

Iowa's Application to the Edward Byrne Memorial Justice Assistance Grant Program

FFY 2026 Program Narrative

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Iowa Department of Public Safety – Stephan K. Bayens, Commissioner

Office of Drug Control Policy Staff

Susie M. Sher, Bureau Chief

Dennis Wiggins, Assistant Director of Programs

Craig Triplett, Executive Officer

Kathy Sullivan, Financial Manager

215 E. 7th Street
Oran Pape State Office Building
Des Moines, Iowa 50319
Phone 515-805-4115

<https://dps.iowa.gov/bureaus-iowa-department-public-safety/iowa-office-drug-control-policy>

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Description of the Problem/Issues

The following JAG Targeted Issues were developed through Iowa's Strategic Plan for the Edward Byrne Memorial Justice Assistance Grant (JAG) and the Iowa Drug Control Strategy which lays the foundation for the JAG Strategy. The Targeted Issues were developed with Iowa data indicators, research, lived experiences, and input from subject matter experts. Areas of emphasis include the increasing risk of substance use, and the intersection of drug use and the criminal justice system.

Targeted Issues - Justice Assistance Grant Program

Prevent short and long-term drug use, and associated dangers.

- Provide timely public education, alerts, and resources on emerging drug threats.
- Secure and safely dispose of prescription drugs to mitigate drug diversion and misuse.
- Implement environmental safeguards to prevent youth access to alcohol and drugs.
- Empower family and key influencers to talk with children and prevent substance use.
- Support community coalitions to prevent substance misuse, particularly among youth.
- Equip schools and employers with training to prevent and respond to substance use.
- Protect children from physical or psychological harm from others' risky behaviors.

Strengthen substance use response, referral, and crisis intervention.

- Expand multisource opioid antagonist access and utilization to reverse opioid overdoses.
- Enhance multi-disciplinary data sharing for timely and effective prevention and responses.
- Increase utilization of the Good Samaritan Act to promote timely drug overdose reporting.
- Prioritize referrals to treatment in drug interventions for long-term recovery.
- Expand SUD treatment referrals via primary healthcare professionals, hospitals, and clinics, using "Screening, Brief Intervention, and Referral to Treatment."
- Appropriately deflect more low-risk, drug-affected Iowans to SUD treatment and recovery in lieu of incarceration, hospitalization, or inaction via first responders, pre-charge diversion, post-conviction treatment courts, co-response models, and law enforcement liaison pathways.
- Reinforce training and deployment of responses such as Crisis Response Teams (CRTs).
- Raise awareness and use of the 988 Suicide and Crisis Lifeline and www.YourLifelowa.org.

Enhance access to effective treatment and recovery pathways.

- Increase the utilization of regional Mental Health and Substance Use Access Centers, as community diversion portals for care coordination and treatment services.
- Develop more Certified Community Behavioral Health Clinics (CCBHCs) to reduce barriers.
- Expand the number of sites for Medication Assisted Treatment (MAT) for opioid addiction.
- Enlist peer recovery coaches for addiction and post-overdose outreach.
- Recruit, train, and retain SUD treatment professionals in the workforce.

- Seek approval for pre-release Medicaid insurance for SUD treatment of the incarcerated.
- Refine the role of expanded telehealth services for SUD treatment.
- Increase support systems like Recovery Community Centers, peer recovery coaches, and faith-based support groups, to help more Iowans succeed in and out of treatment.
- Develop more recovery housing to help Iowans facing barriers to overcome addiction.
- Expand the caseloads of Specialty Courts to provide more long-term supervised SUD treatment for higher-risk Iowans, while also instilling accountability for public safety.

Interrupt illicit drug trafficking.

- Expand multi-disciplinary data sharing for timely and effective law enforcement responses.
- Support collaborative law enforcement efforts to intercept illicit drugs trafficked in Iowa through drug task forces and postal and parcel shipment drug interdiction.
- Conduct ongoing training of law enforcement on evolving needs and tactics.
- Empower Iowans to recognize and promptly report suspicious activities and threats.
- Advance efforts to stem the import and smuggling of illicit drugs into the United States.
- Collaborate with law enforcement outside of Iowa to interrupt dangerous drug trafficking.
- Utilize newly enhanced criminal sanctions to deter fentanyl and other drug trafficking that involves large amounts, targets youth, or kills or seriously injures a user.
- Quickly and clearly identify emerging drugs and inform the public with timely facts, while enforcing applicable laws and regulations.

Collaborate to demonstrate the power of people and partnerships.

- Parents, Family, and Influencers: Talk with youth, starting at home, about positive choices.
- Educators: Teach drug resistance skills, social media literacy, and how to get help.
- Youth and Adult Mentors: Lead by example by making healthy and safe choices.
- Behavioral Health Professionals: Prevent substance use and treat substance use disorders.
- Coalitions: Assess needs, create partnerships, build awareness, coordinate responses.
- Volunteers: Support community responses at multiple levels.
- Faith Community: Help families and members in need with education and referrals.
- Medical Professionals: Assess, treat, refer, and inform patients about behavioral health.
- Patients: Take, store, and dispose of prescription drugs responsibly.
- Law Enforcement/Prosecutors: Uphold public safety while diverting people to treatment.

- First Responders: Intervene, treat, and refer patients and their families.
- Case Managers: Help Iowans navigate behavioral health and other community services.
- Neighbors: If you see something, say something – Immediately notify law enforcement.
- Media: Alert Iowans to new or emerging drug issues, and where to get help.
- Local Officials: Set priorities, build consensus, and tailor responses to community needs.
- State Officials: Create and sustain drug policies that prioritize health and safety, decrease the normalization of substance use, interrupt the cycle of addiction, and deter trafficking.
- Federal Officials: Take reasonable and targeted action to stem the flow of illegal drugs into our country and subsequently into Iowa.

Current Efforts & Related Justice Assistance Grant Program Responses

Below is a highlight of the ongoing efforts in Iowa in the areas of prevention, treatment and supply reduction with a focus on those programs involving the justice system. Also included is a list of possible JAG subgrantee responses which complement existing efforts and the specific priorities of this strategy. The priorities and possible subgrantees responses will be communicated to potential subgrantees through the competitive application solicitation.

Prevention

The misuse of drugs and alcohol has a devastating impact on the safety and well-being of all Iowans. Substance misuse prevention consists of a wide array of prevention programming customized for delivery in homes, schools, businesses, and communities to stop risky behavior by Iowa youth before it starts and to help reduce the misuse of drugs by adult Iowans. Prevention is a vital part of a comprehensive drug control strategy. Preventing drug use before it begins and changing attitudes are cost-effective ways to build safe and healthy communities.

Youth who begin using substances as pre-teens or teenagers are much more likely to experience alcohol and other drug use problems later in life. Data indicates youth use of alcohol, tobacco or marijuana can increase the risk of other drug use at a later age. Delaying the onset of illegal drug use or alcohol misuse is an important strategy for reducing the incidence and prevalence of youth substance use and related crime.

Current Iowa Approaches to Prevention:

988: The 988 Suicide & Crisis Lifeline is a national network of local crisis centers that provides free and confidential support 24 hours a day, 7 days a week. Iowans who contact 988 will be connected to trained crisis counselors who provide crisis de-escalation and link individuals to the services and supports they need, when they need it. Counselors provide seamless coordination

with community-based crisis services, including warm handoffs to mobile response teams.

Increasing use of 988 will:

- Reduce the strain on law enforcement and emergency medical resources.
- Reduce confusion about how to access services and enhance mobile response efforts.
- Increase contact with those knowledgeable about local services and ensure quality.

Alcohol Compliance Checks: Iowa DPS and the Iowa Department of Revenue, Alcohol & Tax Compliance Division, implemented an alcohol compliance check program that helps increase adherence to alcohol regulations and reduces illegal alcohol sales to minors. By ensuring that alcohol is sold responsibly, compliance checks reduce underage drinking and its harms, improve community health and safety, and foster a culture of responsibility in a retail environment.

Community Coalitions: Effective community prevention coalitions work to improve systems and environments. Coalitions are effective at reducing alcohol and drug use among youth and adults. Collaborations between professionals and local volunteers work to build safe, healthy, and drug-free communities. The Iowa Alliance of Coalitions for Change (AC4C) helps promote greater networking and coordination among Iowa's community coalitions.

Drug Abuse Resistance Education: Taught by veteran police officers, D.A.R.E. reaches nearly 20,000 Iowa students per year. D.A.R.E. students learn to understand self-image, recognize and manage stress, evaluate risk-taking behavior, apply decision-making skills to make healthy choices and avoid risky behavior, improve communication, and understand consequences.

Drug Disposal Kit Dispensing Project: The Prescription Monitoring Program (PMP), Iowa Board of Pharmacy, and Iowa HHS, launched the community pharmacy Drug Disposal Kit Dispensing Program. All Iowa community pharmacies are encouraged to participate in the disposal kit program.

Hidden in Plain Sight (HIPS): The ODCP partnered with AC4C to provide HIPS backpack to agencies who train parents, caregivers, and educators on youth substance use trends in Iowa. HIPS backpacks are filled with stash containers and paraphernalia that can easily be mistaken for common items. This educational tool is portable and includes video and printed materials. Adults learn about the products, signs of substance use, and how to start a conversation with youth.

Integrated Provider Network (IPN): The Iowa HHS IPN is a statewide, community-based, resiliency- and recovery-oriented system of care for substance use and problem gambling services (prevention, early intervention, treatment, and recovery support). The IPN brings together three previously separate service systems: Substance Abuse Prevention, Substance Use Disorder Treatment, and Problem Gambling Prevention and Treatment.

Media Education, Digital Literacy & Wellness Campaigns: Media messages can influence knowledge, attitudes, and behavior, especially at an early age where high-risk digital activities correlate with future high-risk behaviors. From convincing teenagers to exercise healthy choices to reminding parents to talk with their kids about the dangers of drugs, alcohol and tobacco/vaping products, educational campaigns involving media partners are another prevention tool that can help raise awareness and reduce substance abuse.

Medical Practice: Primary health care providers are adopting new approaches recommended for improving patient care and preventing the misuse of medications. For example, revised guidelines issued by the U.S. Centers for Disease Control (CDC) for the appropriate prescribing of opioid pain relievers are becoming the standard for Iowa prescribers, insurers, and health care regulators. The Iowa Healthcare Collaborative also continues to assist Iowa's rural hospitals and communities by deploying evidence-based best practices to improve behavioral health outcomes by decreasing opioid misuse and the morbidity and mortality of SUD in high-risk, rural communities.

Mentoring and Youth Development: Many Iowa communities utilize evidence-based mentoring programs to reduce the risk of youth substance abuse and criminal behavior, and generally to improve the lives of young Iowans. The Iowa HHS, Iowa DPS, and Volunteer Iowa fund several mentoring programs across the State.

Methamphetamine Workgroup: Iowa HHS created a Methamphetamine Workgroup designed to implement a collaborative, department-wide approach to address methamphetamine in Iowa. The workgroup established collaborative activities to expand public awareness of methamphetamine. The workgroup focused on expanding and improving data collection and analysis related to methamphetamine to inform decision making and strategy development.

Overdose Data to Action in States (OD2A-S): In 2023, Iowa HHS was awarded \$2,507,303 a year for five years from the CDC to enhance the ability of state health departments to track and prevent nonfatal and fatal overdoses while also identifying emerging drug threats. OD2A-S emphasizes surveillance strategies and the promotion of evidence-based and evidence-informed interventions that have an immediate impact on reducing overdose morbidity and mortality, with a focus on opioids, stimulants, and polysubstance use. OD2A-S is a data-to-action framework built on the previous 2019-2023 OD2A iteration that reinforces the use of surveillance and other data to inform and drive prevention efforts and policies, with an emphasis on addressing health disparities.

Parent Partners: Iowa parents who overcome obstacles, such as addiction, and meet criteria established by Iowa HHS are trained to mentor other families navigating the child welfare system due to substance use disorders and other difficulties. Parent Partners collaborate with social workers and others to assist in family reunification, accountability and keeping children safe.

Prescription Monitoring Program: The Iowa Pharmacy Board's Prescription Monitoring Program (PMP) allows prescribers, pharmacists, and other health care providers to improve patient care by coordinating the medicines that are prescribed for Iowans. As health care professionals' use of the PMP tool has risen in recent years, suspected prescription drug diversion or "doctor shopping" has decreased. Enhancements and changes in Iowa law have made the database more user-friendly and effective and ensure greater utilization of the PMP for patient care by health care professionals. Nearly all prescriptions are now sent electronically to pharmacies. Due to integrations with electronic health and medical records, the PMP has seen a dramatic increase in utilization.

Prescription Drug Take Backs: All Iowans can help prevent the illegal diversion and misuse of prescription drugs by safely disposing of unused medicines. There are nearly 400 permanent, year-round, authorized collection sites at Iowa law enforcement centers and community pharmacies in all 99 counties. In addition, the DEA hosts the National Prescription Drug Take Back Day every spring and fall. More information and a map of drop-off locations can be found on ODCP's website.

Strategic Prevention Framework for Prescription Drugs: In 2021, Iowa HHS was awarded \$384,000 a year, for five years, to help reduce the misuse of prescription drugs for youth ages 12-17 and young adults 18-25 in three Iowa counties. The purpose is to raise community awareness about the dangers of sharing and misusing medications, as well as to work with pharmaceutical and medical communities to reduce overprescribing. These counties will use the data-driven Strategic Prevention Framework model to help increase the effectiveness of prevention outcomes.

Priority JAG Subgrantee Responses – Crime and Substance Abuse Prevention

- Drug Endangered Children Program
- School-based prevention programs with local community coalition participation
- Programs which provide information to the public on emerging drugs
- Public service campaigns to empower caregivers to educate their children about drugs of abuse
- Prevention and youth development services targeting high risk youth and their parents
- Programs that integrate substance use prevention services with other services provided through the Department of Health and Human Services and the Department of Corrections
- Efforts to enforce drunk and drugged driving laws
- Anti-drug coalition programs that establish environmental prevention strategies and activities
- Programs that address underage and binge drinking
- Diversion to treatment for low-risk, non-violent alcohol, and drug addicted offenders

- Programs to monitor illegal prescription drug use and potential diversion
- Programs that improve early identification of substance use issues in high-risk populations
- Programs that promote data driven policy development

Treatment

Effective substance use disorder (SUD) treatment addresses addiction issues and has a long-term positive impact on the person using drugs, their family and the community-at-large. Treatment effectively works to reduce relapse and arrest, decrease hospitalizations, increase employment, and reduce costs associated with substance use disorders. Treatment must be comprehensive, tailored, evidence-based, and multi-systemic. It must enhance a client's motivation (why they need to change), insight (what to change) and skills (how to change).

Appropriate and effective SUD treatment is essential in breaking the cycle of addiction and promoting public safety. Few people enter SUD treatment without intervention from family members or sanctions from authority figures such as employers or criminal justice officials. For many, an arrest is the first step in a long process of rehabilitation and recovery. In Iowa, as many as 58% of the clients screened/admitted to SUD treatment are referred by the criminal justice system.

The use of alcohol and other drugs has long been associated with crime and delinquent behavior that disrupts family, neighborhood, and community life in fundamental and long-lasting ways. Over 66% of all prison inmates have an identified substance use disorder. Studies have shown that SUD treatment reduces not only drug use but related crime as well. Iowans are safer when offenders returning to their communities have completed treatment.

There are many proven and developing paths to recovery from substance use disorders, and specialized treatment (e.g., Drug Courts, other problem-solving courts, Jail-Based treatment, co-occurring substance use/mental health disorder programs, opioid-related Medication Assisted Treatment (MAT), and pre/post arrest diversion to treatment) can be effective. Tele-treatment has enhanced access to services and is being monitored for outcomes. The Iowa HHS oversees more than 120 licensed SUD treatment programs and many professionals affiliated with those agencies. These agencies serve Iowans via a full continuum of care that includes all levels of outpatient services, halfway houses, residential treatment, detoxification, and medication assisted treatment.

Increasing treatment capacity is an important step in getting Iowans the help they need when they need it. This requires an efficient alignment of resources to provide SUD treatment services with timely access, reliable needs and risks assessments, proper types, and levels of care, and follow up.

Current Iowa Approaches to Substance Use Disorder Treatment:

Access Centers: The development of regional Mental Health and Substance Use Disorder Access Centers, as legislated in 2018, is providing for easier hand-offs and referrals to treatment. These centers provide immediate assessments for individuals with mental health or substance use issues. The centers are designed to assess and treat immediately and refer to additional services if needed.

Crisis Intervention and Connection: Many Iowa law enforcement officers are receiving Crisis Intervention Team training (CIT) to better assist individuals with behavioral health disorders. Some law enforcement agencies are also working on pre-arrest or pre-trial diversion projects and co-response projects with behavioral health providers. Certain offenders who are assessed as low-risk and needing help are diverted from the justice system and into SUD treatment or other services.

Family First: The Family First Prevention Services Act is restructured child services to improve outcomes. Key components include providing mental health services, SUD treatment services, parent education, and individual and family counseling. It also includes kinship navigator programs, designed to support relatives and fictive kin when a child cannot be safely kept in the home.

Iowa Opioid Help: The Iowa Attorney General's office developed IowaOpioidHelp.com to direct Iowans to treatment centers with an interactive map. The website also provides a pathway to recovery where visitors will learn about Medication Assisted Treatment (MAT), an FDA-approved method to reduce cravings and withdrawal symptoms for people with opioid use disorder.

Iowa Opioid Targeted Response Grants: The State Opioid Response 3 (SOR3) grant was awarded to Iowa HHS to support, increase, and improve the prevention, treatment, recovery, and harm reduction efforts that intend to reduce the negative impacts of the opioid and stimulant crises in the state. Iowa's SOR projects are consistent with the department's "recovery-oriented system of care" model that integrates substance use prevention, treatment, and recovery support services.

Iowa SUD Treatment: The Iowa HHS oversees more than 120 licensed SUD treatment programs. These agencies serve Iowans via a full continuum of care that includes all levels of outpatient services, halfway houses, residential treatment, detoxification, and medication assisted treatment. Tele-treatment has enhanced access to services and is being monitored for outcomes.

Medication Assisted Treatment: As an effective form of opioid treatment, efforts are underway to expand Medication Assisted Treatment (MAT) in Iowa. According to the SAMHSA Buprenorphine Treatment Practitioner Locator, Iowa has 182 prescribers listed with published information. More information can be found at Medications for Addiction Treatment (MAT) | Health & Human Services.

Opioid Settlement Funds: The Iowa Attorney General signed the opioid settlement in 2021. The settlement will bring \$178 million to Iowa for opioid abatement over the next 18 years. The settlement parameters prescribes the sharing agreement between the state and local units of government. Local units of government generally began funding local priorities in FY2024 while the state is currently in the process of identifying subrecipients.

Opioid Overdose Reversal: Naloxone is an opioid overdose reversal drug available at nearly every pharmacy in Iowa. Facilitated by an Iowa HHS statewide standing prescription order, access to naloxone in Iowa has expanded significantly. Iowa businesses, organizations, and schools can request free naloxone for on-site use and Iowa HHS currently has two community-based naloxone distribution initiatives. More information can be found at naloxone.hhs.iowa.gov.

Pre/Post-Arrest Diversion to Treatment: Iowa has a mix of pre-arrest and post-arrest diversion, and deflection programs operating across the state. The programs enable law enforcement or prosecutors to connect people struggling with SUD to services. Communities formalize protocols to determine how low-level, low-risk individuals with a substance use disorder will be referred to a local care coordinator and directed to treatment or other services, rather than the justice system.

Recovery Community Centers: Four recovery community centers, run by people with lived experience, are currently operating in Iowa and more are scheduled to open in the next few years. Recovery coaches or peer support specialists help connect others to resources.

Second Chance Offender Reentry: A smooth transition from prison to a community environment prepares offenders to manage their lives in a pro-social, law-abiding manner, without correctional supervision. The Iowa Department of Corrections (IDOC) re-entry program addresses job training, employment assistance, education, mentoring, substance use disorder and mental health treatment, family-based services, literacy classes, and housing. The goal of Iowa's reentry programs is to improve public safety by reducing recidivism and lowering criminal justice system costs.

Specialty Courts: Iowa currently has 39 specialty courts that address the underlying problems driving an individual's contact with the justice system. These courts work intensively with community professionals to empower individuals to break free from substance use and mental health issues. Treatment teams include a judge, substance abuse treatment provider, attorneys, and private agency providers. Many of the specialty court programs located in one county also serve persons from other counties in the judicial district.

State Pilot Program for Pregnant and Postpartum Women: The Iowa HHS was awarded a grant designed to: (1) support family-based services for pregnant and postpartum women with a primary diagnosis of a substance use disorder, emphasizing the treatment of opioid use disorders; (2) help state substance use agencies address the continuum of care, including services provided

to pregnant and postpartum women in non-residential based settings; and (3) promote a coordinated, effective and efficient statewide system, managed by state SUD agencies encouraging new approaches and models of service delivery.

YourLifelowa.org: The Iowa HHS created and maintains YourLifelowa.org for Iowans to get help for mental health concerns, thoughts of suicide, substance use, problem alcohol use, problem gambling, and more. Iowans can visit the website YourLifelowa.org or call 855-581-8111 for 24/7 resources, intervention, and referrals.

Priority JAG Subgrantee Responses – Intervention/Treatment

- Programs to divert non-violent offenders from jail or prison to treatment
- Juvenile and adult specialty court programming
- Programs to provide case management resources for community-based criminal offenders receiving treatment services
- Jail-based treatment
- Narcotics training opportunities for local law enforcement, courts, and prosecutors
- Crime lab enhancements that reduce turnaround time for evidence analysis
- Precursor diversion prevention and enforcement programs
- Programs that link correctional resources with other partner sectors to enhance correctional client compliance with the conditions of probation/parole
- Intensive supervision programs for drug and other high-risk probation/parole clients
- Programs to assist offender transition from jail or prison to the community
- Increasing treatment resources for juvenile or adult offenders
- Programs that provide substance-free supervised transitional housing
- Programs that enhance crime-free public housing
- Co-occurring disorder community-based programs
- Medication Assisted Treatment
- Programs that increase the availability and use of naloxone

Enforcement and Supply Reduction

Reducing the supply of illegal drugs in Iowa communities enhances public safety and helps break the cycle of addiction that compromises the health and safety of Iowans. We are also gaining a better data-informed understanding of the potential traffic safety impacts of drug-impaired driving, even as new challenges emerge. People who misuse alcohol and other drugs may be more inclined to commit crimes that pose a public safety threat.

Criminal behaviors involving alcohol and other drugs are not all the same, and neither should the State's response. However, the process by which criminal and juvenile justice is served must be fair for all Iowans. One goal of the Iowa Drug Control Strategy is to reduce the number of Iowans

incarcerated, including disproportionate minority incarceration, by making greater use of non-justice system responses for low-risk individuals with a substance use or mental health disorder.

There are several ways to accomplish this goal, and some involve law enforcement. Examples of alternative responses include prevention; treatment; and pre/post-arrest diversion to treatment, in which law enforcement officers or prosecutors direct qualified individuals to substance use disorder (SUD) or mental health treatment instead of the justice system.

The primary role of law enforcement is to maintain public safety for all Iowans by removing large quantities of dangerous drugs like methamphetamine and fentanyl. One current byproduct of law enforcement efforts directed at illegal drug activity is that up to 58% of Iowans entering state-licensed SUD treatment are referred there via the justice system. This represents one significant pathway for drug-affected Iowans who may otherwise struggle to get needed help.

Education is another function of some law enforcement officers, many of whom work with school-aged students and others on prevention techniques for making healthy choices when it comes to addictive substances.

Drug enforcement and supply reduction are essential public safety strategies that work with prevention and treatment as part of a comprehensive approach to reducing risky behavior and improving the health of Iowans. Enforcement also serves as a form of intervention or referral pathway for many Iowans and empowers adults to educate youth on the risks of substance use.

Current Iowa Approaches to Drug Enforcement and Supply Reduction:

COPS Anti-Methamphetamine and Anti-Heroin Programs: The Iowa DPS received grants to advance public safety by providing funds to state and local law enforcement agencies with high rates of methamphetamine, heroin, and other opioid use. The funding is used to investigate illicit activities related to the distribution of methamphetamine and heroin, or unlawful diversion and distribution of prescription opioids, through statewide collaboration.

Interdiction: Drug interdiction by Iowa law enforcement can be a helpful tool in interrupting and deterring large shipments of dangerous illegal drugs into or through our state. In addition to various modes of transportation, drug interdiction efforts may also focus on shipping and mail services.

International Drug Trafficking: Increasingly large quantities of cheap, pure methamphetamine are being smuggled into the U.S. and states like Iowa and serves as a vivid reminder that cooperation among local, state, national and international partners is imperative. Illegal drug supply reduction efforts by Iowa law enforcement officers are often coordinated with other authorities working to disrupt the pipeline at or near the source of illegal drug production and distribution.

Methamphetamine Lab Reduction: Though methamphetamine produced and distributed by Mexican drug cartels remains plentiful in Iowa, domestic methamphetamine labs have nearly been eradicated. By regulating key ingredients and combining public awareness, retailer enforcement, strong enforcement, and environmental prevention strategies, Iowa has been successful in nearly eliminating labs.

Multi-Jurisdictional Drug Task Forces: Iowa has 16 drug task forces covering 58 counties. These task forces are often the first line of defense against drug-related threats. Local law enforcement works with the Iowa DPS and federal agencies. While the primary mission is public safety through drug enforcement, they also play a major role in protecting drug-endangered children, removing weapons from communities, and directing more drug-addicted offenders into SUD treatment.

Protecting Drug Endangered Children: The Iowa Alliance for Drug Endangered Children (DEC) incorporates the principals of substance use disorder prevention, intervention, treatment, child protection, prosecution, and drug enforcement to protect children from drug users, dealers, and manufacturers. Through protocols, training, policy and other efforts, Iowa's DEC Alliance facilitates law enforcement officers working side-by-side with child welfare case workers, prosecutors, court officials and health care providers toward a common goal of protecting vulnerable children. The DEC model helps interested stakeholders form a safety net for children and encourages custodial parents to address their addictions so that Iowa families can be reunited on a healthy trajectory.

State Crisis Intervention Program (SCIP): The Iowa DPS received a grant to implement state crisis intervention court proceedings and related programs or initiatives to reduce gun violence, including behavioral health deflection and treatment, mental health courts, and drug courts.

Traffic Safety Enforcement: The Iowa Drug Recognition Expert (DRE) Program aids in the statewide plan for the Governor's Traffic Safety Bureau (GTSB) of reducing instances of impaired driving. Advanced Roadside Impaired Driving Enforcement (A.R.I.D.E.) is also a valuable tool in training officers to identify and remove drug and alcohol-impaired drivers from Iowa's roadways.

Priority JAG Subgrantee Responses – Drug Enforcement and Supply Reduction

- Programs to divert non-violent offenders from jail or prison to treatment
- Multi-jurisdictional drug enforcement task forces
- Program that uses drug intelligence systems to increase law enforcement effectiveness
- Narcotics training opportunities for local law enforcement and prosecutors
- Crime lab enhancements that reduce the backlog and turnaround time for evidence analysis
- Precursor diversion enforcement programs

- Linking resources with law enforcement to enhance compliance with probation/parole conditions
- Family drug courts
- Prisoner re-entry programs
- Programs that support mental health services for offenders
- Equipment that improves the effectiveness/efficiency of justice systems

JAG Subgrant Award Process

Competitive Process

The Office of Drug Control Policy utilizes a competitive application process to pass grant funds through to eligible subgrantees. The competitive process will be similar to that employed by the Department of Justice. The solicitation will include both a written and interview component designed to gather information on the following components: data assessment and description of problem, implementation planning, best practices or evidence-based practices, goals and objectives, and performance evaluation.

Technical assistance in developing competitive responses to the solicitation will be offered to eligible applicants by the Office of Drug Control Policy. The application process will be utilized to identify projects which articulate specific crime and drug control issues relating to the stated JAG priorities.

ODCP utilizes an electronic grant management system which is used to efficiently manage the grant process. The system contributes to efficient and transparent management and includes components to manage application, review, contracting, finances, progress reporting, data collection, and communications. Data related to subgrantee activity, progress, and financial expenditures will be shared on a quarterly basis with the Bureau of Justice Assistance through the PMT and GMS systems.

Eligible Applicants

Those eligible to receive formula JAG funding include state and local units of government, Indian tribes, faith-based organizations, and nonprofit entities. A local unit of government is defined as a city, county, town, township, or other general-purpose political subdivision of a state, and includes Indian tribes that perform law enforcement functions as determined by the Secretary of the Interior. A city or county must be the legal applicant and recipient on behalf of city and county departments. Iowa faith-based and nonprofit organizations are eligible to receive grant funding, but the application must be made through a state or local unit of government. For purposes of the application, Iowa school districts, public universities, and community colleges are considered eligible applicants.

Program Announcement

Applications for 2026 JAG funding will be received by ODCP through Iowa's enterprise grant management system (www.iowagrants.gov). The Office of Drug Control Policy's standard procedure for notifying potential applicants includes e-mails to potential applicants, posting on our website, issuance of a press release, and posting the opportunity on the state enterprise grant management system. We also work with associations and federal agencies to help promote the opportunity in meetings and through normal correspondence with constituents.

Grant Period

Grants are expected to be awarded by the ODCP for a one-year period beginning July 1, 2028, through June 30, 2029. Grant projects are funded on a reimbursement basis. All subrecipients must complete and submit monthly expenditure report forms requesting federal reimbursement, and quarterly progress report forms. Financial and progress reporting will be submitted through the electronic grant management system.

Grant Review

As part of ODCP's assessment of grant applications, eligible applications will be reviewed and scored by staff. Reviewers have strict conflict of interest requirements and will not take part in the application or administration of projects requesting JAG funding for which there is a conflict. Reviewers will certify to ODCP that they have no conflict of interest with grants under review. All eligible applications will be evaluated using the criteria included in the application solicitation.

The Grant Award Process

The following criteria shall be considered in awarding federal JAG funds to applicants:

- Availability of federal funds
- Eligibility of applicant, based on U.S. Department of Justice guidelines
- Priorities established by ODCP and outlined in the JAG Strategy
- Average review score and recommendations from reviewers
- Prior measurable performance and effectiveness of programs, including those previously receiving federal funding through the ODCP, including, but not limited to program and financial management, program impact (ability to meet or exceed previously approved goals and objectives), and quality and timeliness of reporting
- Data-based and/or evidence-informed merit of the proposal

Subrecipient Agreements

Following confirmation of approval from BJA, ODCP will follow the standard grant awarding process which includes the following steps:

- Notification of Intent to Fund – formal notification sent to the project director.

- Notification to unsuccessful applicants will be sent to the identified project director.
- Both successful and unsuccessful applicants have the right to appeal.
- Appeal – Iowa Administrative Rule 661 defines the appeal process.
- Contract – successful subgrantees will enter into a contractual agreement. The agreement requires the project director and legal applicant to sign the grant agreement, grant program certification, terms, and conditions, and supporting documentation. The contracting process includes all of the standard DOJ-related terms and certifications utilized with other grants administered by ODCP. The grant application is referenced in the award documentation as the scope of work. On a case-by-case basis, special conditions may be applied to projects to ensure compliance with specific concerns identified in their application or to address specific requirements of the grant program.

Appeals

Grant awards will be issued on or around June 1, 2028. Preliminary notices will be sent to those individuals identified as project directors in the applications. Any applicant whose proposal has been filed according to instructions contained herein, and who is aggrieved by the awards made, may request an appeal within ten working days of the date of the notification of preliminary awards, based only on a showing that the instructions governing the grant selection process have not been properly applied. Such appeal can be made as provided in [Iowa Administrative Rule 661-10.301 et seq.](#)

Implementation/Time Task Plan

[illegible]

Project Design and Implementation

Strategy Development Process

Iowa Department of Public Safety, Office of Drug Control Policy (SAA)

The Iowa Department of Public Safety, Office of Drug Control Policy (ODCP) is designated as Iowa's State Administering Agency (SAA) for the Byrne Justice Assistance Grant Program. The Bureau Chief of the ODCP is required by statute to coordinate and monitor all statewide narcotics enforcement efforts, state and federal substance use disorder (SUD) treatment grants and programs, and statewide substance abuse prevention and education programs in communities and schools.

Given the degree to which the criminal justice system is driven by substance use in Iowa, and following BJA and NCJA's direction, Iowa has elected to align the JAG Strategy with the comprehensive Iowa Drug Control Strategy. The Strategy is developed by the ODCP, in conjunction with local, state, and federal officials working within, and in support of, the criminal justice system, as well as with the general public, local associations, media, and other businesses and organizations. The Edward Byrne Memorial State Justice Assistance Grant (JAG) Program Strategy is one of several elements of the comprehensive Iowa Drug Control Strategy.

Utilizing the information gathered from the public, the data collected through needs and resource assessments, and professional experience, the ODCP established statewide goals and objectives with specific recommendations dealing with all components of substance use and criminal justice programming. The Strategy is developed in four distinct phases described in detail throughout this document and summarized below.

Public Input

The strategy development process includes several opportunities for input from the public. A draft copy of the JAG Strategy is posted online, and a statewide press release is issued, inviting the public to comment. Public input is also received at periodic community listening posts and similar forums. The ODCP participates in public listening posts with the Partnership for a Healthy Iowa and others.

From time to time, the ODCP commissions surveys of Iowans on specific issues of concern. Detailed information is collected on citizen's behavior, opinions, and knowledge. Surveys have included topics such as pandemic impacts on substance use and justice, pharmaceutical and over-the-counter drug misuse/abuse, beer and liquor taxes, and pseudoephedrine tracking system use. Similar surveys are sometimes also conducted of constituent professionals in the criminal

justice, medical, health, and human service fields to add to our knowledge base and obtain suggestions and feedback on relevant issues.

Need Assessment/Resource Needs

ODCP staff collect and analyze a series of substance use and criminal justice data indicators, which provide historical trend data of relevance to evaluate the efforts to reduce both the use and prevalence of alcohol and other drugs in Iowa and related criminal justice issues. A summary of the data analysis/needs assessment is included in the JAG Strategy which is attached to this application.

Drug Policy Advisory Council

Until mid-2024, ODCP was required by Iowa Code to have an advisory board called the Drug Policy Advisory Council (DPAC). DPAC was made up of 15 governor-appointed representatives from diverse backgrounds, multiple components of the criminal justice field, as well as professionals from the substance use treatment, education, and prevention fields. All levels of government were represented on the Council. Historically, the Bureau Chief chaired the Iowa Drug Policy Advisory Council (DPAC). As the state planning and coordinating body charged with making policy recommendations to state departments concerning the administration, development, and coordination of programs related to substance use education, prevention, treatment, and enforcement, DPAC was required to meet multiple times each year.

The requirement for the DPAC was eliminated from Iowa Code in mid-2024 as part of a larger evaluation and reorganization of all state boards and commissions. Although the code no longer mandates the DPAC, the ODCP Bureau Chief continues to foster the relationships built through our work with the DPAC. The Bureau Chief maintains ODCP's work with former DPAC members and others to assist in the development and implementation of local and community strategies to reduce substance use and related criminal justice activities.

Strategy Review and Submission

The Strategy is edited by the ODCP to meet the guidelines for the JAG Grant Application and forwarded to the BJA as the planning document for the JAG Grant Program. The JAG grant strategy/application undergoes an annual review by the Governor and Legislature as well as the general public.

Capabilities and Competencies

Coordination of Efforts

Formula grant funds are administered by the Office of Drug Control Policy. The responsibilities of the Bureau Chief of the ODCP are defined in Iowa Code Chapter 80E and include the following:

- assist in the development and implementation of local and community strategies to fight substance use disorder, including local law enforcement, education, and treatment activities
- coordinate and monitor all statewide drug enforcement efforts
- coordinate and monitor all state and federal substance use treatment grants and programs
- coordinate and monitor all statewide substance use prevention and education programs in communities and schools
- help coordinate the efforts of the state Departments of Corrections, Education, Health and Human Services, and Public Safety
- provide advisory budget recommendations relating to substance use treatment, enforcement, and prevention and education

The ODCP Bureau Chief continues to work closely with the former members of the 15-person Drug Policy Advisory Council. To provide direction for developing policies and programs, these experts in their fields continue to advise ODCP. ODCP worked in consultation with DPAC to identify and develop a series of substance abuse and criminal justice measures specifically devoted to tracking substance misuse and their impact on communities, including the justice and behavioral health systems. This information is reviewed and discussed regularly and is used for making policy and program recommendations to state departments concerning the administration, development, and coordination of programs related to substance use education, prevention, treatment and criminal justice. In addition, the data indicators serve as the foundation of the Iowa Drug Control Strategy.

Administration of Criminal Justice and Substance Abuse Programming

The State Administrative Agency, the Iowa Department of Public Safety, Office of Drug Control Policy (ODCP) will administer the grant. The ODCP administers approximately \$6-8 million in justice grants annually and collaborates with other agencies on other grants and programs. The ODCP will be responsible for program oversight to ensure compliance with all federal regulations, financial stewardship, annual reporting, and monitoring/reporting of quarterly program performance.

The key staff member assigned by ODCP to administer this grant has 36 years of experience administering programs and working collaboratively with participating agencies. Program related performance measures will be reported to the Department of Justice by ODCP on a quarterly basis by the Grant Manager. Financial performance measures will be reported to the Department of Justice on a quarterly basis by the Fiscal Manager. According to the National Institute of Health, the number of adults involved in the criminal justice system has soared from about 1.8 million in 1980 to 7.3 million in 2017, due largely to drug-related crimes and drug-addicted offenders.

Criminal offenders have rates of substance abuse and dependence that are more than four times that of the general population.

CASA Columbia's research found that 1.5 million (65%) of the 2.3 million inmates incarcerated in our prisons and jails met medical criteria for addiction. Nearly half a million additional inmates, while not addicted, were under the influence of alcohol or other drugs at the time of their crime; committed their offense to get money to buy drugs; were incarcerated for an alcohol or other drug law violation; or shared some combination of these characteristics.

The Iowa experience has been similar to the national problem described above. The Iowa Department of Corrections estimates that 65 -75% of offenders in the prison system meet the criteria for substance use disorder, many with co-occurring mental health disorders. A review of the data included in the Data and Analysis of Need section clearly identifies substance use as a key driver in criminal justice administration.

A review of the data included in the Data and Analysis of Need section clearly identifies substance use as a key driver in criminal justice administration. The 2026 State Formula JAG Award will be utilized by Iowa to identify programs that address drug control and criminal justice system enhancements. Grant funding is competitive but based on prior experience we expect grant funding to support drug enforcement task forces, youth development, crime and substance use prevention, innovative correctional programming, mental health and criminal justice collaborations, specialty courts and other criminal justice innovations. The JAG program in Iowa relies on evidence-based practices and the open competitive process to identify areas of greatest need and innovative responses to those needs.

Data Collection Plan

The Office of Drug Control Policy will include language in all grantee sub-contracts which identify the performance measurements required by the Byrne-JAG program. Quarterly reporting on these measures will be a condition of receiving grant funding.

The Office of Drug Control Policy utilizes an enterprise electronic grant management system. The grant management system is capable of administering grants from application through closeout. Financial and program reporting is a standard component for each grant and includes the BJA Justice Assistance Grant Program Performance Measures along with other special reporting requirements associated with the grant program. Grantees are required to submit these measures through the grant management system on a quarterly basis.

In addition to those indicators prescribed by BJA, the Office of Drug Control Policy continues to collect performance measures which track the activities and specific objectives of individual projects and programs. This information will be combined with the data collected for BJA in

assessing program performance and will be submitted in the state annual report. The grant management system will require that sub-recipients be current with program progress reporting to be eligible to process financial claims for reimbursement.

Program related performance measures will be reported to the Department of Justice by ODCP on a quarterly basis by the Assistant Director of Programs. Financial performance measures will be reported to the Department of Justice on a quarterly basis by the Chief Financial Officer.

The Office of Drug Control Policy is responsible for the DCRA data collection within the state of Iowa. The Office of Drug Control Policy works with justice system stakeholders through effective formal and informal agreements that provide information regarding death-in-custody cases. These stakeholders include but are not limited to the Iowa Department of Corrections, the Office of the State Medical Examiner and state/local law enforcement. The Office of Drug Control Policy also retrieves information through public document search. The DCRA information is collected on a quarterly basis, and the information is uploaded to the BJA PMT website as required.