

Polk County Opioid Settlement Funds FY2024-26 Strategic Plan

Polk County Behavioral Health & Disability Services

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Program Planner – Opioid Settlement



Introduction

In 2021, 45% of Polk County residents surveyed reported their lives had been negatively affected by substance abuse, above the national average of 36%.¹ Polk County is receiving limited funds to address the harms done to people in the opioid epidemic. While funds must focus on opioid abatement strategies, people affected by the addiction and mental health crisis will also be positively impacted. Polk County leaders must leverage funds to create long-term impact for people with lived experience.

The purpose of this working strategic plan is to 1) inform community members on how decision makers will determine funding allocations, 2) outline initial priority areas for allocations in FY2024-26 based on the Sequential Intercept Model (SIM) Mapping Workshop conducted in May 2023, and 3) outline planning activities for future allocations. **Polk County’s vision for Opioid Settlement Funds is to invest in high-need areas with the greatest impact on people with lived experience in a transparent, intentional, and sustainable manner.**

Document Acronyms

BHDS	Polk County Behavioral Health & Disability Services
CDC	Centers for Disease Control and Prevention
CJCC	Criminal Justice Coordinating Council
MAT	Medication Assisted Treatment
OSF	Opioid Settlement Funds
OUD	Opioid Use Disorder
PWLE	People with Lived Experience
SAMHSA	Substance Abuse and Mental Health Services Administration
SIM	Sequential Intercept Model
SUD	Substance Use Disorder

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¹[2021 Community Health Needs Assessment – Polk, Warren & Dallas Counties, Iowa](#)

Background

Payments

National litigation surrounding companies that manufactured, distributed, marketed, and dispensed prescription opioids has resulted in individual settlements with government entities collectively called the “opioid settlements.” The Iowa Memorandum of Understanding² specifies 50% of received settlement funds are allocated to the state government. These funds are controlled by the Iowa Legislature, with proposed bills for funds administration active in the 2024 Iowa General Assembly. The other 50% of funds allocated to Iowa go to local governments. Polk County receives 22.8% of the local share. Some company settlements are still in litigation, while others have settled and are determining payment plans. Others, like Purdue Pharma, are in bankruptcy, and it is unknown what payments will result.³

Payer	Total Polk County Allocation	Annual Payment Schedule	Received payments as of 3/1/2024	Estimated balance by 12/31/2024
Janssen	\$3,302,439.40	2022-2033	\$2,457,252.93	\$2,457,252.93
Distributors	\$14,306,227.48	2022-2038	\$1,252,582.48	\$2,411,013.60
NOAT II	TBD	2022-TBD	\$282,218.57	\$282,218.57
Walmart	TBD	2024-2030	\$0	\$2,027,841.85
Walgreens	TBD	2024-2039	\$0	\$304,843.17
CVS	TBD	2024-2034	\$0	\$256,085.77
Allergan	TBD	2024-2031	\$0	\$230,249.04
Teva	TBD	2024-2037	\$0	\$208,088.57
Total	\$17,608,666.88		\$3,992,053.98	\$8,177,593.50

An estimate of funds that will be received through 2029 is \$1.5-2 million annually, although only Janssen and the Distributors have agreed to a full payment schedule.⁴

Allowable Expenditures

Expenditures of opioid settlement funds (OSF) are for *opioid remediation*, as defined in settlement agreements as “care, treatment, and other programs and expenditures...designed to (1) address the misuse and abuse of opioid products, (2) treat or mitigate opioid use or related disorders, or (3) mitigate other alleged effects of, including those injured as a result of, the opioid epidemic.”⁵ The National Opioids Settlement states priority should be given to the following opioid remediation areas in Exhibit 1-E Schedule A Core Strategies:⁶

- A. Naloxone or other FDA-approved drug to reverse opioid overdoses
- B. Medication Assisted Treatment distribution and other opioid-related treatment
- C. Services for pregnant and post-partum women

²Iowa Department of Justice: [Iowa Memorandum of Understanding](#)

³For up-to-date information on ongoing litigation, visit [Opioid Settlement Tracker](#)

⁴Iowa Association of Counties: [Estimated Opioid Settlement Payments to Counties for McKesson, Cardinal Health, Amerisource Bergen, and Janssen](#)

⁵Written into settlement agreements, including [Janssen's](#)

⁶Iowa Department of Justice: [Exhibit 1](#)

- D. Expanding treatment for Neonatal Abstinence Syndrome
- E. Expansion of warm hand-off programs and recovery services
- F. Treatment for incarcerated population
- G. Prevention programs
- H. Expanding syringe service programs

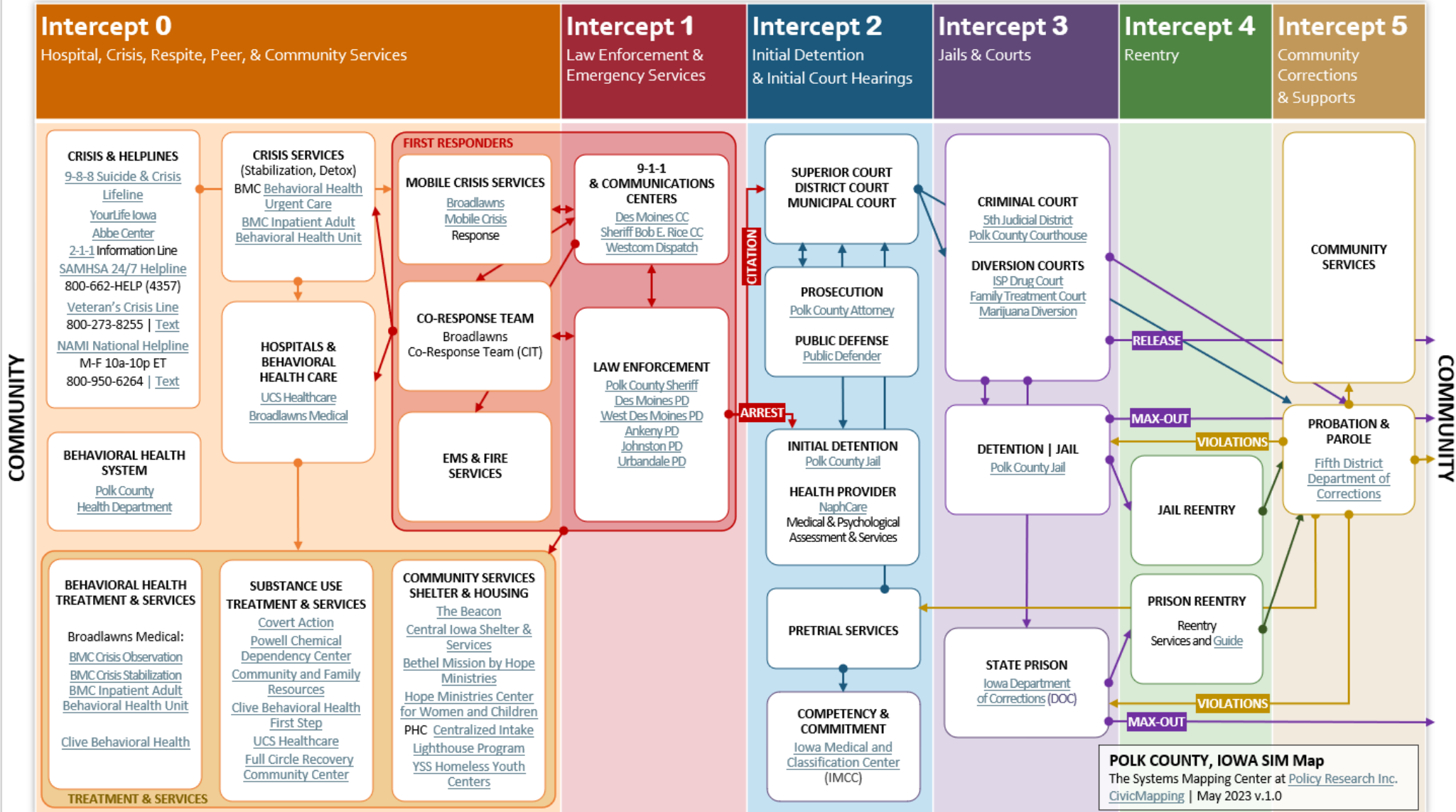
Other strategies are allowed under Schedule B Approved Uses. They focus on treatment, prevention, and specific administrative supports.

Current Status

Polk County Behavioral Health & Disability Services (BHDS), the Polk County Attorney's Office, and the Polk County Auditor's Office work in tandem to administer the funds and adhere to the National Opioids Settlement's requirements to receive settlement payments. In 2022, BHDS wrote a grant to host a Sequential Intercept Modeling (SIM) Mapping Workshop through the Substance Abuse and Mental Health Services Administration (SAMHSA) Gains Center. The SIM Mapping Workshop details how people with mental and substance use disorders come into contact with the criminal justice system. The workshop process helps communities identify resources and gaps at the following intercepts: community services, law enforcement, initial court hearings and detention, jails/courts, reentry, and community corrections. In May 2023, BHDS hosted the SIM Mapping Workshop with representatives working in the intercept areas in Polk County. After completing the mapping process (see page 4), participants prioritized projects to fill service gaps that aligned with allowable expenditures in Exhibit 1-E: 1) deflection and prearrest diversion, 2) recovery housing, and 3) jail reentry. Other key recommendations from the SIM Mapping Report included integrating peer support specialists into projects and hiring an Opioid Settlement Program Planner. The full report is supplemental to this document and can be referenced here: Policy Research Associates, Inc.: [Sequential Intercept Model Mapping Report – Polk County, Iowa.](#)

Polk County Sequential Intercept Model Map

Completed by Policy Research Associates – May 2023



Strategic Priorities for Funding Allocations

SIM Mapping Workshop participants identified **Defection and Prearrest Diversion, Recovery Housing, and Jail Reentry** as top strategic priorities for OSF. SIM Mapping Workshop participants were pulled from sectors across the mapping intercepts, which in turn skewed the strategic priorities to target criminal-justice involved individuals. The National Opioids Settlement listed treatment for Opioid Use Disorder, prevention strategies, and harm reduction efforts as Core Strategies for OSF. While these topics were discussed at the SIM Mapping Workshop, the majority of time was spent on their relationship to the criminal justice system. In order to abide by settlement guidance and target all people harmed by the opioid and addiction epidemic, not just folks involved in the criminal justice system, these strategies require further assessment and planning to supplement existing programs in Polk County.

Further, OSF are intended to save lives. From 2018-2021, overdoses almost doubled in Polk County,⁷ and in the same year, 88% of Iowa drug overdose deaths had at least one potential opportunity for intervention.⁸ Evidence-based strategies to reduce overdose fatalities include harm reduction programs, in which organizations, and often people with lived experience (PWLE), build relationships with people who use substances to engage them in health services and improve their quality of life.⁹ Despite harm reduction efforts being listed as a Core Strategy and the extensive body of research to prove their efficacy in improving individual and community outcomes, efforts like syringe service programs¹⁰ are criminalized under Iowa law. Therefore, Polk County is not able to leverage all available federal funds to support wrap-around harm reduction services,¹¹ and as a result of structural stigma, harm reduction efforts are largely underfunded. Therefore, Polk County OSF will be available for projects that reduce the harms of substance use and provide **Supports for People with Lived Experience**.

Guiding Principles

OSF provide an opportunity for Polk County to address the addiction crisis and prevent future harms of substance use. In order to intentionally spend funds for the greatest impact, Polk County decision makers and OSF awardees will adopt the following guiding principles, adapted from the SIM Mapping Report, SAMHSA-recognized best practices, and the John Hopkins Principles for the Use of Funds from the Opioid Litigation,¹² nationally recognized guidance for governments receiving OSF. While there are countless organizations that could benefit from funding, cross-sector, collaborative consideration as to the quality and long-term benefit of initiatives will lead to difficult decisions on spending.

1. *Prioritize people harmed by the opioid epidemic.* Decision makers will first and foremost consider program impacts on PWLE. In addition, while other substances, like alcohol and psychostimulants, are pressing concerns in Polk County, projects that have direct ties to *opioid abatement* strategies and serve people harmed by the opioid epidemic

⁷Polk County Medical Examiner; data available upon request: contact gabbie.ruggiero@polkcountyiowa.gov

⁸Centers for Disease Control and Prevention (CDC): [SUDORS Dashboard: Fatal Overdose Data](#)

⁹National Harm Reduction Coalition: ["Principles of Harm Reduction"](#)

¹⁰CDC: [Syringe Services Programs \(SSPs\)](#)

¹¹Substance Abuse and Mental Health Services Administration (SAMHSA): [Fentanyl and Xylazine Test Strips](#)

¹²John Hopkins School of Public Health: [Principles for the Use of Funds from the Opioid Litigation](#)

must be prioritized. OSF awardees must demonstrate how funds will help people harmed by the opioid epidemic.¹³

2. *Involve and integrate peers.* The SIM Mapping Report recommended integrating peer support specialists into every priority project in Polk County. Peers can uniquely engage people in active addiction and use their lived experience to offer knowledge and hope.¹⁴ They also help improve systems by offering perspective of what helped in their recovery journey. It is a priority that peers are involved in the planning, implementation, and evaluation of OSF projects.
3. *Sustainability.* Augmenting instead of supplanting existing funding, pacing spending, and program sustainability plans will all be considered for projects (see below).
4. *Use evidence to guide spending.* Although comprehensive local data can be difficult to gather in Polk County, decision makers will consider community need based on quantitative and qualitative data as much as possible. Additionally, programs will be evidence-informed with clear metrics for program performance established before funds are awarded. In the SIM Mapping Workshop, participants identified information and data sharing as a priority for change; therefore, programs will consider adopting data collection practices that can be used to inform future spending.
5. *Focus on racial equity.* Although people of color experience SUDs at similar rates as white people, Black people have experienced disproportionate overdose rates—while 4% of the population identifies as Black or African American in Iowa, they accounted for 12.8% of overdose deaths in 2022.¹⁵ Additionally, people of color are more likely to be criminalized for drug use and experience more negative health outcomes.¹⁶ Programs that address health disparities in communities of color and organizations applying for funding that have equitable *practices*—not just policies—will be prioritized.

Sustainability

OSF are not an ongoing or a reliable revenue stream. Therefore, multiple factors related to sustainability will be considered for projects:

- OSF should not be the sole funding stream for projects. State and county dollars, grant funds, and other funding streams should be utilized for a braided funding approach. Fund applicants must demonstrate knowledge of other funding streams and efforts to secure additional funding.
- Polk County will not use funds to fill budgetary gaps or to supplant existing funding.
- Funds will be prioritized for start-up costs for programs that can self-sustain.
- \$4 million will be reserved in the settlement fund for investment to accrue interest through FY2028. This set-aside will be reconsidered when full settlement payment schedules are released.

¹³This may include intentional and unintentional [poly-substance use](#).

¹⁴SAMHSA: [Peer Support](#)

¹⁵CDC: [“SUDORS Dashboard: Fatal Overdose Data”](#)

¹⁶For more information on health inequities – United Way of Central Iowa: [“21 Day Equity Challenge Day 11: Healthcare”](#)

Priority Area 1: Deflection and Prearrest Diversion

Allowable Expenditure: Schedule B Letter D, Address the Needs of Criminal Justice-Involved Persons

Purpose: Enact a diversion program to prevent harms associated with incarceration and promote a public health approach to addressing substance use.

Enacting a prearrest diversion program was the top-picked priority area from the SIM Mapping Workshop and has support from key Polk County stakeholders, including the Polk County Attorney's Office and local chiefs of police. Workshop participants emphasized no system involvement as a priority and instead wanted people deflected or diverted into community-based services. Programs such as Law Enforcement-Assisted Diversion (LEAD) provide alternative paths from arrest and can help people enter treatment and prevent harms associated with incarceration. Currently, there are several jail and court-based diversion programs related to mental illness and substance use that occur during system involvement. At initial detention, adults with mental illnesses and co-occurring disorders in Polk County can be diverted to community services. Within the courts, the Polk County Attorney's Office leads a Marijuana Diversion Program for adults, and there is an Intensive Supervision Court Program (Drug Court) for adults.¹⁷ Outside of these programs, first responders have limited options for where to transport and refer people who have SUDs for care and treatment. While Polk County will have a sobering center in fall 2024 where behavioral health services will be provided, longer-term interventions with multiple access points are necessary for a full spectrum of services.

¹⁷See the [Sequential Intercept Model Mapping Report – Polk County, Iowa](#) for more information.

Activity	Considerations	Leader	Timeline*
Planning			
Select and develop a program.	Determine what existing evidence-informed program models best fit Polk County demographics and needs. Confer with law enforcement leaders, the Criminal Justice Coordinating Council (CJCC), the County Attorney's Office, sobering center administrators, Mobile Crisis, and others as needed to ensure full integration into existing services.	Polk County Attorney's Office; BHDS	FY2024
Determine where this work will be housed.	Develop a leadership plan based on program selection.	Polk County Government	FY2025
Monitor and apply for supplemental funding streams.	Diversion work cannot be supported by OSF alone; LEAD is estimated to cost \$500,000 for the first year of full implementation. Determine supplemental funding streams and monitor for federal funding sources, such as the Bureau of Justice Assistance and SAMHSA. Adjust implementation timeline according the requirements of any awarded grants. Plan for county funding for ongoing costs.	TBD	FY2025
Build program capacity.	Build community connections for implementation.	TBD	FY2025
Implementation			
Pilot implementation.	Begin program implementation on a small scale. Ensure program fidelity, data collection, and sustainability. Full implementation will begin on a grant timeline or as additional capacity is needed.	TBD	FY2026 (grant dependent)

*The Polk County Fiscal Year runs July 1-June 30.

Priority Area 2: Recovery Housing

Allowable Expenditure: Schedule B Letter B, Support People in Treatment and Recovery

Purpose: Increase the availability of high-quality recovery housing options to provide foundational support for people with lived experience.

Recovery-focused housing provides housing options for people who are experiencing homelessness, are reentering the community after incarceration, or are leaving in-patient treatment facilities. Further, supportive housing programs can effectively end homelessness or reduce housing instability, reduce the use of public systems, and lead to better treatment outcomes for people in recovery.¹⁸ Supportive housing is one of many housing needs in Polk County. The 2022 *Unsheltered Des Moines Study*¹⁹ recommended investment in affordable permanent housing and permanent supportive housing, and the 2024 *Polk County Housing Gap Analysis*²⁰ showed the need for rapid rehousing and permanent supportive housing for individual households and emergency shelter and permanent supportive housing for families. While non-comprehensive, the Public Science Collaborative has compiled a map of recovery housing options in Iowa,²¹ and in 2021 concluded “Des Moines is well-positioned to support a thriving recovery culture.”²² These resources allow stakeholders to develop targeted housing approaches to help people in recovery. In addition, they provide options for metrics by which to measure change by settlement-funded projects.

Implementation

- A one-time grant of \$1,000,000 will be awarded in FY25 for housing infrastructure and program start-up costs. Grant specifics are in development.
- Applications that involve peers are preferred, as peer supports are a gap identified in the SIM Mapping Report.
- Applicants will be asked to integrate the Guiding Principles (pages 4-5) into their proposals.
- Potential metrics include the number of people on waiting lists for recovery housing beds, the amount of recovery housing beds, and how many recovery housing providers are in Polk County.

¹⁸National Low Income Housing Coalition: [Housing First Supports Recovery from Substance Use Disorders](#)

¹⁹Talbert & Record: [Unsheltered Des Moines Study: Perceptions of Service Delivery and Resources Amongst Des Moines-Area Persons Experiencing Unsheltered Homelessness](#)

²⁰Des Moines/Polk County Continuum of Care: [Homelessness System Needs Assessment Centralized Intake Evaluation](#)

²¹Public Science Collaborative: [“Recovery Resources”](#)

²²Public Science Collaborative: [Recovery Iowa – Des Moines 360](#)

Activity	Considerations	Leader	Timeline
Planning			
Assess recovery housing needs in Polk County.	Look at the context of greater housing needs and existing successful recovery housing models.	BHDS; CJCC Behavioral Health Subcommittee	FY2024
Develop funding application and select program.	Programs will follow SAMHSA best practices for recovery housing, ²³ balance “housing first” and harm reduction with recovery housing models, incorporate peers, and support all paths of recovery, especially MAT.	BHDS	FY2024
Review applications, select project, and send to the Board of Supervisors for approval.	Application available for funds to be allocated at the beginning of FY2025.	BHDS	FY2025
Implementation			
Monitor implementation.	Required reporting will be outlined in the grant application.	BHDS	FY2025-26
Monitor and apply for supplemental funding streams for program development and operational costs.	Local, state, and federal funds are all potential funding streams. Awardees should apply for any state OSF set aside for recovery housing.	Awarded Applicant	FY2025-26
Evaluate outcomes.	Consider additional funds for successful models. Determine additional needs for FY2027 onward.	BHDS	FY2026

²³SAMHSA: [Best Practices for Recovery Housing](#)

Priority Area 3: Jail Reentry

Allowable Expenditure: Schedule B Letter D, Address the Needs of Criminal Justice-Involved Persons

Purpose: Connect people with substance use disorders to resources while incarcerated and upon release to reduce the risk of overdose and improve their quality of life.

Jail-based services are funded by the Polk County Sheriff's Office. The Polk County Jail houses a medical and mental health focused discharge planner and a variety of community-based providers that help connect people leaving incarceration to resources. Participation in services is voluntary, and capacity is limited. Additionally, the Polk County Jail has a MAT continuation program but not an initiation program. Recent research shows overdose risk for people leaving incarceration is 10 times higher than the general public,²⁴ with some research suggesting even higher risk. Treatment for incarcerated populations is listed as a Core Strategy for OSF. The Polk County Jail is exploring expanding evidence-based strategies to directly provide and connect people to treatment and other resources that positively impact an individual's social determinants of health.²⁵ Not only does increasing access to resources improve PWLE's quality of life, but it also can reduce recidivism and the strain on jail systems. SAMHSA identifies the following evidence-based strategies²⁶ for successful reentry:

- Medications for Opioid Use Disorder and Alcohol Use Disorder
- Case management
- Peer and patient navigation

Implementation

More information is needed. Expenditures are estimated.

²⁴Hartung et. al.: [Fatal and Nonfatal Opioid Overdose Risk Following Release from Prison: A Retrospective Cohort Study Using Linked Administrative Data](#)

²⁵For more information – U.S. Department of Health and Human Services: [Social Determinants of Health](#)

²⁶SAMHSA: [Best Practices for Successful Reentry from Criminal Justice Settings for People Living with Mental Health Conditions and/or Substance Use Disorders](#)

Activity	Considerations	Leader	Timeline
Planning			
Identify needed resources to start a MAT initiation program at the Polk County Jail.	Coordinate with NaphCare, the jail medical services provider.	Polk County Jail	FY2024
Assess jail capacity for reentry program expansion.	Coordinate with existing service providers.	Polk County Jail	FY2024
Monitor and apply for supplemental funding streams.	Determine supplemental funding streams and monitor federal funding, such as the Bureau of Justice Assistance and SAMHSA. Plan for other county funding for ongoing costs.	Polk County Government	FY2024-26

Priority Area 4: Supports for People with Lived Experience

Allowable Expenditures: Schedule B Letter B, Support People in Treatment and Recovery; Letter C, Connections to Care; and Letter H, Harm Reduction

Purpose: Save and improve the lives of people with lived experience, especially those in active addiction.

While OSF will be prioritized for sustainable, long-term, programs for system change, smaller-scale and short-term interventions have the ability to save lives and enrich the quality of life and services for PWLE. For example, overdose prevention, harm reduction, and peer support programs can all directly support people harmed by the opioid and addiction crisis and must be considered in tandem with SIM Mapping Workshop-identified priority areas. In Iowa, these programs are underfunded, and OSF provide a unique opportunity for organizations to cover start-up costs to expand programs or pilot new ones.

Implementation

Programs must fall under Schedule B Letters B, C, or H. Programs should have direct contact with people who use substances and/or are in recovery. Programs should practice harm reduction principles.²⁷ Program examples include, but are not limited to:

- Wrap-around services for people receiving treatment for OUD
- Health services for PWLE that are uninsured or underinsured
- Expanding capacity of peer-ran organizations
- Harm reduction outreach, including naloxone distribution outside the scope of current Iowa Health and Human Services programs²⁸

Funding Overview:

- The intention of this funding is to provide immediate interventions for PWLE by filling service gaps. Innovative projects could be considered for additional funding, depending on the needs established by treatment and prevention planning initiatives.
- Up to five projects for non-county entities will be awarded up to \$200,000 over two years (\$100,000 per fiscal year) in FY2025 (FY2025-26). An additional two-year grant will be posted in FY2025 for \$200,000 over two years starting in FY26 (FY2026-27).
 - Applications that involve peers are preferred, as peer supports are a gap identified in the SIM Mapping Report.
 - Applicants will be asked to integrate the Guiding Principles (pages 4-5) into their proposals.
- \$150,000 will be allocated in FY25 for county-lead projects, such as the expansion of harm reduction supplies distribution. County-lead projects will follow the Guiding Principles and adhere to the same reporting guidelines as non-county entities.
- Potential metrics include the number of people served, the increase in community impact, and qualitative data from those served by programs.

²⁷National Harm Reduction Coalition: ["Principles of Harm Reduction"](#)

²⁸Naloxoneiowa.org: ["Find Naloxone"](#)

Activity	Considerations	Leader	Timeline
Implementation			
Review applications, select projects, and send to the Board of Supervisors for approval.	Applications available in FY2024 and FY2025. County-lead projects will not require applications but will be subject to Board of Supervisors approval. See page 13.	BHDS	FY2024
Monitor implementation.	Reporting required will be outlined in the grant application.	BHDS	FY2025-27
Monitor and apply for supplemental funding streams for program development and operational costs.	Local, state, and federal funds are all potential funding streams. Awardees should apply for any state OSF set aside for applicable funding categories.	Awarded Applicants	FY2025-27
Evaluate outcomes.	Consider additional funds for successful models. Determine additional needs for FY2027 onward.	BHDS	FY2025-27

Polk County Opioid Settlement Funds Spending Projections (FY2024-26)

Priority Area	Approved Use Area(s)	Purpose	FY2024	FY2025	FY2026
Deflection and Prearrest Diversion	Address the Needs of Criminal Justice-Involved Persons	Enact a diversion program to prevent harms associated with incarceration and promote a public health approach to addressing substance use.		75,000	250,000
Recovery Housing	Support People in Treatment and Recovery	Increase the availability of high-quality recovery housing options to provide foundational support for people with lived experience.		1,000,000	
Jail Reentry	Address the Needs of Criminal Justice-Involved Persons	Connect people with substance use disorders to resources while incarcerated and upon release to reduce the risk of overdose and improve their quality of life.		500,000	500,000
Supports for People with Lived Experience	Support People in Treatment and Recovery, Connections to Care, and Harm Reduction	Save and improve the lives of people with lived experience, especially those in active addiction.		650,000	1,000,000
Leadership	Leadership, Planning, and Coordination	Lead, plan, and coordinate settlement-funded projects.	80,000	150,000	150,000
Total			80,000	2,375,000	1,900,000
<i>Need-Dependent Estimates:</i>					
<i>Treatment and Recovery</i>					<i>500,000</i>
<i>Prevention and Harm Reduction</i>					<i>500,000</i>
<i>Adjusted Total</i>					<i>2,900,000</i>

Estimates are for full program costs and do not account for supplemental funding streams. Fiscal year spending is subject to change based on external grant award timelines.

Planning Initiatives

In addition to spending activities, BHDS will carry out the following initiatives to inform settlement program planning and increase collaboration among service providers.

Input from People with Lived Experience

In accordance with Guiding Principles 1 and 2, *Prioritize People Harmed by the Opioid Epidemic* and *Involve and Integrate Peers*, PWLE need to be involved in the planning of settlement-funded projects. PWLE include people actively using substances, people in recovery, and their close supporters. The following activities will be explored in calendar year 2024 to ensure PWLE are involved in the preliminary stages of settlement planning:

- Focus groups, including, but not limited to, people that have been involved in the criminal justice system, people in treatment for OUD, people in recovery, and close supporters of people who have an SUD.
- A community-wide survey.
- An advisory group made up of PWLE.

Youth Needs Assessment

Polk County youth with substance use disorders, mental health disorders, and/or youth at risk of poor health outcomes and system involvement face unique challenges opposed to adults. Not only are there separate systems to navigate, but the resources that do exist are limited, causing caregivers to look to emergency services, or the justice system, to get their child the care they need. Additionally, their families and caregivers must also be supported in order for effective intervention.

There is a great need for stakeholders among the SIM intercepts to collaborate across sectors and identify key gaps in services. The Schedule B Approved Uses for opioid remediation strategies identifies a multitude of supportive and preventative initiatives for youth. In accordance to Guiding Principle 4, *Use Evidence to Guide Spending*, more information is needed to make informed decisions on how best to serve youth. Therefore, BHDS and the CJCC will initiate a youth needs assessment in calendar year 2024.

Public Input

Of community members surveyed for the *Polk, Warren, and Dallas Community Health Needs Assessment*, 91% responded substance abuse is a moderate or major problem in our community.²⁹ Transparency and the ability for the public to have input on Polk County's response to substance use will be ensured in the following ways:

²⁹[2021 Community Health Needs Assessment – Polk, Warren & Dallas Counties, Iowa](#)

- Creation of a webpage on Polk County’s website to house the SIM Mapping Report, OSF strategic plan, public information reports, and contact information for public comment
- Availability for community stakeholders to meet with the Polk County Opioid Settlement Program Planner
- Attendance at community meetings to present updates and answer questions
- Consult community subject matter experts as needed for input

Treatment

Access to integrated treatment for OUD, including MAT or Medications for Opioid Use Disorder, is critical for addressing the opioid epidemic in Polk County. Community members have expressed, both in the SIM Mapping Workshop and other stakeholder groups, that there is a severe lack of inclusive in-patient programs in Polk County, especially for folks with a dual-diagnosis or co-occurring conditions that need detoxification. The costs for expanding or starting a new in-patient program, including physical space, cannot be supported by OSF alone, especially on a county level. State-level decision makers should consider using state allocations to expand in-patient treatment, not only because of the cost, but also because in-patient treatment participants often cross county lines to reduce wait times for admission.

With the realignment of behavioral health services on a local level starting July 1, 2025, more information is needed about the future of grant-funded treatment in Polk County. More information from Iowa Health and Human Services will be available in fall 2024. Therefore, effective planning for gaps in services cannot be done until then, at the earliest.

Prevention

Primary prevention, or activities to educate and support people before the use and misuse of substances, is critical to the long-term reduction in OUD, overdose, and general substance use. The National Opioid Settlement lists prevention as a Core Strategy. The John Hopkins School of Public Health,³⁰ the RAND Corporation,³¹ and other subject matter experts³² specifically name youth prevention as an ethical obligation for funds as an “upstream” approach to address the addiction crisis. Prevention is not only an investment in the future of Polk County, but it also is fiscally responsible: a SAMHSA report concluded that for every \$1 invested in primary substance use prevention, \$18 is saved from the societal impacts of addiction.³³

Most formal Polk County prevention activities are grant-funded. The focus of prevention projects is dictated by grant requirements, including target populations, what type of activities can be selected, and the process by which activities can be selected. Most programs are evidence-based. While prevention grants target areas of needed change with specific programs, prevention can be integrated into health and social sector work for an integrated, whole-person

³⁰John Hopkins School of Public Health: [Principles for the Use of Funds from the Opioid Litigation](#)

³¹RAND Corporation: [“Strategies for Effectively Allocating Opioid Settlement Funds”](#)

³²KFF Health News: [“Officials Agree: Use Settlement Funds to Curb Youth Addiction. But the ‘How’ Gets Hairy”](#)

³³SAMHSA Center for Substance Abuse Prevention: [Substance Abuse Prevention Dollars and Cents: A Cost-Benefit Analysis](#)

approach. In Polk County, prevention efforts funded by OSF will fill gaps in substance misuse prevention efforts by government grants, such as:

- Strategies to support the whole family, especially children of parents with a mental health or substance use disorder
- Tertiary prevention efforts integrated into priority area projects
- Programs for target populations excluded from current grants
- Emerging programs with supportive, but perhaps limited, evidence
- Overdose prevention efforts that coincide with harm reduction
- Upstream mental health prevention approaches

In March 2024, SIM Mapping Workshop stakeholders reconvened and began the planning process for prevention efforts by identifying the risk and protective factors that have the biggest impact on substance use in Polk County. The identified factors can be targeted by specific prevention programs. With the realignment of behavioral health services on a local level starting July 1, 2025, more information is needed about the future of grant-funded prevention projects in Polk County. Iowa Health and Human Services will provide more information on the realignment in fall 2024; therefore, planning on how to fill services gaps and target the identified influential factors will continue then.

Leadership, Planning, and Coordination

BHDS will continue to lead OSF planning efforts and will evaluate this strategic plan at the end of calendar year 2024 after more information is received on payment schedules, state-level opioid abatement strategies, and the realignment of behavioral health services across the state. Additionally, BHDS will help coordinate compiling local data on substance use as necessary to establish metrics for program evaluation.