

**Iowa's Strategic Plan for the
Edward Byrne Memorial Justice Assistance
Grant (JAG) Program**

2022

CFDA 16.738

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Acknowledgments

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Strategy Development Process

Governor's Office of Drug Control Policy (SAA)

The Governor's Office of Drug Control Policy (ODCP) is designated as Iowa's State Administering Agency (SAA) for the Byrne Justice Assistance Grant Program. ODCP is led by the State Drug Policy Coordinator, who is directed 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.

The Coordinator chairs the Iowa Drug Policy Advisory Council (DPAC). DPAC is a diverse 15-member governor-appointed state planning and coordinating body with responsibilities for making policy recommendations to state departments concerning the administration, development, and coordination of programs related to substance abuse education, prevention and treatment. The Iowa Drug Policy Coordinator works closely with DPAC members and others to assist in the development and implementation of local and community strategies to reduce substance abuse and related criminal justice activities.

Given the degree to which the criminal justice system is driven by substance abuse in Iowa and following BJA and NCJA's direction, Iowa has elected to align the JAG strategy with the comprehensive Drug Control Strategy. The strategy is developed by the Governor's Office of Drug Control Policy (ODCP) and its advisory board, the Iowa Drug Policy Advisory Council (DPAC) 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 Drug Control strategy.

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. All strategy planning sessions are advertised and open to the public for input and comment. A draft copy of the JAG strategy is posted online and a statewide press release is issued inviting the public to comment. The strategy is posted on the public document section of the State Library's

website. Public input is also received at periodic community listening posts and similar forums. The Office of Drug Control Policy typically participates in public listening posts with the Partnership for a Healthy Iowa and others, though many of these opportunities have been put on hold by the pandemic.

From time to time the Office of Drug Control Policy 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 abuse 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, and human service fields to add to our knowledge base and obtain suggestions and feedback on particular issues.

Need Assessment/Resource Needs

ODCP and the Drug Policy Advisory Council collect and analyze a growing series of substance abuse 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 this document and the full version is included as an attachment.

Drug Policy Advisory Council

ODCP's advisory board, the Drug Policy Advisory Council, is made up of governor-appointed representatives from multiple components of the criminal justice field, as well as professionals from the substance abuse treatment, education and prevention fields. All levels of government are represented on the Board.

The Iowa Drug Policy Advisory Council membership is defined in Iowa Codes Section 80E and includes the following:

Iowa Drug Policy Advisory Council Membership

Dale R. Woolery

Drug Policy Coordinator

Vacant

County Attorney's Association

Katrina Carter

Department of Corrections

Barb Anderson

Department of Education

Vern Armstrong
Department of Human Services

Kevin Gabbert
Department of Public Health

Ryan Moore
Department of Public Safety

Steve Michael
Department of Human Rights

Terra Kinney
Iowa Peace Officers Association

Jason Sandholdt
*Iowa State Sheriffs and
Deputies Association*

Jason Feaker
Iowa State Police Association

Patrick Coughlin
Substance Abuse Treatment Director

Leslie Russell
Substance Abuse Treatment Specialist

Christina Wilson
Substance Abuse Prevention Specialist

Honorable Sharon Greer
Judicial Branch

Non-Voting Members

Miriam Landsmand/Brad Richardson
*Iowa Consortium for Substance Abuse
Research and Evaluation*

Lt. Col. Jon Borg
Iowa National Guard

Steve Larson
Alcohol Beverage Division

Chief Rob Burdess
Iowa Police Chiefs Association

Jeff Wright
State Public Defender

Flora Schmidt
Iowa Behavioral Health Association

Utilizing the information gathered from the public, the data collected through the needs and resource assessment, and professional experience, DPAC established statewide goals and objectives with specific recommendations dealing with all components of anti-substance abuse/criminal justice programming.

Strategy Review and Submission

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

Data and Analysis of Need

General Indicators of the Trends in Drug Use and Crime

In SFY 2021, the Iowa Department of Public Health (IDPH) screened over 39,500 patients for substance use disorder treatment (SUD) services. The overall number of patients declined due to the COVID-19 pandemic. The percent of patients reporting a primary substance of alcohol increased to 44.1%. The percent of all patients reporting marijuana decreased to 20.7%. Marijuana remains the most reported substance for juveniles aged 10-17 years old. Reported use of methamphetamine remained steady near the highest level on record at 23.7%. Use of heroin was reported by 3.9% of patients. Although low, this is the highest percentage on record.

Primary Substance of Abuse for Iowa Adult and Juvenile Clients Screened/Admitted to Substance Use Disorder Treatment

Year	Alcohol	Marijuana	Meth	Cocaine/ Crack	Heroin	Other	Total Clients*
2012	49.9%	26.3%	10.5%	2.3%	0.9%	10.1%	50,870
2013	51.2%	26.7%	13.1%	1.9%	1.2%	5.9%	51,045
2014	50.0%	25.6%	14.8%	1.7%	1.6%	6.3%	48,621
2015	49.2%	25.8%	16.0%	1.6%	2.0%	5.3%	48,098
2016	47.1%	25.1%	17.6%	1.4%	2.5%	6.3%	47,309
2017	45.2%	25.3%	19.8%	1.5%	2.5%	6.2%	46,429
2018	43.1%	25.6%	21.7%	1.5%	2.8%	6.4%	46,878
2019	42.7%	25.4%	22.8%	1.5%	2.7%	4.9%	45,359
2020	41.8%	23.2%	23.8%	1.4%	3.6%	6.2%	42,757
2021	44.1%	20.7%	23.7%	1.2%	3.9%	6.4%	39,564

**In some instances, screens/admissions may be double counted if a client is screened and later admitted for different substances.*

Source: SFY, [Iowa Department of Public Health, Division of Behavioral Health](#)

Iowa Department of Public Health data show that alcohol remains by far the number one substance misused in Iowa, with 17,047 adults and 411 juveniles (patients aged 10-17 years-old) presented with alcohol as their primary substance.

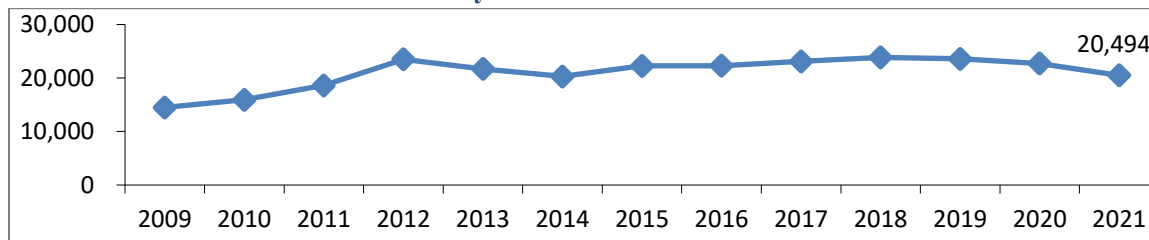
Primary Substance of Abuse for Iowa Clients Screened/Admitted to Treatment

Primary Substance	Juvenile Clients	Adult Clients	% of Total
Alcohol	411 (21%)	17,047 (45%)	44%
Marijuana	1,379 (71%)	6,833 (18%)	21%
Methamphetamine	71 (4%)	9,300 (25%)	24%
Cocaine	7 (<1%)	454 (1%)	Less than 0.1%
Inhalants	3 (<1%)	23 (<1%)	Less than 0.1%
Opioids	20 (1%)	3,335 (9%)	8%
Other/Unknown	58 (3%)	549 (2%)	2%
Total	1,949	37,541	100%

Source: SFY 2021, [Iowa Department of Public Health, Division of Behavioral Health](#)

One indicator of illegal drug use in Iowa is the number of adults seeking SUD treatment for a primary substance other than alcohol.

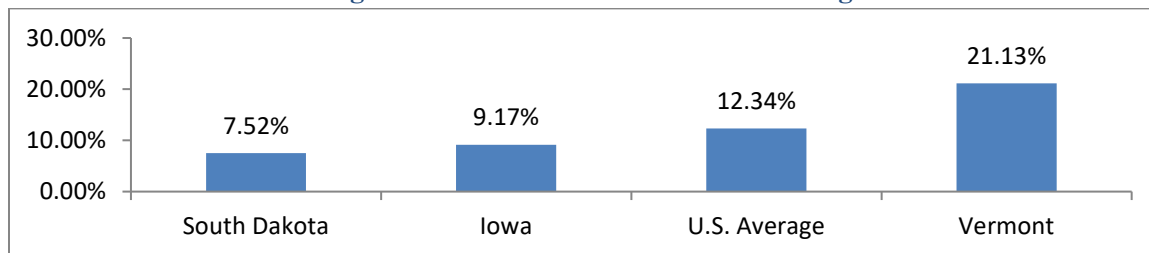
Substance Use Disorder Treatment Program Screenings/Admissions for Iowa Adults with a Primary Substance Other Than Alcohol



Source: SFY, [Iowa Department of Public Health, Division of Behavioral Health](#)

According to the [CDC](#), though rising, Iowa has the fifth lowest rate of drug overdose deaths in the country. Additionally, the most recent National Survey on Drug Use and Health reports, Iowa has the sixth lowest rate of illicit drug use in the past month in the U.S.

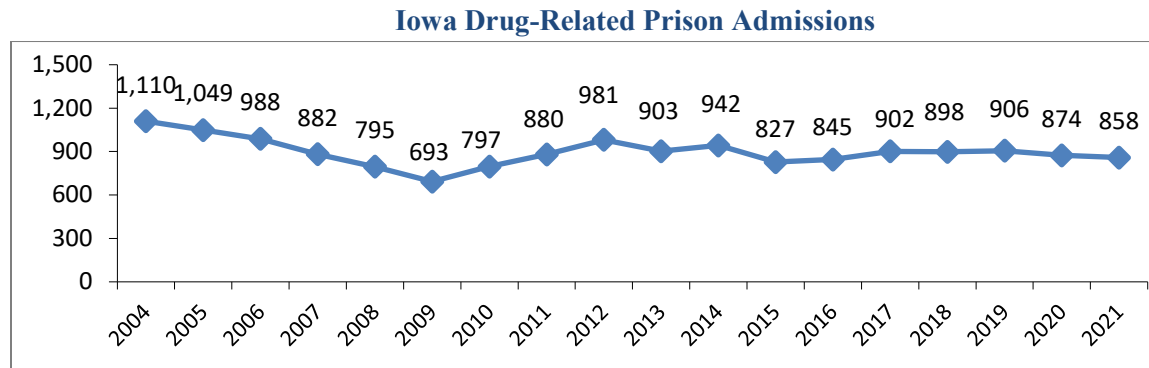
Illicit Drug Use in the Past Month – Lowest to Highest in the U.S.



Source: [2018-2019 National Survey on Drug Use and Health](#)

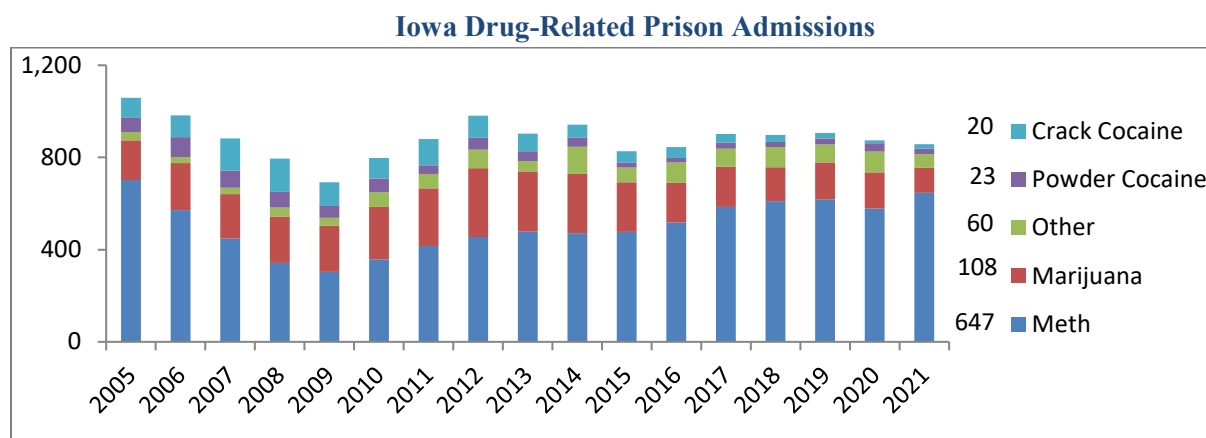
Drug-related prison admissions collected by the Division of Criminal and Juvenile Justice Planning are another indicator of the level of drug use in the state. In 2005, a reduction in meth lab incidents helped decrease drug-related prison admissions. Due, in part, to the increased availability

of meth trafficked into the state, drug-related prison admissions rose from 2009 to 2012. Overall, Iowa’s drug-related prison admissions have remained relatively stable since then. The figure below shows the offenders admitted to prison with a drug offense as their lead charge.



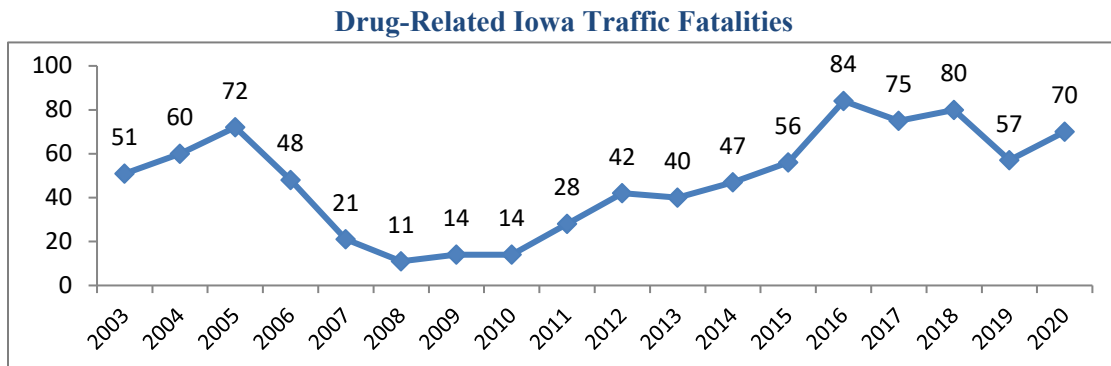
Source: FY, [Criminal and Juvenile Justice Planning](#)

The Iowa Department of Corrections (DOC) reports fewer drug-related admissions in FY21, partially due to the pandemic. In FY21, offenders incarcerated on a new most serious marijuana drug offense decreased to 12.6%, the lowest percentage since FY04. However, offenders incarcerated on a new most serious methamphetamine drug offense increased to 75.4%, the highest percentage of any drug since reporting began on this chart. Heroin continued to account for a low proportion of total new drug admissions during FY21, at 2.0%. More broadly, opioids accounted for only 3.15% of total new drug admissions during FY21. The number of prison admissions for crack/cocaine is the lowest it’s ever been since this data was first collected in 2004. Notably, for the third year in a row, powder cocaine-related prison admissions outnumbered crack cocaine-related prison admissions (23 vs. 20).



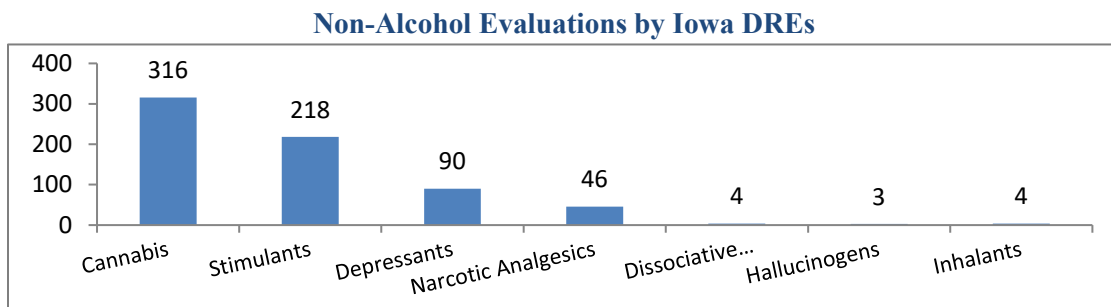
Source: FY, [Iowa Department of Human Rights, Division of Criminal & Juvenile Justice Planning](#)

Impaired driving remains a significant factor in traffic related injuries and fatalities in Iowa. In Iowa, a person commits the offense of operating while intoxicated (OWI) if that person operates a motor vehicle while under the influence of alcohol, drugs or a combination of both. The per se law makes the driver culpable even without any outward signs of intoxication. This is important to note when dealing with prescription drug abuse.



Source: CY, [Iowa Department of Transportation & Department of Public Safety, Governor's Traffic Safety Bureau](#)

Iowa Drug Recognition Experts (DREs) performed 666 evaluations for impaired driving in 2020. Over 47% of these evaluations resulted in a finding of impairment from cannabis. In 2020 Iowa ranked 11th nationally up against all 50 states, which is remarkable due to Iowa's population compared to many of the other states. Even more impressive Iowa ranked 6th nationally in evaluations per DRE with 6.34 evaluations per DRE. Due to the pandemic, some law enforcement agencies started restricting traffic enforcement and some agencies stopped conducting DRE evaluations due to the close personal contact during the evaluation. In October 2021, GTSB conducted a DRE school certifying 13 new DRE officers.

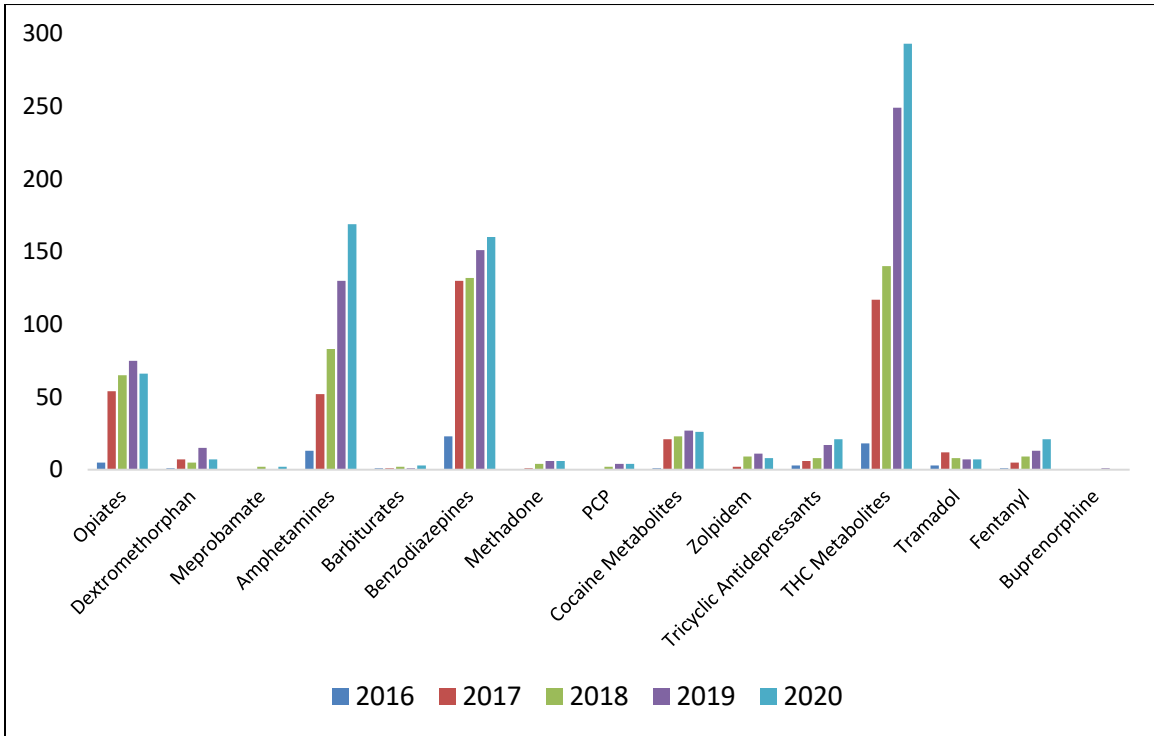


Source: CY, [Department of Public Safety, Governor's Traffic Safety Bureau](#)

Since August 2016, the Iowa Department of Public Safety Crime Lab has run 2,838 blood screens for drugs. Of those cases, 56% screened positive for at least one drug. Most of these cases

are driving or OWI-related, but not all. In 2020, 293 cases screened positive for delta-9-tetrahydrocannabinol (THC), 160 cases screened positive for benzodiazepines, and 169 cases screened positive for amphetamines.

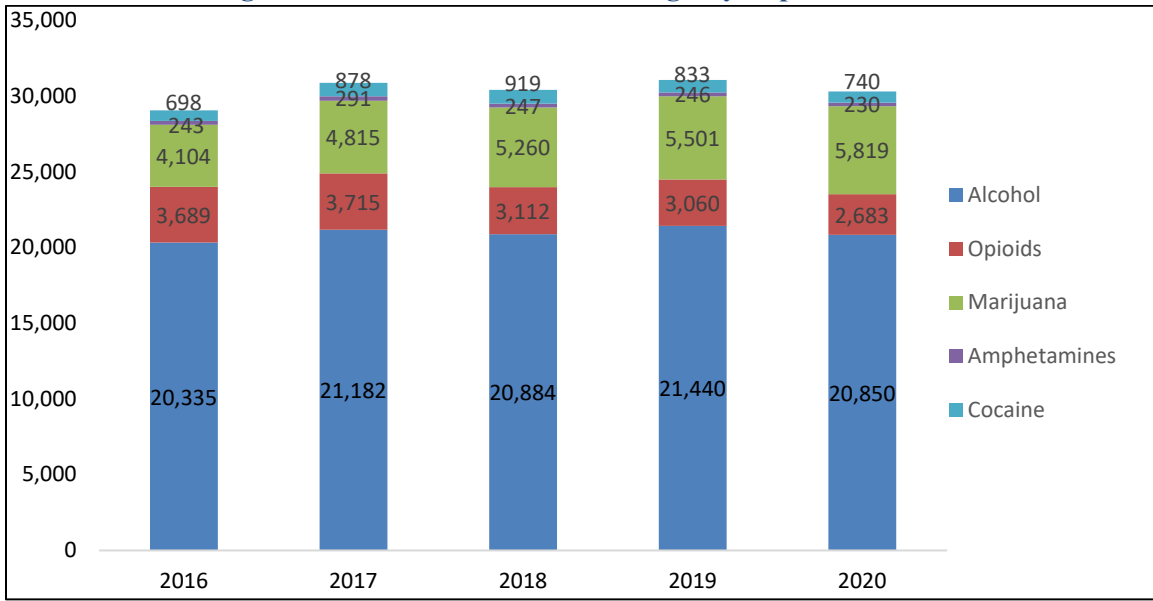
Iowa Positive Blood Screens by Drug Category



Source: CY through August 2020, [Iowa Department of Public Safety Criminalistics Lab](#)

The number of hospital emergency department visits related to alcohol and drug use remains significant. The numbers reported below represents substances as both a primary reason for the visit, as well as a contributing factor to many visits.

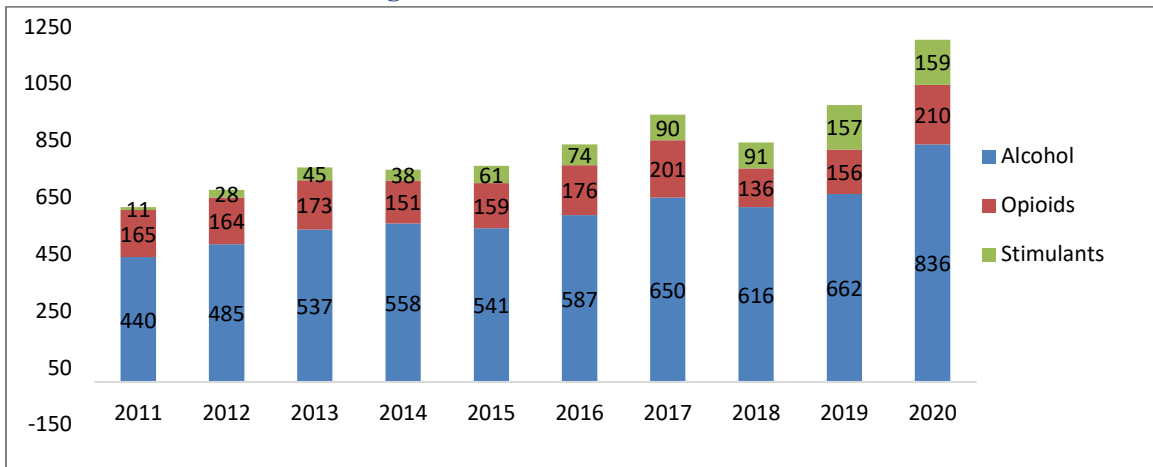
Drug and Alcohol-Related Iowa Emergency Department Visits



Source: CY, [Iowa Department of Public Health](#)

Substance-involved mortality reported by the IDPH include the number of people who have died because they were exposed to drugs such as opioids, alcohol, and methamphetamine.

Drug and Alcohol-Related Iowa Deaths



Source: CY, [Iowa Department of Public Health](#)

The Iowa Consortium for Substance Abuse Research and Evaluation, on behalf of the Iowa Department of Public Health, Division of Behavioral Health, conducts an annual outcomes evaluation of publicly funded drug treatment clients. As the data demonstrate, outcomes for all Iowans improve when clients have completed SUD treatment. Findings from the 2020 report include:

- 88% of clients reported no arrests in the six months post discharge from treatment

- Full or part-time employment increased from 40% at treatment admission to 61% six months since discharge from treatment
- There was a three-fold decrease in the number of patients reporting substance use-related hospitalizations at follow-up compared to admission (5% vs. 15%)

Iowa SUD Treatment Clients Employed *Full or Part-Time Six Months Post Treatment

Employment Status	Patients with Completed Follow-Up Interviews (n=446)		
	Admission	Follow-Up	Percentage Point Change
Employed Full-Time (≥35 hours/week)	30% (133)	43% (192)	+13
Employed Part-Time (<35 hours/week)	10% (45)	17% (75)	+7
Unemployed (Looking for Work in the Past 30 Days)	36% (161)	22% (97)	-14
Not in Labor Force	24% (107)	18% (82)	-6

Source: Iowa Department of Public Health Division of Behavioral Health – 2020 Outcomes Monitoring System
Prepared by the [Iowa Consortium for Substance Abuse Research and Evaluation, University of Iowa](#)

Iowa SUD Treatment Clients Reporting Substance Use Six Months Post Treatment

All Substances Reported	Patients with Completed Follow-Up Interviews (n=446)*	
	Admission	Follow-Up
Alcohol	57% (255)	45% (202)
Marijuana	51% (229)	21% (92)
Methamphetamine	42% (187)	16% (71)
Opioids	13% (59)	3% (15)
Cocaine/Crack	6% (28)	2% (7)
Benzodiazepines	3% (13)	1% (4)
Other Substances	2% (11)	2% (7)

*Column totals are not equal to the number of individuals since all substances reported by patients as primary, secondary, or tertiary substance are presented.

Source: Iowa Department of Public Health Division of Behavioral Health – 2020 Outcomes Monitoring System
Prepared by the [Iowa Consortium for Substance Abuse Research and Evaluation, University of Iowa](#)

Iowa SUD Treatment Clients with No Arrests Six Months Post Treatment

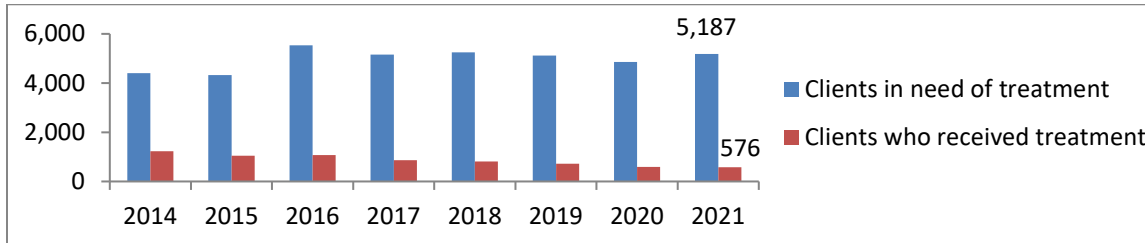
Number of Arrests	Patients with Completed Follow-Up Interviews (n=446)	
	Admission	Follow-Up
None	43% (190)	89% (395)
One to Three Times	46% (205)	11% (49)
Four or More Times	11% (51)	<1% (2)

Note: Since the admission and follow-up questions cover different periods (12 months and approximately six months respectively), a direct comparison between the two is not recommended.

Source: Iowa Department of Public Health Division of Behavioral Health – 2020 Outcomes Monitoring System
Prepared by the [Iowa Consortium for Substance Abuse Research and Evaluation, University of Iowa](#)

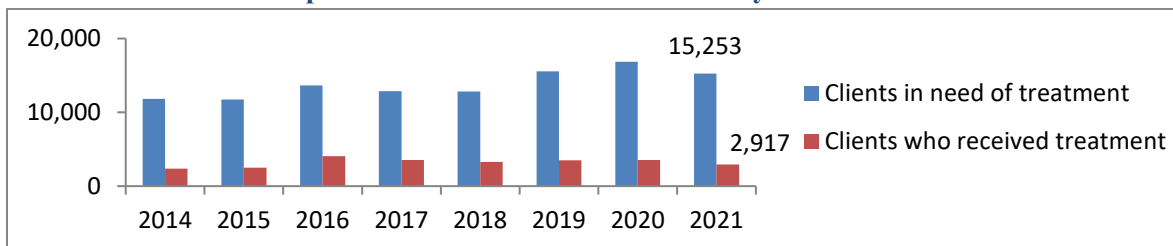
In 2021, the Department of Corrections provided SUD treatment to only 11% of the addicted custodial inmates and 19% of the drug-addicted offenders in community corrections. Offenders are receiving SUD treatment under cognitive behavioral therapy models at higher rates than before. Therefore, there are fewer numbers of program participants specifically receiving substance abuse treatment. Also, due to the pandemic, there was a decrease in the number of people receiving treatment in institutions due to limited prison admissions and additional releases.

Iowa Department of Corrections Institutional SUD Treatment



Source: FY, [Iowa Department of Corrections](#)

Iowa Department of Corrections Community-Based SUD Treatment



Source: FY, [Iowa Department of Corrections](#)

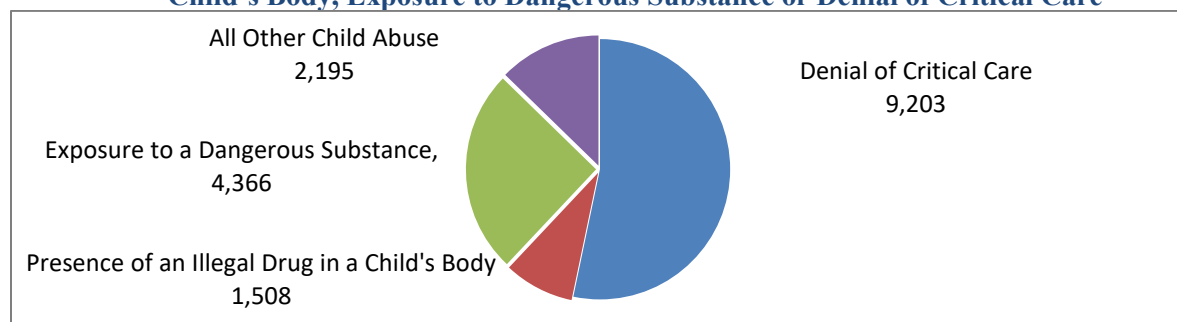
A significant portion of the drug using population in Iowa is in the child-rearing age group. Experts agree there is a high correlation between parental substance use/misuse and child abuse. In Iowa, denial

of critical care (child neglect) is the most frequent form of child abuse. While not all denial of critical care abuse is related to substance use, there is overwhelming evidence that addicted caregivers may not provide adequate care for their children. Cases like these point to the need to recognize the significant impact drug use has on denial of critical care.

The Iowa Department of Human Services (DHS) reports on two measures of abuse that specifically relate to parent/caregiver involvement with drugs. The first of the indicators is the number of confirmed or founded child abuse cases resulting from the presence of illegal drugs in a child’s body. Before 2017, the second was cases resulting from a parent/caregiver manufacturing a dangerous drug in the presence of a child.

Effective July 1, 2017, DHS added a new category called “Dangerous Substances” to include amphetamine, meth, cocaine, heroin, opium, and opiates. This change allows DHS intake workers to automatically assign a case to Child Abuse Assessment rather than Family Assessment. In these cases, it is alleged a caregiver uses or possess cocaine, heroin, opiates, or meth/amphetamines in the presence of a child or knowingly allows such activity by another person in the presence of a child. In 2020, there were 4,366 of these cases.

Confirmed or Founded Cases of Iowa Child Abuse Related to Presence of an Illegal Drug in a Child’s Body, Exposure to Dangerous Substance or Denial of Critical Care

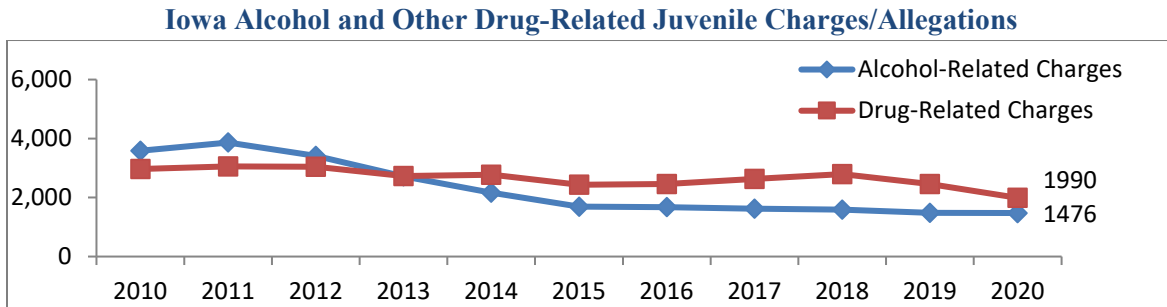


Source: CY 2020, [Iowa Department of Human Services](#)

When all denial of critical care, presence of illegal drugs in a child’s body, and exposure to dangerous substance cases are combined, they represent 87% of confirmed and founded child abuse in Iowa. Intervention with these families provides the opportunity for the parents to get treatment. The intervention provides parents the motivation to successfully complete the treatment

protocol in an effort to be reunited with their children. Treatment can also break the generational cycle of addiction and abuse, dramatically improving children’s futures.

Youth who use substances not only put themselves at risk for health problems and addiction, they often wind up in the juvenile justice system for crimes related to their SUD. The adolescent brain is especially vulnerable to addiction.



Source: CY [Iowa Justice Data Warehouse](#)

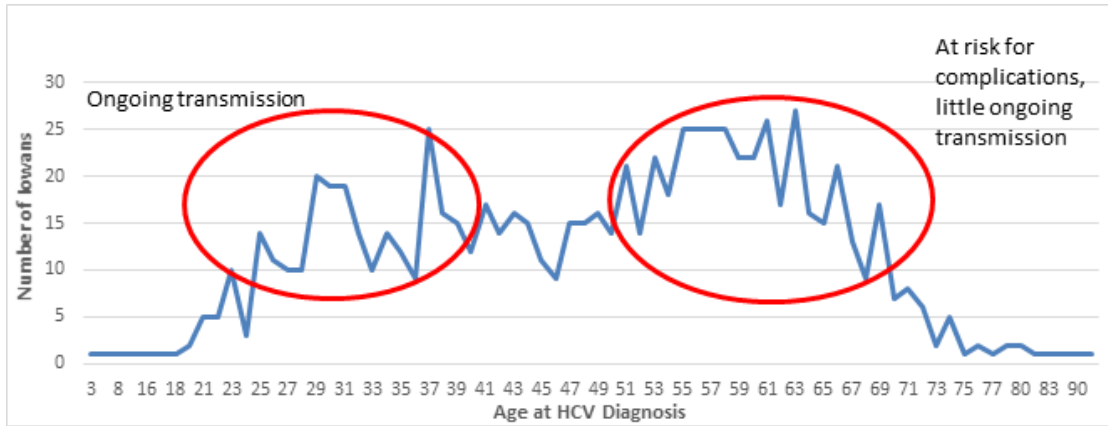
According to the Centers for Disease Control and Prevention (CDC), in the United States, injection drug use (IDU) is the primary risk factor for Hepatitis C Virus (HCV) infection and accounts for 68% of all new HCV infections in the United States. Roughly 32% of people who inject drugs become infected with HCV within the first year of injecting, and 53% become infected within five years.

According to the Iowa Department of Public Health (IDPH), increases in HCV infection related to IDU among people 30 years of age and younger is a trend that has been reported by the CDC in many areas of the country, including the Midwest. Much of this increase in injection drug use among youth is related to increases in use of prescription opioids and heroin. Increases in diagnoses of HCV among specific populations can be an early warning sign that injection drug use is increasing in that population.

A distribution of Iowans diagnosed with HCV in 2020 by age reveals the two groups of Iowans at highest risk. Iowans under 40 years of age at diagnosis with HCV represent those who likely contracted the virus from current or recent injection drug use and who are likely at risk for transmitting to others, although they are less likely to have yet experienced health complications related to HCV. Iowans older than 50 years of age diagnosed with HCV are more likely to have

acquired the virus decades ago and are at higher risk for immediate health complications. Many of these “baby boomers” may have ceased injecting drugs years earlier. The chart below illustrates these risks

Iowans Diagnosed with HCV in 2020, by Age



Source: CY, [Iowa Department of Public Health, Division of Behavioral Health](#)

JAG History and Use

In Iowa, Byrne-JAG grants are generally utilized by state and local agencies to improve the criminal justice system with an emphasis on the intersection of drug abuse and justice. The program places an emphasis on breaking the cycle of addiction and crime, combating violence, holding offenders accountable, enhancing law enforcement initiatives, and supporting adjudication.

In SFY 2023 ODCP passed through competitive grants to 26 state and local agencies. JAG program requirements dictate that a minimum of 60.8% of Iowa's annual award be passed through to local subgrantees. In SFY 2023, 90% of the state award was directly passed through directly to local agencies. Byrne JAG funding has a multiplying effect in Iowa by leveraging a minimum 25% cash match. Programs supported in the current fiscal year include:

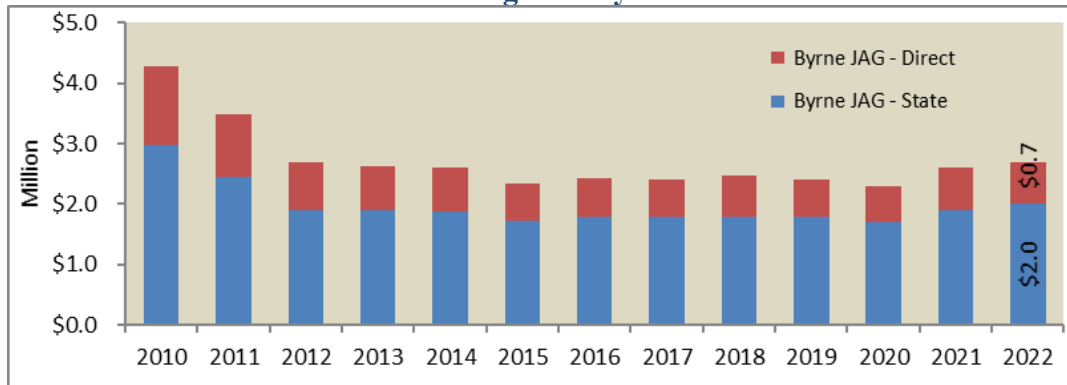
- Drug enforcement task forces
- Crime and substance abuse prevention
- Innovative correctional programs
- Youth development
- Deflection/Diversion to Treatment
- Criminal justice technology improvements
- Alternatives to incarceration

Innovation

Over the years, the Byrne-JAG program has been used in Iowa and across the nation to respond to emerging challenges and to demonstrate the effectiveness of innovative programs. Some of the programs initiated with the support of Byrne JAG funding have included:

- Multijurisdictional drug task forces
- Specialty courts – drug and mental health
- Offender reentry
- Drug endangered children
- Diversion to treatment
- Intensive supervision –youth and adults
- Batterers education
- Criminal history record improvements
- Sex offender registry improvements
- Drug recognition expert training for educators
- Treatment alternatives to street crime (TASC)
- Emerging drug responses – opioids, meth, synthetic cannabinoids, etc.
- Information management projects

JAG Funding History in Iowa



JAG Program Areas and Areas of Emphasis

The Office of Drug Control Policy utilizes a competitive application process to determine subawards for the JAG program. 2022 JAG grant funding can support state and local projects in the following program areas and BJA areas of emphasis:

JAG Program Areas

- Law enforcement
- Prosecution and court programs
- Prevention and education programs
- Corrections and community corrections programs
- Drug Treatment and enforcement programs
- Planning, evaluation, and technology improvements programs
- Crime victim and witness programs
- Mental health programs and related law enforcement and corrections programs

BJA Areas of Emphasis:

- Combatting Hate Crime
- Promoting Public Trust between Communities and Criminal Justice Agencies
- Reducing Violent Crime
- Addressing COVID-19 Criminal Justice Challenges and Sustaining Innovations
- Crime Analysis and Investigation:

JAG Penalties

Iowa is compliant with two of the three statutory JAG penalties - NIBRS and PREA. Iowa is not compliant with one of the SORNA requirements so the annual award is reduced by 10%.

JAG Targeted Strategies:

Reduce deaths related to the use of alcohol, tobacco and other drugs.

Addictive substances—led by tobacco and alcohol, followed by opioids, stimulants and polysubstances—result in too many preventable deaths. The pandemic has exacerbated this. In what has become a national epidemic of sorts, consisting of substance-related deaths, we must redouble efforts focused on prevention, intervention, treatment, recovery and enforcement, including national and international drug interdiction.

Reduce injuries associated with the use of drugs, including from drug-impaired driving.

In addition to the tragic deaths that capture headlines, more Iowans are injured in alcohol, marijuana and other drug-related incidents that send thousands of people to hospital emergency rooms each year. Some injuries are linked to drug toxicity. Others are due to impairment caused by drug use that often goes undetected, but in many cases is preventable.

Reduce youth use alcohol, nicotine and marijuana (THC).

Science strongly suggests the longer adolescent avoids experimenting with drugs the more likely they are to stay drug free for life. Most Iowa youth don't use addictive or psychoactive substances, but among those who do alcohol, nicotine and marijuana are most common. As new Iowa youth grow into adolescence and new forms of addictive substances appear, effective prevention and education—including at home—is essential. Preventing alcohol, nicotine and marijuana use among teens today can prevent meth, opioid and other drug use tomorrow.

Increase access to substance use disorder (SUD) services.

The isolating nature of the pandemic has illustrated the usefulness of teleservices when other services are not available. Going forward, quality teleservices likely can play a greater role in connecting those in need to services such as SUD tele-treatment, particularly in rural areas. Regional Access Centers and local diversion to treatment initiatives offer additional pathways in what needs to be a “no wrong door” approach.

Increase employment among those in or completing substance use disorder (SUD) treatment.

A key for many Iowans remaining drug free or in post-treatment recovery is gainful employment. SUD treatment has proven effective in helping individuals achieve or maintain recovery and employment, contributing to healthier Iowans and a stronger workforce.

Reduce incarcerations for drug-related offenses, and the disproportionate number of minorities referred to the justice system.

As many as 63% of those serving time in Iowa prisons for a variety of crimes are assessed with a mental illness, which in many cases includes an untreated substance use disorder. Sheriffs tell similar stories about jails. Additionally, a disproportionate number of black Iowans face incarceration. While not suitable for all, programs that divert lower-risk non-violent drug-addicted offenders to treatment may prove more effective and equitable for many.

Current Efforts and JAG Program Response

Prevention

Below is a highlight of the ongoing efforts in Iowa in the area 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 applicants through the 2022 grant solicitation.

The use of drugs and abuse of alcohol has a devastating impact on the safety and well-being of all Iowans. Substance use disorder (SUD) 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. History 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. Traditionally, youth in sixth grade use less than students in 8th grade, who use less than students in 11th grade. By using evidence-based, comprehensive prevention strategies in schools and communities, particularly while children are young, Iowa youth should report less substance use than in previous years.

Prevention services are often face-to-face. The Iowa Department of Public Health (IDPH) and others experienced prevention service disruptions in 2020 due to pandemic-induced school closures, business closures, and social distancing. Initially, the majority of prevention providers stopped in-person services. Then there was a rapid move to provide services through web-based platforms, posing a learning curve and leading providers to find innovative ways to provide virtual service.

The pandemic also created the perfect storm for a rise in substance use disorders and drug misuse. Stress, job losses, quarantine, and depression compounded with isolation and a lack of access to health services can trigger excessive alcohol use, prescription medication overuse, illicit drug use, and relapses.

The cumulative effect of many efforts over the last decade, including SUD prevention, has resulted in significant declines in alcohol and tobacco use by Iowa youth, and the maintenance of relatively low rates of illicit drug use, as evidenced by responses to the IDPH biennial Iowa Youth Survey. The pandemic demands resilience to continue engaging communities, parents, youth, and other key influencers to combat and prevent substance use.

Current Iowa Approaches to Substance Use Disorder Prevention:

Age to Purchase Mobile App: The Iowa Alcoholic Beverages Division released a free mobile application that allows users to access the Age to Purchase Calendar with their smartphone. The Age to Purchase Calendar will help calculate the age of a customer attempting to purchase alcohol or tobacco products. The app also has a built-in ID scanning function. Using the camera feature on the device, the app can scan the barcode on an ID to help quickly determine age and validity. No personal information of the customer is stored on the device. The scanner is not a replacement for physically inspecting the ID and ensuring that the person presenting the ID is the person in the picture. It is a tool to assist the retailer in determining the age and validity of the ID.

Alcohol-Related Deaths Workgroup: Over the past ten years, Iowa's alcohol-involved death rate has nearly doubled, with 45 to 55-year-old men having the highest rates of death. In light of these data, the Iowa Department of Public Health Bureau of Substance Abuse established a workgroup which includes IDPH staff and other state and community agency representatives to discuss collaborative efforts, policy efforts and next steps to reduce alcohol-involved deaths. A report will be issued by the workgroup.

Community Coalitions: Coalitions are shown to be effective in reducing alcohol and other drug use among youth and adults. These collaborations between professional and volunteer representatives of local sectors work toward a common goal of building a safe, healthy and drug-free community. Effective community drug prevention coalitions work on improving systems and environments.

Iowa has several community coalitions which receive federal Drug-Free Communities Support Program grants. The IDPH also just received a new grant in 2021 to support coalition development. The Iowa Alliance of Coalitions for Change (AC4C) is completing the sixth year of a statewide Drug-Free Communities grant to help promote greater networking and coordination among community coalitions. Additionally, CRUSH (Community Resources United to Stop Heroin) coalitions are forming in some Iowa communities, with a focus on opioid and other drug misuse prevention, treatment and recovery.

Coronavirus Emergency Supplemental Funding (CESF): The 2020 CESF grant provides funding through the federal Byrne Justice Assistance Grant program to assist eligible states, local units of government, and tribes in preventing, preparing for, and responding to coronavirus-related needs in Iowa's justice system. The Office of Drug Control Policy (ODCP) made available approximately \$5.2 million in CESF pass-through grants for overtime, equipment, supplies, training, travel and other local and state needs associated with the coronavirus pandemic in areas including public safety, corrections and the courts.

Integrated Provider Network: The Iowa Department of Public Health (IDPH) Substance Use and Problem Gambling Services Integrated Provider Network (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, as directed in legislation beginning in 2009. IPN services are funded by the State General Fund appropriation to IDPH for substance use and problem gambling services and the SAMHSA Substance Abuse Prevention and Treatment Block Grant.

Media Education, Digital Literacy & Wellness Campaigns: Media messages can influence knowledge, attitudes and ultimately 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. One promising school-based innovation is a digital literacy and wellness initiative, to help young Iowans decode advertising,

social media, and other internet information and entertainment experiences so they can make healthier choices.

Medical Practice: Primary health care providers continue 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 increasingly are becoming the standard for Iowa prescribers, insurers and health care regulators. As another example, the Iowa Healthcare Collaborative continues to assist Iowa rural hospitals and communities through Compass hospital quality improvement initiatives by deploying evidence-based best practices and fostering innovation to improve behavioral health outcomes with a focus on decreasing opioid misuse, as well as through the Rural Community Opioid Response Program (RCORP) to reduce the morbidity and mortality of substance use and opioid use disorders in high-risk rural communities.

Mentoring and Youth Development: Several 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 IDPH funds seven mentoring programs through the Youth Substance Abuse Prevention Services grant and supports the Youth Development Project and Prevention through Mentoring initiative. Programs follow the Elements of Effective Practice for Mentoring, as established by the National Mentoring Partnership and obtain certification through the Iowa Mentoring Partnership.

The IDPH AmeriCorps Substance Abuse Prevention Program member service activities focus on providing education to Iowa community members on substance abuse, particularly opioid and prescription drug abuse; building capacity of organizations to broaden understanding of opioid and prescription drug misuse; and forming coalitions and partners to address the crisis.

Methamphetamine Workgroup: The Iowa Department of Public Health Bureau of Substance Abuse created a Methamphetamine Workgroup. It was developed to implement a collaborative, department-wide approach to address methamphetamine use in Iowa. The Methamphetamine Workgroup has established collaborative, department-wide activities to expand public awareness of methamphetamine. This 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 2019, the Iowa Department of Public Health was awarded a three-year grant to provide high quality, comprehensive, and timely data on overdose morbidity and mortality to better understand the drug overdose crisis in Iowa and to inform more effective prevention activities. Improved data collection and analysis will assist with: (1) tracking the spread and severity of Iowa’s overdose crisis; (2) gaining insight into populations most at risk in order to prioritize resources; and (3) evaluating the best way to allocate resources and to help identify emerging trends.

Overdose Recognition and Response: The IDPH developed an instructional Opioid Overdose Recognition and Response brochure, filling requests for over 55,000 copies from interested providers and stakeholders. The brochure is available on the IDPH website at <https://idph.iowa.gov/mat/overdose>.

Parent Partners: Iowa parents who overcome obstacles, such as recovery from addiction, and meet criteria established by the Iowa Department of Human Services (IDHS) 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 other professionals to assist in family reunification, accountability and keeping children safe.

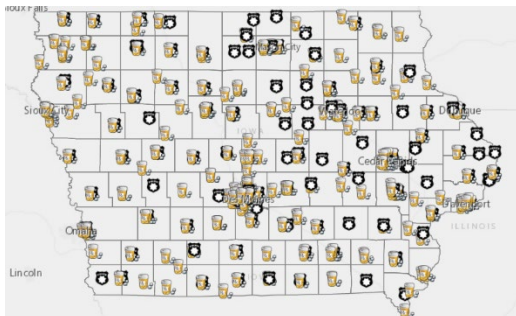
Prescription Monitoring Program: The Iowa Pharmacy Board’s Prescription Monitoring Program (PMP) allows prescribers, pharmacists and other health care providers to improve patient care by coordinating the fast-growing number of medicines that are prescribed for Iowans. As health care professionals’ use of the PMP tool has gradually risen in recent years, suspected prescription drug diversion— “doctor shopping”—has decreased.

Several PMP enhancements in 2018 made the database more user-friendly and effective, including a new online dashboard and increasing integration with electronic health records systems. Additionally, an Iowa law enacted in 2018 makes several changes to ensure greater utilization of the PMP for patient care by health care professionals. Nearly all prescriptions are now sent electronically to pharmacies. The utilization by prescribers has more than tripled from 847,905 inquires in 2018 to 4,173,492 inquires in 2020.

Prescription Drug Take Backs: One way virtually all Iowans can help prevent the illegal diversion and potentially dangerous misuse of prescription drugs is to safely dispose of unused household medicines. The number of permanent, year-round, authorized “Take Back” collection sites at Iowa law enforcement centers and community pharmacies has increased eight-fold since

2015, to nearly 400 in all 99 counties, and the number of “Take Back” locations continues to grow. This is in addition to the biannual National Prescription Drug Take Back Day events that have netted over 89 tons of leftover medicine in Iowa alone over the last eleven years.

More information can be found at <https://odcp.iowa.gov/rxtakebacks> and permanent drop-off locations can be found by clicking the map below.



Promoting the Integration of Primary and Behavioral Health Care: Iowa’s five-year grant awarded to the Iowa Department of Public Health in 2019 will accomplish the following objectives through the utilization of a person-centered integrated care team approach to address the whole person’s health and wellness.

The purpose of this project is to:

- Promote full integration and collaboration in clinical practice between primary and behavioral health care;
- Support the improvement of integrated care models for primary and behavioral health care to improve overall wellness and physical health status of adults with serious mental illness (SMI) and adults with substance use disorders (SUD); and
- Promote and offer integrated care services related to screening, diagnosis, prevention, and treatment of mental and substance use disorders, and co-occurring physical health conditions and chronic diseases.

Strategic Prevention Framework for Prescription Drugs: Jasper, Polk, and Scott Counties were awarded the Strategic Prevention Framework for Prescription Drugs (SPF Rx) grant to help reduce the misuse of prescription drugs for youth ages 12-17 and young adults 18-25. The purpose of the grant is to raise community awareness about the dangers of sharing and misusing medications as well as work with pharmaceutical and medical communities to address the risks of overprescribing. Through 2021, the three counties used the data-driven Strategic Prevention Framework model to help increase the effectiveness of evidence-based prevention outcomes.

Underage Alcohol Compliance Check Program: The Iowa Alcoholic Beverage Division received a grant to administer an underage alcohol compliance check program. This program will be of a small scale with select cities and counties across the state. The cities and counties were selected using data from the Iowa Youth Survey, administered by the Iowa Department of Public Health. The data indicated areas of the state that appeared to have the highest occurrence of underage drinking and alcohol sales to underage persons.

Vaping Prevention: In early 2020, the Tobacco Use Prevention and Control (TUPC) Division developed a Vape-Free School Tool Kit that was made available to all schools in Iowa. The TUPC Division continues to provide technical assistance to schools across the state in implementing effective strategies for tobacco control and cessation in the school setting.

In December 2019, Iowa Students for Tobacco Education and Prevention (ISTEP) created a public awareness campaign warning of the dangers of vaping. The campaign included social media platforms Twitter, Instagram, Facebook, YouTube, Hulu, and more. The campaign, created in partnership with IDPH and the Iowa Department of Education (IDOE), is intended to help parents spot warning signs their children are vaping and encourage them to address the issue. In addition, the campaign also provided tools for school nurses, teachers, and administrators. For more information visit idph.iowa.gov/tupc/vaping-information.

Zero Suicide: The Iowa Zero Suicide Project is a five-year grant (2018-2023) awarded to the Iowa Department of Public Health (IDPH) by Department of Health and Human Services (DHHS). The overall project goal is to improve the care and outcomes of individuals ages 25 years and older at risk for suicide. The following are specific project goals: (1) to increase awareness of the risk for suicide among Iowa's substance use disorder treatment population and treatment options; and (2) enhance and expand the screening, treatment, and referral process for adults at risk for suicide.

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 parents/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 abuse prevention services with other services provided through the Department of Human Services and the Department of Corrections
- Enforcement programs to address drunk and drugged driving laws
- Anti-drug coalitions programs which establish environmental prevention strategies and activities.
- Programs that address underage and binge drinking
- Diversion to treatment for low-risk non-violent alcohol and other drug addicted offenders
- Programs to monitor illegal prescription drug abuse
- Programs that improve early identification of substance abuse 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 substance use disorder (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, regardless of the crime they committed or are imprisoned for, have an identified substance use disorder. Studies have shown that substance use disorder

(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 is proving to enhance access to services, and is being monitored for outcomes. The IDPH oversees more than 120 licensed SUD treatment programs and many professionals affiliated with those agencies. These agencies serve about 40,000 Iowans annually 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.

When the pandemic began impacting the state, we saw less access to in-patient and outpatient face-to-face treatment. The majority of outpatient treatment services closed their doors and had difficulty obtaining personal protective equipment (PPE). Many residential treatment facilities stopped taking new admissions.

Treatment providers had to evolve very quickly to provide needed treatment to their clients. There were challenges in learning to use online systems quickly and effectively, with limited resources to work remotely and gain access to web conferencing platforms. MAT clinics remained open, but allowed for increased take-home doses of medication authorized by state and federal partners.

Proclamation changes allowed providers to offer services via telehealth, including video and audio only sessions. As a result, the IDPH reports 82% of their providers switched to telehealth services, compared to only 10% pre-pandemic. They have also seen an increase in demand for both telehealth and MAT services since the pandemic began.

The pandemic is also taking a toll on the mental health of Iowans. SUD providers report increases in the number of clients with co-occurring mental health and substance use disorders. The increase in isolation and lack of pro-social supports during the pandemic may be contributing

to this increase. A recent report by Iowa State University shows a severe impact on rural Iowans with nearly 40% reporting mental health and relationships suffering during the pandemic.

The national workforce shortage affecting numerous fields also has impacted Iowa's community-based substance use disorder treatment provider organizations, with some operations reporting a shortage of counselors.

Current Iowa Approaches to Substance Use Disorder Treatment:

Access Centers: The development of at least six regional Mental Health Access Centers, as legislated in 2018, will provide for easier hand-offs and referrals to treatment. These centers provide immediate, short-term assessments for individuals with mental health or substance abuse issues. The centers are designed to be a place where a person can be assessed and treated right away and, if necessary, referred to additional services.

Coronavirus Emergency Grant: Through a collaborative effort, the Iowa Department of Public Health (IDPH) and the Department of Human Services (DHS) were recently awarded the Substance Abuse and Mental Health Services Administration (SAMHSA) Emergency Grant to Address Mental and Substance Use Disorders During COVID-19 (*COVID-19 Emergency Grant*). The COVID-19 Emergency Grant awards \$2 million to provide behavioral health services for individuals impacted by COVID-19 over the course of sixteen months. The purpose of this grant is to provide crisis intervention services, mental and substance use disorder treatment, and other related recovery support for adults impacted by the COVID-19 pandemic. Utilizing an established telehealth or telecommunications delivery system, services will be provided for the following recipients:

- Individuals with serious mental illness
- Individuals with substance use disorders
- Individuals with co-occurring serious mental illness and substance use disorders
- Individuals with mental disorders that are less severe than serious mental illness (emphasis on healthcare professionals)

In Iowa, this program will consist of: emergency crisis management screening services (contracted to Foundation 2); a 24-hour “Warm Line” which offers Peer Support and Recovery Coaching (contracted to the Abbe Center); and substance use and mental health disorder treatment and recovery support services across the state of Iowa, facilitated by Community and Family Resources, HFS, Prelude, Pathways, Zion, Seasons and UCS Health care.

Crisis Intervention and Connection: More Iowa law enforcement officers are receiving Crisis Intervention Team training (CIT), to better assist individuals with behavioral health disorders (e.g., mental illness and/or substance use). Additionally, some local law enforcement agencies are beginning to work more closely with service providers on pre-arrest and/or pre-trial diversion projects, in which low-level offenders assessed as low risk and needing help are steered from the justice system and to SUD treatment and other service providers. Other agencies are working with local human service agencies to provide a co-response to certain situations.

Family First: Family First Prevention Services Act, simply referred to as 'Family First,' is federal legislation that restructured how the federal government spends money on child welfare to improve outcomes for children. Key components of Family First include services such as mental health, substance abuse treatment services, in-home, parent skill-based programs that include parent education, and individual and family counseling. It also includes kinship navigator programs, which are designed to provide support to relatives and fictive kin when the child cannot be safely maintained in the home.

Iowa Opioid State Targeted Response Grant: State Opioid Response 2 (SOR2) is a two-year grant awarded to the Iowa Department of Public Health (IDPH) by the Substance Abuse and Mental Health Services Administration (SAMHSA) in September 2020. The SOR2 project aims to address the opioid crisis by increasing access to medication-assisted treatment (MAT) using the three FDA-approved medications for the treatment of opioid use disorder (OUD), reducing unmet treatment needs, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder. This program also supports evidence-based prevention, treatment and recovery support services to address stimulant misuse and use disorders, including cocaine and methamphetamine.

Iowa's SOR2 project is consistent with IDPH's "recovery-oriented system of care" model that integrates substance use disorder prevention, treatment, and recovery support services. Total funding available for SOR2 covered services is \$8.9 million per year.

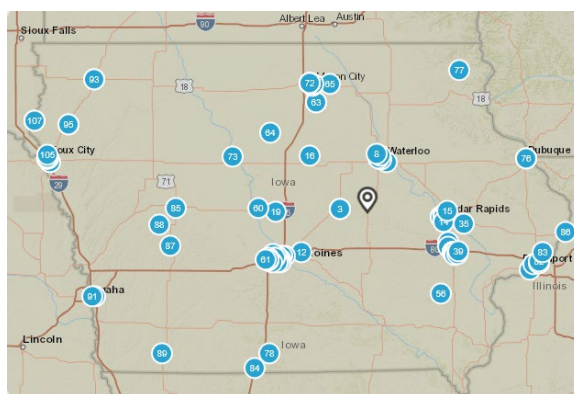
Problem Solving Courts: Iowa currently has 38 problem solving courts. Sometimes described as a "Carrot and Stick Approach" or "Tough Love," Iowa's 12 adult criminal drug courts provide offenders who have substance use disorders with intensive community-based treatment and supervision as a less costly alternative to incarceration, and to reduce recidivism. The model

is guided by the planned phase approach, with ten key components of drug courts ([*Defining Drug Courts: The Key Components*](#)). If offenders do not comply with or complete the drug court requirements, one of the consequences can be incarceration or a forfeiture of the offenders' opportunity to have charges reduced or discharged.

The Judicial Branch, working with the Iowa Department of Human Services and the Iowa Department of Public Health, has established 12 family treatment courts to engage parents who come to the attention of the child welfare system due to parental substance issues in early access to substance use disorder treatment to protect children who have been determined to need assistance.

Some Iowa drug courts also receive federal grant funds to help close the gap between mental health care needs and services. This is in addition to four stand-alone mental health treatment courts, eight juvenile drug courts, one domestic violence court and one veterans' treatment court. When utilized effectively, problem solving courts present a unique opportunity for participants to address their specific needs to overcome their drug addiction and lead productive lives.

Medication Assisted Treatment: As the most effective form of opioid treatment, efforts are underway to expand Medication Assisted Treatment (MAT) in Iowa. The number of authorized MAT prescribers in Iowa has grown to 108, or over three times the number of providers in 2015. More information about MAT is located at <http://idph.iowa.gov/mat>. Locations of Medication Assisted Treatment organizations can be found by clicking the map below.



In October 2021, the Iowa Attorney General's Office signed an agreement with University of Iowa Health Care to develop a comprehensive, statewide opioid treatment program using \$3.8 million in opioid settlement funds. The program will take a multi-faceted approach to making treatment for opioid use disorder available to Iowans. UI addiction specialists will conduct

extensive outreach, training physicians and other healthcare providers across the state on how to treat opioid addiction using Medication for Addiction Treatment (MAT), in addition to providing consultation and treatment for complex addiction cases.

Naloxone: Naloxone is an opioid overdose rescue drug that can reverse what would otherwise be lethal situations. The use of naloxone, a prescription drug dispensed by pharmacies, is increasing in Iowa communities affected by opioid misuse and overdose. An Iowa law enacted in 2016, facilitated by an IDPH statewide standing prescription order, significantly expanded access to naloxone, making the medication available at hundreds of pharmacies across the State, including major pharmacy chains in Iowa. The amount of naloxone administered by emergency medical service personnel has gone up 808% from 304 administrations in 2016 to 2,760 in 2020.

As part of the ongoing Opioid Initiatives, IDPH is teaming up with DPS and the Iowa State Fire Marshall's Fire Safety Training Bureau to help prevent fatal overdoses by offering free naloxone kits to every interested non-EMS regulated fire department in the state. Quite often fire department personnel are the first to arrive at a scene when a suspected overdose is occurring. Having the ability to administer naloxone without delay could mean the difference between life and death for a person experiencing an overdose.

Overdose Intervention (Good Samaritan): An Iowa law enacted in 2018 establishes a Good Samaritan program in the State, for which IDPH has prepared educational materials. This program encourages Iowans who may commit certain low-level criminal offenses (e.g., possession of a controlled substance) to call for emergency help in the event of a possible drug overdose involving a controlled substance, instead of fleeing the scene. In exchange for dialing 911 and remaining on the scene to cooperate with authorities, qualifying callers will not be charged with a crime. In 2020, the Iowa Legislature expanded this program by enacting a law that also provides limited immunity for persons under 21 years old who seek help in the case of an alcohol overdose. Utilization of this incentive remains low, indicating a continued need to promote 911 calls.

Pre/Post-Arrest Diversion to Treatment: The Iowa Office of Drug Control Policy received a grant to implement a pre/post-arrest diversion to treatment pilot program in three Iowa communities. Blackhawk, Jones and Story Counties are participating in this initiative, in which each community will formalize protocols for law enforcement officers and/or prosecutors 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.

The pandemic interrupted the launch of the pilot, but all three counties are currently accepting cases.

Second Chance Offender Reentry: A seamless transition from the confines of prison to a much less structured community environment better prepares offenders to manage their lives in a pro-social and law-abiding manner, without correctional supervision. The Iowa Department of Corrections (IDOC) re-entry programs may address a number of areas that include job training, employment assistance, education, mentoring, substance use disorders, 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.

Smoking Cessation: Tobacco users in Iowa that want to quit may contact Quitline Iowa for tobacco cessation coaching services over the telephone or internet, 24 hours a day. Youth ages 13-17 can use Iowa's new youth tobacco cessation program called My Life My Quit that also has a texting option, completely free to Iowa youth. Iowans over the age of 18 who are uninsured or on Medicare may also be eligible for eight (8) weeks of free nicotine replacement therapy in the form of gum, patches, or lozenges. Nicotine replacement therapies are approved by the FDA for tobacco use cessation. Quit Coaches are trained and well versed in techniques helping e-cigarette users quit, regardless of whether they are using just electronic cigarettes or both combusted tobacco and electronic cigarettes.

YourLifeIowa.org: The Iowa Department of Public Health created YourLifeIowa.org for Iowans to get help for alcohol, drug and gambling problems, suicidal thoughts, and more. Iowans can visit the website or call 855-581-8111 for 24/7 resources, intervention, and referrals.

Priority JAG Subgrantee Responses – Crime and Substance Abuse Interventions/Treatment

- Programs to divert non-violent offenders from jail/prison to treatment
- Juvenile and adult specialty court programs
- Programs to provide case management resources for community-based criminal offenders receiving treatment services
- Jail-based treatment programs
- Narcotics law enforcement training opportunities for local law enforcement and prosecutors
- Crime lab enhancements which reduce the 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/prison to the community
- Programs that increase 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 promote the availability and use of naloxone

Enforcement and Supply Reduction

By reducing the supply of illegal drugs in Iowa communities, the cycle of addiction that compromises our communities' health and safety can be broken, and our youth will be much safer. We are also gaining a better data-informed understanding of the potential traffic safety impacts of drug-impaired driving, even as new detection 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 our response to these actions. 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 potentially 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, and approaches that work with substance use disorder (SUD) 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 for many Iowans, and empowers adult influencers to educate youth on the risks of substance abuse.

Current Iowa Approaches to Drug Enforcement and Supply Reduction:

COPS Anti-Methamphetamine and Anti-Heroin Programs: The Iowa Department of Public Safety received two grants from the U.S. Department of Justice (DOJ), Office of Community Oriented Policing Services (COPS Office). The Anti-Methamphetamine and Anti-Heroin programs are designed to advance public safety by providing funds to state and local law enforcement agencies with high rates of meth, heroin and other opioid use. The funding allows for overtime for law enforcement for investigative purposes to locate or investigate, through statewide collaboration, illicit activities, including activities related to the distribution of heroin or unlawful diversion and distribution of prescription opioids.

Drug Task Forces: Multi-Jurisdictional Drug Enforcement Task Forces (DTFs) are often the first line of defense against drug-related threats in Iowa communities. Iowa has 18 DTFs covering 56 counties. Local police and sheriff's offices work in coordination with the Iowa Department of Public Safety and federal agencies. While the primary mission of DTFs is public safety through drug enforcement, they also play a major role in protecting drug-endangered children, removing weapons from drug scenes, and directing more drug-addicted offenders into SUD treatment for the help they need. Iowa has been successful in securing additional federal COPS grants to assist drug task forces with specialized meth and heroin enforcement.

Interdiction: Drug interdiction by Iowa law enforcement, performed within legal parameters set forth by laws and courts, can be a helpful tool for interrupting and deterring

sometimes 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 cheaper but purer highly-addictive methamphetamine smuggled into the U.S. and states like Iowa is a vivid reminder of a complex threat requiring cooperation among local, state, national and international stakeholders. Illegal drug supply reduction efforts by Iowa law enforcement officers often are coordinated with other authorities, working to disrupt the pipeline at or nearer the source of illegal drug production and distribution.

Iowa Opioid Data Exchange: The Iowa Office of Drug Control Policy received a federal grant award to create an Iowa Opioid Data Exchange, to facilitate timely information sharing between health care and public safety entities and improve local drug-related responses. The goal of this tech-based tool, when fully developed, is to make better cross-disciplinary use of shareable data that may otherwise reside in health surveillance and law enforcement intelligence systems only for those collecting it. In addition to helping professional first responders, a public dashboard is planned to allow all Iowans to track emerging drug trends.

Methamphetamine Lab Reduction: Though methamphetamine produced and distributed by Mexican drug cartels and their agents remains plentiful in Iowa, domestic meth labs have nearly been eradicated. Combining education, retailer enforcement and environmental prevention strategies has proven successful in reducing Iowa meth labs by more than 99% since their peak (2020 vs. 2004). Legislation regulating key meth-making ingredients, Iowa's Pseudoephedrine Tracking System, better public awareness and strong enforcement efforts have contributed to this public protection progress.

Opioid Prescriber and Dispenser Education: The Iowa Board of Medical Examiners, as part of its physician licensing function, requires certain doctors to obtain periodic continuing education on opioid prescribing. The Iowa Board of Pharmacy Examiners has provided education on use of the Prescription Monitoring Program and related issues. Professional groups in Iowa also continue offering educational opportunities to their members that focus on preventing or reducing prescription drug misuse and abuse.

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: protecting vulnerable children.

The DEC model, as adopted by some Iowa communities, helps interested stakeholders join together as a safety net for children, and encourages custodial parents to address their addictions so that Iowa families can be reunited on a healthy trajectory.

Traffic Safety Enforcement: The Iowa Drug Recognition Expert (DRE) Program will aid in the statewide plan for the Governor's Traffic Safety Bureau (GTSB) of reducing instances of impaired driving throughout Iowa. Advanced Roadside Impaired Driving Enforcement (A.R.I.D.E.) for law enforcement will also be a valuable tool in training officers to identify and remove drug and alcohol-impaired drivers from Iowa's roadways. In 2020 and beyond these trainings are critical to our mission of safer roadways and fatality reduction.

In 2021, 34 law enforcement agencies will have contracts with GTSB that focus solely on impaired driving and GTSB has created a new media campaign called If you feel different, you drive different that focuses on drugged driving.

Priority JAG Subgrantee Responses – Drug Enforcement and Supply Reduction

- Programs to divert non-violent offenders from jail/prison to treatment
- Jail-based treatment programs
- Multi-jurisdictional drug enforcement task forces
- Program that use drug intelligence systems to increase law enforcement effectiveness
- Narcotics law enforcement training opportunities for local law enforcement and prosecutors
- Crime lab enhancements which reduce the turnaround time for evidence analysis
- Precursor diversion prevention and enforcement programs
- Programs that link correctional resources with law enforcement to enhance a drug offender's compliance with the conditions of probation/parole
- Family drug courts
- Therapeutic community programs
- Prisoner re-entry programs
- Programs that support mental health services for offenders
- Drug Endangered Children program
- Narcotics law enforcement training opportunities for local law enforcement and prosecutors

- Crime lab enhancements which reduce the turnaround time for evidence analysis
- Precursor diversion prevention and enforcement programs

JAG Subgrant Award Process

The Governor's Office of Drug Control Policy utilizes a competitive application process to pass through grant funds to eligible subgrantees. The competitive process will be similar to that employed by the Department of Justice. The solicitation will include the following narrative components; data assessment/description of problem, implementation planning, best practices/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 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 application must be made in partnership with a state or local unit of government.

Program Announcement

Applications for 2022 JAG funding will be received by ODCP through Iowa's enterprise grant management system (www.iowagrants.gov). The Office of Drug Control Policy standard

procedure for notifying potential applicants include e-mail to potential applicants, posting on our website, issuance of a press release, and the opportunity will be posted 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 Office of Drug Control Policy for a one (1) year period beginning July 1, 2023 through June 30, 2024. Grant projects are funded on a reimbursement basis. All projects awarded grant funds 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 review of grant applications, applications will be reviewed and scored by staff and an outside peer review committee. Reviewers have strict conflict of interest requirements and will not take part in the application or administration of projects requesting JAG funding. 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 in Iowa:

- 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/effectiveness of programs, including those previously receiving federal funding through the Office of Drug Control Policy. Prior performance includes, but is not limited to, program and financial management, program impact (ability to meet or exceed previously approved goals and objectives), and quality/timeliness of reporting.

Subrecipient Agreements

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

Notification of Intent to Fund – formal notification sent to the individual identified in the grant application as the project director.

Notification to unsuccessful applicants will also be sent to the individual identified in the application as the project director. Both successful and unsuccessful applicant have the right to appeal.

Appeal – state code requires a notification and appeal process. The Director of ODCP administers the appeals process.

Contract – successful subgrantees will enter into a contractual agreement. The agreement requires the project director and legal applicant (mayor/city council/director) to sign off on the grant agreement, grant program certification, terms and conditions, and supporting documentation. The contracting process will include 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 agreed upon 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 subawards are normally announced on or about June 1st. Any applicant whose proposal has been filed according to instructions contained herein, and who is aggrieved by the awards made, may request an appeal based on a showing that the instructions governing the grant selection process have not been properly applied.

Appeals must be filed with the Director, Governor's Office of Drug Control Policy, within ten working days of the date of the notification of preliminary awards. Appeals must be in writing and clearly state how ODCP erred in following the instructions in the grant application kit. ODCP will refrain from awarding funds until the Director has resolved all appeals. The review will be conducted as expeditiously as possible so that all funds can be distributed in a timely manner. This procedure concludes the review process at the administrative level for purposes of Iowa Code Chapter 17A (1991).

Evidence-Based Practices/Projects

The Governor's Office of Drug Control Policy's strategy development process has always included an effort to identify "what works" and to encourage applicants to apply for and to implement "best practice" approaches to respond to the priorities established by the Governor, Drug Policy Advisory Council, and ODCP in the State Strategy.

In recent years BJA and others have increased the focus on "evidence based" programs implemented with fidelity. The Office of Drug Control Policy engaged with BJA's technical assistance provider to; establish precision on what is meant by "evidence based" programming; to evaluate our efforts regarding evidence base programming; to implement evidence base principals into planning and program development; and to educate our grantees and program partners. Application which incorporate evidence based programming receive priority consideration in the grant review and funding decision making process. Potential applicants are referred to the U.S. Department of Justice, www.crimesolutions.gov for more information about evidence-based programs.

Administration of Criminal Justice and Substance Abuse Programming

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 2007, 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.

CASAColumbia'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 Department of Corrections Iowa 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 and abuse a key driver in criminal justice administration.

The 2022 state formula JAG award will be utilized by Iowa to address through a competitive process programs which 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 abuse prevention, innovative correctional programming, mental health & criminal justice collaborations, specialty courts and other criminal justice innovations.

The JAG program in Iowa places a premium on evidence based practices and the open competitive process to identify areas of greatest need and innovative responses to those needs.

Barriers to Evidence Based Programs

Iowa has invested in data driven and transparent decision making. Iowa criminal justice partners have a great deal of data available to them to assist in planning and decision making. Data related to substance abuse and certain criminal justice data are documented in earlier sections of this report. In addition, individual components of the justice system including corrections, law enforcement and the courts publish data on client and on the processes involved in administering justice. In addition, the Division of Criminal and Juvenile Justice Planning maintains a criminal justice data warehouse which collects, connects, and organizes data from across the justice system as well as human services and health system.

There are two significant impediments related to implementing evidence based approaches. The first is a general reluctance to implement evidenced base programs with fidelity. Iowa criminal justice officials have a history of working well across the various elements of the justice system and the health/human service systems that support criminal justice clients. Having said that, those in charge of each of those disciplines typically have a good deal of autonomy especially in cases where they are elected to their position. Those decision makers may embrace a particular evidence based program but will insist on implementing only a portion of the program, or implementing the program with “enhancements”. Meaning programs are not always implemented with fidelity to the research which demonstrated its effectiveness.

The second impediment is funding. Many of the evidence based programs require significant investment in multisystem approaches to respond to complicated crime and substance

abuse issues. We do our best to coordinate programs and to braid multiple sources of funding to support a wide variety of programming and we rely heavily on the competitive decision making process which prioritizes evidence based “practices” to get the most bang from our buck.

Coordination of Efforts

Formula grant funds are administered by the Office of Drug Control Policy, headed by the state Drug Policy Coordinator. The Coordinator is directed by state statute (Iowa Code Chapter 80E) to do the following:

- coordinate and monitor all statewide drug enforcement efforts
- coordinate and monitor all state and federal substance abuse treatment grants and programs
- coordinate and monitor all statewide substance abuse prevention and education programs in communities and schools
- help coordinate the efforts of the state Departments of Corrections, Education, Public Health, Public Safety, and Human Services
- assist in the development and implementation of local and community strategies to fight substance abuse
- submit an annual report concerning state substance abuse activities and programs, including a needs assessment of substance abuse treatment programs and drug enforcement
- provide advisory budget recommendations relating to substance abuse treatment, enforcement, and prevention and education

The Coordinator chairs the 15-member Drug Policy Advisory Council, which is responsible for making policy recommendations to state departments concerning the administration, development, and coordination of programs related to substance abuse education, prevention and treatment. Council membership consists of representatives from the state Departments of Corrections, Education, Human Services, Public Health, and Public Safety, a licensed substance abuse treatment specialist, a prosecuting attorney, a substance abuse treatment program director, the statistical analysis center director, a prevention specialist, a judge, and three law enforcement officers. Non-voting members include a member of the Iowa National Guard, a law enforcement association, and the director of the Iowa Consortium for Substance Abuse Research and Evaluation.

To provide direction for developing policies and programs, the Council has worked to identify and develop a series of databases specifically devoted to the organization and retention of information that describes a variety of alcohol and other substance abuse indicators. 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 abuse education, prevention, treatment and criminal justice. In addition, the data indicators serve as the foundation of the Iowa Drug Control Strategy.

Performance Measures

The Governor's 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.

Beginning with the grant cycle covering state fiscal year 2010 the Governor's Office of Drug Control Policy implemented an electronic grant management system.

The grant management system is capable of administering grants from application through close out. 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 & 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.