

ATTACHMENT TO AGENDA

Updated 11/6/23

IMHPC Meetings
20-21 Monitoring and Oversight recommendations
20-21 Block grant allocation, CARES, American Rescue Plan dollars
22-23 Monitoring and Oversight recommendations
22-23 Block grant allocation, Bipartisan and Safe Communities Act dollars
22-23 Priorities listed in the Mental Health Block Grant (5)
22-23 Priorities listed in the SA Block Grant (7)
Picture of IA Mental Health system
24-25 MH and SUD block grant allocations
24-25 Monitoring and Oversight recommendations
24-25 Priorities in MH/SUD block grant application (11)
MEDICAID
REALIGNMENT OF STATE GOVERNMENT
HHS
DOJ Investigation
Aspire
Workforce
Inpatient Acute Care Beds
CCBHC
HEALTH
CHILDREN AND YOUTH
CARE FOR ELDERLY – LONG TERM CARE

Suicide Prevention Director
 Integrated Provider Network Project Coordinator
 MHBG Planner

Possible presentations to IMHPC?

CMHC overview – narrative, map
 Iowa Peer Network – a peer run organization
 IRSH Homes
 IPS – Individual Placements & Supports – Lin Nibbelink
 Kelly’s presentation to OIL on Realignment
 Liz’s OIL presentation on Medicaid
 Brad Anderson - AARP

Henry Co. School project
 Belmond Specialty Hospital, MH services to schools, etc

2023 Iowa Mental Health Planning Council Calendar of Events	
Wed., Nov. 15 9:00 am to 3:30 pm	Zoom Meeting https://uiowa.zoom.us/j/94822201344?pwd=bnRuc3dFOVcrbIFIZ1k3U0JXc3NnZz09 Meeting ID: 948 2220 1344 Passcode: 201311
Dec. 1, 2023	Implementation report due to be submitted (22-23 Block Grant)

Monitoring and Oversight Committee

2020-21 IMHPC Recommendations to MHDS for Block Grant Funding

Your Life Iowa and the State Warm Line Contracts meets many of the recommendations that we have made. Telehealth stays available – legislation passed to give parity on payment, too.

1. Systems of Care programs to be available statewide and especially in the rural communities- *funded 2 more*
2. Funding of peer run organizations – *funded 4*
3. Refugee and other marginalized populations mental health assistance

Requested a briefing from our refugee service providers to understand holistically the current and growing needs for refugee resettlement in Iowa – so that the Iowa Legislature can assist with additional funding to match the growing needs.

Tom Chapman, Executive Director of the Iowa Catholic Conference, hosted the Zoom meeting. Also attending:

- Erica Johnson, Iowa Migrant Movement for Justice
- Kerri True-Funk, U.S. Committee for Refugees and Immigrants
- Dena Lewerke, Lutheran Services in Iowa's Economic Development Coordinator
- Laura Thako, LSI's Family Services Manager
- Sam Hutchisson, Catholic Charities Diocese of Des Moines's Refugee Services Program Manager
- Amy Campbell, LSI Government Relations
- Livvy Su, RISE AmeriCorps Program Manager
- Scott Caldwell, Catholic Charities Program Director
- Brenda Myers, LSI

From Tom, "Since the 1970s, more 30,000 refugees have been resettled into Iowa. Cuts in refugee admissions and funding at the federal level put local refugees at risk of falling the cracks, experiencing economic hardship, and jeopardizing their path to becoming full participants in our community. Refugees who receive state-funded extended case management would be less likely to depend on long-term public assistance. Investing in refugees from their first few years of arrival can accelerate their trajectory for success."

Areas needing additional state support

- English Language Learners education budget
- Case Management, especially after 90 days arrival when Federal help ceases
- Access to legal services
- Safe, affordable housing
- Employment opportunities
- Public school enrollment
- Childcare

Iowa's record of MHBG allocations

2017 final MHBG allotment - \$4,279,421 minus 25%

2018 final MHBG allotment - \$5,464,792 minus 10% FEP \$546,479 = \$4,918,313

2019 final MHBG allotment - \$5,377,612 minus 10% FEP \$537,761 = \$4,839,851

2020 Total MHBG allotment - \$5,271,887 minus 10% FEP \$527,189 = \$4,744,698

➔ 2021-22 – there were 3 pots of money

2020-21 Total regular MHBG allotment

\$5.6M minus 10% FEP \$560,000 and 5% Crisis Services \$280,000 leaves \$4,760,000

\$4,760,000 less 5% administrative expenses \$238,000 leaves \$4,522,000 split
70% CMHC's \$3,165,400 and 25% state contracts \$1,356,000

Need a final accounting of funds spent

2020-21 CARES (Covid Supplement) Act-Total MHBG allotment-**\$6,480,000** minus 10% FEP \$648,000 and 5% Crisis Services \$324,000 leaves \$5,508,000. (*funds received March 2021*)

\$5,508,000 -spent through remaining contracts with **5%** for administrative expenses \$275,400

Originally-2 yrs to spend (*till March 2023*) then extension granted – **March 2021 through March 2024**

Additional Covid dollars of \$338,000(e) given for covid supplies

CARES Act \$ spent on:

- **Peer Run organizations** – awarded 4
 1. **Freedom Pointe of Greater Webster County- Wellness Center** freedompointe16@gmail.com
Contact w/1600 people/mo, expanded to Greene Co, regular guest @ Homeless Haven (under the bridge) Have gotten called out on 90 active suicide threats, incorporates theatre, support, fun, services, advocacy and "chick-a-boom", wants to have a regular meetings with consumers.

2. **Iowa Peer Network- Statewide Peer Support Network** -a brand-new peer operated organization will It is not connected with the peer training contract nor the U of IA. Sara Knox and Jennifer Day are the founders and are peer support specialists. Sara.knox@iowapeernetwork.org – website, no newsletter, no meetings, online workshops, social media, continuing education 4X/yr – 1 in each qtr of the state, had a May 20, 2023 conference for peer support specialists
 3. **Life Connections Peer Recovery Services- Peer-Operated Respite only**, subcontractor to U. of IA peer support training program, WRAP classes and facilitator training, support group for peer specialists info@lifeconnectionsrecovery.org
 4. **NAMI Johnson County- Wellness Center** – have warm line for persons with lived experience M-F 1-5 Sat 11-3 – have served 80 so far, have activities at the wellness center
- **Statewide survey of system assessment** – analysis of behavioral health services relating to justice related services (Medicaid also released an RFP for the same type of assessment with Mathematica– so their information will be utilized to determine where \$ needs to be spent). Some services identified in the study will receive funding
 - Those with SMI and Homeless: **7 PATH programs** across the state. *Monies not for rent or a home, but rather for assistance with legal documentation and applying for SSI.*
 - **Systems of Care (SOC)** Funded 2 more programs. \$135,000 per year - \$ to help kids who have SED but not Medicaid and need wrap-a-round services. An RFP was issued. Grantees are Orchard Place (exp to Dallas & Madison) and Ellipsis (other counties) Ellipsis cancelled their contract.
 - Extend Covid Recovery Iowa and changed name to **Project Recovery Iowa** when FEMA funds end. \$1.926 M. *Should be able to stay in business until 6-30-23.*
 - **Center of Excellence** for Evidence Based Practices. *Monitors fidelity of EBP's. Was awarded to U. of Iowa. Will provide fidelity monitoring and training for EBP's like Assertive Community treatment, etc.*
 - **CCBHC funding for technical assistance** to DHS to inquire about state certification of CCBHC's. *What are other states doing? Does a CMHC morph into a CCBHC? How can we sustain CCBHC's in Iowa after the federal grant dollars go away? (We didn't sustain the systems of care projects after their federal grants ended.) Missouri converted all their CMHC's to CCBHC's. Texas is going in the same direction.*

Need a final accounting of funds spent

U. of Iowa - [Iowa Peer Workforce Collaborative | The University of Iowa \(uiowa.edu\)](https://www.uiowa.edu)
 Peer training contract - National Resource Center for Family Centered Practice with subcontractor – Life Connections
 Iowa Scanlan Center for School Mental Health
BEST Conference was held Nov 2021, 1600 attended Oct 2022 and had 2000 attendees - **2023?**
 BEST stands for (Behavioral, Equitable, Social-Emotional, Trauma-Informed) Health Summit
 \$1.8 M to expand MH training and rural outreach
 Center of Excellence

2020-21 - American Rescue Plan - SAMHSA plan request - **\$11.2 M –Sept 2021- 4 years to spend–till Sept 2025**
[American Rescue Plan Act \(ARPA\) 2021 | Iowa Department of Human Services](https://www.iowa.gov)

- Off the top: 5% for crisis services, 10% for First Episode Psychosis programs
1. 988 implementation including expanding call center capacity, technical assistance
 2. Continuation of Center of Excellence for EBP's in Behavioral Health
 3. Continuation of other items listed under CARE act priorities

988 planning grant – the initial grant was a Transformation Transfer Initiative (TTI) from SAMHSA
 final draft of report done – last meeting 1-12-22 - <https://dhs.iowa.gov/mhds/crisis-services/988-planning-grant>- they will have a marketing plan for older adults – [libraries, radio, bars/restaurants, banks, EMS, Fire Dept.](#)

Live nationwide



The National Suicide Prevention Lifeline number is transitioning to the 3-digit number 9-8-8
A reminder that emergency calls still need to go to 911 – if police or an ambulance are needed
Call 988 for suicide prevention, mental health crisis support – it is a talk line, not the number to call to dispatch services

On June 24, Congress passed the S.2938 [Bipartisan Safer Communities Act](https://www.congress.gov/bills/117/2938) and President Biden signed the bill into law the following day. This new law dramatically increases funding for lifesaving mental health and substance use care programs by expanding [Certified Community Behavioral Health Clinics](#) nationwide, and by boosting funding for 988 implementation and crisis services, mental health awareness training programs, and the community mental health block grant. **To be determined – how 988 and Your Life Iowa will converge.**

[S.2938 - 117th Congress \(2021-2022\): Bipartisan Safer Communities Act | Congress.gov | Library of Congress](https://www.congress.gov/bills/117/2938)

Need a final accounting of funds spent

2022-23 IMHPC Recommendations to MHDS for Block Grant Funding

1. Address workforce issues
2. Provide needed services in older adult population
3. Utilize the same functional assessment tool for Systems of Care contracts – not possible to do

2022-23 MHBG - \$6,522,020 - Total regular MHBG allotment

\$6.5M minus 10% FEP \$650,000 and 5% Crisis Services \$325,000 leaves \$5,547,020

\$5,547,020 less 5% administrative expenses \$277,351 leaves \$5,269,669 split

70% CMHC's \$3,688,768 and 25% state contracts \$1,580,901 – will need a list of how \$ spent

The Bipartisan and Safe Communities Act provides additional MHBG

\$621,948 – has to be used by Oct. 16, 2024

https://hhs.iowa.gov/sites/default/files/MHBG_FY22-23_Assessment_and_Plan-final.pdf

Need final accounting of where money spent

Finish at Jan 2023 meeting

22-23 priorities in the MHBG grant - **Year 1** – answer 9-30-22, **Year 2** – answer **12-1-23** (will be recorded in 12-1-23 implementation report)

FY 22-23 MHBG Priorities – [MHBG_FY22-23_Assessment_and_Plan-final.pdf \(iowa.gov\)](#) – Laura Larkin is the MHBG planner

Priority #1 - Expand mental health services and supports to children with a Serious Emotional Disturbance and their families

Goal - Expand access to community-based mental health services and supports for children with an SED who are not eligible for Medicaid funded services. **Year 1 – ends 9-30-22**

Strategy - Issue an **RFP for up to 2 programs** to develop local **Systems of Care** for children with an SED

Baseline - State currently has 4 SOC programs

Year 1 - Increase to 6 SOC programs through issuance of an RFP for 2 new SOC programs - **Yes**

Year 2 - Maintain 6 SOC programs

Priority #2 - Crisis Services

Goal – IDPH and DHS will work together to Implement the 988 Crisis Line in Iowa

Strategy – 1. Develop a 988 implementation plan with the assistance of the stakeholder coalition

2. Implementation of the 988 plan

Baseline – Plan is in development

Year 1 - Plan submitted to Vibrant and approved for implementation during SFY22 **Yes**

Year 2 - Plan implemented and Iowa Lifeline centers begin answering calls effective July 16, 2022

Priority #3 – Support and Development of the Behavioral Health Workforce

Goal – Promote retention and recruitment of qualified individuals for the behavioral health workforce.

Increase competency of the behavioral health workforce through training and technical assistance.

Strategy – 1. Develop a **statewide Center of Excellence** to assist providers in implementing evidence-based practices with fidelity. **Yes**

2. DHS and IDPH will collaborate to expand Relias online training platform to community mental health centers.

3. DHS and IDPH will implement a shared peer support training collaborative for peers serving individuals with an SMI, parents of children with an SED and individuals with an SUD.

Indicator 1 - DHS and IDPH will collaborate to **expand Relias behavioral health online training available to SUD providers** to CMHCs

Baseline - 0

Year 1 – 13 **No**

Year 2 - 27

Indicator 2 – Increase access to **peer support/family peer support/recovery peer coach training** through DHS/IDPH joint training collaborative

Baseline – New peer support training contract effective 6/1/2021

Year 1 – Contractor will provide 6 peer support, 6 family peer support, and 6 recovery peer coach trainings **Yes**

Year 2 - Contractor will provide 6 peer support, 6 family peer support, and 6 recovery peer coach trainings

Indicator 3 - DHS will establish a **Center of Excellence** for Implementation of Evidence-Based Practices

Baseline – None currently exists

Year 1 – DHS will issue an RFP and award a contract for Center of Excellence **Yes**

Year 2 - The Center of Excellence will provide training & technical assistance to stakeholders % providers on DHS-approved EBP's

Priority #4 - Expand services to individuals experiencing a **First Episode of Psychosis** or Early Serious Mental Illness
Goal – Expand the number of NAVIGATE teams in Iowa from 3 to 4.

Strategy – Contract with a new NAVIGATE team provider, provide training and technical assistance to the new team

Indicator 1 - New NAVIGATE team will begin serving eligible individuals

Baseline – 0

Year 1 – Serve 10 individuals by 9/30/22 – **served 6**

Year 2 - Serve 25 individuals by 9/30/23

Priority #5 - Develop Peer-Run Organizations

Goal – Issue an RFP for peer-run organizations to apply for MHBG funding.

Strategy – Issue an RFP for peer-run organizations to apply for MHBG funding.

Indicator 1 - Increased access to services provided by peer-run organizations through issuance of an RFP for up to 4 grants

Baseline – 0

Year 1 – State plans to award up to 4 grants to peer-run organizations. **Yes**

Year 2 - Peer-run organizations will provide services in accordance with contracts with DHS.

Pg. 76-77 - explanation of how funds to be spent - Justin Roberts is SABG planner - **Year 1 ends 9-30-22, Year 2 ends 12-1-23**

FY 22-23 - SABG application -

https://hhs.iowa.gov/sites/default/files/portals/1/userfiles/11/iowa%20final%20fy2022_2023%20sapt%20bg%20application%20behavioral%20health%20assessment%20and%20plan.pdf

Priority #1 – Facilitate Access to Pregnant and Parenting Women and Children Treatment Services

Indicator #1 – Increase access for priority population within 5 days of first contact and admission

Baseline - IBHRS data for women and children contractors; greater than five days

First Year Outcome - By the end of year one, access to services will occur within 5 days from date of first contact to admission

Second Year Outcome - By the end of year two, access to services will occur within 3 days from date of first contact to admission

Priority #2 – Substance Abuse Treatment - Advance Treatment Continuum of Care

Indicator #1 - Implement Recovery Housing and Community Centers in Iowa - **4**

Baseline - Development of RFP

First Year Outcome - By end of year 1, IDPH will contract w/2 contractors to implement Recovery Housing Community Centers

Second Year Outcome - By end of year 2, IDPH will release RFP to implement Recovery Community organizations in 2 Iowa communities

Priority #3 – Primary Prevention - Increase Iowan's Access to and Quality of Primary Prevention Services

Indicator #1 - increased access and quality of primary prevention trainings

Baseline - Training needs assessment

First Year Outcome -By the end of year one, IDPH will conduct a training needs assessment with IPN prevention contractors to determine priority training topics. IDPH will establish a two-year prevention training calendar which will include topics identified in the training needs assessment. a) IDPH will engage Iowa State University Extension to organize and host at least 10 ten training opportunities over a two-year period. b) In collaboration with Iowa State University Extension, create at least 5 promotional items to highlight various training opportunities.

Second Year Outcome - By the end of year 2, at least 80% of IPN prevention contractors will report an increase ability to provide quality prevention services.

Priority #4 - Iowan's will have increased access to TB services

Indicator #1 - IPN providers will demonstrate compliance with TB SABG regulations and competency in serving individuals with TB

Baseline: Policy development within IPN provider network and increase in competency in serving Iowan's with TB

First Year Outcome - By the end of year one, All IPN providers will complete the SABG Prevention and Treatment Regulations form which documents compliance with requirements for individuals who screen positive for TB

Second Year Outcome - By the end of year two, 60% of all IPN providers will participate in an education opportunity for TB as arranged by IDPH

Priority #5 -Iowan's who inject drugs will have increased access to services

Indicator #1 - Competency and increased access to services for individuals who inject drugs

Baseline - Policy development and training within IPN provider network and increase in competency in serving Iowan's who inject drugs

First Year Outcome - By the end of year one. All IPN providers will complete the SABG Prevention and Treatment Regulations form which documents requirements for individuals who inject drugs

Second Year Outcome - By the end of year 2, all IPN providers will implement policies addressing outreach services to persons who inject drugs

Priority #6 - IDPH and DHS will work together to implement 988 Crisis Line in Iowa

Indicator #1 - IDPH and DHS will collaborate on the 988 plan development, collaboration and submission

Baseline - plan in development

First Year Outcome -Plan submitted to contractor (Vibrant) and approved for implementation during SFY22

Second Year Outcome - Plan implemented and Iowa Life Line centers begin answering calls effective July 16, 2022

Priority #7 - Promote retention and recruitment of qualified individuals for the behavioral health workforce. Increase competency of the workforce through training and technical assistance

Indicator #1 - IDPH will increase the number of providers and agencies who utilize Relias

Baseline - 555 current providers and 13 independent organizations

First Year Outcome - 600 providers

Second Year Outcome - 17 organizations

Indicator #2 - IDPH and DHS will increase access to peer recovery coaching/peer support/ family peer support training through IDPH/DHS collaboration

Baseline - new peer support contract effective 6/1/2021

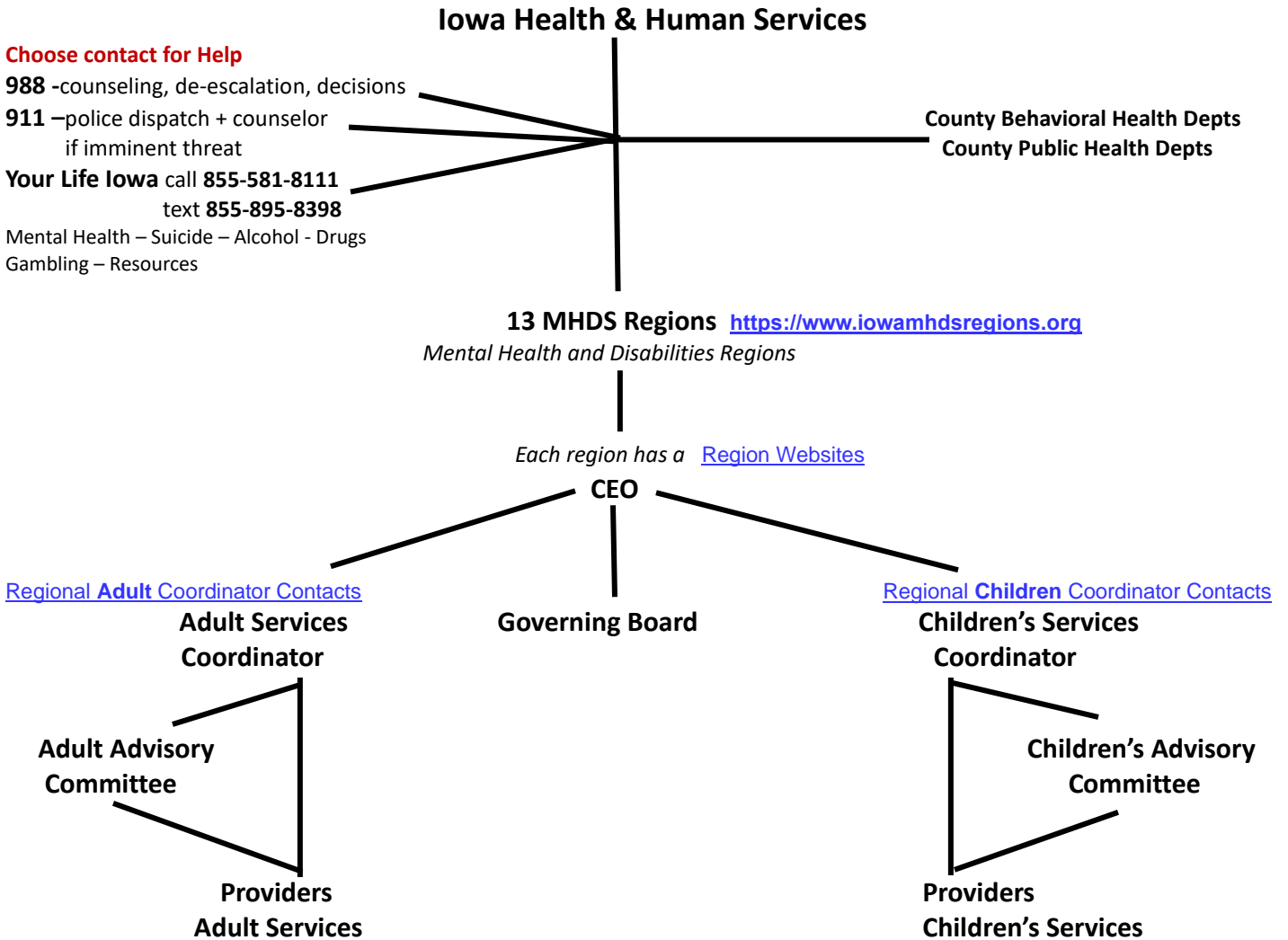
First Year Outcome - Contractor will provide 3 Recovery Peer Coach trainings, 6 family peer support & 6 peer support trainings

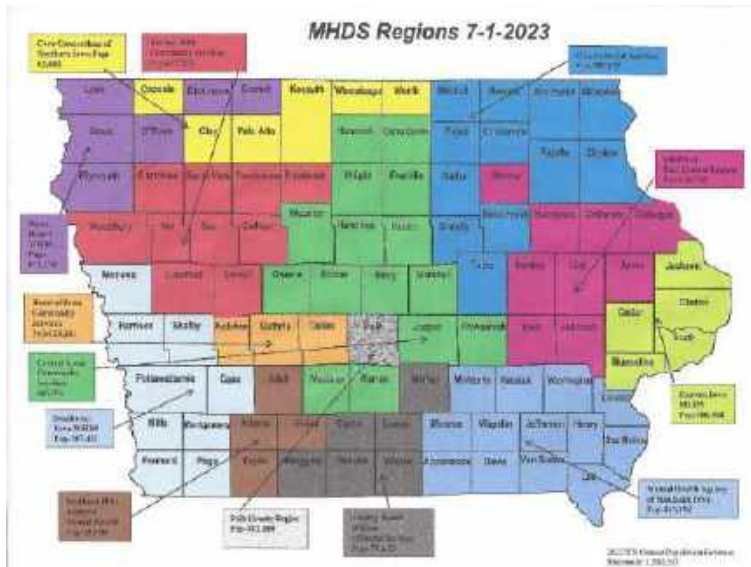
Second Year Outcome - Contractor provides 3 Recovery Peer Coach trainings, 6 family peer support & 6 peer support trainings

Health www.brainhealth-now.org - anti-stigma program

New website for Infonet newsletters: <https://www.iowaddcouncil.org>

Picture of the Iowa Mental Health and Disability Services





The number of MHDS regions dropped from 14 to 13 on July 1, 2023, when 2 regions combined. The new MHDS Region will be named "MH Agency of SE Iowa" and is located in the SE corner of the state.

[Administrative Rules](#)
[Crisis Services Maps](#)
[Regional Policies & Procedures](#)
[Regional Annual Reports](#)
 MHDS Regions & AEA website:
<https://iowaaeamentalhealth.org>

2024-2025 MHBG – \$7,739,414 Total regular MHBG allotment –

- Mental Health The estimated MHBG allocation for FY24 and 25 is \$7,739,414 per year. The state projects to expend:
- \$386,970 per year on administration,
- \$386,970 on crisis services (5% set aside),
- \$773,941 per year on early serious mental illness programs (10% set aside), and
- \$6,191,532 per year on allocations to community mental health centers for services to individuals with an SMI/SED, training on EBPs, peer support/family peer support training, MH Planning Council support, and other system development projects.

2024-2025 SABG -\$13,204,014 Total regular SABG allotment

MHPC and SABG Monitoring and Oversight Committee priorities

- Provide support for the continuation and expansion of peer supports services including peer support specialists, family peer support specialists and recovery coaches
- Provide services to assist teens and young adults transitioning from youth to adult services
- Increase availability of services to elderly population
- Brain Injury and subsequent development of depression and anxiety

See proposed list from M&O Committee for more explanation

Priorities of MH/SA Block Grant - pg. 84

1. Development of CCBHC's in Iowa

Goal: The state will submit a CCBHC Demonstration Application in March 2024 with the goal of participation in the CCBHC demonstration project and expanding CCBHC services across the state.

Indicator #: 1 Submit CCBHC demonstration grant application.

Baseline Measurement: State is in the CCBHC planning grant process 3/31//23-3/30/24

First-year target/outcome measurement: Demonstration grant application submitted by March, 2024, or SAMHSA prescribed due date.

Second-year target/outcome measurement: NA

2. Behavioral Health Workforce

Goal of the priority area: Improve capacity, retention, and quality of Iowa's behavioral health workforce

Indicator #1: ASAM

ASAM Baseline Measurement: Iowa HHS does not currently have confidence or competence measures for use of ASAM

First-year target/outcome measurement: By the end of year 1, Iowa will establish a baseline measure of confidence and competence in using the ASAM by Iowa providers.

Second-year target/outcome measurement: By the end of year 2, Iowa will provide a minimum of 2 ASAM trainings

Indicator #2: Training and TA of CCBHC clinics

Baseline Measurement: 0

First-year target/outcome measurement: 9 clinics enrolled with Relias and accessing training for their staff

Second-year target/outcome measurement: 9 clinics enrolled with Relias and accessing training for their staff

3. **Treatment for Early Serious Mental Illness/First Episode Psychosis** – ESMI

Goal of the priority area: Increase number of individuals receive ESMI/First Episode Psychosis Treatment services through Iowa's NAVIGATE teams

Indicator #1: # of individuals served

Baseline measurement: 102

First-year target/outcome measurement - 120

Second-year target/outcome measurement - 135

Indicator #2: Work with Iowa NAVIGATE teams to add peer support services to the NAVIGATE team structure

Baseline measurement: 0 teams have peer support specialists

First-year target/outcome measurement - Teams work with HHS and technical assistance to incorporate peer support into the team structure

Second-year target/outcome measurement - 4 teams have peer supports

4. **Development of a Behavioral Health Council**

Goal of the priority area: As the state has aligned its MHBG and SUPTRS grant, the Mental Health Planning Council is working toward becoming a Behavioral Health Planning Council.

Strategies to attain the goal: 1. MHPC is receiving TA

2. Need to increase membership to include persons with lived experience of SUD and professionals providing SUD treatment services.

Indicator #1: Membership of individuals with lived experience and SUD provider representation are Council members

Baseline measurement: 0

First-year target/outcome measurement: 2

Second-year target/outcome measurement: 4

5. **Access to Behavioral Health Crisis Services**

Goal of the priority area: Increase access to mobile crisis statewide in compliance with CCBHC and Medicaid Section 9813 Standards

Strategies to attain the goal: 1. Clinics seeking CCBHC certification will either directly provide or contract with a state-sanctioned provider to ensure access to all required crisis services in the identified catchment area.

Indicator #1: Counties with crisis services that meet CCBHC and Section 9813 criteria

Baseline Measurement: 0

First-year target/outcome measurement: 99

Second-year target/outcome measurement: 99

6. **Primary Prevention**

Goal: Increase Iowa's Access to and Quality of Primary Prevention Services

Strategies to attain the goal: Offer systems to support the prevention workforce to ensure quality primary prevention services occur including trainings, learning communities and materials.

Indicator #1: Increased access and quality of primary prevention programming.

Baseline Measurement: Training needs assessment
First-year target/outcome measurement: By the end of year one, Iowa HHS will conduct learning communities and a training needs assessment with prevention contractors to determine priority needs and training topics. Iowa HHS will establish a two-year prevention training calendar which will include topics identified in the training needs assessment.

- a) Engage ISU Extension to organize and host at least 5 training opportunities over a 2-year period.
- b) Create at least five promotional items to highlight various training opportunities.
- c) Create an online training portal on prevention training opportunities.

Second-year target/outcome measurement: By the end of year 2, Iowa HHS will provide additional workforce supports.

- a) Create a Project ECHO process for prevention
- b) Create visualizations to promote prevention processes and successes.

c) Measure progress of training and support efforts/80% of participants will report an increase ability to provide quality prevention services

7. Pregnant and Parenting Women

Goal of the priority area: Facilitate Access to Women and Children Treatment Services

Strategies to attain the goal: Continuous Quality Improvement activities to increase access to services including data management, data reports and corrective action plans. Contracting with UNI for simulated calls to monitor knowledge, access and understanding of SUBG regulations among IPN contractors.

Indicator #1 - Increased access for priority population-within 7 days from date of first contact to admission

Baseline Measurement: IBHRS data for women and children services providers; greater than seven days from date of admission

First-year target/outcome measurement: By the end of year one, access to services will occur within 8 days from date of first contact

Second-year target/outcome measurement: By the end of year two, access to services will occur within 7 days from date of first contact to admission

8. Recovery Support services

Goal of the priority area: Advance Treatment Continuum of Care

Strategies to attain the goal: Iowa HHS will introduce projects & programs dedicated to recovery & peer support services.

Indicator #1: Assign funding and pathways dedicated to the accessibility of recovery support services Iowa

Baseline Measurement: 2022 Recovery Support Services utilization

First-year target/outcome measurement: Assess needs and gaps in Iowa for recovery supports

Second-year target/outcome measurement: Implement a statewide project dedicated to recovery support services.

Indicator #2: Incorporate peer support, family peer support and recovery peer coaching into the state's CCBHC model

Baseline Measurement: Planning Grant year

First-year target/outcome measurement: Consult with the state's peer training contractor, peer support and family peer support specialists and recovery coaches on how to effectively integrate peer services into the state's CCBHC model.

Second-year target/outcome measurement: All certified CCBHCs in Iowa employ at least 1 FTE of each peer specialty by June 30, 2025

9. Tuberculosis (TB)

Goal of the priority area: Iowan's will have increased access to TB services

Strategies to attain the goal: Education on TB screening, testing, and regulations. Provide training on SUBG regulations to ensure compliance with best practices and policies.

Indicator #1 - Providers will demonstrate increased competency with serving individuals who may have TB.

Baseline Measurement: Iowa will collect pre/post survey questionnaires for all training opportunities, however there is not a current baseline measure.

First-year target/outcome measurement:

A) All IPN providers will complete the SUBG Prevention and Treatment Regulations form which documents compliance with requirements for individuals who screen positive for TB.

B) By the end of year 1, 75% of training participants will report an increase in competency for serving individuals who may have TB.

Second-year target/outcome measurement: By the end of year 2, 85% of participants in a TB services quality improvement activity will report an increase competency for serving individuals who may have TB

10. Persons who inject drugs

Goal of the priority area: Iowan's who inject drugs will have increased access to services

Strategies to attain the goal: Training to providers on SUBG regulations, contract with UNI for simulated calls, review data with providers, and corrective action as appropriate

Indicator #1: Competency and increased access to services for individuals who inject drugs

Baseline Measurement: Increased SUBG regulation competency and compliance for serving Iowan's who inject drugs.

First-year target/outcome measurement: All state contracted providers will complete the SUBG Prevention and

Treatment Regulations form which documents SUBG requirements for individuals who inject drugs

Second-year target/outcome measurement: Iowa will provide at least 1 quality improvement activity to increase competency and compliance with SUBG regulations for persons who inject drugs.

11. Substance Use Treatment - Youth Services

Goal of the priority area: Increase access and quality of youth services in Iowa.

Strategies to attain the goal: Review internal substance use treatment data for persons under age 18. Survey Licensed providers on their capacity for youth services.

Indicator #1: Assess Iowa's substance use youth services system and identify gaps/disparities/areas of need.

Baseline Measurement: Carry out 2 activities for information gathering and data analysis for the purpose of surveying Iowa's substance use youth services system.

First-year target/outcome measurement: Review and analyze internal data to identify what substance use youth services are currently being offered.

Second-year target/outcome measurement: Survey Iowa licensed substance use treatment providers about their capacity for youth services, and information on needs/gaps/disparities.

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MEDICAID

Iowa Medicaid Director: Liz Matney (hired 6-21) ematney@dhs.state.ia.us

Bureau Chief for Medical/LTSS for Iowa Medicaid: Motsinger, Paula pmotsin@dhs.state.ia.us

HCBS Waiver and Health Home Policy: LeeAnn Moskowitz

Bureau Chief for Quality, Innovation and Medical Policy – Ruth Curtiss rcurtis@dhs.state.ia.us

Medicaid Program Manager - jerdman@dhs.state.ia.us

Medicaid Program Manager for Mental health, behavioral health, substance use disorder and state plan programs: Hannah Olson

Medicaid plan for use of ARPA funding to support HCBS

https://hhs.iowa.gov/sites/default/files/Iowa_Medicaid_ARPA_HCBS_Spending_Plan.pdf

[American Rescue Plan Act \(ARPA\) 2021 | Iowa Department of Human Services](#)

o Increased training and support -

- Enhancement of a provider training platform
- Employee training and scholarships for providers
- Crisis response provider training – targeted on serving individuals with ID/DD for HCBS, crisis, BHIS, providers
- Resources for parents and caregivers of individuals with ID/DD, including training, specialized services
- Health IT infrastructure – outcomes monitoring and continuity of care

Provider Prevention and Support Strategies contract– awarded to Elevate (they also do I-Start)

o Expanded access to services

- need confirmation of projects under this title
- Technology Grants
- Pilot project for therapeutic foster homes

o Workforce support

- Direct care registry
- One-time recruitment/retention provider payments

<https://hhs.iowa.gov/ime/about/initiatives/ARPA>

[Iowa Legislature - Committee Documents](#) 12-9-22 information given to Health Policy Oversight Committee

1. Community Based Services Evaluation (HCBS) – 13 pages
2. Medicaid Eligibility Determination & Tools – 12 pages
3. Iowa Medicaid Overview – 32 pages
4. Medicaid Community Integration – 8 pages

State Medicaid Director Liz Matney, presented to the House Health and Human Services Budget Subcommittee on the work to improve Iowa's Medicaid Program for its members. *A link to Director Matney's presentation can be found [here](#) 2-20-23*

The presentation contains an excellent overview in four primary policy areas:

1) Home and Community Based Services Waiver changes. The recommendations come from an evaluation conducted by Iowa HHS, Mathematica, and The Harkin Institute. Additional information can be found [here](#).

Iowa's process for managing Medicaid waiver waiting lists does not support timely, efficient, or needs-based access to appropriate services. Recommendations:

-- Iowa should implement streamlined screening and improved processes to better align services with people's needs.

-- Iowa should take steps to align CBS, including Medicaid HCBS waivers, to the needs of Iowans.

-- Iowa should maximize access to Medicaid HCBS & other CBS supports for people w/long-term services & support needs.

2) **Medicaid Provider Rate Review.** The Department conducted a comprehensive rate review for Medicaid providers that identified benchmark rates for provider groups. Director Matney explained the intention to bring reimbursement rates into alignment with service needs. The rate review information begins on page 21 of the presentation that is linked below.

3) **Medicaid Dental Services Request for Proposal and Rate Review.**

➔ **Dental Care RFP** issued - more info - <https://content.govdelivery.com/accounts/IACIO/bulletins/34891de>
 Summer 2023— deadline for bid proposals Fall 2023 – Award of contracts, on-boarding to begin
 Summer 2024 – operations begin

4) **Continuous Coverage/Federal Public Health Emergency Declaration.** The Iowa HHS plan for eligibility redetermination as the Public Health Emergency unwinds. <https://hhs.iowa.gov/ime/unwind> - **DHHS Unwinding website**

<https://hhs.iowa.gov/CBS-Redesign> - an overview of community-based services transformation

The Mathematica-Tom Harkin institute report- overview of community-based services transformation 122 page final report 1-31-23
<https://hhs.iowa.gov/sites/default/files/iowa-CBSE-Final-Evaluation-Report.pdf>

Strengthening Iowa’s Community-Based Services System – Transformation Plan – 39 pages
<https://hhs.iowa.gov/sites/default/files/IA-CBS-Transformation-Plan-Compliant%20%286%29.pdf>

Medicaid Postpartum Coverage Extension Dec 2022 -

[Microsoft Word - LR23-32 Postpartum Legislative Report 2022 FINAL from CM \(iowa.gov\)](#)

ACES Kids Act?
 State planning grants available

[S.317 - 116th Congress \(2019-2020\): ACE Kids Act of 2019 | Congress.gov | Library of Congress](#)

Advancing Care for Exceptional Kids Act of 2019 or the ACE Kids Act of 2019

This bill establishes a state Medicaid option to provide for medical assistance with respect to coordinated care provided through a health home (i.e., a designated provider or team of health-care professionals) for children with medically complex conditions. States must determine payment methodologies in accordance with specified requirements; payments also temporarily qualify for an enhanced federal matching rate.

Iowa not participating

➔ A **state plan amendment** has been filed to pay for **FFT** (family functional therapy and **MST** (multi-systemic therapy)
I think this has been approved (per 9-21-23 Commission meeting)

Maternal care—Liz could send CMS the change to allow postpartum coverage from 3 mo to 1 yr but there is a budgetary concern
 Medicaid Postpartum Coverage Extension report -[Microsoft Word - LR23-32 Postpartum Legislative Report 2022 FINAL from CM \(iowa.gov\)](#) Common Good Fact Sheet on necessity of postpartum care “Every Healthy Baby starts with a Healthy Mom”

- Iowa has the first maternal health strategic plan
- Iowa has a black doula program
- Need community health workers to expand home visiting programs **Def of community health workers? Is a public health function – navigator to help families reach programs**
- Maternal care is not only a women’s issue, it also has an impact on the child’s well-being & an impact on child welfare system
- They want to lower the rate of caesarean sections in the Medicaid program

MCO contracts - contracts to Amerigroup Iowa and Molina Healthcare of Iowa and Iowa Total Care. Total of 3 MCO contracts are worth about \$6.5 billion annually

➔ There is a 6-2022 power point from IME on [Escalating MCO Issues – Who do you contact?](#)
https://hhs.iowa.gov/sites/default/files/Escalation_Avenues_Town_Hall_6.30.22.pdf

From 24-25 MH/SUD Block Grant Application
 Pg. 97 – Estimated number of people in need

vs. how many are being served in SA programs

	Aggregate in Need	Aggregate in Treatment
1. Pregnant Women	1,805	280
2. Women with Dependent Children	64,251	3,433
3. Individuals with a co-occurring M/SUD	186,709	3,174
4. Persons who inject	53,977	1,403
5. Persons experiencing homelessness	207	375

Mental Health Epidemiology in Iowa

Target Population	Statewide prevalence
Adults w/SMI	132,646
Children w/SMI	42,297

100,000 have been disenrolled from Medicaid in the unwinding - per Liz on 9-18-23 OIL prese

Check out the Medicaid dashboard

Plan to evaluate quality of services?

Social determinants of health – being tracked anywhere? Cover topics in beginning assessment:

Medicaid - In next 6 months

Nov-March -NOW survey (Needs and Wants)

Waiver redesign based on need not diagnosis

Increasing access – overhaul of case mgmt. system

RFP-statewide provider training platform

RFP-job board

Legislative priorities

1. Rate review to be done, HOME priorities, infrastructure IT supports, waiver redesign

2. Second rate review

3. Cert of need, nursing facility access, health care access

REALIGNMENT OF STATE GOVERNMENT

Iowa HHS Realignment website <https://hhsalignment.iowa.gov/>

STATE OF IOWA DEPARTMENT OF

Health AND **Human**
SERVICES

Who's on the Executive Council? 5 members

Governor, Sec. of State, State Treasurer, Sec of Ag, and State Auditor

Governor's reorganization bill will change state government from 37 agencies to 16 agencies

See the Organizational Plan [here](#)

See the Governor's Plan for Realignment [here](#)

Vendor hired to study HHS delivery system – possible fall 2023 completion Visit this [website](#) for progress.

HMA – the CCBHC vendor will also be the vendor for looking at several HHS programs for same map – proposed delivery system

RFP awarded to HMA for examination of crisis systems, access, consistency

The goal is to shift crisis system from a mental health crisis system to a behavioral health crisis system that incorporates substance use and seamlessly connects individuals to needed services.

SF514 - there are 20 divisions in the bill and has 1349 pages. **The 20 divisions of SF514 are:**

Division 1 - Iowa Health and Human Services will now include **Dept. of Aging, Dept. of Human Rights, Early Childhood Iowa and Volunteer Iowa**. For a comprehensive look at at IHHS responsibilities, go to pages 1-792.

Division 2 is the **Dept of Administrative Services** which includes the State Librarian (assumes some of previous duties of Dept. of Cultural Affairs and State Historical Society). Pages 792 to 814.

Division 3 – **Dept of Inspections, Appeals and Licensing** – handles licensing, administering laws relating to worker safety, labor standards and workmen's compensation, coordinating and conducting various inspections (including State Fire Marshall, construction and building codes), investigations, appeals, hearings and audits. Banking and Accounting, real estate, appraisals and all other professional licensing boards. Administrative law judges, includes civil rights commission, state public defender, and much, much more. Pages 814 – 1049.

Division 4 – **Dept of Justice** – includes Attorney General and staff, state public defender, secretary of state, auditor of state, the treasurer of state, the public employees relations board, dept. of justice employees, dept. of public safety, consumer advocate division. Pg. 1050-1058.

Division 5 – **Economic Dev. Authority, Cultural Affairs** (managing the state's interests in art, history and other cultural matters), State Historic Preservation Officer, Iowa Finance Authority – pg. 1058 – 1087.

Division 6 – **Economic Dev Authority – Partner State Program**. Pg. 1087-1088.

Division 7 – **Public Employee Relations Board** – Pg.1088-1090

Division 8 – **Dept of Homeland Security and Emergency Management** Pg. 1090 – 1094

Division 9 – **Dept of Veterans Affairs**—a commandant, commission & any other personnel needed Pg.1094–1102

Division 10 – **Office of Drug Control Policy** – Pg. 1102-1104

Division 11 – **Dept of Workforce Development** Primary Dept. Responsibilities

- Statewide work-based intermediary network learning program
- New jobs training program in consultation with community colleges
- Iowa jobs training program per chapter 260F
- Workforce development fund program per chapter 84F
- Accelerated career education program in coordination with
- Community colleges (chapter 260G).
- Older American Community Service Employment program 84A.17
- Apprenticeship Training Program per Chapter 84D
- The Future Ready Iowa Registered Apprenticeship Development Program (84E.1)
- The Future Ready Iowa Expanded Registered Apprenticeship
- Development Program (84E.2)
- Adult Education and Literacy Program (84A.19)

Workforce development fund account
Vocational Rehabilitation

Employment agencies
Adult education

Pg. 1104 – pg. 1138

Division 12 – Dept. of Revenue, Iowa Lottery,

Vendor bonding and Tax Filing, Alcoholic Liquor Sales, gambling, gaming revenue, restrictions, licensing, sales, permits, appeals, Pg. 1138 -1219

Division 13 – Dept. for the Blind - Pg.1219 – 1220

Division 14 – Dept. of Education, Iowa Educational Services for

the Blind and Visually Impaired and Iowa School for the Deaf, Innovation division, Higher Education division, Community Colleges and Post-secondary Readiness Bureau – Personnel, Board of Educational Examiners, licensing fees and regulations, para-educator certificate, National certification, training on dyslexia, competent private instruction by licensed instructor, College Student Aid Commission, scholarships and tuition grants, education loans, higher education division, community colleges bureau Page 1220-1284

Division 15 – Dept. of Commerce, Dept of Financial and Insurance Services – includes Iowa Utilities Board, Consumer advocate is part of Dept. of Justice but will be in the same location as the Utilities Board. Administrative support services to be provided by the Utilities Board, emphasis on energy efficiency, small wind innovation zone, franchises. Insurance division created, law enforcement authority, Supt. of Banking, Banking division created, Credit Union division created, Insurance division created, all fees deposited with the state Treasury Dept. Pg. 1284-1329

Division 16 – Dept. of Corrections – now includes Judicial District Depts. of Correctional services and Community Based Correctional Programs. Reserve peace officers, district advisory boards, recruit local financial support for community-based corrections programs. Pg. 1329-1341

Division 17 - Board of Parole. Pg. 1341-1342

Division 18 – Salaries of Appointed State Officers - Salary ranges Pg. 1342 -1346

Division 19 – Boards and Commissions - Pg. 1346-1347

Division 20 – Miscellaneous Provisions

SF561: Health & Human Services (HHS) Budget

HF471: Mental Health/Disability Services - Makes changes related to mental health and disability services, child in need of assistance proceedings, and confinement of individuals found competent to stand trial. Designates specialties of state mental health institutions (MHIs).

HF604: Violent Students/Classroom Removal - Requires school boards to adopt a policy that outlines the disciplinary procedures to be taken when a student threatens violence or commits an act of violence resulting in property damage, injury or assault, which must include counseling, parent meetings, placement in an alternative learning environment, suspension, and expulsion.

HF708: Nursing Home Sex Offenders - Requires HHS to develop a Medicaid add-on reimbursement methodology for individuals in nursing facilities who are required to register as sex offenders and report back to the Governor and Legislature by January 1, 2024.

HF709: Federal Block Grants - Appropriates federal block grants received in federal fiscal year (FFY) 2024 & FFY 2025.

SF494: Public Assistance Reform - Requires household asset tests for SNAP and expanded eligibility verification for all public assistance recipients and applicants (SNAP, Medicaid, HAWK-I, and FIP).

SF496: Parents Rights in Education - Governor's "parent's rights in education" bill makes sweeping changes to sex education (no gender identity and sexual orientation discussion in elementary school); eliminates inclusion of HIV, HPV, and HPV vaccines in human growth and development instruction; requires publishing a list of classroom materials and library books; bans school libraries from having books that describe sex acts; requires parental notification for changes to pronouns/names; requires parental permission for student survey; and asserts strict scrutiny in parent's rights. Applies to all public, charter, and innovation zone schools (but not private schools).

SF 542: A bill for an act relating to youth employment, providing for a minor driver's license interim study committee and making penalties applicable.

SF 482: A bill for an act prohibiting persons from entering single and multiple occupancy restrooms or changing areas and other facilities in elementary and secondary schools that do not correspond with the person's biological sex and including effective date provisions.

SF557: Administration & Regulation Budget

SF559: Economic Development Budget

SF560: Education Budget

SF576: Transportation Budget

SF578: Standing Appropriations

HHS bill –

1. MHI specialization- Cherokee forensic
- Independence-kids
2. Regions pay for competency & restoration
3. Clean up Families First legislation
4. MHDS Region study report
Region code language to go from 331 to 225c
Governance change to 49% co supervisors
Competency restoration a core service
Funding balance from 5% to 10%
Eliminate quarterly reporting – only annual
and have a dashboard

HHS

IHHS – Director Kelly Garcia .

IHHS Consultant RFP – Public Consulting Group, Boston, MA

Regional Consultants – consultants are now Don Gookin and Rob Aikens

Rob Aiken – raiken@dhs.state.ia.us 515-669-8002 -north counties

Don Gookin – dgookin@dhs.state.ia.us 515-669-8001

BHDS Community Division Administrator – Marissa Eyanson

Aging and Disability Division

Behavioral Health Division

BHDS Facility Division Administrator: Cory Turner (will supervise both MHI's, Cherokee and Independence + Woodward and Glenwood as well as Eldora Boy's State Training School) and will continue to be the Supt. Of Cherokee

Adult, Children, and Family Services Division Administrator (formerly Child Welfare) - Janee Harvey

CFO for Iowa HHS – Jess Benson

Medical Director for IHHS – Dr. Kruse (formerly Mercy One medical director)

Deputy Director for IHHS – Sara Reissetter – compliance division

Glenwood and Woodward Resource Center Director: Marsha Edgington

Boy's State Training School Director: Jason Sodders

IVRS - Iowa Vocational Rehabilitation Services is now within the Iowa Workforce Development Agency – Brian Dennis is Director - See the (ivrs.iowa.gov/) and the Summer (June 2023) Iowa Infonet newsletter at <https://iowaddcouncil.org> for more information.

The new Director for the Dept of Aging and Disabilities (within IHHS) is Zach Rhein. See the Summer (June 2023) Iowa Infonet newsletter at <https://iowaddcouncil.org> for more information.

Erin Drinnen – Director of Community Services Division (*entrance to HHS, eligibility, child care support, etc*)

Kristen Stiffler is the executive director of the Iowa Civil Rights Commission.

Iowa Mental Health and Disability Services Commission Combined Annual and Biennial Report Dec 2022
https://hhs.iowa.gov/sites/default/files/MHDS_Commission_2022_Biennial_Report_FINAL.pdf

Mental Health and Disability Services Regions Study Report -Jan 2023-
<https://hhs.iowa.gov/sites/default/files/MHDS-Regions-Study-Report-FINAL.pdf>

DOJ Investigation

Iowa HHS secured funding for public health infrastructure in Iowa! This federal investment provides the funding necessary to address many of the system-level challenges highlighted during our collective pandemic response. The long-term, statewide investments that will foster data driven decision-making across our public health system. This is Public Health 3.0

- June 2020 **Community Integration Strategic Plan** (7 pages) -came from Dept. of Justice investigation
https://dhs.iowa.gov/sites/default/files/DHS_BuildingTheCommunity_2020.pdf?061520201709
- Iowa, federal officials reach settlement in investigation of Glenwood Resource Center
[DOJ settles with state over 'deviant' experiments on disabled Glenwood residents - Iowa Capital Dispatch](https://www.iowacapitaldispatch.com/2023/04/06/state-run-home-for-people-with-disabilities-hit-with-fines-for-the-fifth-time-in-15-months/?eType=EmailBlastContent&eld=3f4e737f-8655-4e5d-ac65-ea28f1029a9a)
- Des Moines Register: Iowa must ensure former residents of a state-run institution move to new homes with adequate support and supervision, federal officials say. State officials have reached a settlement with the U.S. Department of Justice as part of a federal investigation into Glenwood Resource Center, a troubled state-run institution for people with severe disabilities that is set to close in the next two years. DOJ Resource Center 1 consent decrees is in process – ADA
Glenwood Resource Center's Settlement Agreement and Consent Decree <https://dhs.iowa.gov/doj>
Need a monitor for the Glenwood consent decree.

April 7, 2023 - State Run Home for People with Disabilities Hit with Fines for the Fifth Time in 15 months
<https://iowacapitaldispatch.com/2023/04/06/state-run-home-for-people-with-disabilities-hit-with-fines-for-the-fifth-time-in-15-months/?eType=EmailBlastContent&eld=3f4e737f-8655-4e5d-ac65-ea28f1029a9a>

June 21, 2023 – Resident injuries continue to plague the state-run Glenwood Resource Center
<https://iowacapitaldispatch.com/2023/06/20/resident-injuries-continue-to-plague-the-state-run-glenwood-resource-center/?eType=EmailBlastContent&eld=49a34337-15ce-4688-bf84-7515d41d803a>

<https://www.iowaddcouncil.org/newsletter>
The summer (June 2023) Iowa Infonet newsletter contains a lot of information about the last legislative session and what is proposed to happen next.

9-19-23 - State-run Glenwood home for the disabled is cited again for violations

For the seventh time in the past 19 months, a state-run home for the disabled is facing fines for inadequate care. Two of seven violations cited by inspectors have involved the death of residents.

Provider Prevention and Support Services (Elevate – hired thru RFP from IHHS) is working with specific DD persons who are referred – working with residents at Glenwood Resource Center – bio-psycho-social needs -I-Start, MFP \$'s, DOJ is still in negotiations

IHHS needs to prepare an implementation plan in 6 months (or by April 2024)

- **TRAC for Health** – stands for Transition Resources for Adult Care for Health – physical health assistance for ID/DD persons to move out of institutional care. Work with primary care doctors.
- **Community Ambassadors** – people who moved out of institutions and have been interviewed regarding their success
- Iowa Community Resources Guide – for individuals with ID or DD and their guardians and family members, in finding the information and supports they may need. ID/DD council w/Connie F put together the guide. The guide can be found here: <https://dhs.iowa.gov/sites/default/files/Comm569.pdf?121720201640>

ASPIRE

Aspire Grant - TA on supported employment - working with Leeann Moskowitz (Medicaid HCBS Waiver and Health Home Policy) and Vienna Hoang – Iowa Vocational Rehab Services Director – **awarded DIF SWTCIE grant 2022 through 2027 Iowa's IPS trainer and fidelity monitor was hired – Darcy Siebolt Hope Haven (Burlington) Robert Young (Jackson, Clinton, Cedar and Muscatine counties) Vera French (Scott county)**

Additional ASPIRE grant received (2023) and have issued an RFP for additional locations for IPS

Where are the new locations? Another IPS trainer?

The Center of Excellence will monitor the supported employment EBP for fidelity and to provide training
RELIAS is not an approved program for employment support providers

Iowa now has 8 providers of IPS (Individual Placement and Support) employment services operating in 32 counties, with expansion plans for another 10 counties

WORKFORCE

<https://www.iowaruralworkforce.org/> - Iowa Rural Healthcare Workforce Connection website location developed by IDPH

Greg Nelson – U. of Iowa – workforce maps – Gregory-Nelson@uiowa.edu – 641-903-1974

Difference in numbers from 2014 AMOS workforce report to report given by Greg in 2021 for numbers effective for 2019

<https://medicine.uiowa.edu/oscep/> Office of Statewide Clinical Education Programs (U. of Iowa)

	2014 AMOS report	2019 G.Nelson report	12-31-20
ARNP's	146	216	207
PA's	20	46	
Psychiatrists	237	223	
Child Psychiatrists	35	32	
Psychologists	564	529	
Primary Care doctors	6294	5927	5908

Iowa Center of Excellence for Behavioral Health
 fidelity for EBP's Evidence based practices -Testing in the Iowa Mental healthsystem
 Torrie Keith, UCEDD, training and fidelity

MHDS Regions Evidence-based Practices Workgroup – training to implement EBP's

How many training locations do we now have?

Broadlawns psychiatric residency program – first 4 psychiatry graduates in 2022, 4 annually thereafter

- 2022 – 2022 - 2 stayed in Iowa, 1 to Indiana and 1 to Montana.
- 2023-2 staying in Iowa, 1 to MN-2 going to out of state to 1 year child fellowships w/ plans to return to Iowa upon completion.

DsM Mercy psychiatric residency program – first 4 psychiatry graduates in 2022, 4 annually thereafter

- 2022- 2 stayed at Mercy DSM. One left after her 3rd year to complete a child/adolescent fellowship in Chicago. One returned to his home state of California.
- 2023- 1 will be doing a consult fellowship out east. One signed with Clive Behavioral Health. One signed with IDX. The last one is undecided.

Mason City- Mercy psychiatric residency program – 3 psychiatry graduates in?

U. of Iowa psychiatric residency program (MHI's, Oakdale, Eldora psychiatry residency program)–9 psychiatry graduates and 3 fellowships per year – *see next 2 pages*

2018-2023 UIHC Psychiatry Residency Graduates Career Selection

All graduates reflected are from the University of Iowa Psychiatry Program from 2018-2023. Numbers include residency graduates from the following categorical and dual residency programs: Adult Psychiatry, Child and Adolescent Psychiatry, Family Medicine/Psychiatry, Internal Medicine/Psychiatry*.

Residency Program	Total Entering Practice	Entering Iowa Practices	Entering Non Iowa Practices	% Entering Iowa Practices
Psychiatry*	54	30	24	56%

	2023	2022	2021	2020	2019	2018	Total
Residency graduates*	19	10	12	12	8	14	75
Left Iowa to Practice	5	4	3	4	2	6	24
Stayed in Iowa to Practice	5	3	8	4	4	6	30
-UIHC Faculty	1	3	6	3	3	3	19
-Traditional Practice	4	0	2	0	0	3	9
- UIHC Faculty & Practice combination	0	0	0	1	1	0	2
UIHC fellowship or further residency training	5	2	1	3	0	2	13
Non-UI fellowship or further residency training	4	1	0	1	2	0	8

Career Plans of 2023 UIHC Psychiatry Graduates

Residency Program	Career Activity	Activity Name/ Location	Community of Activity	Resident Hometown
Adult Psychiatry	Fellowship	University of California: Consultation-Liaison Psychiatry	San Francisco, CA	Singapore
Adult Psychiatry	Fellowship	UIHC: Consultation-Liaison Psychiatry	Iowa City, IA	Waterloo, IA
Adult Psychiatry	Faculty	Mayo Clinic	Rochester, MN	Iowa City, IA
Adult Psychiatry	Practice	Unknown	Manhattan, NY	Ames, IA
Adult Psychiatry	Practice	Group Health Cooperative	Madison, WI	Madison, WI
Adult Psychiatry	Private Practice	Cedar Center Psychiatric Group	Cedar Rapids, IA	Kansas City, MO
Adult Psychiatry	Residency	Northwestern University Feinberg School of Medicine and Ann Robert H. Lurie Children's Hospital: Child & Adolescent Psychiatry	Chicago, IL	Washington, IL
Adult Psychiatry	Residency	Northwestern University Feinberg School of Medicine and Ann Robert H. Lurie Children's Hospital: Child & Adolescent Psychiatry	Chicago, IL	Naperville, IL
Child-Adol Psych	Fellowship	UIHC Child and Adolescent	Iowa City, IA	Kirkwood, MO
Child-Adol Psych	Fellowship	UIHC: Child and Adolescent	Iowa City, IA	Oaklawn, IL
Child-Adol Psych	Fellowship	Columbia University : Public Psychiatry	New York, NY	Burbank, CA
Child-Adol Psych	Practice	Abbe Center Community Mental Health Clinic	Iowa City, IA	Williamsburg, IA
Child-Adol Psych	Practice	UnityPoint St. Luke's: Hospitalist	Cedar Rapids, IA	Ames, IA
Family Med/Psych	Practice	Abbe Mental Health Center: FM/Psychiatry	Cedar Rapids, IA	Memominee, IL
Family Med/Psych	Fellowship	Addiction Medicine – UIHC Dept of Psychiatry	Iowa City, IA	Davenport, IA
Internal Med/Psych	Fellowship	UIHC; Sleep Medicine Fellowship	Iowa City, IA	Not available

Internal Med/Psych	Practice	Staff Physician: Inpatient and Outpatient Services, Rogers Behavioral Health,	Oconomowoc, WI	Not available
Internal Med/Psychiatry	Faculty	Clinical Assistant Professor Internal Medicine and Psychiatry, Medical College of Wisconsin	Madison, WI	Not available

Career Plans of 2022 UIHC Psychiatry Graduates

Residency Program	Career activity	Activity Location	Community of Activity	Resident Hometown
Adult Psychiatry	Fellowship	Indiana University School of Medicine: Addiction Psychiatry	Indianapolis, IN	Sibley, IA
Adult Psychiatry	Faculty	University Health (University of Missouri-Kansas City School of Medicine)	Kansas City, MO	Columbia, MO
Adult Psychiatry	Fellowship	University of Iowa Hospitals and Clinics: Addiction Psychiatry	Iowa City, IA	Iowa City, IA
Adult & Child Psych	Practice	Ellie Family Services	Minneapolis, MN	Edina, MN
Adult & Child Psych	Faculty	University of Iowa Hospitals and Clinics: Faculty: Child and Adolescent Psychiatry	Iowa City, IA	Des Moines, IA
FM/Psychiatry	Faculty	University of Iowa Hospitals and Clinics	Iowa City, IA	Nagoya, Japan
FM/Psychiatry	Practice	<ul style="list-style-type: none"> San Bernardino Co Dept of Beh Health: Community Mental Health and Addiction Medicine Prairie Ridge Behavioral Healthcare: Part-time Telehealth 	<ul style="list-style-type: none"> Ontario, Canada Mason City, IA 	Pittsburgh, PA
FM/Psychiatry	Faculty	University of Iowa Hospitals and Clinics Family Medicine & Psychiatry (completed consultation & liaison fellowship at UIHC)	Iowa City, IA	Escondido, CA
Int Med/Psychiatry	Hospitalist	Tower Behavioral Health and Reading Hospital	Reading, PA	State College, PA
Int Med/Psychiatry	Fellowship	University of Iowa Hospitals and Clinics: Sleep Medicine	Iowa City, IA	Iowa

Community Health Workers – explanation of program on u-tube - show the Video

at <https://www.youtube.com/watch?v=fRJK5LnXd> – HHS has received two grants – one from HRSA and one from DOL

U. of Iowa Strikeforce - The mission of the University of Iowa Public Health Strike Force is to provide support to health organizations and non-profit organizations throughout Iowa, nationally and globally by deploying public health students to assist with diverse public health related projects. Using surge capacity, service learning and Just-in-Time models, students will be deployed for hands-on learning opportunities that transition theory into practice while addressing emerging public health issues. A broad and diverse repertoire of community service, emergency response, model and analytics development, systems thinking, and outcome analysis is offered to the public health community. These opportunities will augment the students' academic training to develop our emerging public health leaders to be adaptable and capable of guiding programs that improve health for entire populations.

Iowa Caregiver's Association - Di Findley - Explain what they do. She could provide the documents showing the different types of certifications direct care workforce can have. What will it take to make the direct care workforce more robust? higher wages? benefits package? how can these essential positions regain the respect they should have? How can we make these positions more attractive so they would be hard-pressed to give up the job?

DMU signs partnership with Buena Vista to help students interested in health care

Des Moines University and Buena Vista University announced a new partnership to create enhanced pathways for BVU students seeking medical and health sciences careers. The partnership will include three reserved seats annually for BVU students in DMU's Doctor of Occupational Therapy program. The seats are available to the most competitive BVU students in terms of GPA, demonstrated hours of relevant observational or work experiences, positive recommendations from BVU faculty and other academic achievements. Qualifying BVU students will be able to earn credits concurrently at BVU and in one of four DMU degree programs: Doctor of Occupational Therapy, Doctor of Podiatric Medicine, Master of Health Care Administration and Master of Public Health. BVU students who meet DMU's admission requirements are guaranteed interviews for consideration of admission to seven DMU programs, as long as interview slots are available:

Doctor of Osteopathic Medicine, Doctor of Podiatric Medicine, Doctor of Physical Therapy, Doctor (Ph.D.) of Biomedical Sciences, Master of Science in Physician Assistant Studies, Master of Science in Anatomy and Master of Science in Biomedical Sciences. The partnership agreement takes effect immediately.
---Business Record 8-30-23

UnityPoint emergency medicine residency program to launch in 2024

UnityPoint Health-Des Moines announced that its new Emergency Medicine Residency Program has received full accreditation from the Accreditation Council for Graduate Medical Education. The first class of six residents will begin the program in July 2024. The three-year program will include clinical education and experience in Central Iowa's only Level 1 adult trauma center and tertiary referral center, Iowa Methodist Medical Center, and Iowa's only Level 2 pediatric trauma center, Blank Children's Hospital, where core rotations will be in the adult and pediatric emergency departments, the intensive care unit, Level 1 trauma surgery service and others. "By being a part of an established residency program, our residents will have the opportunity to build camaraderie with other residents, but at the same time not competing for procedures or patient encounters," Dr. Nash Whitaker, emergency medicine residency program director, said in a prepared statement. This will be the second emergency medicine residency program in Iowa. Applications for the program will open in September.

Primary Care Provider Loan Repayment Program. For more information and to apply, go to [IowaGrants](#), view current Funding Opportunities, then search for ID 501461. applicants to improve access to primary health care among underserved populations by providing educational loan repayment assistance to primary care medical, dental, and mental health practitioners. In exchange, practitioners must complete a minimum two year, full-time; two-year, half-time; or four year, half-time service obligation at an eligible practice site(s) located in a federally designated health professional shortage area (HPSA). *Pre-Application Submission Deadline 5-3-23 Notification of Applicant Eligibility to Advance to Final Application 6-15-23 Final Application Submission Deadline 6-28-23 Post Notice of Intent to Award – 7-24-23*

3-29-23 DMPS is offering [free CNA certification courses](#) for juniors and seniors this summer.

Two Des Moines universities partner to expand health care career pathways

Des Moines University and Grand View University have announced a partnership aimed at creating enhanced pathways for Grand View students interested in pursuing medical and health sciences careers. This collaboration seeks to benefit students while also contributing to the development of Iowa's health care workforce. The partnership offers two options based on the programs students wish to pursue. For certain programs, a concurrent degree plan is available, allowing qualifying Grand View students to earn credits simultaneously from both institutions. This arrangement applies to the following DMU programs: Doctor of Occupational Therapy, Master of Health Care Administration and Master of Public Health. By completing coursework at DMU alongside their bachelor's degree studies at Grand View, students can obtain both degrees more efficiently. Additionally, the DMU occupational therapy program reserves three seats each year for Grand View students. The partnership agreement is effective immediately.

Mercy College, Loras announce nursing partnership

Mercy College of Health Sciences and Loras College in Dubuque are partnering to offer a new three-plus-one program that provides an opportunity for students to earn two degrees in four years: a bachelor's degree from Loras and a Bachelor of Science in nursing through an accelerated pathway from Mercy College. After completing their third year at Loras College, students who meet admission requirements for Mercy College will begin nursing coursework. Students will complete labs on Loras' campus, with many of the clinicals taking place at MercyOne Dubuque, an affiliate of Mercy College. Once students successfully complete the nursing coursework, they will be eligible to take the National Council Licensure Examination.

DMU, UNI enter into health career education partnership

Des Moines University has entered into a partnership with the University of Northern Iowa to create more pathways to medical and health sciences careers for UNI students. DMU will reserve seats for qualified UNI students in doctoral programs in occupational therapy, osteopathic medicine, podiatric medicine and physical therapy. The agreement also offers concurrent enrollment to qualified UNI students in DMU's occupational therapy and podiatric medicine programs and master's degree programs in health care administration and public health. According to a news release, that will allow UNI students to complete their bachelor's degree at UNI through coursework at DMU. The partnership agreement takes effect immediately.

Administrator named for Iowa's Vocational Rehabilitation agency

James Williams has been named administrator for [Vocational Rehabilitation Services](#), a division of Iowa Workforce Development, the state agency announced. The appointment is effective immediately. Williams previously was CEO of Bloom Consulting in Rock Round, Texas, and in 2021, was appointed as vice chair of the Texas State Rehabilitative Council. "James has spent his professional life serving individuals with disabilities, beginning as a special education teacher in Texas and progressing in both his education and work experience to being the CEO of Bloom Consulting, a company that oversees delivery of rehabilitative services in seven states

DMU, Indian Hills sign agreement giving students occupational therapy pathway

Des Moines University (DMU) and Indian Hills Community College (IHCC) have announced a partnership agreement that will offer students an opportunity to enter the university's occupational therapy doctoral program. Under the agreement, the West Des Moines-based DMU will annually reserve two seats for qualified IHCC students in its Doctor of Occupational Therapy Program, according to the release. Students at IHCC, which has campuses in Centerville and Ottumwa, will be guaranteed an interview for admission to this program by meeting DMU's admission requirements, demonstrated hours of relevant observational or work experiences and other academic achievements. The joint-news release says the

agreement takes effect immediately and allows IHCC students to apply to DMU's program as early as June prior to their second year. The university's began enrolling the first students in the occupational therapy this summer. The institutions say the partnership is intended to benefit students while helping build Iowa's health care workforce. "As we designed our O.T.D. program, we were mindful of the financial strain that can sometimes accompany earning an advanced degree. We determined admission criteria that would prepare our students for success in a doctoral-level program while also allowing them to accelerate earning this degree, which means cost savings for our students," Diana Feldhacker, DMU O.T.D. department chair and program director, said in the release.

Inpatient Acute Care Beds

SF524 Inpatient bed tracking committee –

2022 report - Looking at increased pay due to acuity? How do we enhance the system to better identify beds available?
 2023 workgroup - <https://dhs.iowa.gov/mhds/community-integration> Tiered rates for inpatient psychiatric care – starting Jan. 1
Part 2 report will be done in 2023? to address the 3 recommendations in the report indicated above

Inpatient Psychiatric Bed Program - November 2022

Name	County	Licensed Beds	Staffed Adult Beds	Staffed Older Adult Beds	Staffed Child Beds	Total Staffed Beds
Allen Hospital	Black Hawk	24	21	0	0	21
Broadlawns Medical Center	Polk	44	44	0	0	44
Buena Vista Regional Medical Center	Buena Vista	10	0	10	0	10
CHI Health Mercy Hospital*	Pottawattamie	38	21	0	15	37
Clive Behavioral Health	Polk	100	20	0	14	34
EagleView	Scott	72	36	0	0	36
Finley Hospital	Dubuque	9	0	9	0	9
Genesis Medical Center - Davenport	Scott	39	28	0	8	36
Great River Medical Center*	Des Moines	8	8	0	0	8
Iowa Lutheran Hospital	Polk	68	24	12	12	48
Jennie Edmundson Hospital Behavioral Health	Pottawattamie	29	24	0	0	24
Mary Greeley Medical Center	Story	19	18	0	0	18
Mercy Medical Center - Cedar Rapids	Linn	20	10	0	0	10
MercyOne Medical Center - Cedar Falls	Black Hawk	15	0	15	0	15
MercyOne Medical Center - Clinton	Clinton	14	7	0	0	7
MercyOne Medical Center - Dubuque	Dubuque	20	16	0	4	20
MercyOne Medical Center - North Iowa	Cerro Gordo	45	24	0	10	34
MercyOne Medical Center - Sioux City	Woodbury	20	7	3	0	10
MercyOne Medical Center - Waterloo	Black Hawk	20	16	0	4	20
Ottumwa Regional Health Center	Wapello	14	0	14	0	14
Spencer Municipal Hospital	Clay	15	10	0	0	10
St. Anthony Regional Hospital and Nursing Home	Carroll	11	11	0	0	11
St. Luke's Methodist Hospital	Linn	72	13	9	14	36
St. Luke's Regional Medical Center	Woodbury	14	14	0	0	14
University of Iowa Hospitals and Clinics	Johnson	88	58	0	15	73
Community Hospital Total		828	430	72	97	599
Cherokee Mental Health Institute	Cherokee	36	24	0	12	36
Independence Mental Health Institute	Buchanan	56	40	0	16	56
Mental Health Institute Total		92	64	0	28	92
* Last updated 6.28.21						
GRAND TOTAL		920	494	72	125	691

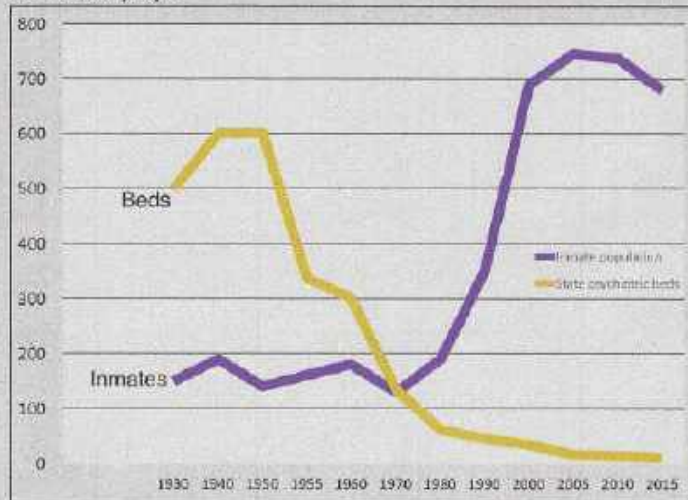
See [Psychiatric Bed Supply Need Per Capita](#) — 40 to 60 beds per 100,000 people – let's use 50 beds/100,000
 3.19 million Iowa population divided by 100,000 = 31.9 **31.9 X 50 beds = 1595 acute care beds are needed**
We have 691 – a shortage of 904 beds.

As per the above chart- between June 2021 and November 2022, the number of Iowa acute care beds **have dropped** from 955 licensed beds to 920 and from 734 staffed beds down to 691.

Trans-Institutionalization

Mental Illness Behind Bars

Per 100,000 people

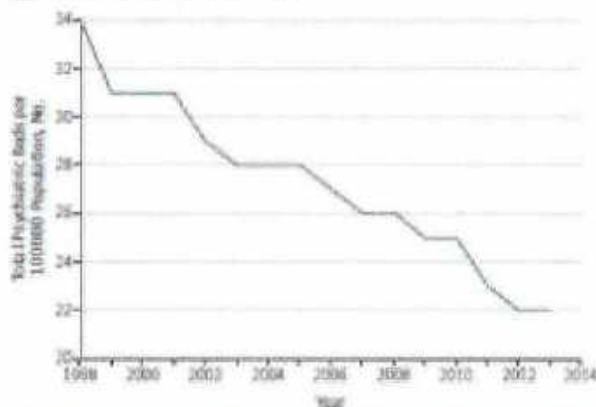


Bed data from Fazel, D. A., et al. June 2016. Opioid public safety: Trends in a contemporary era of shrinking state psychiatric beds. *Treatment Advances in Psychopharmacology*, 36(3): 2013. An institutionalization effect: The impact of mental hospitalization and imprisonment on substance in the United States, 1944-2011. *The Journal of Legal Studies*. Inmate data from Bureau of Census, *Statistical Digest: Demographic Profile of the United States*.

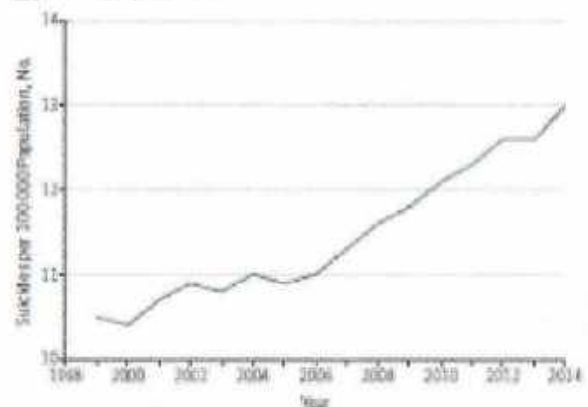
Suicide vs. Beds in The United States

Figure. Numbers of Psychiatric beds and Age-Adjusted Suicides per 100 000 Population in the United States From 1998 to 2014

A Psychiatric beds per year, 1998-2013



B Suicides per year, 1999-2014



Correlation or Causation?

CCBHC

	CCBHC Expansion Grants	Award Amount	Project Period	Service Area
1	Abbe Center	\$4,000,000	9/30/22 – 9/29/26	Linn
2	Eyerly Ball	\$3,992,560	9/30/22-9/29/26	Boone, Story, Polk, Warren
3	Plains Area	\$3,998,196	9/30/22-9/29/26	Buena Vista, Carroll, Calhoun, Cherokee, Crawford, Dickinson, Ida, Lyon, O’Brien, Palo Alto, Plymouth, Sac, Sioux
4	Seasons Center	\$4,000,000	9/30/22-9/29/26	Buena Vista, Clay, Dickinson, Emmet, Lyon, O’Brien, Osceola, Palo Alto, Sioux
5	Robert Young Center	\$4,000,000	9/30/22-9/29/26	Scott and Muscatine
6	Siouxland Mental Health Center <i>(New in 2022)</i>	\$3,942,620	9/30/22-9/29/26	Woodbury
7	Northeast Iowa Mental Health Center <i>(New in 2022)</i>	\$3,809,132	9/30/22-9/29/26	Allamakee, Clayton, Fayette, Howard, Winneshiek
8	Heartland Family Service	\$4,000,000 \$3,996,088	2/15/21-2/14/23 9-30-22 to 9-29-26	Pottawattamie, Harrison, Mills
9	Infinity Health	\$2,270,344	2/15/21-2/14/23 Did not get re-funded	Appanoose, Monroe, Lucas, Wayne, Decatur, Clarke, Ringgold, Marion, Union
10	Pathways Behavioral Health	\$3,875,213	8/31/21-8/30/23	Chickasaw, Butler, Bremer, Grundy, Black Hawk, Buchanan
11	Prairie Ridge Behavioral Health	\$1,993,475	8/31/21-/8/30/23	Cerro Gordo, Floyd, Mitchell, Worth, Winnebago, Kossuth, Hancock, Franklin
12	Hillcrest	\$1,853,153	5/1/20-4/30/22	Dubuque and Jackson Counties
13	Berryhill	\$2,000,000	5/1/20-4/30/22	Webster
14	Elevate Housing Foundation	\$2,000,000	5/1/20-4/30/22	Waterloo and surrounding rural areas

CCBHC Expansion grants are awarded directly to the organization.

[5-20-23 MHDS-CCBHC-fact-sheet.pdf](#) – original expansion grants

Expansion grants (in the table above) are different from the [demonstration grant program proposed](#)

CCBHC is like a CMHC on steroids

Laura Larkin is program manager

113 standards to meet in 6 areas

9 required services

- Screening, Assessment, and Diagnosis
- Comprehensive Outpatient BH Service Across the Entire Life Cycle
- Patient-Centered Care Planning
- Case Management
- Peer and Family Support
- Psychiatric Rehabilitation
- Medical Screening and Monitoring
- Services for Armed Forces and Veterans
- Mobile Crisis
- A CCBHC can use a Designated Collaborative Organization (DCO) to provide up to 49% of the (non-crisis) required service encounters

The Payoff

- **For individuals and families** ■ Timely access to high-quality, comprehensive, data-driven, evidence-based, person-centered, coordinated and integrated care
 - **For providers** ■ The payoff for providers for achieving compliance with CCBHC standards is a Prospective Payment System (PPS) rate for their services, which is a **Cost+** reimbursement methodology
 - **For Managed Care Organizations** ■ Network of high-functioning BH providers integrated meaningfully with the healthcare and social services delivery systems and the improved outcomes (and lower costs) that come with the network
 - **For Iowa** ■ Participation in the federal demonstration program enables Iowa to access enhanced Federal Medical Assistance Percentages (FMAP) for CCBHC services
- [Transforming Behavioral Healthcare in Iowa: CCBHC Planning Grant | Iowa Department of Health and Human Services](#)

- It is the expectation that the selected CCBHC collaborate with existing providers when there are effective, established mechanisms to provide that care in the region
- The CCBHC would serve as a lead coordinator of services and will be expected to fill gaps in the BH continuum of services in the community they serve. Health Management Associates—Joshua Rubin

HHS has hired Health Management Associates (HMA) to study the delivery of health and human service programs across Iowa.

CCBHC director – Laura Larkin
CCBHC Project Coordinator -
CCBHC Certification Specialist -

More awards to be announced Sept-Oct 2023

Certified Community Behavioral Health Clinic

Iowa wants to be a CMS demonstration state. On Sept.30, an RFP was issued for the Demonstration CCBHC project. Please see posting on State of Iowa Bid Opportunities. MHDS 24-009

<https://das.iowa.gov/how-do-business-state-iowa/bidding-opportunities>

5-16-23 CCBHC Overview -Larkin and Rubin.pdf

CCBHC's are demonstrating savings – the savings will bring costs down so the state legislature can afford to sustain the higher Medicaid bills after the CCBHC federal grant ends.

Examples: Missouri and New York

CCBHC's are reducing waiting lists

Iowa is One of 15 States That Received a CCBHC Planning Grant ■ States have one-year to compete for 10 slots

Our Work Over the Next 10 Months

Get Stakeholder Input

- Empanel stakeholder input committee • Hold regional focus groups

Certify model clinics

- Finalize program model design • Procure and certify

Establish PPS

- Complete cost reports • Set rates

Build Provider capacity

- Identify TA needs • Establish learning collaboratives

Prepare for Evaluation

- Develop data collection methodologies

CCBHC Catchment Distribution – procurement for CCBHC in each area?

1 Northwest	388,904	12%
2 North	356,544	11%
3 Northeast	289,381	9%
4 Southwest	221,879	7%
5 Capital	501,089	16%
6 South Central	272,756	9%
7 East	300,368	9%
8 Southeast	427,010	13%
9 East Central	412,551	13%

Find a complete list of **substance abuse providers** at: <https://hhs.iowa.gov/substance-abuse/treatment>
 Click on 2023 All Licensed Substance Use Disorder/Problem Gambling Program's List (PDF) (August 2023)

Private mental health providers – whether an individual practicing alone, or a group of providers in a practice together. MH/DD Accredited Provider list https://hhs.iowa.gov/sites/default/files/MHDDAccreditedProviders_30.pdf?080920200822

Community Mental Health Centers (CMHC) – provide mental health services for individuals of all ages regardless of funding. <https://yourlifeiowa.org/mental-health/cmhc>

72 Federally Qualified Health Centers (FQHC) - a reimbursement designation from HHS - community-based organizations that provide comprehensive primary care and preventive care, including health, oral, and mental health/substance abuse services to persons of all ages, regardless of their ability to pay or health insurance status.

<https://carelistings.com/find/federally-qualified-health-centers/iowa>

Recovery Community Centers (IDPH \$) – 4 funded

1 – Crush of Iowa Center in Linn County - Cedar Rapids

3 - **Full Circle** – handling Dsm (Anawim and Beacon of Life), Council Bluffs, Sioux City

CMHC contracts – Julie Maas in charge

MHDS Regions website: [Iowa MHDS Regions](https://iowaaeamentalhealth.org)

MHDS Regions and AEA website: <https://iowaaeamentalhealth.org>

DHS dashboard: https://dhs.iowa.gov/dashboard_welcome

Regional reports: <https://dhs.iowa.gov/mhds-providers/providers-regions/regions/annual-reports>

Regions will have performance-based contracts. The initial contracts will begin January 1, 2022 and be for 18 months. They will include a focus on standardizing data and outcomes collection, and evidence-based practices.

1-11-23 MH and Disability Services **Regions Study Report** <https://www.legis.iowa.gov/docs/publications/DF/1366508.pdf>

Boards and Commissions reorganization

The DHS Council and Iowa State Board of Health have merged to become the HHS Council.

MHDS Commission, State Children's Board and Tobacco Commission will no longer be stand alone – they will Consolidate and merge and likely be a subcommittee to the HHS Council.

HEALTH

Centers for Excellence for Specialty Medical Care

Grinnell and Carroll approved in 2021 - have focused on OB-GYN care

Gov wants to fund 2 more

+ 4 OB-GYN fellowships in rural area

Apprentice programs funding increased from \$3M to \$15M and expanded categories of jobs to include health care related jobs.

The ADRD Program has many resources available on Alzheimer's disease, dementia and caregiving.

<https://idph.iowa.gov/chronic-diseaseprevention/alzheimers-and-related-dementias>

More Information Contact Greg Woods, Alzheimer's Disease & Related Dementias Program Coordinator at 515-217-8955,

greg.woods@idph.iowa.gov

8-3-23 Cass Health (5 co), Mahaska Health (14 co) and Van Buren County (4 co) Hospital will receive up to \$250,000 annually for three years from the Centers of Excellence program. The hospitals have announced plans to use the funds for specialty health services, including maternal and geriatric care. Over \$2.2M over the next 3 yrs

[a recent report](#) found that twenty-two hospitals across the state are in danger of permanently closing, and two facilities are in immediate risk of closure. Iowa is currently ranked **45th** in the nation in the number of total active physicians per capita, **32nd** for medical specialists per capita, and is **ranked dead last** for the number of OB-GYN providers in the country.

[U. of Iowa to acquire troubled hospital – Mercy Iowa City](#)

Bondholder Preston Hollow tops University of Iowa in Mercy auction

[Cedar Rapids Gazette](#): In a stunning turn of events many didn't anticipate — including Mercy Iowa City and its executives — bondholder Preston Hollow Community Capital in a long and drawn-out auction outbid the University of Iowa for Mercy's assets as part of the hospital's Chapter 11 bankruptcy case. That means instead of transitioning the 150-year-old community hospital to UI ownership, Dallas-based Preston Hollow will join collaborator American Healthcare Systems in sustaining Mercy Iowa City as a "viable community hospital."

CMS Rural Emergency Hospital Language - Another provider designation

Since REHs will be providing emergency department services, these facilities must comply with the Emergency Medical Treatment and Labor Act (EMTALA) at section 1867 of the Social Security Act (the Act), the accompanying regulations in 42CFR § 489.24 and the related requirements at 42 CFR § 489.20(l), (m), (q), and (r). EMTALA requires, among other things, Medicare-participating hospitals with emergency departments to offer a medical screening examination to any individual who comes to the emergency department and requests such an examination and prohibits hospitals with emergency departments from refusing to examine or offer stabilizing treatment to individuals with an emergency medical condition (EMC).

On November 23, 2022, CMS published a final rule ([CMS-1772-FC](#)) establishing REHs as a new Medicare provider effective January 1, 2023. The rule finalized the CoPs which REHs must meet in order to participate in the Medicare and Medicaid programs along with REH payment policies, quality measures and enrollment policies. CMS established the Conditions of Participation (CoPs) to ensure the health and safety of patients who will receive REH services, while taking into consideration the access and quality of care needs of an REH's patient population. The standards for REHs closely align with the current CoPs for Critical Access Hospitals (CAHs) in most cases, while accounting for the uniqueness of REHs and their statutory requirements. The REH CoPs are set forth at new Subpart E of 42 CFR Part 485 and establish a full range of health and safety standards specific to governance, services offered, staffing, physical environment, and emergency preparedness among other requirements. In most instances, the REH policies also closely align to the current hospital and Ambulatory Surgical Center (ASC) standards, such as the policies for outpatient service requirements and the Life Safety Code (LSC), respectively. A general overview of the new REH requirements include:

- REHs must have a clinician, a doctor of medicine (MD), doctor of osteopathy (DO), physician assistant (PA), nurse practitioner (NP) or clinical nurse specialist (CNS), with training or experience in emergency care on-call at all times and immediately available by phone or radio contact and available on-site within 30 or 60 minutes depending on if the facility is located in a frontier area.
- The REH emergency department must be staffed 24 hours per day and seven days per week by an individual or individuals competent in the skills needed to address emergency medical care, and the individual(s) must be able to receive patients and activate the appropriate medical resources to meet the care needed by the patient.

Rural emergency hospital (REH) is a new Medicare provider designation established by Congress through the [Consolidated Appropriations Act of 2021](#). REHs are meant to reinforce access to outpatient medical services and reduce health disparities in areas that may not be able to sustain a full-service hospital. Starting in January 2023, [Critical Access Hospitals](#) (CAHs) and small rural hospitals with no more than 50 beds may apply for REH designation and receive Medicare payment for providing emergency services.

REHs must develop, implement, and maintain an effective, ongoing, REH-wide, data-driven Quality Assessment and Performance Improvement (QAPI) program, and it must address outcome indicators related to staffing, among other things. The annual per-patient average length of stay cannot exceed 24 hours, in accordance with the statute, and the time calculation for this determination begins with the registration, check-in, or triage of the patient (whichever occurs first) and ends with the discharge of the patient from the REH (which occurs when the physician or other appropriate clinician has signed the discharge order or at the time the outpatient service is completed and documented in the medical record).

REHs must have infection prevention and control and antibiotic stewardship programs that adhere to nationally recognized infection prevention and control guidelines and best practices for improving antibiotic use.

Health Policy Oversight Committee

On 12-9-22, the Health Oversight Committee met at the State Capitol.

[You can access the materials given to legislators at Iowa Legislature - Committee Documents](#)

Please be sure to look at the [12-9-22 – documents](#) (*not materials from other dates*).

1. Community Based Services Evaluation (HCBS) – 13 pages
2. Medicaid Eligibility Determination & Tools – 12 pages
3. Iowa Medicaid Overview – 32 pages
4. Medicaid Community Integration – 8 pages
-
5. Glenwood Resource Center’s Settlement Agreement and Consent Decree
-
6. Amerigroup – Health Equity Initiative – 2 pages
7. Iowa Total Care – Investing in our Communities – 2 pages
8. Molina Health Care of Iowa – 5 pages

There is speculation the Health Policy Oversight Committee may not meet again –22-23 legislation indicated the committee “may” meet once a year.

<https://idph.iowa.gov/substance-abuse/substance-use-and-problem-gambling-data-reporting/in-the-know-common-data-reports>

Total Opioid Deaths	Year	Total Suicides	24 and under	25 thru 44	45 thru 69	70 and older
	2000	288	51	115	78	44
	2001	304	67	97	102	38
	2002	310	55	122	96	37
	2003	351	58	118	131	44
	2004	345	60	119	127	39
	2005	331	57	120	120	34
	2006	336	57	121	126	32
	2007	331	49	116	130	36
	2008	383	55	138	148	42
	2009	368	56	129	135	48
	2010	375	49	118	163	45
	2011	423	58	150	174	41
	2012	380	65	141	140	34
	2013	445	66	148	172	59
	2014	409	72	117	177	43
	2015	424	77	139	166	42
176	2016	459	68	161	186	44
201	2017	470	85	151	173	61
136	2018	495	71	170	201	53
156	2019	521	81% increase from 2000- 2019			
208	2020	551	91% increase from 2000-2020			
258	2021	517	As of 12-31-21			
237	2022	588	As of 12-31-22			
159	2023	325	As of 8-31-23			

US suicides rose steadily over last two decades

to an all-time high in 2022 – Associated Press Sept 2023

Year	Total # suicides in U.S.
1970	22,000
1975	27,063
1980	26,869
1985	29,453
1990	30,906
1995	31,284
2000	29,350
2005	32,637
2010	38,364
2015	44,493
2018	48,344
2019	47,511
2020	45,979
2021	48,183
2022	49,449

Suicide rates are **300 times higher** for individuals in the 1st week following an inpatient hospitalization & **200 times higher** the 1st month. The need for both outpatient and inpatient care teams to focus on managing suicidality for individuals making transitions of care is vital to client life and well-being (Chung et al., 2019) The need for both outpatient and inpatient care teams to focus on managing suicidality for individuals making transitions of care is vital to client life and wellbeing ---per webinar through National Council for Mental Wellbeing

Iowa wins major federal grant to improve maternal health care: Maternal medicine experts with University of Iowa Health Care, in partnership with the Iowa Department of Public Health, have received a five-year, \$10 million grant from the Health Resources & Services Administration to improve maternal health outcomes in the state. The award will be used to create and implement strategies to address disparities in maternal health and improve maternal health outcomes, with a particular emphasis on preventing and reducing maternal death and severe maternal illness, [according to the University of Iowa](#). Maternal mortality has almost doubled in the three-year period 2015-18, compared to the previous three years, up from 20 deaths to 39. In addition – Business Record 9-11-23

CHILDREN AND YOUTH

In 2022, of the total number of abused or neglected children, 5,225 (46%) were 5 years of age or younger, 2,903 (26%) were between 6-10 years, and the remaining 3,105 (28%) were older than 11 years.

Of 34,512 assessments for child abuse or neglect in calendar year 2022, 7,010 (25%) of child abuse assessments resulted in a finding of "founded" abuse. Founded child abuse assessments involved 9,421 unique children

First Episode Psychosis Navigate model – other names are:

ESMI – is the acronym for Early Serious Mental Illness

Restore – Eyerly Ball

FERST - Abbe Center

Harmony -Siouxland MH Center

RENEW- Prairie Ridge

Iowa's population is 3,190,369. The expected incidence rate is 20 to 30 cases per 100,000. This equates to a prevalence rate of **957**. The # served in a given year is 102.

Your Life Iowa has a suicide prevention marketing campaign – focused to kids and caretakers – on U-tube

With the drastic jump in suicides in **Jan 2022** in Polk Co – CDC visited Iowa and did a data review and worked with local folks in Polk Co.

CDC will do more review and stand by epidemiologist – waiting for report from CDC visit. **Receive report yet?**

Visit from SAMHSA in July – advised them we need a better parity situation in insurance and pointed out the gaps in the service array for kids in co-occurring illnesses, complex cases, and residential care.

---kids

---population health

---health equity

<https://yourlifeiowa.org/prevention/media-center/> - the location of Your Life Iowa videos and commercials

Children's State Board – meets every other month until formally combined with MHDS Commission and Tobacco Commission

See [Children's Behavioral Health System State Board | Iowa Department of Human Services](#) – 9 AEA's

Children's Behavioral Health System State Board Annual Report Dec 2022

<https://hhs.iowa.gov/sites/default/files/Childrens-Behavioral-Health-System-Board-2022-Annual-Report-FINAL.pdf>

Lawsuit Accuses Iowa of 'longstanding failure' to provide kids with mental health care - Disability Rights Iowa

https://www.desmoinesregister.com/story/news/health/2023/01/06/groups-accuse-iowa-of-failing-to-address-kids-mental-health-needs/69785335007/?utm_source=newsletter&utm_medium=email&utm_campaign=newsletter_axioslocal_desmoines&stream=top

Iowa reaches settlement in lawsuit alleging state failed to provide kids with adequate mental health care.

https://www.desmoinesregister.com/story/news/health/2023/10/02/iowa-advocates-reach-interim-settlement-in-kids-mental-health-lawsuit-medicaid/71035659007/?utm_source=substack&utm_medium=email –

Iowa has agreed to take steps to address "decades-long issues" in mental health and behavioral health access for Medicaid-eligible children as part of an interim settlement agreement reached this week, state officials announced. Both sides are expected to reach a **final settlement agreement by July 1.**

Dept. of Education funding for school mental health

327 public school districts-	24-25 enrollment
private schools -	24-25 enrollment

Reynolds announces leadership change at Department of Education

Gov. Kim Reynolds announced today a change in leadership at the Iowa Department of Education, appointing **McKenzie Snow**, who is currently Virginia's deputy secretary of education, to replace Chad Aldis as department director. Aldis, who was named director in March, has resigned for family reasons, a news release said. Snow's appointment is effective June 26, and Aldis will remain through June 30 to assist with the transition. Snow has worked to expand career and technical education and implemented an initiative to drive literacy. She has experience in the classroom, serving two states and in the U.S. Dept of Education. She taught remedial courses at the University of the Free State in South Africa. From 2019 to 2021, Snow served in the federal government as a special assistant to the president at the White House Domestic Policy Council, senior adviser at the Office of Management and Budget, and policy director at the U.S. Dept of Education. She worked as a division director in New Hampshire's dept of education, overseeing academics and assessment, career development and more before taking the deputy secretary role in Virginia.

Iowa DHS reports sharp increase in reports of child abuse - Reports of child abuse are on the rise in Iowa. The Iowa Department of Human Services says 2021 saw an increase of more than 5,000 reports. In 2021, there were nearly 36,000 assessments for child abuse or neglect. In 2020, it was just over 30,000. The department believes the pandemic played a factor in this since fewer assessments were taken in 2020 due to people staying at home. Most mandatory reporters were not routinely seeing children like usual - - - KCCI-TV8

Scanlan School for Mental Health

The Scanlan Center for School Mental Health is Iowa's hub for school-based mental health research, training, professional development, and clinical services. Their work supports the social, emotional, behavioral, and mental wellbeing of students and educators across the state. The clinic collaborates with Iowa school districts, Area Education Agencies (AEAs), and Iowa mental health systems.

What They Do:

1. Providing post-crisis debriefing and support.
2. Offering short-term individual and group counseling.
3. Training future school mental health professionals.
4. How to Refer: Students
 - o School administrators, AEAs, and school mental health providers can refer students by emailing the clinic.
 - o Educators/school staff can self-refer by emailing the clinic.

Contact the clinic at scsmhclinic@uiowa.edu or learn more by visiting their website scsmh.education.uiowa.edu

U. of Iowa offers new help for student veterans with mental health struggles

<https://iowacapitaldispatch.com/2023/10/22/university-of-iowa-offers-new-help-for-student-veterans-with-mental-health-struggles/?emci=d5f6c9b4-2371-ee11-b004-00224832eb73&emdi=8b101354-9371-ee11-b004-00224832eb73&ceid=78012>
10-23-23 IA Capital Dispatch

4-2023 UNI is awarded \$250K grant to support teachers and better student outcomes

The University of Northern Iowa has been awarded a \$250,000 grant from the Scanlan Center for School Mental Health at the University of Iowa to support research focused on social and emotional learning. The project, led by Dr. Kerri Clopton in UNI's College of Education and Dr. Darcie Davis-Gage in UNI's College of Social and Behavioral Sciences, will investigate the effectiveness of providing multi-tiered support to educators to reduce burnout, increase job satisfaction & increase knowledge and skills in responding to social situations in teaching. The study will take place over two years and focus on **six rural schools** and **one urban school** in Iowa. The research project aims to provide effective support to school personnel, leading to better student outcomes. The study leaders will speak at the upcoming UNI Social & Emotional Learning Conference.

Federal **GEAR UP - \$5.6 M** ([Gaining Early Awareness and Readiness for Undergraduate Programs](#)) Iowa program, dedicated to significantly increasing the number of students prepared to enter and succeed in postsecondary education. The four-year program will be implemented in the following **11 partner districts**: [Centerville, Clinton, Columbus Junction, Davenport, Davis County, Des Moines, Fort Dodge, Marshalltown, Saydel, South Tama and Storm Lake](#). GEAR UP Iowa Future Ready will guide students in those schools from ninth grade through their first year of postsecondary education.

Out of 327 school districts state-wide – 11 were assisted by this program

<https://www.medicaid.gov/medicaid/financial-management/downloads/sbs-guide-medicaid-services-administrative-claiming.pdf> 184 page proposal from Medicaid for schools to obtain additional funding for special needs students

Future Ready Iowa: <https://www.futurereadyiowa.gov/college-list>

GEAR II Grant Applications, [a competitive grant for mental health supports for public schools](#) totaling \$8.6M. This grant includes coordination and delivery of mental health services and wraparound support to students, youth mental health first aid training and implementation, and suicide prevention services and programming. *Cedar Falls, Cedar Rapids, Center Point-Urbana, Charles City, Cherokee, Clear Lake, Clinton, College, Collins-Maxwell, Davenport, Davis City, Decorah, Denver, Diagonal, Dubuque, East Sac County, Grundy Center, Humboldt, Indianola, Iowa City, Keokuk, Knoxville, Lewis-Central, Maquoketa Valley, Marcus-Meriden Cleghorn, Marion, Marshalltown, Monticello, New Hampton, New London, North Cedar, North Fayette Valley, North Scott, Northwood-Kensett, Olin, Oskaloosa, Ottumwa, PCM, Remsen-Union, Roland-Story, Seymour, Sheldon, Sioux City, South Central Calhoun, South Winneshiek, Southeast Warren, Spencer, Spirit Lake, Storm Lake, Tripoli, Underwood, Urbandale, Washington, Waverly-Shell Rock, Webster City, West Burlington, West Delaware County, Williamsburg, Winfield-Mt. Union, Woodbine, Woodbury Central.* **61 out of 327 school districts received awards** ranging from \$3763 to \$650,000. [GEER II - Mental Health Supports for Public PK-12 Schools Grant Awards | Iowa Department of Education \(educateiowa.gov\)](#) Brain Health Now has helped build therapeutic classrooms, too

Out of 327 school districts 22 were assisted with therapeutic classroom grants –

- 2022-23 10**
- Ballard Community School District
 - Bettendorf Community School District
 - Charles City Community School District
 - Coon Rapids-Bayard Community School District
 - Council Bluffs Community School District
 - Decorah Community School District
 - Eddyville-Blakesburg-Fremont Community School District
 - Monticello Community School District
 - Williamsburg Community School District
 - Woodbine Community School District

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- Ames Community School District
- Clinton Community School District
- Eastern Allamakee Community School District
- Hinton Community School District
- Mt. Pleasant Community School District
- Washington Community School District

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- Atlantic Community School District
- Bettendorf Community School District
- Iowa City Community School District
- Johnston Community School District
- Newton Community School District
- Vinton-Shellsburg Community School District

Over 3 rounds, 27 of 327 received grants for school mental health training

Iowa Departments of Education, HHS award \$600K for school mental health training –the 3rd round of grants

The Iowa Departments of Education and Health and Human Services awarded today 10 grants totaling \$600,000 to public school districts for training and coaching school health care workers on COVID response-and-recovery initiatives focused on social-emotional-behavioral health. The 10 school districts that received grants are: Chariton, Dubuque, East Buchanan, Iowa City, Harlan, Logan Magnolia, North Mahaska, Muscatine, Mount Pleasant and Storm Lake. According to a news release, the COVID-19 Public Health Workforce Supplement Funding grants will help school districts enhance mental health literacy and expand capacity for addressing the social-emotional-behavioral health needs of students resulting from or exacerbated by the COVID-19 pandemic. The grants can be used to cover costs associated with planning, training and coaching. The departments received \$4.5 million from the Center for Disease Control and Prevention for the grants, and this is the third and final round of funding.

A total of 17 districts were awarded over \$1.3 million through the first two rounds of funding. Learn more about the grants on the [Iowa Department of Education's website](#).

Iowa receives \$5.9M for new classroom grant program 9-30-22

The U.S. Department of Education announced awards Thursday totaling nearly \$1 billion through the Bipartisan Safer Communities Act, which will fund state educational agencies' development of grant programs to provide students with safer and healthier learning environments. Iowa has been allocated \$5.9 million of the funding, according to a news release. "We have years of evidence that demonstrate the value of building safe and supportive schools. These efforts improve academic achievement, promote emotional well-being, reduce disciplinary actions, and increase positive behaviors," said U.S. Secretary of Education Miguel Cardona. "Safe and supportive schools help our children and youth overcome trauma and provide a strong foundation of emotional and physical safety. These grants will provide real benefits to real students in real schools." Cardona sent a letter to state educational agencies outlining three principles to consider when designing a competitive grant competition and providing direction locally for using the funds:

- 1) create positive, inclusive and supportive school environments; and increase access to place-based interventions and services,
- 2) engage students, families, educators, staff and community organizations in the selection and implementation of strategies and interventions to create safe, inclusive and supportive learning environments, and
- 3) design and implement policies and practices that are responsive to underserved students, protect student rights, and demonstrate respect for student dignity and potential. More info about the BSCA Stronger Connections grant program.

\$4M awarded in career academy grants - Gov. Kim Reynolds and the Iowa Dept of Education today awarded four \$1 million grants through the Career Academy Incentive Fund to increase access to career academy programs in high-demand fields through new regional centers. The recipients are Iowa Central Community College, North Scott Community School District, Northwest Iowa Community College and Southwestern Community College. The new regional centers will be based in Storm Lake, Eldridge, Sioux Center and Mount Ayr, according to a news release. Each will serve students from surrounding school districts. At the new centers, students will have access to career and technical education programs and equipment to prepare them for high-demand careers including advanced manufacturing, agriculture equipment technology, automotive repair, construction, health care and information technology. This is the fifth round of awards from the Career Academy Incentive Fund since the fund was established in 2019. Applications for a 6th round of funding will open next spring. More info on the fund is available at [Iowa Department of Education's website](#).

March 2023

UNI receives \$2.5M federal grant to increase mental health access in rural Iowa schools

The University of Northern Iowa has been awarded a \$2.5 million grant by the U.S. Department of Education to continue its efforts in improving mental health access for children and adolescents in Iowa. The grant will be used to train 15 school psychologists over the next five years, in partnership with Great Prairie, Central Rivers and Northwest Area Education Agencies, which represent 52 of the 99 counties in the state. The program is part of a larger "grow your own" effort to increase school psychologists in Iowa, where the number of students for each school psychologist is more than tripled the National Association of School Psychologists' recommendation of one school psychologist for every 500 students. Mental health struggles can affect student success, 37% of high school students with a mental illness who are 14 or older drop out of school. To qualify for the program, candidates must be K-12 educators or in a related field, with a master's degree. The courses are primarily online, and students can continue working full time while completing the coursework. At the end of the program's three years, students will earn an educational specialist degree and must commit to working in their AEA for three years. The grant builds on the success of a program UNI School Psychology helped establish with Green Hills AEA and Prairie Lakes AEA in western Iowa in 2019.

April 2023

\$379,000 in grants to support youth internships in high-demand fields

The state awarded \$379,000 in grants Friday through the [Summer Youth Internship Program](#), which provides funding to employers, educational institutions and nonprofit organizations that sponsor internship programs for Iowa youths between the ages of 14 and 24. The grants will support eight projects across the state and an estimated 176 total participants. Priority funding was awarded to projects that included a focus on high-demand careers and the recruitment of at-risk youth participants, including youths who face barriers to success and upward mobility in the workforce, a news release said. "Not every business can provide paid internships, nor can everyone take an unpaid one. This program helps bridge the gap — supporting meaningful career paths for our at-risk youth while supporting their financial needs," Gov. Kim Reynolds said in a prepared statement. In the Des Moines metro area, Des Moines Area Community College and Des Moines Independent Community School District received grants. The release said many awarded programs are also planning to co-enroll participants in the Workforce Innovation and Opportunity Act Title I Youth Program in their local area providing connection with local resources. The full list of awardees is available at [this link](#).

May 2023 - Reynolds announces \$1.5M grant program to Improve work-based learning

Gov. Kim Reynolds announced a grant program of up to \$1.5 million to provide opportunities for high school students to explore their future careers. The **Statewide Intermediary Work-Based Learning Grant program** will fund programs that allow students to experience one-on-one contact with potential employers and make informed decisions about postsecondary education and careers. The grant is open to Iowa educational organizations, community colleges, nonprofit organizations, local workforce development boards, and any other entity that can provide students with sustained interactions with industry or community professionals in a real worksite environment. Work-based learning programs include internships, job shadowing experiences, apprentice occupations or other workplace learning opportunities in targeted industries. The goal of the grant is to increase awareness of career opportunities in local communities for students and help employers build relationships with potential future employees. Grant funding may be used for expenses related to implementing a work-based learning program, including staff salary and benefits, transportation, materials and supplies, or other related expenses. Interested parties can apply for funding through [IowaGrants.gov](https://www.iowa.gov/grants) until 11:59 a.m. on June 2 and can ask questions during a webinar scheduled for May 11 from 10 to 11 a.m.

Proposed Medicaid plan for Schools to obtain more special education funding.

<https://www.medicaid.gov/medicaid/financial-management/downloads/sbs-guide-medicaid-services-administrative-claiming.pdf>

<https://educateiowa.gov/pk-12/school-facilities/school-safety/governor-s-school-safety-initiative>

Governor's School Safety Initiative

Higher ed enrollment remains down post-COVID, including in Iowa

[Cedar Rapids Gazette](#): Postsecondary enrollment nationally stayed well below pre-COVID levels this spring — down 1.3 million students, or 7%, from 2019 — and Iowa remained among the hardest hit, with a 13% drop in combined community college, private, and public university enrollment over the four years. That 13% tied Iowa for the fifth-largest enrollment drop across those sectors nationally, with Texas reporting the biggest loss at 17%, according to new spring enrollment data from the National Student Clearinghouse Research Center.

Two Iowa school districts rescind policies allowing armed staff in class

[Des Moines Register](#): Two Northwest Iowa school districts who voted last year to arm staff have rescinded those policies to prevent being dropped by their insurance carrier. The Spirit Lake School Board approved a safety plan that included arming up to 10 staff members last fall. The Cherokee Community School Board approved arming staff in October. Thursday night, the Spirit Lake School Board voted to rescind the policy and Cherokee followed suit this morning. EMC Insurance, which insures both districts, had told Cherokee it would not continue to provide insurance after July 1.

Online public charter school expands to Iowa

[Optima Academy Online](#), which bills itself as the world's first virtual reality public charter school, has announced its expansion to Iowa. The school leverages virtual reality technologies so students can experience locations around the world. The virtual reality curriculum is designed to complement traditional classroom instruction or serve as a full-time or part-time educational option, according to a news release. "Optima Academy Online goes beyond traditional classroom boundaries, offering students a truly unique and interactive learning experience," founder and CEO Ericka Donalds said in a prepared statement. "By bringing our virtual reality curriculum to Iowa, we aim to inspire a generation of young learners to explore the world around them and develop a genuine passion for knowledge."

UNI announces new online pathway to earn director of special education endorsement

The University of Northern Iowa is launching a new online pathway for administrators interested in earning the Iowa Director of Special Education endorsement. This program is designed for individuals with a master's degree who aspire to leadership positions in PK-12 special education at the district, area education agency or state level. The coursework, delivered both asynchronously and synchronously, focuses on developing essential skills in special education administration, including directing special education services and programming, organization management, evaluation, instructional leadership, special education law, and school funding. Offered by UNI's College of Education and UNI Online and Distance Education, the program spans five consecutive part-time semesters. Courses for the program will begin in August. Educators interested in learning more and submitting an interest form can visit the UNI website at online.uni.edu/sp-ed-director. Two informational webinars for prospective students are scheduled for July 13 at 10 a.m. and Aug. 14 at noon. Registration for the webinars is available [online](#).

Prairie Meadows awards \$350K grant to UNI@DMACC program

Prairie Meadows has awarded a \$350,000 legacy grant to support the partnership between the University of Northern Iowa and Des Moines Area Community College known as UNI@DMACC. The UNI@DMACC initiative offers 11 online bachelor's degree completion programs designed to be a flexible pathway for adult learners who may not have easy access to a four-year degree due to their location, job or life commitments. Students complete their first two years at DMACC and then take online courses through UNI. Degree programs include education, business, technology management and criminal justice. A new hybrid accounting program will begin in August with courses offered both online and in person at the DMACC Urban Campus in Des Moines. The grant from Prairie Meadows will support future endeavors of the partnership and the new Student Life and STEM Center at the DMACC Urban campus, where the UNI@DMACC program is based. To read more about the Student Life and STEM Center and a partnership between UNI and Des Moines Public Schools, click [here](#).

CARE FOR THE ELDERLY – LONG TERM CARE

BOLD act – The Public Health Division, in 2020 as Iowa Department of Public Health, was awarded \$200,000 for Year 1 of the BOLD programming, and then \$326,400 each of the next two years. We are currently in Year 3 of a three-year award.

Addresses Alzheimer's disease and related dementias

More than 66,000 Iowans aged 65 and older have Alzheimer's disease

It is the sixth-leading cause of death in the US, affecting nearly six million Americans.

In addition, approximately 73,000 Iowans provide unpaid care for people with Alzheimer's or dementia.

In 2020, the Iowa Department of Public Health was awarded a three-year capacity-building cooperative agreement from the Centers for Disease Control and Prevention (CDC) to inform and develop public health infrastructure to improve and expand efforts that address challenges presented by Alzheimer's disease and related dementias (ADRD).

The Alzheimer's Disease and Related Dementias Program focuses on issues such as increasing early detection, diagnosis and risk reduction for ADRD, prevention of avoidable hospitalizations related to these diseases and conditions and providing support for dementia-related caregiving.

In its second year, program staff have been developing a state plan specific to Alzheimer's disease and related dementias with the help of various partners and guidance from the CDC Healthy Brain Initiative State and Local Public Health Partnerships to Address Dementia: The 2018-2023 Road Map. ADRD Program staff along with its advisory committee have engaged a statewide coalition of 50 members from a variety of backgrounds, experiences, programming and services, geographic areas and levels of care and interaction with persons who experience dementia.

Together, the program and coalition created a list of recommendations and are finalizing the new state plan, giving priority to strategies that will help improve Iowa's response to the needs of Iowans, their caregivers and the workforce that serves them. The coalition is also serving as a connecting point for organizations and individuals to inform ongoing activities and help implement the plan's strategies.

One in ten Iowans aged 45 years and older are experiencing subjective cognitive decline.

The Long-term Goals

1. Increase the proportion of adults aged 65 and older with diagnosed ADRD, or their caregiver, who are aware of the diagnosis;
2. Increase the proportion of older adults who talk to their health care provider about changes in their memory;
3. Reduce the proportion of preventable hospitalizations in adults aged 65 and older with diagnosed ADRD; and
4. Increase the proportion of older adults who use the Welcome to Medicare benefit

Report - The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families

7 recommendations:

1. The way in which the U.S. finances, delivers and regulates care in nursing home settings is ineffective, inefficient, fragmented and unsustainable.
2. Immediate action to initiate fundamental change is necessary.
3. Federal and state governments, nursing homes, health care and social care providers, payers, regulators, researchers and others need to make clear a shared commitment to the care of nursing home residents.
4. Extreme care needs to be taken to ensure that quality improvement initiatives are implemented using strategies that do not exacerbate disparities in resource allocation, quality of care or resident outcomes (including racial and ethnic disparities) which are all too common in nursing home settings.
5. High quality research is needed to advance the quality of care in nursing homes.
6. The nursing home sector has suffered for many decades from both underinvestment in ensuring the quality of care and a lack of accountability for how resources are allocated.
7. All relevant federal agencies need to be granted the authority and resources from the U.S. Congress to implement the recommendations of this report.

Committee vision: Residents of nursing homes are in a safe environment giving care that honors their values and preferences, [The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families](#) released in 2022 – Has seven (7) recommendations. 9 action plans have now been developed. addresses the goals of care, promotes equity and assesses the benefits and risks of care and treatments.

2022 State Strategic Plan for Alzheimer's Disease and Related Dementias in Iowa" - a 20 pg. report

2022-2025 Iowa Dept. of Aging State Plan – 167 page report

The State of Iowa's 99 counties have an estimated population of 3,200,517 in 2022.

<https://www.census.gov/quickfacts/fact/table/IA#>

Populations 65 and over: 18.3% (585,695) Population 85 years and over: 2.4% (76,812)

SAMHSA URS Table 1 2021 identifies a prevalence rate for Iowa of adults with Serious Mental Illness of 5.4% or 132,646. [The Alzheimer's Association fact sheet for Iowa](#)

AXIOS article

An estimated 11% of Iowa adults age 65 or older have Alzheimer's disease, per [a new study](#) published in *Alzheimer's & Dementia*.

Why it matters: Dementia has detrimental health consequences not only to the patients, but caregivers as well.

- In Iowa alone, over 73,000 unpaid caregivers helped those with dementia in 2020 and nearly 30% of them reported symptoms of depression, according to the [Iowa Department of Health and Human Services \(HHS\)](#).

What's happening: As of 2020, an estimated 62,100 Iowans were diagnosed with dementia.

- That number is expected to rise to 73,000 by 2025, [according to HHS](#).

Zoom in: In western Iowa, where the rural populations skew older, Alzheimer's disease is more prevalent.

- Black Iowans are twice as likely to get the disease and are less likely than white Iowans to have access to health care.

No specialized treatment or care locations for older Iowans with SUD problems

Only one specialized treatment/care location for older Iowans with MH problems. Hope Harbor – Storm Lake – 12 beds

Could opioid settlement funds be used to build these services? According to Kevin Gabbart and Annie Uetz, to enter a facility built with opioid funds, there would have to be prescription abuse first – other substance use abuse or mental health issues could also be treated, but the prescription abuse comes first.

Per pg. 4 of AARP Bulletin Sept. 2023 – Overdose deaths have risen sharply for older Americans. Fatal drug overdoses among older Americans, which have been rising for two decades, spiked even higher in recent years, according to a study published in JAMA Psychiatry. Overdose deaths among people 65 and over from all causes, including suicides and accidents, rose 50% from 4469 in 2019 to 6702 in 2021. The rate of deaths from overdose quadrupled among older adults from 2002 to 2021, from 3 per 100,000 people to 12 per 100,000. Several factors are to blame, the study says. One major cause: The opioid crisis that began in the late 1990's saw many Americans become addicted to drugs prescribed for pain relief. Some of them have turned to dangerous street drugs laced with fentanyl – an opiate 50 times more potent than heroin. No group is untouched. We're seeing sharp increases across the board, including in older adults who previously had low overdose mortality rates.

For decades, **Medicare has covered only** mental health services provided by psychiatrists, psychologists, licensed clinical social workers and psychiatric nurses.

But with rising demand and many people willing to pay privately for care, **45 percent of psychiatrists and 54 percent of psychologists don't participate in Medicare**, the federal insurance system for some 65 million older or disabled Americans.

As a result, older adults anxious about worsening health or depressed by the loss of family and friends have substantial difficulty finding professional help. Barriers to care are made more acute by **prejudices** associated with mental illness and by ageism, which leads some health professionals to **minimize** older adults' suffering.

Now, some relief may be at hand as legislative and regulatory changes **expand Medicare's pool of behavioral health providers**. Beginning in January, Medicare for the first time will allow marriage and family therapists and mental health counselors to provide services. This cadre of more than 400,000 professionals makes up more than 40 percent of the licensed mental health workforce and is especially critical in rural areas.

Medicare is also adding up to 19 hours a week of intensive outpatient care as a benefit, improving navigation and peer-support services for those with severe mental illness, and expanding mobile crisis services that can treat people in their homes or on the streets.

Organizations that have advocated for years for improvements in Medicare's mental health coverage applaud the changes. "I think we are, hopefully, at a turning point where we'll start seeing more access to mental health and substance use disorder care for older adults," said Deborah Steinberg, senior health policy attorney at the Legal Action Center in D.C.

Although an estimated 1 in 4 Medicare recipients have a mental health condition, up to half don't receive treatment. Advocates noted the importance of expanded Medicare coverage for **telehealth**, including mental health care.

Since the pandemic, older adults have been able to get these previously restricted services **at home by phone or via digital devices** anywhere in the country, and requirements for in-person appointments every six months have been waived. But some of these flexibilities are **set to expire** at the end of next year.

Robert Trestman, who chairs the American Psychiatric Association's Council on Healthcare Systems and Financing, called on lawmakers and regulators to **maintain those expansions** and **continue to reimburse mental health telehealth visits at the same rate as in-person visits**, another pandemic innovation.

Several questions remain open as Medicare enacts these changes. **First**, “Will CMS **pay** mental health counselors and marriage and family therapists **enough so they actually accept Medicare patients?**” said Beth McGinty, chief of health policy and economics at Weill Cornell Medicine in New York. That’s by no means guaranteed.

Second, will Medicare Advantage plans add marriage and family therapists, mental health counselors and drug addiction specialists to their networks of authorized mental health providers? And will federal regulators do more to guarantee that Medicare Advantage plans provide adequate access to mental health services? This kind of oversight has been spotty at best.

In July, researchers reported that Medicare Advantage plans include, on average, only 20 percent of psychiatrists within a geographic area in their networks. (Similar data is not available for psychologists, social workers and psychiatric nurses.) When older adults have to go out-of-network for mental health care, 60 percent of Medicare Advantage plans don’t cover those expenses, KFF reported in April. With high costs, many seniors skip services.

Another key issue: Will legislation **proposing mental health parity for Medicare** advance in Congress? Parity refers to the notion that mental health benefits available through insurance plans should be comparable to medical and surgical benefits in key respects.

Although parity is required for private insurance plans under the 2008 Mental Health Parity and Addiction Equity Act, Medicare is excluded.

One of the most egregious examples of Medicare’s lack of parity is a 190-day lifetime limit on psychiatric hospital care. There is no similar curb on hospital use for medical conditions.

An upcoming Government Accountability Office report examining differences between the cost and use of behavioral health services and medical services in traditional Medicare and Medicare Advantage plans may give Congress some guidance, Steinberg said. That investigation is underway, and a date for the report’s release hasn’t been set.

<https://www.washingtonpost.com/health/2023/10/29/seniors-mental-health-medicare-expansion/>

HCBS Waivers

Iowa has an HCBS Elderly Waiver which is described in greater detail at this link:

<https://hhs.iowa.gov/sites/default/files/Comm513.pdf> *The waiver allows individuals who qualify for nursing home level of care to remain in their homes with services. Mental health services are a service provided through the waiver.*

In FY2020 - \$46,609,596 spent on elderly waivers.

The average monthly expenditure was \$3,220 per person on the elderly waiver.

The waiting list is always zero.

In FY2020, there were **10,114** receiving services through the Elderly Waiver.

In August 2021

7618 were receiving services through the elderly waiver

540 were pending approval

0 were on the waiting list

The Elderly Waiver is the only waiver that does not cap enrollment.

Preadmission Screening and Resident Review (PASRR):

- *Iowa HHS oversees the PASSR process which screens all individuals seeking admission to nursing facilities for mental health or intellectual disabilities.*
 - *Iowa HHS coordinates training on this process with providers and works with the PASSR contractor to review treatment plans to ensure that individuals are receiving all appropriate services while in nursing facilities and are also provided supports needed to return to community settings when indicated.*
 - *Iowa’s PASSR process emphasizes use of short-term stays in nursing facilities to encourage return to lower levels of care when appropriate.*
-

Huge, huge need for care in the home.

AARP article in Sept. 23 bulletin talk on page 8 – nearly 300 hospital-at-home programs are running in the U.S. and by 2030, 1 in 6 hospitals will offer them. “We take everything from the brick and mortar hospital – except the bed – and bring it home.

Oak Street Health announces plans to enter four new states, including Iowa

Oak Street Health has announced its plans to expand into four new states. The centers will be opened in Little Rock, Ark.; Des Moines and Davenport, Iowa; Kansas City, Kan.; and Richmond, Va., starting this summer. This expansion marks the 25th state in which Chicago-based Oak Street Health will provide care for older adults. Mike Pykosz, CEO of Oak Street Health, highlighted the organization’s mission to improve health care for older adults nationwide. The expansion into these states will enable Oak Street Health to serve new patients, create jobs and address health equity gaps in these communities. Oak Street Health is known for its personalized, preventive primary care model designed specifically for

older adults. The comprehensive approach includes behavioral health care, support for social determinants of health, and a combination of in-center, in-home, and telehealth appointments, as well as a 24/7 patient support line. By implementing this model, the company has significantly reduced patient hospital admissions compared with Medicare benchmarks and achieved notable reductions in 30-day readmission rates and emergency department visits. To learn more about Oak Street Health's primary care model, visit its [website](#).

'Hospital at Home' Could Be the Future of Health Care. Not Everyone Thinks it's a Good Idea.

https://time.com/6322233/hospital-at-home-movement/?utm_medium=email&utm_source=sfmc&utm_campaign=newsletter+brief+default+ac&utm_content=+++20231011+++body&et rid=326677726&lctg=326677726

A project called Project EDGE. EDGE just stands for Education in Geriatrics. That was a collaboration with the American Geriatrics Society, Harvard Medical School, and the New England VA's GRECC, their Geriatric Research, Education, and Clinical Center. And it aims to keep the standards in medical education high and was actually an update of a 2007 Consensus conference that was called Keeping Granny Safe. Great concept there. That was sponsored and through the AAMC in Mount Sinai School of Medicine and funded by the Dannie Hartford Foundation and the American Geriatrics Society.

Oklahoma 22-23 MHBG grant – has 4 measure that mentioned older adults

---web based training

---use CBT for older adults in CCBHC's

---use CBT for older adults w/SUD

---promotion of older person's peer specific trainings

24-25 MHBG

---complete trainings

---awareness of older adults of 988 crisis system

---increase # of older adults in treatment at CCBHC's

---promotion of older person's peer specific trainings

Oregon using SUD EchO for licensed community based residential care

AARP report finds Iowa lacking in services for older and disabled residents.

State funding for home-based care – 38th in Medicaid spending in the U.S.

The cost of home-based care – 46th out of 50 states in terms of highest

expense – too expensive

Inadequate adult day services

No access to Green House residences – 400 homes have been built in 32 states

<https://iowacapitaldispatch.com/2023/10/10/aarp-report-finds-iowa-lacking-in-services-for-older-and-disabled-residents/?emci=a4a9462a-cb63-ee11-9937-00224832eb73&emdi=0a90c955-2568-ee11-9937-00224832eb73&ceid=78012>

Iowa care facilities cited for staff shortages amid national debate on mandates

[Iowa Capital Dispatch](#): Several Iowa nursing homes are facing potential fines for resident injuries, inadequate staffing and other regulatory violations. The violations coincide with recent efforts by the Biden administration to impose mandatory staffing levels in those nursing homes that collect taxpayer money through the Medicare and Medicaid programs. Earlier this week, Iowa Gov. Kim Reynolds joined 14 other Republican governors in announcing their opposition to the proposal, which they characterized as an "unnecessary, one-size-fits-all staff requirement."

Federal efforts to establish minimum staffing levels are meeting stiff resistance from the nursing home industry.

It would require a registered nurse on site 24/7 and each resident would receive 3 hours of care each day – of the 3 hours, RN's would need to provide .55 hours of care.

Barrier - The nursing home industry gave \$500,000 in campaign contributions to state candidates in the last state election cycle. The nursing home industry wants no more regulation which would rob them of profit margins.

Since the beginning of 2022, **26** long-term care facilities have closed across the state, according to data from the Iowa Department of Inspections and Appeals.

<https://www.ncmha.org/what-we-do/Learning-Collaborative-How-SAMHSA-Block-Grants-Can-Support-Older-Adult-Behavioral-Health>

Session 1 – Sept 21st

[Watch recording](#)

Passcode:CsX0q1t+

PowerPoint Presentations:

1. [NCMHA Learning Collaborative Eric Weakly Presentation 9.21.2023](#)
2. [NCMHA Learning Collaborative K Orsi 9.21.23](#)

Session 2 – Oct 26th

2:00-3:00pm ET/1:00-2:00pm CT/12-1:00pm

MT/11:00am-12:00pm PT

[Join Session 2: Zoom Meeting](#)

[NCMHA 2023 Learning Collaborative Toolkit](#)

Axios - Minimum nursing home staffing standards would be established for the first time nationally under [a proposal](#) made by President Biden's administration in September.

- The Centers for Medicare and Medicaid Services' [public comment period](#) for the plan ends **today**.

Why it matters: There's widespread disagreement about whether mandated staffing would improve care for patients or exacerbate worker shortages and long-term care facility closures.

- The issue is particularly stark in Iowa, where almost 96% — 387 of the state's 404 nursing homes — don't meet the staffing benchmarks, according to estimates from the Iowa Health Care Association (IHCA) based on [federal staffing data](#).

Zoom in: Under the proposal, nursing homes that receive payments through Medicare or Medicaid would be [required to provide](#) a minimum of 33 minutes of care from a registered nurse and two hours and 27 minutes of care from a nurse aide per resident per day.

- They'd also be required to always have a registered nurse on staff.

By the numbers: Iowa facilities would need to hire a total of about 360 additional registered nurses, almost 1,100 nursing assistants and more than 1,400 additional direct care staffers, according to IHCA's estimates.

What they're saying: Brad Anderson, AARP Iowa's director, tells Axios that the proposal is what experts believe is the right amount of staffing needed to reduce [pervasive problems](#) documented in the long-term care industry.

- How it's implemented will influence how or whether additional long-term care facilities close in Iowa, he says.

The other side: The proposal is "an unfunded and illogical federal staffing mandate," IHCA CEO Brent Willett said in a statement provided to Axios.

- It would require long-term care facilities to "hire people who do not exist to care for people who do," he said in reference to [Iowa's labor shortage](#).

Meanwhile, Gov. Kim Reynolds [joined 13 other Republican governors](#) last week in a letter asking President Biden to reconsider the staffing rule.

- That prompted a response from State Sen. Claire Celsi (D-WDM), who asked Reynolds to [set aside partisanship](#) and come together to find solutions.

What's next: CMS will consider public comments after **today's** deadline.

- A final regulation could be forwarded to the [Government Accountability Office](#) and both houses of Congress for review in coming months.

Share this story https://www.axios.com/local/des-moines/2023/11/06/staffing-mandates-nursing-homes-iowa-biden?utm_source=newsletter&utm_medium=email&utm_campaign=newsletter_axioslocal_desmoines&stream=top

Extensive articles (over 70) in the last year (Oct 22 to Oct 23) have been published in the DM Register and Iowa Capital Dispatch about the closings, fines, and deaths which have been occurring in nursing homes across the state

[Iowa nursing home worker shortage is twice the national average](#)

At the U. of Iowa, there is the Iowa Geriatric Education program <https://igec.uiowa.edu/>
They have an Age-Friendly Health program called "4M's".

of geriatricians in Iowa – 26

Iowa has more nursing home beds than any another state.

Nursing home beds are presently 70% occupied.

Residents need to feel they are still useful and their lives can have meaning

A recent report found that twenty-two hospitals across the state are in danger of permanently closing, and two facilities are in immediate risk of closure. Iowa is currently ranked 45th in the nation in the number of total active physicians per capita, 32nd for medical specialists per capita, and is ranked dead last for the number of OB-GYN providers in the country.

SF295 Senate bill on Guardianship and Conservatorship needs to be passed this year – is waiting in House for action.

Peer workforce - possibilities to assist with the Older adult population.

Tie nursing home quality to reimbursement?

OIL will send information on "green homes" – a new model of care for seniors

The Alzheimer's Association has statistical information

The Older Iowans Legislature

Speakers we've had:

Hope Harbor – Storm Lake 666

Josephine Gittler – U. of Iowa - Wiley B. Rutledge Professor of Law, Professor of Health Management and Policy, Professor of Nursing, and Professor of Pediatrics, Director of National Health Law and Policy Resource Center
Co-Director, Institute on Guardianship and Conservatorship

Paul Muelhausen – Medical director, Iowa Total Care

Kitty Buckwalter, UIHC, a world-renowned leader, mentor, and researcher in the field of geropsychiatric nursing. She has worked closely with the National Academy of Medicine on their recent report, "Quality of Care in Nursing Homes". Her work has been with Caregivers of persons with dementia, as well as stigma for PWD and their caregivers and works with the Csomay Center of Gerontological Excellence at the UI. <https://nursing.uiowa.edu/faculty-staff/emeriti-directory/buckwalterk6>

Does the State have money? Yes

9-28-23 Iowa Capital Dispatch article

<https://iowacapitaldispatch.com/2023/09/27/governor-announces-1-83-billion-budget-surplus-calls-for-tax-cuts/?emci=adbc6bd5-a45d-ee11-9937-00224832eb73&emdi=4337f829-ee5d-ee11-9937-00224832eb73&ceid=78012>

Iowa ended the fiscal year with a \$1.83 billion surplus.

In addition to the budget surplus in the general fund, the state closed out the 2023 fiscal year with \$902 million in reserve funds, Reynolds announced Wednesday. The state also holds \$2.74 billion in the Taxpayer Relief Fund — money which is set aside for future tax reductions.

$$\$2.74B + \$1.83B + .902B = \$5.472B$$