering services, the provider must attempt to treat the family as a unit, admitting both women and their children when appropriate.

Prevention Services

Iowa reaches an estimated 304,503 persons with prevention services funded in part by the twenty percent prevention set-aside of the SAPT Block Grant.

Despite these efforts, Iowa remains concerned about the high levels of adult binge drinking would increase outreach with additional funding:

- Adult binge drinking – 18.6% of all adults are binge drinkers (5 or more drinks on one occasion)

| | | |
|--------|------------|--------------------------|
| Data – | Ages 18-24 | 38.4% are binge drinkers |
| | Ages 25-34 | 27.5% are binge drinkers |
| | Ages 35-44 | 21.3% are binge drinkers |
| | Ages 45-54 | 17.5% are binge drinkers |
| | Ages 55-64 | 8.6% are binge drinkers |
| | Ages 65+ | 3.0% are binge drinkers |

Iowa Quick Facts

Treatment Admissions

- 16,845 clients served through SAPT Block Grant; Over 42,000 clients served overall
- **Primary substance of abuse at admissions:**

| | |
|-----------------|-------|
| Alcohol | 45.1% |
| Marijuana | 24.6% |
| Methamphetamine | 23.3% |
| Cocaine/Crack | 4.7% |
| Other Opiates | 0.9% |
| Other | 1.4% |

- **Gender:**

| | |
|--------|-------|
| Male | 71.2% |
| Female | 28.8% |

- **Age:**

| | |
|-------------|-------|
| 6-14 | 0.6% |
| 15-18 | 9.0% |
| 19-24 | 28.2% |
| 25-34 | 28.9% |
| 35-44 | 21.3% |
| 45-54 | 10.1% |
| 55-64 | 1.6% |
| 65 and over | 0.3% |

- **Primary Race:**

| | |
|-----------------|-------|
| White | 92.0% |
| Black | 6.3% |
| American Indian | 1.2% |
| Other | 0.5% |

Treatment Gap

In 2002, it was estimated that 42,700 Iowans were in need of, but did not receive addiction treatment

Wait List

Treatment providers report wait lists of 6-10 weeks depending on care and service

National Outcome Measures (NOMs)

- **Abstinence from Drug/Alcohol Use**
- **Employment/Education**
- **Crime and Criminal Justice Involvement**
- **Stability in Housing**
- **Social Connectedness**
- **Access / Capacity**
- **Retention**
- **Perception of Care**
- **Cost Effectiveness**
- **Use of Evidence-Based Practices**

National Outcome Measures (NOMs)

NASADAD strongly supports the use of performance and outcome data to help improve services and improve lives. In fact, States across the country already capture and utilize data to help manage their systems. This experience shows that in order to effectively shape policy and practice decisions, such data must be clear, relevant and timely. The development and implementation of NOMs should help improve this decision-making process and paint a better picture of our substance abuse prevention and treatment system. As NOMs moves forward, NASADAD remains committed to working with SAMHSA to ensure that this data initiative evolves over time to take advantage of advances in technology and clinical practice.

Accountability

Iowa uses the following standards to measure performance for treatment services: 14 day follow-up; wait times for IV drug use; wait times for pregnant women; and/or Outcomes Monitor System.

When measuring performance for prevention services, providers are responsible for entering data for measuring of outcomes. All grants have quarterly reports, monitoring and technical assistance components.

If a provider needs to improve performance, there is a quality component to Substance Abuse Licensure regulations. Magellan has a Quality Improvement Clinical Reviewer who is required to complete site visits annually (on a Retrospective Basis) to all contracted providers. This site visit monitors clinical and claims data and all other areas of the providers contracting requirements (as required by the IDPH's contract requirements).

Staff is required to oversee the quality and performance of the prevention service grants – performing site visits and monitoring contract compliance through reports (site visit reports and quarterly/year-end reports).

This year, IDPH is using the CSAP Database Builder and has developed a common instrument for all SAPT Block Grant funded agencies to use pre- and post service delivery when administering recurring prevention services with the performance measures of increased perception of risk/harm or change in attitudes favorable to substance use.

If providers do not meet contract requirements, corrective action plans are developed. Technical assistance is then developed to help address the corrective action plans. If providers are unable to meet contract requirements and comply with corrective action plans, the State then reduces funding. Over the past four years, providers unable to meet performance measures made repayments of \$146,754 to the State.

A Solid Economic Investment: According to the National Institute on Drug Abuse (NIDA) and the White House Office of National Drug Control Policy (ONDCP), the economic cost to U.S. society of alcohol and drug abuse was \$328 billion in 1998. Only 3.9 percent of the total economic costs were for alcohol and other drug treatment. Investing in addiction services reduces costs and helps Americans across the county regain their lives and families.

A 2006 cost analysis study of the Iowa Jail-Based Substance Abuse Treatment Program examined the cost of treatment provision compared to the cost of a prison sentence. The average daily cost to house an inmate in a State prison facility in Iowa was determined to be \$64.02. The average cost for a client in the Jail-Based Substance Abuse Treatment Program was determined to be \$30.19. The majority of the jail based treatment clients interviewed for the study maintained abstinence, did not get arrested, and obtained full-time employment. In particular:

- The client abstinence rate increased by 82.4 percentage points from admission to discharge
- The client abstinence rate was 75.5% one year after discharge
- Over 80.2 % remained arrest free one year after treatment
- More clients were employed full-time one year after treatment



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