

**Mental Health Planning Council**  
**September 21, 2022, 9:00 am to 3:00 pm**  
**Zoom**  
**Meeting Minutes – Approved 10/20/2022**

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**MENTAL HEALTH PLANNING COUNCIL MEMBERS PRESENT:**

Teresa Bomhoff	Rep. Bob Kressig
Sen. Nate Boulton	Todd Lange
Kenneth Briggs	Megan Marsh
Rachel Cecil	Ed Murphy
Linda Dettmann	Donna Richard-Langer
Jim Donoghue	Brad Richardson
Jen Gomez	Jennifer Robbins
Kyra Hawley	Kristin Roof
Theresa Henderson	Dr. Shaad Swim
Michael Kaufman	Michele Tilotta

**MENTAL HEALTH PLANNING COUNCIL MEMBERS ABSENT:**

Kris Graves	Rep. Ann Meyer
Vienna Hoang	Hannah Olson
Anna Killpack	Heather Thomas
Katie McBurney	

**OTHER ATTENDEES:**

Theresa Armstrong	Janna Lehman
Cody Crawford	Patti Manna
Wendy DePhillips	Devon McClurken
Brenda Easter	Caitlin Owens
Maggie Ferguson	Jim Pender
Torie Keith	Libby Reekers
Rose Kim	Flora Schmidt

**Materials Referenced:**

*July 20, 2022, IMHPC Meeting Minutes - DRAFT*  
*IMHPC September 21, 2022, Agenda Attachment*  
*Recovery Efforts of Iowa Infographic 6.21.22*  
*Brain Injury Program PowerPoint Presentation*  
*Brain Injury Program Logic Model*  
*NeuroResource Facilitation Child Welfare Collaborative Pilot Project: Process Map 7.2022*  
*Brain Injury State Plan 2021-2026*  
*Iowa Department of Health and Human Services Draft Table of Organization*  
*SFY2021 MHDS Regions Statewide Dashboard, SFY2022 Q4*

**Welcome**

Teresa Bomhoff called the meeting to order at 9:07 am. Quorum was not established at any point during the meeting.

## **Review and Approval of Meeting Minutes**

Quorum was not met during the meeting. Approval of the July 20, 2022, meeting minutes will be pushed to be an agenda item at the next Planning Council meeting on October 20, 2022.

## **Discussion on Meetings (Face-to-Face vs Hybrid vs Zoom)**

Todd Lange indicated that he wanted to ensure that there always be a virtual Zoom option available for all meetings, even if the meeting is scheduled to be in-person. Todd noted that it is difficult to commute to meetings at times, and the Zoom option is beneficial for those unable to travel.

## **Committee and Workgroup Reports**

### Nominations Committee

Wendy DePhillips indicated that Vienna Hoang, who was unable to attend, had sent her an update on the status of the Nominations Committee. Wendy indicated that there have been no changes since the approval of Heaven Lorenz at the last meeting. However, Vienna is working with a parent with a child with serious emotional disturbance (SED) to apply.

Teresa Bomhoff noted that Kris Graves had informed her that she planned to resign from the Planning Council as she was taking a new job and wouldn't have time to devote to the Council. With that possibility, Teresa noted that there were currently nine vacancies on the Iowa Mental Health Planning and Advisory Council, four parent or guardian of a child with SED, three openings for individuals in the "other" category and two individuals with lived experience or in recovery. Todd Lange indicated that he was attending upcoming meetings for peer specialists and would make people aware of the vacancies.

### Monitoring and Oversight Committee

Donna Richard-Langer reviewed the purpose of the Monitoring and Oversight Committee and the current members. Donna noted that in August the committee met with Theresa Armstrong, Laura Larkin and Julie Maas to discuss the three recommendations that the Planning Council had given for the 2022-2023 Mental Health Block Grant (MHBG) Plan. Donna reviewed the three recommendations given and the feedback that was provided by HHS staff.

Regarding the workforce issue, Community Mental Health Center (CMHC) contracts now allow for coverage for supervision of interns and those obtaining their licensure. Iowa Peer Workforce Collaborative has added recovery coaching and ongoing trainings to address workforce retention. The University of Iowa is working on a toolkit for those working with LGBTQ individuals as well as continuing to improve trainings, especially those focusing on evidence-based practices (EBPs.) It was noted that one-time cash payments are not allowed with MHBG funds. There was discussion regarding loan repayment programs and the various hoops that individuals must navigate making it difficult for people to utilize and does not incentivize the field as intended. It was noted that MHBG funds are not and cannot be used for loan forgiveness or repayment.

The second recommendation was on needed services for the aging population. It was noted that some CMHCs are using block grant dollars for this population. Your Life Iowa (YLI) is also marketing to older Iowans specifically. Many older Iowans use the Iowa Concern Hotline, especially in rural areas, as it has been around longer, and they are more familiar with it. There was discussion regarding if there was a way to have more collaboration between the Iowa Concern Line and YLI. There was discussion regarding the lack of geriatric practitioners (psychiatrists, ARNP, etc.) in the state, as well as the fact that there is only one geropsychiatric unit in one hospital in Iowa. The final recommendation was for the Systems of Care (SOC) contract providers to utilize the same assessment tool to allow for better comparison. It was noted that many of the SOC providers utilize their assessment tools for additional programs within their organization and it would not be appropriate or feasible at this time to mandate a

standard assessment tool when a specific one has not been approved by Substance Abuse Mental Health Services Administration (SAMHSA).

Rachel Cecil reported that the Monitoring and Oversight Committee reviewed the Office of Recovery Services (ORS) contract at their September meeting. Rachel noted that this was a new contract with the Request for Proposal (RFP) issued last fall. The ORS contract replaces the former Office of Consumer Affairs (OCA) contract. The name of the contract was rebranded to provide more clarity regarding the function of the organization as well as stop using outdated language. It was noted that ORS is not an information and referral (I&R) organization, which is primarily what OCA did. Devon McClurken, the Director of the Office of Recovery Services was introduced. Devon shared that ORS is setting up a statewide committee to meet quarterly to look at what is working well with the MHDS system as well as gaps in services and advise the state on what can be done better. The committee will include individuals from various parts of Iowa as well as representatives from Developmental Disabilities (DD) Council, the Olmstead Consumer Taskforce (OCTF), and others. The focus is on reaching out to the public instead of waiting for them to contact. It was noted that there was a \$50K increase in the contract budget to allow for additional staff and meeting facilitation.

### **Peer Recovery Centers**

Cody Crawford, Iowa Department of Health and Human Services (HHS), presented an update on recovery efforts in Iowa, including peer recovery centers. Cody noted that work was being done to get a NARR certification organization in Iowa for recovery housing as national certification is needed to utilize funds for rent assistance. There are four peer recovery operating in Iowa (Cedar Rapids, Des Moines, Council Bluffs and Sioux City). All four are good locations but may operate differently depending on the individuals being served and the location of the center. Peer recovery centers are peer-run with 51 percent of the board being persons living in recovery or with lived experience. These recovery centers are in their infancy with three of the centers opening only five weeks ago and one center open for seven to eight weeks.

There was discussion regarding the difference between permanent supportive housing and peer recovery housing. There was discussion regarding areas of collaboration between the four peer recovery centers and other peer support organizations and peer support in general. The Iowa Recovery website was shared [www.recovery-iowa.org](http://www.recovery-iowa.org) as well as available resources on this site. There was discussion regarding Certified Community Behavioral Health Clinics (CCBHCs), which are more wholistic in their approach, the emphasis on recovery versus episodic treatment, as well as if there will be a push for additional peer recovery centers. There was discussion on the need to market this resource.

### **Brain Injury and Mental Health**

Maggie Ferguson, HHS introduced herself and provided information on the Iowa HHS Brain Injury Program. Maggie also spoke briefly about the Governor's Advisory Council on Brain Injuries and introduced Brenda Easter, Chair, Advisory Council on Brain Injuries. Brenda spoke about her son's experiences with traumatic brain injury (TBI) and her desire to serve on the Advisory Council. Brenda also shared some brief information regarding the Council's State Plan for Brain Injury 2021-2026. Jim Pender, HHS, introduced himself and spoke about the TBI State Partnership Grant. Jim shared a flow chart of the current pilot project for the Iowa NeuroResource Facilitation Child Welfare Collaborative and shared some of the work being done on this pilot project. It was noted that this type of model will be able to transfer over to other systems. Following Jim's presentation, Maggie introduced Torie Keith and Caitlin Owens from the University Centers on Developmental Disabilities (UCEDD) Center of Excellence for Behavioral Health (CEBH) at the University of Iowa. Torie spoke briefly about the partnership that the UCEDD is pursuing with the HHS Brain Injury Program through the National Association of State Head Injury Administrators (NASHIA). They are hosting a Leading Practices

Academy (LPA) on behavioral health and brain injury. The LPA includes one year of technical assistance to support states in exploring, developing and/or implementing protocol and practices that will improve outcomes for individuals with co-occurring brain injury and behavioral health conditions. This TA process follows a Systemic Impact Model (SIM) based on ACL's behavioral health guideline considerations for best practices for children and adults with TBI. The Center of Excellence for Behavioral Health (CEBH) is charged with providing training and technical assistance for free community-based evidence-based practices (ACT, Individual Placement and Support, Permanent Supportive Housing). Within their scope, CEBH will be focusing the LPA on training for providers of the three evidence-based practices on behavioral health and brain injury and analyzing as the project goes on additional opportunities.

There was discussion regarding whether accommodations are made in the criminal justice system for those individuals with a TBI. Discussions with DOC and specialty courts were started prior to the onset of the pandemic and were curtailed. These conversations have not resumed but are anticipated in the future. There was discussion regarding having an individual from the Council on Brain Injuries also serve on the Mental Health Planning Council. There was discussion about screenings and the need for more functional MRIs. There was discussion regarding recommendations for current concussion protocol for Iowa youth. There was discussion regarding interconnections with the Veterans Administration on veterans with blast force trauma and that masquerading as post-traumatic stress disorder.

**Iowa Mental Health Planning and Advisory Council took a break at 11:43 a.m. and reconvened at 12:30 p.m.**

## **HHS Update**

### HHS Alignment

The tables of organization have been drafted at the employee-level and have been shared with HHS staff. This information is not on the HHS website yet but will be added when finalized. Theresa reviewed the current HHS draft table of organization (TO) noting that there are currently nine divisions and that the Iowa Department on Aging will be joining HHS in July 2023 as the tenth division. This TO can be found on the HHS website at **HHS Org Chart - With DoA** . The target date for the new Iowa Department of Health and Human Services website is October 31, 2022. Currently HHS staff are housed in two buildings, Hoover and Lucas, on the state's Capitol Complex. The plan is to have all staff in one building. HHS is working with a contractor on this process; however, nothing has been finalized. The Division of Behavioral Health and Disability Services will be housed at the Lucas Building for the time being, and all relevant staff at the Hoover building will be moving to the Lucas building soon, but there is no exact date at this time. An email went out to all board, commission, council and taskforce members to complete a survey, providing input on their specific board, commission, etc. This information is critical in assisting in making future decisions for the HHS alignment with regards to the abundance of boards, and where the work overlaps. The DHS Council and the State Board of Health met as one group last week for the HHS budget presentations. There were two separate budget requests submitted. Normally these budgets are status quo with no or limited additional funding requested from previous years. However, there was an increase in the request for the allocation to the MHDS Regions to fully eliminate the county tax levy, which was legislated in 2021 and is in Iowa Code.

There was discussion regarding Intellectual Disabilities / Developmental Disabilities (ID/DD) and if there was going to be a separate office for this population. It was noted that the Bureau for Community-Based Prevention, Services, and Integration for People with Disabilities will be built out for a State Developmental Disabilities (DD) Director. There was discussion regarding the State-Operated Facilities and the current discussions with the judicial system regarding what is needed from the state facilities.

### Mental Health Block Grant

The plan update for FY2023 was submitted to SAMHSA. This is a and update to the 2022-2023 plan with next year being the big MHBG plan which will require the Mental Health Planning Council's Block Grant Committee's help in providing input. The submitted plan does not note the progress on the current MHBG plan, but this information will be provided to SAMHSA in the December progress report. The MHBG allocation for FY2023 is \$6,552,022. With regards to the additional funding from SAMHSA related to Covid dollars and the American Rescue Plan Act, SAMHSA has offered HHS a no-cost extension to spend the Covid dollars, which previously had to be spent by March 2023. HHS will be applying for this extension and requesting the dollars be extended until March 2024 to spend the remaining funds.

### Medicaid Managed Care Contracts

The Medicaid managed care contracts have been announced with the successful bidders being Amerigroup and Molina Healthcare of Iowa. Iowa Total Care is still under their original six-year contract. For a total of three MCOs. Amerigroup's current contract is set to expire on June 30, 2023, and the new contract for Amerigroup as well as Molina Healthcare of Iowa will begin July 1, 2023.

### 988

The National Suicide Prevention Lifeline (NSLP) is now 988 Suicide and Crisis Lifeline, which launched on July 16, 2022. 988 is the three-digit number to call for individuals in suicidal crisis or emotional distress. Iowa has two lifeline call centers, CommUnity and Foundation 2. Additional funding was received from SAMHSA to help with the implementation including infrastructure, staffing and promotion. Iowan's who contact 988 will be connected directly to trained crisis counselors who provide crisis de-escalation and connect individuals to the services and supports they need, when they need it. The HHS goal for the first year was that the centers have an in-state answer rate of 90%, based on area code. In August the centers had achieved a 93% in-state answer rate within 36 seconds. There has been an increase in calls (350-450 more) per month as well. 988 also has chat and text options with CommUnity the primary lifeline for these. The in-state answer rate has been 99% of texts and 100% of chats have been answered in-state. There has been a huge increase in texts with 359 texts answered within seven seconds. Last year at the same time the lifeline centers had 54 texts. 434 chats were answered in seven seconds and last year at the same time the centers received 161 chats. HHS staff and lifeline staff are working with mobile response providers to discuss how the 988 centers can effectively and efficiently do warm transfers, so it is seamless for the individual calling in. The hope is to implement this process by December 1, 2022. There have been multiple conversations with 911, which will be a more complicated process as 911 providers are local or county-based throughout the state. There are 911 centers that are committed to utilizing 988. Technology differences also present a challenge, there is a contractor that works with the State Director of 911 who is also part of the conversations.

There was discussion regarding the suburbs (Waukee, West Des Moines, and Clive) in Des Moines who are developing their own mobile crisis response. There was discussion regarding HHS' proposed bill for next legislative session. There was discussion regarding CCBHC and the awards both for providers and the announcement for the expansion of planning grants. There was discussion regarding the non-emergency transportation (NEMT) RFP from Medicaid. There was discussion regarding the proposed CMS rule (437.10) regarding stratification of reporting by race, ethnicity and other demographic factors, core sets for children, and behavioral health core sets for adults, in order to establish priorities for the development and advancement of the core sets and identify gaps.

### DOJ Investigation

The final consent decree for the Glenwood Resource Center has not been received yet. However, HHS is aware of key items that will likely be in the consent decree and some of that work has already begun. The second DOJ report dealt primarily with Americans with Disabilities Act (ADA) compliance and

noted that Iowa has a large dependence on facility-based care and more community choice is necessary. Lots of community integration work is being done. Ten individuals who still meet the need for resource center level of service have been moved from the Glenwood Resource Center (GRC) to the Woodward Resource Center (WRC). These individuals will all live in the same house. Ten individuals have transferred to the community from GRC, and 22 individuals have been accepted into the community and are in some part of the transition process. There has been lots of interest from community providers and they are visiting with individuals at the facilities as well as with guardians and providing them with information on the services they can offer so that individuals can make a choice.

### **MHDS Regions Statewide Dashboard Report**

Rose Kim, HHS introduced herself and reviewed the SFY2021 MHDS Regions Statewide Dashboard report including SFY2022 4<sup>th</sup> quarter regional data. Rose stated the first half of the dashboard is from data that regions submit in December for SFY2021. The second half includes data that the regions submit on a quarterly basis. The information is self-reported by the regions who have their way of verifying they meet the access standards. Rose noted that there were some changes in the data due to counties leaving or joining regions, COVID and individuals transitioning to Medicaid.

There was discussion regarding populations studies and if that data was available. There was discussion regarding the limitations of the data from the MHDS Regions noting that it doesn't reflect all the data of who all are receiving services. Regional data does not include those who have Medicaid or private insurance, so it is just a snapshot for service paid for by regions, which is a relatively small number in relation to those paid for by Medicaid or private pay. It was noted that the data in this report is really a comparison across regions and is not reflective of how many people are getting mental services in a particular region. There was discussion regarding the Iowa warm line operated out of the Abbe Center. There was discussion on how an individual can be referred to Assertive Community Treatment (ACT), noting that most can self-referral to ACT providers.

Teresa Bomhoff reviewed the agenda attachment document noting the upcoming meeting schedule, the recommendations from the Council for the MHBG and the current allocation. Teresa also reviewed the MHBG and SABG priorities and the current status. It was noted that the year one data would be reported in the December report and available at that time. Teresa ran through various highlighted points on the agenda attachment to ensure they were discussed. There was discussion regarding having Dr. Jerome Greenfield present on mental health in the Department of Corrections at the October morning meeting. There was discussion regarding a peer support inventory and that this would be sent out to Council members to ensure information is up to date. There was discussion regarding the next 40-hour peer support trainings will be available. There was discussion regarding recording of public meetings. It was noted that public meetings were not recorded in Zoom. There was discussion regarding geriatrics and the need and possibility of more presentations on this topic at future Council meetings.

### **Public Comment**

No public comment

### **Adjourn**

The meeting adjourned at 2:49 p.m.