

Program Narrative

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

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

**Office of Drug Control Policy
Dale R. Woolery, Director**

**Kim Reynolds
Governor
Adam Gregg
Lt. Governor**

Acknowledgments

Iowa Department of Public Safety

Stephan K. Bayens, Commissioner

Office of Drug Control Policy Staff

Dale Woolery, Director
Susie Sher, Executive Officer
Dennis Wiggins, Assistant Director of Programs
Tim Trepa, Fiscal Manager

215 E. 7th Street
Oran Pape State Office Building
Des Moines, Iowa 50319
Phone 515-725-0300
<https://odcp.iowa.gov/>

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Description of the Problem

JAG Targeted Strategies:

Reduce substance-related injuries and deaths.

The use of increasingly potent substances and poly-substances is contributing to a growing number of Iowa injuries and deaths via: impairment-related accidents and traffic crashes; drug overdoses and poisonings; and diseases due to chronic nicotine, alcohol, or other substance use. The opioid epidemic has evolved, and is now fueled largely by illicit fentanyl and other emerging synthetic opioids. And, as polysubstance use becomes more common, pandemic-influenced behavioral stressors continue to exacerbate alcohol misuse, other substance use, and related mental health issues. Accomplishing this goal requires a stronger, timelier and more fluid response focused on prevention, intervention, treatment, recovery and public safety, including national/international drug supply interdiction.

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

Science strongly suggests the longer a person avoids experimenting with addictive substances, the more likely they are to not use those or other drugs later in life. In other words, healthy choices as an adolescent can increase the odds of a healthier life in the future. Most Iowa youth do not use addictive or psychoactive substances, but among those who do use alcohol, nicotine and marijuana are most common. As new Iowa youth grow into adolescence and different forms of these substances appear (e.g., more potent marijuana “concentrates” and vaping products), effective prevention and education—including at home—is essential. Preventing alcohol, nicotine and marijuana use among Iowa teens today can make for a healthier tomorrow.

Increase timely access to substance use disorder (SUD) services.

More pathways and pathfinders are required to help Iowans navigate services to effectively address substance use treatment and recovery needs. Family and justice system referrals are among the most common pathways to service today, but new doors are opening in Iowa. These include: the recently launched national 988 Crisis Lifeline; online help via YourLifeIowa.org; Iowa’s still-evolving Mental Health and Substance Use Service Access Centers; new Recovery Community Centers; a growing number of pre-jail

diversion to treatment and law enforcement-mental health co-response team initiatives; and expanded telehealth options. As more Iowans in need are directed to SUD treatment services, treatment capacity must be reviewed for quantitative and qualitative sufficiency.

Increase employment and quality of life for 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, while reducing arrests, thereby contributing to safer and healthier communities.

Increase accountable alternatives to incarceration for eligible drug-related offenses, and reduce the disproportionate number of minorities referred to the justice system.

Approximately, 63% of those serving an Iowa prison sentence 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. A small but growing number of Iowa communities have started formal pre-jail deflection/diversion to treatment and/or law enforcement-mental health co-response teams as an accountable alternative to incarceration, by diverting lower-risk non-violent drug-affected individuals to treatment. This approach may prove more effective and equitable for those involved. Problem-solving courts, such as Drug Treatment Courts, offer another form of diversion to treatment that successfully balances rehabilitation with public safety. Data analyses by Pew Charitable Trusts and The Council on Criminal Justice suggest a substantial decline nationally over the last decade in racial disparities in state imprisonment, but work remains to continue narrowing the gap.

Current Efforts and JAG Program Response

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 2023 grant solicitation.

Prevention

The use of drugs and misuse of alcohol has a devastating impact on the safety and well-being of all Iowans. Substance abuse 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 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 6th 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. The cumulative effect of many efforts, including substance abuse 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 Iowa HHS biennial Iowa Youth Survey.

Current Iowa Approaches to Substance Abuse Prevention:

988:The 988 Suicide & Crisis Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week in the United States. Iowans who contact 988 will be directly connected to trained crisis counselors who provide crisis de-escalation and connect individuals to the services and supports they need, when they need it.

Iowa has two NSPL Centers, CommUnity and Foundation 2. Foundation 2 is staffed to answer the majority of 988 calls, and CommUnity is staffed to answer the majority of 988 chats and texts. Both Centers will be equipped to answer calls, chats, and texts. Iowa's Lifeline Centers will provide follow-up to individuals contacting 988 who are at risk of suicide and consent to follow-up. Crisis counselors will provide seamless coordination with other community-based crisis services, including warm handoffs to mobile response teams throughout the state.

The easy to remember three-digit number will not only make it easier to connect to support in a crisis, but will also:

- Reduce the burden on law enforcement and emergency medical resources so they can better respond to other public safety needs;
- Provide access to mobile response through warm handoffs, reducing confusion on how to access the service and enhance mobile response efforts statewide;
- Increase the number of contacts answered by Iowans knowledgeable about local behavioral health services, providing a personalized experience during a time of crisis and allowing for in-state quality assurance.

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 death rates. In light of these data, the Iowa Department of Health and Human Services established a workgroup which included Iowa HHS staff and other state and community agency representatives to discuss collaborative efforts, policy efforts and next steps to reduce alcohol-involved deaths. A report, including recommendations, was issued by the workgroup and can be found [here](#).

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, many of which receive federal Drug-Free Communities Support Program grants. The Iowa HHS also 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.

Integrated Provider Network: The Iowa Department of Health and Human 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 Iowa HHS 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 designed 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 Iowa HHS 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 Iowa HHS 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 Health and Human Services 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. An Iowa Substance Use Brief on Methamphetamine was released in 2019.

Overdose Data to Action: In 2019, the Iowa Department of Health and Human Services 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 Iowa HHS 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 Iowa HHS 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 Health and Human Services (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 other professionals to assist in family reunification, accountability and keeping children safe.

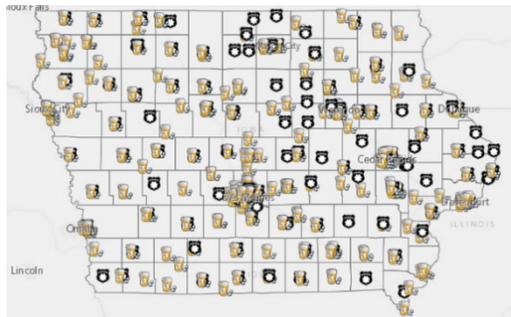
Prescription Monitoring Program: The Iowa Pharmacy Board’s Prescription Monitoring Program (PMP) allows prescribers, pharmacists and other health care providers to improve patient care by coordinating the fast-growing number of medicines that are prescribed for Iowans. As health care professionals’ use 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. Prescribed use has increase by more than 600% from 847,905 inquires in 2018 to 6,245,996 inquires in 2021. This increase is in large part due to the rise in the number of integrations between the PMP and electronic health records, electronic medical records, and pharmacy dispensing systems.

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 93 tons of leftover medicine in Iowa alone over the past twelve 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 Health and Human Services 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 Health and Human Services. 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 the Iowa Department of Health and Human Services 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 Health and Human Services. 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 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 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 enhancing 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.

When the pandemic began impacting the state, we saw less access to in-patient and out-patient face-to-face treatment. Treatment providers had to evolve very quickly to provide needed treatment to their clients. Proclamation changes allowed providers to offer services via telehealth, including video and audio only sessions. As a result, the Iowa HHS 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 also took 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 have contributed 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.

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; SUD 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.

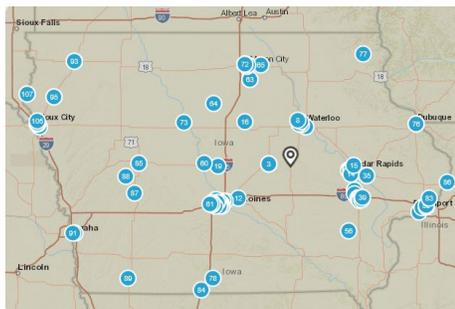
Iowa Opioid Help: The Iowa Attorney General's office has developed a new website to provide information to Iowans about opioid use disorder treatment. IowaOpioidHelp.com directs Iowans to treatment centers and other resources across the state. The website provides a pathway to recovery for Iowans with Opioid Use Disorder (OUD) and their loved ones. Visitors to the website will learn about Medication Assisted Treatment (MAT), a proven method of using FDA-approved drugs to reduce cravings and withdrawal symptoms for people with opioid use disorder. An interactive map on the website shows a list of MAT and OUD clinics contracted with the State of Iowa. The Integrated Provider Network (IPN) is funded by the Iowa Department of Health and Human Services.

Iowa Opioid State Targeted Response Grants: The State Opioid Response 2 (SOR2) grant awarded to the Iowa Department of Health and Human Services by the Substance Abuse and Mental Health Services Administration (SAMHSA) from 2020-2022 was extended for an additional year to 2023. The SOR2 project extension aims to address the opioid and stimulant crises by increasing access to medication for opioid use disorder (MOUD), reducing unmet treatment needs, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid and stimulant use disorder. Increasing the awareness of and access to overdose reversal medicines like naloxone is a major activity under this extension. Total funding under the SOR2 award is \$17.8 million.

The State Opioid Response 3 (SOR3) is a 2-year grant awarded to the Iowa Department of Health and Human Services from 2022-2024 that will bring \$9,083,075 each year for two years. The goals include using evidence-based strategies to continue supporting, increasing, and improving the prevention, treatment, recovery and harm reduction efforts that seek 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.

Problem Solving Courts: Iowa currently has 39 problem solving courts. A partnership between courts and communities, specialty courts are problem solving courts that address underlying problems that have contributed to an individual’s contact with the justice system. These courts work intensively with community professionals to empower Iowa adults and juveniles to break free from the grip of substance abuse and mental health issues. Treatment teams include a judge, substance abuse treatment professionals, attorneys (county attorney and parents’ or defense attorney), and private agency providers. Many of the specialty court programs are located in one county, but also serve persons from one or more other counties in the district.

Medication Assisted Treatment: As the most effective form of opioid treatment, efforts are underway to expand Medication Assisted Treatment (MAT) in Iowa. According to the SAMHSA Buprenorphine Treatment Practitioner Locator website, Iowa has 188 prescribers listed with published information. However, there are an additional 357 practitioners that are waived in Iowa that have chosen not to have their information published. 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.

Opioid Abatement Projects (Opioid Settlement Funds): Use of Iowa's share of national Opioid Settlement funds received by the State and participating local jurisdictions as a result of legal agreements with three major pharmaceutical distributors and Johnson & Johnson/Janssen is a work-in-progress. The Iowa Attorney General's Office estimates Iowa will receive nearly \$178 million in settlement funds to be used for opioid abatement over the next 18 years. Settlement funds will be split evenly between the State and participating subdivisions pursuant to the State's Memorandum of Understanding.

While first-year funds have begun flowing into the State Treasurer's Office and participating counties, they remain subject to the settlement's parameters. Settlement funds now flowing to the State Treasurer are additionally subject to legislation enacted as of July 1, 2022, as well as legislative appropriations or guidance to come in the future. The plan for Opioid Settlement fund allocations at the state and local levels is expected to become clearer in 2023.

Opioid Overdose Reversal: Naloxone is one 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 Iowa Health and Human Services 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. In addition, beginning in 2022, Iowa businesses, organizations and schools can now request free naloxone to use for on-site purposes in case of an overdose emergency. Kloxxado is a newer, stronger opioid antagonist released in 2022.

The higher dose per administration is important because in many cases, multiple doses of naloxone are required to stop an overdose.

Overdose Intervention (Good Samaritan): An Iowa law enacted in 2018 establishes a Good Samaritan program in the State, for which Iowa HHS 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.

Recovery Community Centers: New recovery community centers have opened in Cedar Rapids, Des Moines, Council Bluffs, and Sioux City. More centers are scheduled to open in Iowa in the next few years. These centers are run by people with a history of substance use disorders. Recovery coaches or peer support specialists help others find connection and resources. To learn more about recovery and find additional resources, visit recovery-iowa.org.

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. The program combines best practices for cessation of youth tobacco and vaping, including tailored resources and educational materials for quitting, and coaching services by phone, text or online chat. 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 Health and Human Services created and maintains YourLifeIowa.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 YourLifeIowa.org or call 855-581-8111 for 24/7 resources, intervention, and referrals. In State Fiscal Year 2022, Your Life Iowa responded to 41,111 contacts that were received via phone text and chat. These numbers represent 185% increase since 2020.

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 abuse prevention and SUD 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 methamphetamine, 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 16 DTFs covering 58 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 methamphetamine 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 work with the Iowa Departments of Public Safety and Health and Human Services 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 methamphetamine labs have nearly been eradicated. Combining education, retailer enforcement and environmental prevention strategies has proven successful in reducing Iowa methamphetamine labs by more than 99% since their peak (2022 vs. 2004). Legislation regulating key 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.

State Crisis Intervention Program: The Iowa Office of Drug Control Policy is applying for the Bureau of Justice Assistance FY22-23 Byrne State Crisis Intervention Program (Byrne SCIP) Grant in late 2022. As authorized by the Bipartisan Safer Communities Act of 2022, Byrne SCIP provides formula funds to implement state crisis intervention court proceedings and related programs or initiatives, including, but not limited to, extreme risk protection order programs that work to keep guns out of the hands of those who pose a threat to themselves or others, behavioral health deflection, mental health courts, drug courts, and veterans treatment courts.

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 is also a valuable tool in training officers

to identify and remove drug and alcohol-impaired drivers from Iowa's roadways. In 2022 alone, GTSB will have trained over 500 officers in ARIDE. In April 2022, GTSB conducted a DRE school certifying 14 new DRE officers and in November 2022 over 160 Iowa prosecutors will be trained at the Prosecuting Attorney's Training Conference (PATC) hosted by the Iowa Attorney General's Office. These trainings are critical to our mission of safer roadways and fatality reduction.

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 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 2023 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, 2024 through June 30, 2025. 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 applicants have the right to appeal.

Appeal – state code requires a notification and appeal process. The Bureau Chief 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 Bureau Chief, 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).

Implementation/Time Task Plan

	23		24			25				26			
	June - Dec	Jan-March	April-June	July-Sept	Oct-Dec	Jan-March	April-June	July-Sept	Oct-Dec	Jan-March	April-June	July-Sept	Oct-Dec
Application and receipt of federal Byrne-JAG funding	X	X	X										
Sub-grantees invited to make application for competitive grant process		X				X				X			
Competitive grant applications reviewed and funding decisions made			X				X				X		
Successful applicants notified. Sub grant contracts executed			X				X				X		
Beginning of sub grantee contract period. <i>Sub-grant contracts cover state fiscal year (July-June)</i>			X				X				X		
Grant funded program activities				X	X	X	X	X	X	X	X		
Quarterly financial reporting			X	X	X	X	X	X	X	X	X	X	X
Quarterly program reporting and assessment of program activities				X	X	X	X	X	X	X	X	X	
Sub-grantee final reporting and closeout								X				X	
Final reporting and grant closeout – federal grant													X

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.

The Bureau Chief 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 Director 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 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.

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
Director, ODCP

Kelly Cunningham
County Attorney's Association

Katrina Carter
Department of Corrections

Barb Anderson
Department of Education

Kevin Gabbert
Department of Public Health

Ryan Moore
Department of Public Safety

Terra Kinney
Iowa Peace Officers Association

Dave McDaniel
*Iowa State Sheriffs and
Deputies Association*

Jason Feaker
Iowa State Police Association

Patrick Coughlin
Substance Abuse Treatment Director

Nicole George
Substance Abuse Treatment Specialist

Christina Wilson
Substance Abuse Prevention Specialist

Honorable Sharon Greer
Judicial Branch

Jeff Wright
State Public Defender

Rex Mueller
Iowa Police Chiefs Association

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

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.

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, is defined in state statute (Iowa Code Chapter 80E) and include 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 Bureau Chief 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.

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 2023 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.

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.

Beginning with the grant cycle covering state fiscal year 2010 the 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 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.