

## Council on Health and Human Services

### Meeting Minutes

DECEMBER 14, 2023

<b>COUNCIL MEMBERS</b>	<b>HHS STAFF</b>
Rebecca Peterson ✓	Director Kelly Garcia ✓
Dr. Donald Macfarlane ✓	Matt Highland ✓
Sam Wallace ✓	Sarah Reisetter ✓
Jack Willey ✓	Zach Rhein ✓
Monika Jindal ✓	Jean Slaybaugh ✓
Kay Fisk ✓	Sarah Ekstrand ✓
Andrew Allen ✓	Elisabeth Matney ✓
Sandra McGrath ✓	Cory Turner ✓
Samantha Rozeboom ✓	Erin Drinnin ✓
	Janee Harvey
	Marissa Eyanson ✓
	Robert Kruse ✓

<b>EX-OFFICIO LEGISLATIVE MEMBERS</b>
Senator Jeff Edler
Senator Sarah Trone Garriott
Representative Heather Matson ✓
Representative Ann Meyer ✓

#### **CALL TO ORDER**

Council Chair, Rebecca Peterson called the Council meeting to order at 10:06 a.m. via zoom teleconference.

#### **ROLL CALL**

All Council members were in attendance.

Ex-Officio member Representative Heather Matson was present.

Jack Wiley moved to approve minutes and Sam Wallace seconded this. The council members said “aye” no changes or issues. Minutes were approved.

#### **SUBSTANCE USE AND PROBLEM GAMBLING LICENSURE SUBCOMMITTEE REPORT**

Subcommittee Chair, Andrew Allen spoke about the subcommittee meetings that take place each month directly before the HHS council meeting. Based on scoring, they approve licenses to organizations that are working with addiction and recovery. They have also been looking into an outside complaint investigation. This organizations CEO met with them and was open to their comments and suggestions. The subcommittee has authority to approve their status as part of their mission to approve or deny applications for Chapter 135.

The subcommittee offered to perform other tasks, delegated to them by the HHS Council. Representative Heather Matson asked if they could look into laws around sports betting and report back on trends in the state, compared to other states.

They could also work with the board of health to see if there are specific rules (the council is being brought) that fit in the realm of substance abuse etc. The subcommittee would like to invite members of the HHS team to present on these topics. Either at the subcommittee meeting and or the council meeting.

## **REGULATORY ANALYSIS REVIEW**

Cassandra (Cassie) Tracy, Compliance Division

The review draft was published and put out for public comment. There has only been one public comment so far, it was related to public well testing. The rules are much more abbreviated than the original text. They removed much of the language from the rule, as it is already stated in the contract. No rule changes were made beyond that. They then presented it to the Governor's office. "Notice of Intended Action." Due to the volume of what was submitted the final publishing date will be extended out to mid-January. After they are published in the bulletin, they will present them at Administrative Rules Review Committee (ARRC) meeting. They will also be presented to the HHS Council before they are adopted. They will continue to review the timeline (as it changes) with the council.

### **HF 707: Rule changes for Regulation.**

This rule change implements the Child Care Assistance (CCA) program. Revising 441 IAC 170 to update family income level to 160% FPL, revise the provider reimbursement rates and to update the minimum hours of participation from 28 to 32 for families who do not have a special needs child. It also, revise the CCA family fee chart to update annual federal poverty level changes. (*comprehensive table attached*)

*Quality ratings: Do we know how many of the centers are in the 4 and 5 range? Janee will condense the levels in ratings, and give an overview of how child care centers are doing. Including what are the states are participating, how many are also getting a rate for the special needs children, and how hard it is to get someone deemed special needs. Ryan Page can present this at the next meeting. Please send all your questions to Janee so they can prepare.*

### **SF 561:**

To allow Iowa teaching hospitals to participate in a Family Medicine/Obstetrics fellowship program. Participating hospitals are eligible to apply for reimbursement for the cost of training and teaching the fellow.

*What incentives are given to keep a fellow in the area/district?*

*They have an agreement with some teaching hospitals (very broadly defined) where the fellowship is contingent on 5 years of service, in a needy region, once their medical degree is acquired. There are at least 4 teaching hospitals in Iowa interested in this program.*

### **SF 517:**

To allow adopted adults to add omitted parents to their birth certificate.

*If you do have comments you would like to share, please send them to Cassie or Joe.*

## **STRATEGIC PLAN**

Matt Highland, Chief of Strategic Operations

The strategic plan covers large transformational efforts, strategic priorities, and all the work they have in the agency.

The overarching plan begins with the major priorities, then below that are what items need to be focused on to meet these priorities. Then finishing it out by measuring the effectiveness.

This is accomplished with two-way communication, optimizing how the work is done, and with collaboration to help Iowa thrive. Inwardly we want to improve employee wellbeing and connectivity and advance out systems so that the work can be done more effectively accomplished. Outwardly we want to keep communities safe and improve their self-sufficiency.

We will publish the final versions in January.

Divisional Operational Plans will reflect what is being done on a daily basis in each division and we will be able to show the progress with the efforts we are taking.

We are also pushing to connect staff to the core values of their work and invest in our people. There is a loose timeline for these initiatives, ending in December of 2026.

## **CHILD WELFARE LEGISLATIVE PREVIEW**

Jane Harvey, Division Director of Wellbeing and Protection  
(Presentation attached.)

Child welfare, Child Care, and Foster Care.

The standard is to have at least monthly visits for foster care children. All states struggle to do this. We have been progressively pulling these numbers up.

It's been hard to keep a stable workforce. This is the largest reason for the difficulty meeting the requirements for monitoring these cases. The staff we have are being crushed by the large amounts of work. They are doing a recruitment plan with agreements for bonuses for employees to stay in the roll. This program will continue through June. With competitive markets, it is still hard to find staff. We are looking to hire on about 20 more. The other issue is need in specific counties that may be less desirable. They are looking for county specific strategies.

With our Family First Philosophy, we don't want a kid to be in long term care. There are reasons they get stuck. Shelters by design are supposed to be 20 days or less. We are down to 1 kid being in a shelter over a year. We need to make sure we have enough foster parents who are qualified and in the areas around the state where they are needed.

We also need to protect our staff. We are working on crisis support management and trauma support workgroups. The response from team members has made it clear that this is helpful and appreciated. Iowa has the most responsive child welfare response in the country. There are many instances where it maybe should be police taking the lead then moving into the child welfare, but our people are going out first. We shouldn't be sending our people out to threatening situations in the middle of the night.

Linn county has opened therapeutic foster homes where kids with challenges, that may not be able to move in with a family, can stay. There are currently 10 homes for this that are trained and receiving a daily payment. Mobile crisis response is prepared to help them, with a trauma plan in place specified to each child. 3 kids are in there now and 3 more are in the process of joining. This just started in November, so they are building slow to be sure we have the people who need it, and the people who are able and willing to help.

Our team needs legislative changes the adoption records disclosure law, so that within HHS we can share data with other divisions. Social workers do not have high enough security rating to gain access to the records they need when going into a situation.

Keeping on top of mandatory reporting training. It is required that all social workers attend a 2-hour training every 3 years.

- We want a "Warm" line... not just a hotline. This could be used for parents, foster parents, to hopefully prevent issues before they become something larger.
- Temporary Assistance for Needy Families (TANF) funds could help the relatives and keep siblings together as well as expedite opportunities for children to stay with families.
- C!A report is coming soon. Redesign for efficiency they currently have 30 business days to get an assessment. That is too long, the families need assistance right away.

## **STATE MEDICAL DIRECTOR'S REPORT**

State Medical Director, Dr. Robert Kruse presented on two new initiatives.  
PHAB Accreditation

- PHAB, or the Public Health Accreditation Board, is a nonprofit organization that aims to improve and protect the health of the public by advancing the quality and performance of public health departments. Accreditation by PHAB signifies that a health department has met a set of nationally recognized, practice-focused, and evidence-based standards.
- Importance of PHAB Accreditation:
- Quality Improvement- PHAB accreditation is a testament to a health department's commitment to continuous quality improvement. It ensures that our services are delivered efficiently and effectively, directly benefiting the communities we serve."
- Accountability- With PHAB accreditation, our health departments can demonstrate increased accountability to the public and policymakers. This is achieved by adhering to nationally recognized standards for superior service delivery."
- Performance Measurement- Accreditation involves using performance management and quality improvement tools. These are essential for identifying areas of improvement and tracking progress, ensuring that our departments evolve and adapt to new public health challenges."
- Credibility and Recognition- Achieving accreditation enhances a health department's credibility, showing our commitment to high standards. This recognition is crucial in maintaining the trust and confidence of our communities."
- Funding and Resources- Often, accredited health departments are preferred for certain government grants and other funding sources. This can be instrumental in securing the necessary resources to expand and improve our services."
- Collaboration and Partnership- The accreditation process encourages collaboration within the public health system. This leads to more coordinated efforts in addressing public health issues, benefiting the entire state of Iowa."
- Community Engagement- Lastly, PHAB accreditation demands active community engagement, ensuring that our services are not only high-quality but also responsive to the specific needs of our communities."
- Iowa HHS was accredited by the Public Health Accreditation Board (PHAB) in November 2018 as the legacy Iowa Department of Public Health. The Division of Public Health is in the process of applying for reaccreditation from PHAB.
- The Division of Public Health was granted a one-year extension for Public Health Accreditation from the Public Health Accreditation Board.
- The extension was requested as our state public health, human services, human rights, and aging agencies merged into a new agency: the Iowa Department of Health and Human Services, effective July 1, 2023.
- The merger has required additional time for agency strategic planning, review of policies and procedures, and staffing changes throughout the agency's table of organization.
- We are excited that we have this one-year extension as we work with our PHAB accreditation coordinator on continuing this process of reaccreditation.

#### HHS Incident Command System

- The Incident Command System (ICS) is a standardized approach to the command, control, and coordination of emergency response. It is a key component of the National Incident Management System (NIMS) and provides a common hierarchy within which responders from multiple agencies can be effective.
- In cases involving multiple agencies or jurisdictions, ICS allows for the creation of a unified command, which enables joint decision-making and management.
- ICS outlines a flexible yet consistent structure for incident management, regardless of the cause, size, location, or complexity of the incident. In cases involving multiple agencies or jurisdictions, ICS allows for the creation of a unified command, which enables joint decision-making and management.
- The Public Health Division has extensive experience in and receives federal public health and hospital preparedness funding to implement federal emergency response principles outlined by the National Incident Management System, or NIMS.
- The Public Health Division has been coordinating an HHS-wide effort to create and implement a combined HHS Incident Command System (ICS).

- The new HHS agency holds responsibility for ESFs or Emergency Support Functions 5 which is Volunteer Management, ESF 6 which is Sheltering and Mass Care, and ESF 8 which is Public Health and Medical and the Radiological Support Annex within the State Response Plan.

#### Public Health Infrastructure Grant

- I wanted to provide a very brief update on the Public Health Infrastructure Grant.
- This grant is to Support strategically strengthening public health infrastructure and systems related to workforce, foundational capabilities, and data infrastructure. This will:
  - Meet critical infrastructure needs.
  - Make strategic investments that will have lasting effects on public health.
  - Support larger investments to rebalance investments in public health in rural areas.
- We have had some additional new strategic hires related to this grant in the past few months.
- The public health infrastructure grant will provide funding to hire new staff to provide education and TA on the foundational capabilities, population health, workforce development, strategic planning and performance improvement.
- We have two new Population Health Advisors - Primary responsibilities will include:
  - Provide education and TA on the foundational public health capabilities.
  - Help guide statewide population health efforts.
  - Provide education and TA on population health to local public health partners.
  - We have also hire Planning and Performance Consultants - Primary responsibilities will include:
    - Provide education and TA on strategic planning and performance improvement efforts including assessments, work plans, reporting, and communicating progress.
    - We have hired two Workforce Development Consultants whose Primary responsibilities will include:
      - Provide education and TA on workforce development efforts including assessments, work plans, and reporting.
      - Identify or develop training opportunities to meet workforce needs.
- In addition to those roles, we have hired a Public Health Systems Workforce Project Manager. This Workforce Project Manager will lead the development and implementation of the public health system's workforce efforts.
- The workforce focus area will be to Build multi-discipline Public Health Support Teams made up of state staff to improve support for local public health.
- Our work moving forward will focus on population health - meaning organized efforts to promote behaviors and habits that can improve physical, mental, and emotional health for specific groups of people. And we plan to have additional positions in the spring to continue this work.

#### **DIRECTOR'S REPORT**

Director Kelly Garcia provided a brief update on a couple of items.

- She wanted to underscore the efforts that Director Harvey just outlined for us.
- Last year, the legislature made investments in this system and we're already seeing improvements a result.
- We have more work to do though – so you'll continue to hear more from us as we finalize the recommendations from the CIA report and more to come this session.

#### **Medicaid**

- A few weeks ago – Director Garcia and Medicaid Director Matney joined Governor Reynolds at Central Iowa Shelter Services (November 29) as Centene Foundation and Iowa Total Care announced new initiatives to create healthier communities by addressing housing and other social challenges.
- This really exemplifies our managed care promise and ties into our person-centered approach as people journey across the continuum of care.
- Medicaid announced a notice of intent to award dental care contracts November 13, to Delta Dental of Iowa and DentaQuest USA.

- The plans will begin providing services to Iowans July 1, 2024. Delta Dental of Iowa is a current provider of services.
- Iowa Medicaid leadership finished the last of 12 in-person events to gather information from members, providers, and stakeholders across the state to continue to shape the Health and Opportunities in Many Environments (HOME) waiver redesign project.
- More than 700 Iowans attended, including 19 members of the State Legislature.
- In November, Iowa Medicaid became the first state to cover thermal fuses for home oxygen users. The thermal fuse cuts off the flow of oxygen and drastically reduced the chance of a fatality in the event of a fire.

The fuse costs about \$4.50 each and each user needs two fuses – one at the concentrator and one just before the nasal cannula.

### **Public Health**

- Iowa's EMS provider certification system is now connected with the National EMS Coordinated Database. This connection establishes vital information sharing and allows more than 10,000 Iowa EMS professionals to practice in any of the 24 Compact states.

### **Facilities**

- Cherokee MHI leadership conducted a community town hall November 15 to discuss the sale of unused land surrounding the campus. There were approximately 150 attendees.
- We expect a final report on the State Training School (STS) sexual abuse investigation this week.
- Disability Rights visited the STS school where they noted concerns related to staff/restraints that have already been investigated by HHS and DIA. The court appointed monitor is re-reviewing.
- Hosted DOJ and Monitor visit to Glenwood Resource Center (GRC) and community transition sites December 12 to 15.
- Director Garcia will be on site with other leadership tomorrow at Glenwood talking with staff and guardians December 15.

### **Aging and Disability Services**

- Extended contracted activities with Sellers-Dorsey to assist with developing Iowa's Multisector Plan for Aging (MPA).
- The contract work will help determine priorities, create a timeline, develop and deploy a stakeholder survey, create an opportunity for public input, develop recommendations, and create the initial plan draft.
- The plan is scheduled to be complete by January 31, 2024.
- The final report for the 2020 Nutrition Innovations Grant to modernize Iowa's congregate meal program has been submitted. Notably, the addition of the Iowa Café restaurant partnership model increased overall participation by 112%, and increased participation 344% among those age 60 to 74.

### **Agency Wide**

- We hosted three roundtable conversations on specialized in November and December to discuss complex behavioral health needs of children. (We invited a broad range of professionals who work in all aspects of this system.) Strategic work will be taken from these meetings to create a system or systems to solve these complex issues.
- Three therapeutic foster homes are online and ready to serve children in Iowa. Each home can care for up to two children. HHS is currently working with Four Oaks to screen children referred for these six initial slots.

## **COUNCIL UPDATES**

Today was very informative, thank you (Kay Fisk)

Andrew Allen said he is encouraged by the innovations and collaborations HHS is taking on.

## **ADJOURNMENT**

A motion was made by Jack Wiley and seconded by Sam Wallace to adjourn the meeting. Meeting adjourned at 12:00 p.m.

Respectfully Submitted by:  
Laura Myers  
Council Secretary