

2022 Iowa Mental Health Planning Council Calendar of Events

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|-----------------------------|--|-------------|
| 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 – 4 peer run organizations presentation, Maggie Ferguson IDPH Brain Injury and Disability Program Manager maggie.ferguson@idph.iowa.gov | 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 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.
2. Funding of peer run organizations
3. Refugee and other marginalized populations mental health assistance

2022 MHPAC 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

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

2021 – there are 3 pots of money

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 with **5%** for administrative expenses \$275,400

\$6.48 M – 2 yrs to spend – we have this money from **March 2021 through March 2023** –

✓ **Peer Run organizations** – awarded 4

- **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**

- ✓ **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*)
- ✓ 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 documentations and applying for SSI.
- ✓ **Systems of Care (SOC)** Funding 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)
- ✓ 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
- ✓ **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.

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 2021 and had 1600 attendees
 \$1.8 M to expand MH training and rural outreach
 Center of Excellence

- ✓ **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.

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

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

\$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 – final draft of report done – last meeting 1-12-22 - <https://dhs.iowa.gov/mhds/crisis-services/988-planning-grant>

Live nationwide July 16, 2022.



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](#) 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.

[S.2938 - 117th Congress \(2021-2022\): Bipartisan Safer Communities Act | Congress.gov | Library of Congress](#)

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 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 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 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

Iowa Medicaid Director: Liz Matney (hired 6-21)

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

IHHS – Director Kelly Garcia [HHS Alignment website](#)
IHHS Consultant RFP – Public Consulting Group, Boston, MA

Regional Consultants – consultants are now Don Gookin and Rob Aiken

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

CFO for IHHS – Jess Benson

Glenwood and 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

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

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

MHDS Regions website: [Iowa MHDS Regions](#)

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

Infonet newsletters: <http://www.infonetiowa.org>

Children's State Board – meet every other month

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

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>

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

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.

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?**

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](#)

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

New program will be at Prairie Ridge

Iowa's Helping Community Workforce – Tammy Nyden

Aspire Grant - TA on supported employment - working with Leeann Moskowitz (Medicaid HCBS Waiver and Health Home Policy) and Vienna Hoang

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)

| 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 | | | |
| 88 | 2022 | 203 | As of 5-31-22 | | | |
| | | | | | | |
| 2021-2022 data is preliminary and is subject to change | | | | | | |

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