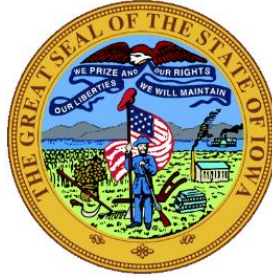


Iowa Mental Health Planning and Advisory Council

Chair: Teresa Bomhoff
Vice-Chair: Brad Richardson
Secretary: Vienna Hoang



If questions, please contact
Wendy DePhillips-
wdephil@dhs.state.ia.us
242-5881

The expense sheet claim
form for attending this
meeting can be
requested from Wendy.

“Serving the Mental Health Needs of Iowans”

Wednesday, March 16, 2022 - **Zoom meeting**

9 AM – Welcome to Everyone -Welcome to new members Linda Dettman, the rep from the Social Service State Agency
Roll call

Confirmation of Quorum (2/3 of 26 members = _18_ minimum needed to attend)

January 2022 minutes approval

Council approval

Nominations Committee - Vienna Hoang, Chairperson

Council approval

Report on attendance of members
2 vacancies for “individual in recovery”
3 vacancies for “parent of child with SED”
2 vacancies for “other”
Applications and recommendations for new members

Monitoring and Oversight Committee

Donna Richard-Langer, Chairperson

Children’s workgroup

Jennifer Robbins, Chairperson

The Children’s Mental Health State Board- <https://dhs.iowa.gov/about/mhds-advisory-groups/childrens-system-state-board>

Iowa Center for School Mental Health – <https://education.uiowa.edu/icsmh>

Professional development, outreach and consultation, research, clinical, neurologists

Iowa Center for Excellence in EBP’s (Evidence Based Practices)- U. of Iowa

Public Safety workgroup (*Prevention-Intervention-Treatment-Enforcement*)

Brad Richardson

Feb. 9 Court Monitor’s report for the Boy’s State Training School rec’d 5-18-21

Power point presentation sent to IMHPC members – DHS report to Health & Human Services committee

11AM to Noon - the **Iowa Peer Workforce Collaborative**

Kelly McCrory, Program Manager

12:00 – 12:30 Lunch

12:30 – 1:30 – **Disability Rights Iowa**

Catherine Johnson, Executive Director

1:30 – 3:00 - MHDS Update – Highlight Agenda Pages for attendees, legislative update

Theresa Armstrong

3:00 – 3:15 – Public Comment

3:15 – Adjournment next meeting Wednesday, May 18, 2022

9 AM to 11:30 AM– IMHPC meeting

12:30 PM to 4:30 PM – Co-meeting with MHDS Commission

Liz Matney – Medicaid Director

State Representatives and Senators assigned to the IMHPC Council and MHDS Commission

IMHPC – Rep. Ann Meyer (R)- Fort Dodge, Rep. Bob Kressig (D) – Blackhawk Co and Senator Nate Boulton (D), DsM

MHDS Commission - Senator Jeff Edler (R)-Marshall Co, Senator Sarah Trone Garriott (D) – Polk Co., Rep. Dennis Bush

– (R)- Cherokee Co, Rep. Lindsay James (D) - Dubuque

2022 Iowa Mental Health Planning Council Calendar of Events

Wed., January 19	IMHPC meeting	Zoom
Wed., March 16	IMHPC meeting	Zoom
Wed., May 18	9 AM to 11:30 AM – IMHPC meeting 12:30 PM to 4:30 PM – Co-meeting with MHDS Commission	Zoom
Wed., July 20	IMHPC meeting	Zoom
Wed., September 15	IMHPC meeting	Zoom
Thursday, October 20	9 AM to 11:30 AM - IMHPC meeting 12:30 to 3:30 PM - Co-meeting with MHDS Commission	Zoom
Wed., November 16	IMHPC annual meeting – Election of officers	Zoom
Dec. 1, 2022	Annual Implementation Report for MHBG for SFY22 due to SAMHSA - the state reports on progress on the priorities identified in the state's MHBG and SABG plan submitted and reports annual maintenance of effort (MOE) and child set aside expenditures	

Monitoring and Oversight Committee

2021 MHPAC Recommendation 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.
2. Funding of peer run organizations
3. Refugee and other marginalized populations mental health assistance

Iowa

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

There are 3 pots of MHBG funds

2021 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

2021 CARES Act-Total MHBG allotment-**\$6,480,000** minus 10% FEP \$648,000 and 5% Crisis Services \$324,000 leaves \$5,508,000.

\$5,508,000 -will be issued through remaining contracts 5% administrative expenses \$275,400

\$6.48 M – 2 yrs to spend – we have this money from **March 2021 through March 2023** – **we received the spending plan** 5-17-21

2021 - American Rescue Plan - SAMHSA plan request - **\$11.2 M** – Sept 2021 receipt of \$ - **4 years to spend –till Sept 2025**

- *additional Covid mitigation dollars - \$385,380 also received to be distributed to CMHC's for testing, PPE, etc.

7-12-21–IA's Medicaid American Rescue Plan Act (ARPA) HCBS Spending Plan & Narrative rec'd fr Liz Matney, Medicaid Director
Listening sessions for clients and providers on Medicaid occurring in Sept.

FY 22-23 MHBG Priorities – [MHBG FY22-23 Assessment and Plan-final.pdf \(iowa.gov\)](#)

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.

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

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

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.
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

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

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

Year 2 - The Center of Excellence will provide training and technical assistance to stakeholders and providers on DHS-approved EBPs.

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

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.

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

Pg. 76-77 - explanation of how funds to be spent

FY 22-23 - SABG application - <https://idph.iowa.gov/substance-abuse/block-grant-reports>

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

Baseline - Development of RFP

First Year Outcome - By the end of year one, IDPH will contract with two contractors to implement Recovery Housing Community Centers

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

Priority #3 – Primary Prevention - Increase Iowa'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 who have 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 and 6 peer support trainings

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

Director of MHDS and Interim Director of IDPH – Director Kelly Garcia

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

MHDS Community Division Administrator – Marissa Eyanson

MHDS 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

Glenwood Resource Director: Marsha Edgington

Woodward Resource Center Director: Marsha Edgington

Boy's State Training School Director: Jason Sodders

Dept. of Justice lawsuit -DHS presentation to Health & Human Services Budget committee on 2-2-22

Facilities and Community Integration report to HHS Budget Subcommittee 2-2-22

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

F.U. - 2nd report from Lawsuit – progress made – and – where are we going with this process

DOJ Resource Center Investigation: <https://dhs.iowa.gov/do> 2 consent decrees are in process

Iowa Medicaid Director: Liz Matney

11-2021 Medicaid Updates Liz Matney, Director of Iowa Medicaid Enterprise (IME), introduced herself starting this new position in June 2021.

Director Matney shared that IME is going under a reorganization of staff and adding on more specialized staff. IME currently has 4 bureaus, and these bureaus will be reorganized, potentially split. IME has developed a Strategic Plan for this reorganization identifying the following primary buckets for work: identify and mitigate program gaps, shift mindset from compliance with rules to the outcomes we want to drive to, increased transparency in program development and performance, and modernizing IME operations. Director Matney also shared that IME is establishing a plan to unwind some of the public health emergency statutes.

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

HCBS Waiver and Health Home Policy: LeeAnn Moskowitz

Policy for Mental health, behavioral health, substance use disorder and state plan programs: Hannah Olson

Medicaid plan for use of ARPA funding to support HCBS

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

o Expand access to services

- Starting a large systems behavioral health, aging and disability services evaluation study – awarded to Mathematica
- Targeted case management assistance with waiver wait list screening
- Pilot project for serving children with neurobehavioral needs in a facility
- Pilot project for serving children with behavior health needs in a facility
- Pilot project for therapeutic foster homes
- Technology grants

o Workforce support

- Direct care registry
- Recruitment/retention provider payments

Project managers hired:

Diane Williams – Medicaid projects

Victoria – MHDS facility projects

Shelly Horak – strategic planning with Regions – DHS social determinants of health workgroup

CMHC contracts – Julie Maas in charge

Community Integration Initiative: https://dhs.iowa.gov/news_initiatives/community_integration_strategic_plan

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>

DHS Strategic Plan – June 2020 (17 pages)

<https://mydata.iowa.gov/Accountable-Government-Act/Iowa-Department-of-Human-Services-FY-2019-2021-Str/reyp-7kn4>

Project Plan Summary – Iowa Health and Human Services Alignment Assessment – Aug 21

[IA DPH DHS Alignment Assessment \(iowa.gov\)](#) – Public Consulting Group is the contractor hired for this project

The goal is a one agency structure. HHSAlignment.iowa.gov

Connection Points Report – 8-30-21 – Iowa DPS and DHS Alignment Report - [PCG Report Template Blue \(iowa.gov\)](#)

Change teams are working on more of the details (*list the names of the different change teams and what the next report will be about*)

“Preliminary Change package” report from the consultant is now available – [HHS Alignment website](#). stakeholder meetings set

A summary of the stakeholder meetings was posted on the HHS website.

Functional organizational chart being developed – based on tasks/work needed (*not a people organizational chart*)

Iowa Mental Health Planning Council - To find copies of presentations and other information – go to:

[Mental Health Planning and Advisory Council | Iowa Department of Human Services](#)

MHDS Commission - To find copies of presentations and other information, go to:

[Iowa's Mental Health and Disability Services Commission | Iowa Department of Human Services](#)

MHDS Commission – [1284044.pdf \(iowa.gov\)](#) – Commission 2021 Annual Report

SF524 **Inpatient bed tracking committee**–Erin Cubit and Marissa Eyanson to chair–no mtgs through Oct–public can attend

Meetings on 7-27, 8-24, **9-28** and final meeting **10-22**. Looking at increased pay due to acuity? How do we enhance the system to better identify beds available

<https://dhs.iowa.gov/mhds/community-integration>

Part 2 report will be done in 2022 to address the 3 recommendations in the report indicated above

Infonet newsletters:

<http://www.infoniowa.org>

MHDS Regions website: [Iowa MHDS Regions](https://www.iowaruralworkforce.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.

<https://www.iowaruralworkforce.org/> - 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

- Increased ARNP's 146 to 216
- Increased PA's 20 to 46
- Psychiatrists – 237 down to 223
- Child psychiatrists 35 down to 32
- Psychologists from 564 to 529
- Primary care doctors 6294 to less than 5927
- How many training locations do we now have?

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

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

Mason City- Mercy psychiatric residency program – 2 psychiatry graduates in ?

U. of Iowa psychiatric residency program –9 psychiatry graduates per year

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

Aspire Grant received – TA on supported employment – working with Leeann Moskowitz (Medicaid HCBS Waiver and Health Home Policy)

Vienna Hoang is a leader in this program (member of Council)

Iowa receives federal assistance to expand IPS employment program

The U.S. Department of Labor has selected seven states, including Iowa, to participate in its Advancing State Policy Integration for Recovery and Employment (ASPIRE) initiative. The program aims to align state policy and funding to increase competitive integrated employment for individuals with mental health conditions. a "recovery while working" philosophy. In 2020, Iowa received technical assistance from the Office of Disability Employment Policy to craft a funding model for the delivery of IPS services. Now, through ASPIRE, **Iowa will provide technical assistance to three more IPS teams by 2022.** Ongoing expansion is planned so that each of the Human Services Department's 14 Mental Health and Disability Services regions in Iowa has access to an IPS team. In Iowa, the initiative involves a leadership team of multiple state agency representatives, people who have lived with mental health conditions and their family members, and providers of employment services. To learn more about MHDS' efforts to increase employment for people with disabilities, visit the [DHS website](#).

Iowa's IPS trainer and fidelity monitor was hired – Sherry Becker

Hope Haven (Burlington) **Robert Young** (Jackson, Clinton, Cedar and Muscatine counties) **Vera French** (Scott county)

Kick-off meetings held Dec-Jan – lots of momentum

Find a complete list of **substance abuse providers** at: <https://idph.iowa.gov/substance-abuse/treatment>

Private mental health providers – whether an individual practicing alone, or a group of providers in a practice together. MH/DD Accredited Provider list can be found at:

https://dhs.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>

12 CCBHC's – they receive \$1M/yr for 2 years (some difference)

Desired outcome is to provide services that enable clients to maintain their level of functioning over a length of time

- other desired outcomes need to be determined

Services are individually based – coordinate services for the whole person

Intensive Psychiatric Rehabilitation utilized

Have competitive salaries for staff

Some are adding urgent care

Increasing peer support and services

CCBHC is like a CMHC on steroids

There are 12 providers in Iowa receiving federal grants for CCBHC:

Abbe Center

Seasons Center,

Eyerly-Ball

Berryhill,

Hillcrest

Plains Area,

Robert Young

Elevate Housing Foundation

Heartland Family Services

Community Health Center-Leon

Prairie Ridge – Mason City

Pathways – Bremer county (outside of Waterloo)

2022 - Another round of funding/applications anticipated

Who are new applicants for CCBHC grants?

Southern Iowa MH Center

Children's State Board – will start meeting every other month

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

Children's Board **2021** Annual Report - [Children's Behavioral Health System State Board Annual Report \(iowa.gov\)](#)

Therapeutic classroom grants awarded to 6: Ames, Clinton, Eastern Allamakee, Hinton, Mt. Pleasant, and Washington - In determining awards, equity across small, medium and large districts, distribution across [Iowa's Mental Health and Disability Services \(MHDS\) regions](#), the total number of students to be served and planned collaboration between districts, Area Education Agencies (AEAs) and community mental health providers were taken into consideration. Proposals submitted by the six awarded districts will serve nearly 150 pre-K-12 students and will expand mental health supports for youth across five of the state's MHDS regions and six of the AEA regions. Grants distributed August 2021, for implementation during the 2021-2022 school year. South Central Iowa without a grant and needing assistance.

First Episode Psychosis Navigate model – other names

ESMI – is the acronym for Early Serious Mental Illness

Restore – Eyerly Ball

FERST - Abbe Center

Harmony -Siouxland MH Center

New program will be at Prairie Ridge

[Iowa's Helping Community Workforce](#) – Tammy Nyden and Charlie Bruner – [contact for an update](#)

[Build Back Better Plan \(Biden\)](#)

\$6.5B for 100,000 public community health workers – add'l child care

\$775B over 10 years – increasing size, compensation,

GEER 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. **Awards?**

COVID Plan Funding - \$6.48 M – has to be spent by March 2023

Off the top: 5% for crisis services, 10% for First Episode Psychosis teams

1. Peer Run organizations – awarded 4
2. Statewide survey of system assessment – analysis of behavioral health service relating to justice related services (*Medicaid also released an RFP for the same type of assessment – so their information will be utilized to determine where \$ needs to be spent*)
3. Some services identified in the study will receive funding
4. Those with SMI and Homeless: 7 PATH programs across the state. Monies not for rent or a home, but rather for assistance with legal documentations and applying for SSI.
5. Systems of Care (SOC) Funding 2 more programs. \$135,000 per year - \$ to help kids who have SED but not Medicaid and need wrap-around services. An RFP was issued. Grantees are Orchard Place (exp to Dallas & Madison) and Ellipsis (other counties)
6. Extend Covid Recovery Iowa when FEMA funds end. \$1.926 million. Dec. 9 was going to be the final day, but a 90 day extension has been applied for-rec'd extension
7. Center of Excellence for Evidence Based Practices. Monitors fidelity of EBP's. RFP is out on the Bid opportunity website.
8. 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.

MHDS 22-026 Peer Operated Services – RFP -cancelled after bids received 10-15-21 - 2nd RFP done with results below.

<https://bidopportunities.iowa.gov/Home/BidInfo?bidId=39b11b7a-1386-490a-854a-ccee0a6ccb5e>

Anticipate executing four (4) contracts of \$300,000 each, with an eighteen (18) month contract term with the option of two (2), one-year extensions of \$200,000 each, dependent on funding. Bidder Eligibility Requirements 1) Bidder must be a Peer-operated organization. Bids due 10/15/2021 – no one received funding although one met the eligibility requirements. DHS re-issued the RFP with a revised description of a peer run organization

Bidder Eligibility Requirements in 1st RFP - Bidder must be a Peer-operated Organization.

Bidder Eligibility Requirements in 2nd RFP

✚ **Freedom Pointe of Greater Webster County- Wellness Center**

✚ **Iowa Peer Network- Statewide Peer Support Network** - This is a brand-new peer operated organization that will finalize the steps to become an operational business. It is not connected with the peer training contract nor the U of IA. Sara Knox and Jennifer Day are the founders of the business and are peer support specialists with a range of experience.

✚ **Life Connections Peer Recovery Services- Peer-Operated Respite only**

✚ **NAMI Johnson County- Wellness Center**

Peer run organizations prior to RFP were:

Life Connections – Dewitt – will have trained 60 WRAP facilitators – by June – Todd Noack

Jason Orent – Plugged in Iowa

Randy Hoover – Freedom Pointe

Contracts awarded - Projects for transition from homelessness (PATH) -6 contractors – Abbe Center in Cedar Rapids and Iowa City, Vera French (Davenport), Hillcrest in Dubuque, Heartland in Council Bluffs, Primary Health Care in DsM, BlackHawk-Grundy in Waterloo

Systems of Care RFP

two (2) contracts to provide team-based care coordination and supportive services through the Integrated Health Home model to children and youth with a serious emotional disturbance up to age 18 who are not eligible for Medicaid but qualify for Integrated Health Home services due to a current mental health diagnosis and associated functional impairment. Contract will have an initial 18-month contract term with the ability to extend the contract for two (2) additional 1-year terms dependent upon available funding. The Agency will have the sole discretion to extend the contract.

Oct. 13 – proposals due Nov. 10 - awards – Orchard Place for Madison and Dallas counties **and Ellipsis** -Jan. 1 – contract start date

COVID Recovery Resources - [COVID Recovery Iowa](#) -Iowa Concern, Warm line, Spanish line, free virtual counseling and Facebook and other social media activities – to be available till 12-9-21 (FEMA funds) – will be available until December 9, 2021 – we can apply for another 90 day extension (warm line recorded over 1441 calls state-wide in August – new record) **90 day extension granted to March 9**- have sent in application for another 90 days. Have 90 days worth of funding set aside, too.

On November 19, the Iowa Department of Public Health released an RFP to establish **Recovery Community Centers** across the state of Iowa. IDPH is looking to award up to \$250,000 annually to each awarded organization (up to four) for a period of six years. This funding will help with the establishment of community centers geared specifically at offering support for individuals recovering from a substance use disorder. If this is a project you or your organization would be interested in pursuing, please see the RFP at iowaGrants.gov. <https://www.iowagrants.gov/insideLinkOpps.jsp?documentPk=1637162268383> – applications due by Jan. 5.
Awardees?

MHDS 22-027 Center of Excellence for Behavioral Health

The purpose of this Request for Proposal (RFP) is to solicit proposals that will enable the Department of Human Services (Agency) to select the most qualified Contractor to develop one **Center of Excellence for Behavioral Health**. **The U. of Iowa was awarded the grant.**

The Contractor shall provide training, technical assistance, and fidelity monitoring for entities responsible for developing and implementing Evidence Based Practices (EBPs) for individuals with a Serious Mental Illness, Serious Emotional disturbance, and Co-Occurring Conditions in Iowa.

The Agency anticipates executing one (1) contract of \$950,000 with an initial eighteen (18) month contract term with the ability to extend the contract for two (2) additional 1-year terms, with a maximum of \$625,000 per contract depending on funding.

The Agency will have the sole discretion to extend the contract. Eligible bidders must meet at least one of the following requirements:

- 1) At least two years of experience providing technical assistance for behavioral health services in Iowa
- 2) At least two years of experience providing training or fidelity monitoring for one of the following EBPs:
 - a) Assertive Community Treatment
 - b) Individual Placement and Support
 - c) Permanent Supportive Housing

U. of Iowa
Peer training contract - National Resource Center for Family Centered Practice with subcontractor – Life Connections

Iowa Center for School Mental Health
BEST Conference was held the first week of November and was very successful with 1,600 attendees

The American Rescue Plan - \$11.198 million – monies need to be spent by 2025.

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 – to IDPH and DHS – meetings April to Sept – large group of stakeholders – plan of action to be determined. **Transition to be complete by 7-16-22.** The National contractor is Vibrant Emotional Health. Final report being submitted Jan 2022

- The state will be working closely with the two Iowa lifeline crisis centers, Foundation 2 and CommUnity, to develop an analysis of how the crisis centers interact with local crisis services
- A coalition has been formed to develop Iowa’s Implementation Plan which will include:
 - creating a structure for integration of 988 into the existing crisis care continuum of funding and communication strategies
 - and **capacity building** to increase the call numbers that are answered in state
 - Stakeholder Report due October to Vibrant.
- The final implementation plan is due to Vibrant and SAMHSA by December 31, 2021
Iowa will receive \$933,000 grant to implement 988 plan. Iowa awarded \$250,000 to develop curriculum on children in crisis & LGBTQ+ populations and have in person training.

Final draft of report done.
Last meeting 1-12-22
<https://dhs.iowa.gov/mhds/crisis-services/988-planning-grant>

Mobile crisis response (part of American Rescue Plan)

Section 9813 – State Option to Provide Qualifying Community-Based Mobile Crisis Intervention Service

Iowa did not apply for the funding

The Medicaid Plan for ARP includes money for training in crisis services.

- This option becomes available on the first day of the first fiscal quarter one year after enactment of the statute. It is available for five years after that date.
- Defines in statute “qualifying community-based mobile crisis intervention services.” They are:
 - Furnished to a Medicaid-eligible individual who is outside of a facility setting and experiencing a mental health or substance use disorder (SUD) crisis
 - Furnished by a multidisciplinary crisis team that includes at least one behavioral health care professional who can conduct an assessment under the state’s scope of practice laws, along with other professionals such as nurses, social workers, peer support specialists, and others trained in and able to provide trauma-informed care, de-escalation, stabilization, and coordinates and makes referrals to other health and social services
 - Is available 24/7 annually
- For the first 12 quarters of this provision’s effective date, FMAP for these services is set at 85 percent, unless the state would ordinarily receive a higher FMAP.
 - These funds must supplement, and not supplant, the level of state funds expended for such services for the fiscal year preceding the effective date of this section.
 - States providing such services prior to this section’s effective date in a geographic region within the state must continue doing so for each month in which the state claims the 85 percent FMAP.
- \$15 million is appropriated for state planning grants to support development of an appropriate authority submission to implement these services.

• See [ARP mobile crisis provisions - final.pdf \(mhanational.org\)](https://www.mhanational.org/wp-content/uploads/2021/05/ARP-mobile-crisis-provisions-final.pdf)

<https://thinkculturalhealth.hhs.gov/assets/pdfs/resource-library/clas-standards.pdf> HHS Office of Minority Health

Behavioral Health Implementation Guide for the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care

Suicide and Opioid Deaths

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			
229	2021	517	As of 12-30-21			
2020-2021 data is preliminary and is subject to change						

From Sept OCTF minutes

June Klein Bacon shared that the Brain Injury Alliance has noticed that the Center for Medicaid and Medicare Services stay of continuation on HCBS waiver services ended in July and that they have seen assessments begin again. This has resulted in a reduction of service hours or a cancellation of waiver services due to dramatic changes in assessments. Upon review, it was determined that the Mayo Portland assessment was done incorrectly and did not include diverse input from families and providers and there is no oversight of the Mayo Portland assessment. The Brain Injury Alliance requested that DHS review this issue.

Need to get an update on the situation.

2021 legislative priorities were:

- #1 - Expand MH Workforce
- #2 - Pursuit of Health Equity
- #3 - Extending Actions from the Pandemic
- #4 - Integrate DHS & IDPH