

**Mental Health Planning Council**  
**March 16, 2022, 9:00 am to 3:15 pm**  
**Zoom**  
**Meeting Minutes – Approved 5/18/22**

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**MENTAL HEALTH PLANNING COUNCIL MEMBERS PRESENT:**

Barb Anderson (designee for Jim Donoghue)	Todd Lange
Mavis Anema	Megan Marsh
Teresa Bomhoff	Ed Murphy
Sen. Nate Boulton	Hannah Olson
Rachel Cecil	Jennifer Robbins
Linda Dettmann	Kristin Roof
Jen Gomez	Dr. Shaad Swim
Kris Graves	Heather Thomas
Kyra Hawley	Michele Tilotta
Theresa Henderson	
Michael Kaufmann	

**MENTAL HEALTH PLANNING COUNCIL MEMBERS ABSENT:**

Kenneth Briggs	Donna Richard-Langer
Jacquie Easley	Brad Richardson
Vienna Hoang	
Anna Killpack	
Rep. Bob Kressig	
Rep. Ann Meyer	
Katie McBurney	

**OTHER ATTENDEES:**

Jenny Carrell	Todd Noack
Wendy DePhillips	Libby Reekers
Catherine Johnson	Flora Schmidt
Heaven Lorenz	
Kellee Thorburn McCrory	

**Materials Referenced:**

*January 19, 2022, IMHPC Meeting Minutes - DRAFT*  
*March 16, 2022, Agenda*  
*Iowa Peer Workforce Collaborative PowerPoint Presentation*  
*Disability Rights Iowa PowerPoint Presentation*  
*MHDS Update 3-11-2022*

**Welcome and Introductions**

Teresa Bomhoff called the meeting to order at 9:03 am. Teresa led introductions of IMHPC members and attendees. Quorum was not established at any point in the meeting.

## **January 19, 2022, Meeting Minutes Approval**

Quorum was not established at any point in the meeting, so this agenda item was skipped.

### **Committee and Workgroup Reports**

#### Nominations Committee

Teresa Bomhoff noted that there were currently seven vacancies on the Iowa Mental Health Planning and Advisory Council, two individuals with lived experience, three parent or guardian of a child with SED, and two openings for individuals in the “other” category. There was discussion regarding a potential candidate for one of the openings for an individual with lived experience. Information about the application process was shared, and members were encouraged to let the nominations committee know if they had recommendations or knew of individuals who were interested and a good fit for one of the open positions.

#### Monitoring and Oversight

Teresa Bomhoff provided a brief overview of the purpose and duties of the Monitoring and Oversight Committee including that it is one of two mandated committees and is responsible for reviewing contracts that receive federal Community Mental Health Block Grant (MHBG) funds, noting that the Mental Health Planning and Advisory Council is responsible for providing oversight for the MHBG, advocate for adults with Serious Mental Illness (SMI), children with Serious Emotional Disturbance (SED) and their families, as well as monitor, review and evaluate the allocation and adequacy of mental health services in the state.

Heather Thomas shared that the Monitoring and Oversight Committee recently reviewed the Systems of Care (SOC) contracts. There are five contractors for Systems of Care, Orchard Place, Four Oaks, Tanager Place, the University of Iowa, and Ellipsis, a new contract, which is the merger of YESS and Youth Homes of Mid-America. Heather noted that SOC is a cross-system spectrum of effective community-based services for kids and adolescents who are at-risk for physical, emotional, intellectual behaviors, developmental and social changes. The service is for children in need to age 21 who are not eligible for Medicaid funded Integrative Health Home (IHH). The five contracts are not identical but are similar. Deliverables include monthly contact, wrap-around family team meetings, as needed, flex funds, collaboration with stakeholders, families, and local planning, and administration of a standardized functional assessment. However, the assessment is not the same across the contract providers. Families are also offered a satisfaction survey. Data is entered into the children’s mental health data system. The committee saw no concerns with being on track for the budget or with the quarterly reports from the contractors. One of the barriers or challenges in reaching contract outcomes is that families need to be moved out of SOC services if they no longer receive or meet the case management component, but some families don’t want to be discharged. Connecting families with community resources upon discharge is also a noted challenge or barrier. There have been successes seen with the SOC program including one family being able to keep their child out of a Psychiatric Medical Institution for Children (PMIC) by receiving services at home, and another family was able make a successful transition from inpatient to home. The committee has no concerns currently.

Heather noted that the committee is also working on recommendations for the MHBG to bring to the Planning Council which include mental health workforce, provide needed services in the aging population, and all SOC contractors use the same standardized functional assessment. There was discussion about the two priorities not met with the last block grant plan. There was also discussion regarding assistance for refugee populations, which was a recommendation given to DHS for the extra block grant dollars. Having EMBARC present to the Planning Council would be a good future presentation. There was discussion regarding the four peer-run organization contracts recently

awarded. These are three-year contracts with grant dollars going into SFY2025. There was interest in having the four peer-run organizations present in July on the work they are doing with grant funds.

There was discussion regarding Community Support Services and how it could be used to assist with the older population as well as the barriers to this option.

Todd Noack provided public comment regarding a United Way program called CIRCA which uses federal grant dollars to hire individuals with lived experience who have also been imprisoned to provide peer services within the correctional system and follow inmates due for parole up to a year post-release.

### Children's Workgroup

Jennifer Robbins reported that the Children's Behavioral Health System State Board met on March 9<sup>th</sup>. A large focus of this meeting was on the strategic plan for the Board and committee work that needs to be done. MHDS Regions are working on evidence-based practices, but Iowa Administrative Code doesn't really address EBPs for children. Regions are having discussions regarding looking at practices that need to be geared towards children. Some of the evidence-based practices that MHDS Regions are responsible for include Permanent Supportive Housing, Illness and Recovery Management, Serious Intense Targeted Case Management, and Assertive Community Treatment. The MHDS Regions are also working on getting children's crisis services up and running. A lot going on with public education and prevention with many regions implementing programs like Sesame Street, and trainings targeting teachers and educators. There was discussion regarding the current allocation of the MHBG (70% to CMHCs, 25% to state contracts and 5% for administration) and looking at if this could be changed. There was discussion regarding Medicare and commercial or private insurance limitations.

### Public Safety

Teresa Bomhoff indicated that the Brad Richardson who is the Chair of this committee was not present to give an update and suggested that a future goal of the workgroup could be to get more peer programs within the correctional and emergency systems.

### **Review of Agenda Information**

Teresa Bomhoff reviewed the agenda document, noting that the additional pages of the agenda contained important links and information for tracking and informational purposes. This information also included information regarding the FY22-23 Mental Health Block Grant and Substance Abuse Block Grant Priorities, which were reviewed and discussed regarding possible updates.

There was discussion regarding a learning management platform that is in development that will provide resources, support to providers on how to train staff, depository of trainings to help providers with organizational structure and management. It was mentioned that MHDS Regions are working with the Mental Health Technology Transfer Center (MHTTC) to develop a training platform as well. It was noted that learning management platform referenced earlier is not the same as the Relias online training platform noted in a joint priority of DHS and IDPH.

There was discussion regarding a new grant is forecasted for Certified Community Behavioral Health Clinics, noting that it was a highly competitive grant and current recipients are not guaranteed to receive the grant again. More information can be found on the Substance Abuse Mental Health Service Administration (SAMHSA) website.

### **Iowa Peer Workforce Collaborative Presentation**

Kellee McCrory, Training Director, National Resource Center for Family Centered Practice, University of Iowa School of Social Work, presented a PowerPoint on the Iowa Peer Workforce Collaborative and the work that has happened since the contract was awarded.

There was discussion regarding how the MHDS Regions can market and incentivize peers to complete training. Kellee noted that if individuals wanted to be added to the Listserv for the Iowa Peer Workforce Collaborative to send her an email [kellee-mccrory@uiowa.edu](mailto:kellee-mccrory@uiowa.edu) and she would add them.

There was discussion regarding the Linn County Stepping Up program and the possible goal of integrating peers into the program and have them go into jail facilities to provide services. The CIRCA program was referenced as well as conversations with the 6<sup>th</sup> Judicial District, and the barriers to this goal at this point. There was discussion regarding having peers in all the access centers. An example was given regarding a peer providing services through the crisis line in their area. There was discussion regarding Youth Mental Health First Aid and Adult Mental Health First Aid.

### **Iowa Mental Health Planning and Advisory Council broke for lunch from 11:56 a.m. to 12:30 p.m.**

### **Disability Rights Iowa Presentation**

Catherine Johnson, Executive Director, Disability Rights Iowa (DRI), presented a PowerPoint on the vision for DRI and the services they provide.

There was discussion regarding the who can contact DRI with a complaint or concern regarding a facility. It was noted that the person can be a resident, staff, parent, or family member, and that they can also remain anonymous as well. DRI has the authority, as the protection & advocacy agency for the State of Iowa, to go into any facility at any time. There was a discussion regarding voter education and voting barriers for individuals with disabilities.

### **MHDS Update**

Planning Council members took turns reading the information from the MHDS Update 3-11-2022 document that was shared with Council as MHDS staff were unable to attend to present. There was discussion regarding the Iowa Department of Public Health Request for Proposal. There was discussion regarding an RFP issued by IDPH for Recovery Community Centers, which is like what DHS did for peer-operated services. Applications for the RFP were due 3/11/2022 with an anticipated award announcement date of 4/8/2022.

### **Public Comment**

No comment.

### **Adjourn**

The meeting was adjourned at 2:00 p.m.