

**Mental Health Planning Council**  
**October 20, 2022, 9:00 am to 12:00 pm**  
**Zoom**  
**Meeting Minutes – Approved 11/16/2023**

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**MENTAL HEALTH PLANNING COUNCIL MEMBERS PRESENT:**

Teresa Bomhoff	Rep. Bob Kressig
Sen. Nate Boulton	Heaven Lorenz
Rachel Cecil	Megan Marsh
Linda Dettmann	Ed Murphy
Jen Gomez	Brad Richardson
Kyra Hawley	Jennifer Robbins
Theresa Henderson	Kristin Roof
Vienna Hoang	Dr. Shaad Swim
Michael Kaufman	Michele Tilotta

**MENTAL HEALTH PLANNING COUNCIL MEMBERS ABSENT:**

Kenneth Briggs	Katie McBurney
Jim Donoghue	Rep. Ann Meyer
Anna Killpack	Hannah Olson
Todd Lange	

**OTHER ATTENDEES:**

Sharon Arndt-Nelson	Devon McClurken
Leah Fineran	Todd Noack
Dr. Jerome Greenfield	Dawn Rasmussen
Melissa Halverson	Libby Reekers
Patti Manna	Flora Schmidt

**Materials Referenced:**

*July 20, 2022, IMHPC Meeting Minutes - DRAFT*  
*IMHPC September 21, 2022, Agenda Attachment*  
*Aging Issues in Corrections PowerPoint Presentation*  
*Attachment to Agenda 10-12-22 Medicaid Update*  
*10-20-22 Priority Issues of the Older Iowans Legislature*

**Welcome**

Teresa Bomhoff called the meeting to order at 9:19 am. Quorum was established at 9:22 a.m. with 15 voting members

**Review and Approval of Meeting Minutes**

Teresa Bomhoff indicated that she would entertain a motion to approve the meeting minutes for July 20, 2022, and meeting minutes for September 21, 2022. Brad Richardson motioned to approve the minutes. Jennifer Robbins seconded the motion. The motion passed and the minutes were approved.

**Nominations Committee Update**

Vienna Hoang indicated that the Nominations Committee had received and reviewed five applications for the Iowa Mental Health Planning and Advisory Council. Vienna briefly reviewed each applicant noting their interest and for what vacancy they were being considered. The applicants included: Todd

Noack from Dewitt and Leslie Carpenter from Iowa City who was being considered for the two “Other” vacancies, Christina Maulsby from Clear Lake and Lorraine Uehling-Techel from Agency who were being considered for vacancies in the “Parent or Guardian of a Child/Adolescent with Serious Emotional Disturbance (SED)” and Monica Van Horn from Johnston who was being considered for the vacancy under “Public/Private Entity.” Vienna noted that the Nominations Committee recommends all five applicants for approval by the full Council. Vienna Hoang motioned to approve all five applicants. Jennifer Robbins seconded the motion. The motion was approved.

Vienna noted that brings the Planning Council to 27 seats, and two seats remain for parent or guardian of a child/adolescent and two seats remain for individual with lived experience. Vienna noted that the Council is still below the 51/50 percent ratio for non-provider/provider seats which is required by the by-laws, but that several applications had been issued to interested parties that have yet to be returned. Rachel Cecil indicated that she had an email from an individual who was a peer recovery coach and a peer support specialist who had requested an application and will hopefully return it soon.

Brad Richardson noted that for Council members whose terms were expiring at the end of 2022 would need to confirm that they want to serve another term and that the Council would vote on this at the November meeting.

### **Geropsychiatric Care in Rural Iowa**

Leah Fineran, Director, Melissa Halverson, Social Worker, and Sharon Arndt-Nelson, ARNP, Hope Harbor located in Storm Lake spoke about their facility, which is a 10-bed unit that is a distinct unit of the critical access hospital. Leah noted that the unit was paid on a per diem basis with most individuals being covered by Medicare, but some are paid through Medicaid or private insurance. The individuals served by Hope Harbor tend to have extreme behaviors that have made them difficult to serve at other nursing facilities. Hope Harbor is adequately staffed to address these behaviors, including nursing staff, certified nursing aids (CNAs) with experience in mental health, an activities director, a full-time and part-time social worker and two ARNPs. It was noted that Sharon Arndt-Nelson, ARNP has specialized in psychiatry her entire career, and that the other ARNP was previously part of the regular nursing staff at Hope Harbor who went on to become a nurse practitioner. Leah indicated that Sharon has been working a lot since COVID-19 via telehealth which works well.

There was discussion regarding the number of staffed hospital beds in Iowa and the small amount of them that are classified as geriatric beds. Sharon Arndt-Nelson noted that in addition to her duties as the psychiatric nurse practitioner for the inpatient unit at Hope Harbor she also does outpatient and is seeing a lot of referrals from the eastern side of Iowa, specifically from emergency departments. They work with individuals with dementia, bi-polar disorder, schizoaffective disorders, depression, and anxiety, among others, and are happy to take referrals or assist statewide. One big hurdle they are seeing in individuals aging out of other facilities or habilitation homes and into Hope Harbor is that these individuals don't have a power of attorney in place. It was noted that Hope Harbor also has a Medical Director who oversees the patients' medical needs as much of the population served has comorbid psychiatric and medical needs. It was noted that while some hospitals have geriatric beds, Hope Harbor is unique in that being Medicare certified they can oversee individuals for a longer stay and allow medications to be slowly increased. Hope Harbor conducts care team meetings for individuals with family as well as the referring facility to ensure everyone is aware of effective treatments, including behavior modification programs so that transition of services is smooth as these programs can be put into the nursing care plan at the facility.

There was discussion regarding the non-pharmaceutical interventions and treatment that are done at Hope Harbor, including the behavior modification programs, alternative medication strategies, and diversional activities. The importance of family education and integrating the family into the patient's care plan was discussed as well as the structure of the day at Hope Harbor that keeps patients

engaged in activities for most of the day with a short break after lunch. This structure helps to keep patients awake, alert and active for most of the day. Sleeping issues are typical problems for many patients and the structured day help them to sleep better at night, which can help in addressing problem behaviors.

There was discussion regarding the different causes of dementia and if there are different treatments depending on the cause. There was discussion about alternatives to medicating an individual and the benefit of making medication changes slowly. There was discussion regarding gaps in care for older lowans. Currently there is a large gap for individuals who are over the age of 65 with mental health and substance use disorders. Hope Harbor does not have the ability to detox a person or qualified staff to address the substance use issues of the individual. Hope Harbor indicated that they do perform in-service trainings for nursing homes upon request.

There was discussion regarding critical care access and early intervention service needs in the state, and if the Planning Council had recommendations for the legislature when session begins in January. There was discussion regarding recommendations for the Mental Health Block Grant including providing direct care professionals (DSP) training on mental health and dementia. There was discussion regarding workforce shortages and possible state benefit program for direct care workers to incentivize them to stay in the field, as well as the need for training and follow-up training for DSPs. There was discussion regarding nursing home regulations and some of the limitations these regulations create. There was discussion regarding evidence-based treatments used and other psychiatric treatments. There was discussion regarding Teepa Snow who is an Occupational Therapist who specializes in training related to dementia. There was discussion regarding the difficulty in accepting and serving individuals referred from emergency departments who have no place to go back to and often have no durable power of attorney in place. There was discussion regarding individuals who require a high level of care, but don't qualify for Medicaid, and must spend down their assets to qualify. There was discussion regarding the need for navigators to help older adults with navigating the larger system.

### **Mental Health and Geriatric Care in the Department of Corrections**

Jerome Greenfield, M.D., DLFAPA, Medical Director, Iowa Medical Classification Center introduced himself and provided information on his background before moving on to his presentation on health care in the Iowa Department of Corrections specifically information about mental health and the aging population including, staffing issues, rising costs of aging, medical issues of aging, organic mental health syndromes, dementia, clinical features, specialized and medical units as well as the increasing aging population in IDOC and possible next steps.

There was discussion regarding the lack of mental health staffing issues in the prisons. Much of this attributed to the regular schedule, benefits and specifically the minimal paperwork, as there is no insurance billed, that staff must complete so there is more focus on assessing the correct diagnosis, and the treatment of the individual. There was discussion about brain injuries and the lack of functional MRIs for individuals and how IDOC handles these cases. There was discussion regarding the use of the Adverse Childhood Experiences (ACEs) screenings in the prisons and the benefit this information provides. There was discussion regarding the BOLD Act and dementia screenings.

There was discussion regarding how the structure and organization of how IDOC works with individuals could be paralleled in the community and possible barriers. There was discussion regarding education and job training for incarcerated individuals including the apprenticeship programs in IDOC. There was discussion regarding the psychiatric residency programs in Iowa as well as a new psychiatric residency program being developed. It would serve the state facilities at Cherokee MHI, Independence MHI, Woodward Resource Center, Eldora State Training School, and Iowa Medical Classification Center (IMMC) or Oakdale in Iowa City.

There was discussion regarding the simulation of a re-entry program that was put on by the United Way, and the difficulty the participants had in being successful while remaining within in the rules of re-entry. There was discussion regarding re-entry coordinators at the prisons and the work that they do. There was discussion regarding IDOC conducting multi-disciplinary team meetings. Dr. Greenfield shared contact information for his assistant, Pam Shepard 319-626-4279, who can help with reaching out to him or answering your questions directly. There was discussion regarding Family Practice education. 1-800-272-3700 Alzheimer's Helpline, which is answered 24/7 and is available in over 200 languages, has trained clinician staff that can answer questions about disease, education, support services, and more. You can also reach out at [www.alz.org](http://www.alz.org).

### **Older Iowan Legislature (OIL) Discussion**

Teresa Bomhoff reviewed the Priority Issues of the 2022 Session of Older Iowans Legislature (OIL) document noting that the four issues of most concern are improving nursing home care, improving guardian and conservatorship system, funding Iowa Return to Community from the Iowa Lottery and enacting a Dementia Specialist program. Teresa noted other information and links on the document including those on the geriatric workforce, psychiatric residency programs in Iowa, and other statistics on the availability of nursing facilities, assisted care facilities, memory care units, etc. in Iowa.

### **Public Comment**

No public comment.

### **Adjourn**

The meeting adjourned at 12:02 p.m.

**Iowa Mental Health Planning and Advisory Council Members will join with the MHDS Commission for a joint meeting from 1:00 p.m. to 3:30 p.m.**

Minutes respectively submitted by Wendy DePhillips