

2022 Iowa Mental Health Planning Council Calendar of Events	
Due by Dec. 1	Implementation report due to N/O – were first year priority goals met?
2023 Iowa Mental Health Planning Council Calendar of Events	
Wed., January 18 9:00 am to 3:30 pm	Zoom Meeting https://uiowa.zoom.us/j/94822201344?pwd=bmRuc3dFOVcrbIFIZ1k3U0JXc3NnZz09 Meeting ID: 948 2220 1344 Passcode: 201311
Wed., March 15 9:00 am to 3:30 pm	Zoom Meeting https://uiowa.zoom.us/j/94822201344?pwd=bmRuc3dFOVcrbIFIZ1k3U0JXc3NnZz09 Meeting ID: 948 2220 1344 Passcode: 201311
Wed., May 17 9:00 am to 3:30 pm	Zoom Meeting https://uiowa.zoom.us/j/94822201344?pwd=bmRuc3dFOVcrbIFIZ1k3U0JXc3NnZz09 Meeting ID: 948 2220 1344 Passcode: 201311 <ul style="list-style-type: none"> • 9:00 am to 11:30 am – MHPC only • 12:30 pm to 3:30pm MHPC Joint meeting with MHDS Commission
Wed., July 19 9:00 am to 3:30 pm	Hybrid Meeting (in-person & Zoom) Lucas State Office Building - Room 517/518 312 E. 12th Street, Des Moines, IA 50319 https://uiowa.zoom.us/j/94822201344?pwd=bmRuc3dFOVcrbIFIZ1k3U0JXc3NnZz09 Meeting ID: 948 2220 1344 Passcode: 201311
Wed., Sept. 20 9:00 am to 3:30 pm	Zoom Meeting https://uiowa.zoom.us/j/94822201344?pwd=bmRuc3dFOVcrbIFIZ1k3U0JXc3NnZz09 Meeting ID: 948 2220 1344 Passcode: 201311
Thurs., October 19,	Hybrid Meeting (in-person & Zoom) TBD 9 AM to Noon – IMHPC meeting 12:30 pm to 3:30 pm – MHPC Joint meeting with MHDS Commission https://uiowa.zoom.us/j/97972891280?pwd=eTFTMUN5VIRzZU94c3VJbG9WYzFGQT09 Meeting ID: 979 7289 1280 Passcode: 849309
Wed., Nov. 15 9:00 am to 3:30 pm	Zoom Meeting https://uiowa.zoom.us/j/94822201344?pwd=bmRuc3dFOVcrbIFIZ1k3U0JXc3NnZz09 Meeting ID: 948 2220 1344 Passcode: 201311

Monitoring and Oversight Committee

2021-22 IMHPC 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- *funded 2 more*
2. Funding of peer run organizations – *funded 4*
3. Refugee and other marginalized populations mental health assistance

Requested a briefing from our refugee service providers to understand holistically the current and growing needs for refugee resettlement in Iowa – so that the Iowa Legislature can assist with additional funding to match the growing needs.

Tom Chapman, Executive Director of the Iowa Catholic Conference, hosted the Zoom meeting. Also attending:

- Erica Johnson, Iowa Migrant Movement for Justice
- Kerri True-Funk, U.S. Committee for Refugees and Immigrants
- Dena Lewerke, Lutheran Services in Iowa's Economic Development Coordinator
- Laura Thako, LSI's Family Services Manager
- Sam Hutchisson, Catholic Charities Diocese of Des Moines's Refugee Services Program Manager
- Amy Campbell, LSI Government Relations

- Livvy Su, RISE AmeriCorps Program Manager
- Scott Caldwell, Catholic Charities Program Director
- Brenda Myers, LSI
- Kelsie Thien, House Democratic Caucus Research Analyst

From Tom, "Since the 1970s, more 30,000 refugees have been resettled into Iowa. Cuts in refugee admissions and funding at the federal level put local refugees at risk of falling the cracks, experiencing economic hardship, and jeopardizing their path to becoming full participants in our community. Refugees who receive state-funded extended case management would be less likely to depend on long-term public assistance. Investing in refugees from their first few years of arrival can accelerate their trajectory for success."

Areas needing additional state support:

- English Language Learners education budget
- Case Management, especially after 90 days arrival when Federal help ceases
- Access to legal services
- Safe, affordable housing
- Employment opportunities
- Public school enrollment
- Childcare

Health Equity Webinar series – some are recordings, some are live webinars

[Building Health Equity Webinar Series](#)

2022-23 IMHPC 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's record of MHBG allocations

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

→ 2021-22 – there were 3 pots of money

2021-22 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

2021-22 CARES (Covid Supplement) 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 2024** (before extension granted - the final date was March 2023

- ✓ **Peer Run organizations** – awarded 4
 - **Freedom Pointe of Greater Webster County- Wellness Center** freedompointe16@gmail.com
Contact w/1600 people/mo, expanded to Greene Co, regular guest @ Homeless Haven (under the bridge)
Have gotten called out on 90 active suicide threats, incorporates theatre, support, fun, services, advocacy and "chick-a-boom", wants to have a regular meeting with consumers, grand opening in August at 2 locations
 - **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. Sara.knox@iowapeernetwork.org – have website, no newsletter, no meetings, online workshops, continuing education 4X/yr – 1 in each qtr of the state, on social media, planning a 2023 conference for peer support specialists - May 20 Peer Support Conference

- **Life Connections Peer Recovery Services- Peer-Operated Respite only**, subcontractor to U. of IA peer support training program, WRAP classes and facilitator training, support group for peer specialists, helped Freedom Pointe with assistance on grant application. info@lifeconnectionsrecovery.org
- **NAMI Johnson County- Wellness Center** – have warm line for persons with lived experience M-F 1-5 Sat 11-3 – have served 80 so far, have activities at the wellness center
- ✓ **Statewide survey of system assessment** – analysis of behavioral health services relating to justice related services (*Medicaid also released an RFP for the same type of assessment with Mathematica– 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 documentation 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 and changed name to Project Recovery Iowa when FEMA funds end. \$1.926 M. Should be able to stay in business until 6-30-23
- ✓ **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 - [Iowa Peer Workforce Collaborative](#) | [The University of Iowa \(uiowa.edu\)](#)
 Peer training contract - National Resource Center for Family Centered Practice with subcontractor – Life Connections
 Iowa Scanlan Center for School Mental Health
BEST Conference was held the first week of Nov 2021-had 1600 attendees - conf Oct.10-11, 2022 – had 2000 attendees
 BEST stands for (Behavioral, Equitable, Social-Emotional, Trauma-Informed) Health Summit
 \$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.

2021-22 - American Rescue Plan - SAMHSA plan request - **\$11.2 M** – **Sept 2021 - 4 years to spend –till Sept 2025**
[American Rescue Plan Act \(ARPA\) 2021 | Iowa Department of Human Services](#)

\$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 – the initial grant was a Transformation Transfer Initiative (TTI) from SAMHSA

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

have a marketing plan for older adults – [libraries, radio, bars/restaurants, banks, EMS, Fire Dept.](#)

Live nationwide



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. **To be determined – how 988 and Your Life Iowa will converge.**

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

2022-23 MHBG - \$6,522,020 - Total regular MHBG allotment

\$6.5M minus 10% FEP \$650,000 and 5% Crisis Services \$325,000 leaves \$5,547,020
 \$5,547,020 less 5% administrative expenses \$277,351 leaves \$5,269,669 split
 70% CMHC's \$3,688,768 and 25% state contracts \$1,580,901

The Bipartisan and Safe Communities Act provides additional MHBG
\$621,948 – has to be used by Oct. 16, 2024

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. **Year 1 – ends 9-30-22**

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 - **Yes**

Year 2 - Maintain 6 SOC programs **Yes**

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 **Yes**

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. **Yes**

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. **Yes**

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 **No**

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 **Yes**

Year 2 - Contractor will provide 6 peer support, 6 family peer support, and 6 recovery peer coach trainings **Yes**

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 **Yes**

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. **Yes**

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 – **served 6**

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. **Yes**

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> Year 1 ends 9-30-22

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 4

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 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 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) ematney@dhs.state.ia.us

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

HCBS Waiver and Health Home Policy: LeeAnn Moskowitz

Bureau Chief for Quality, Innovation and Medical Policy – Ruth Curtiss rcurtis@dhs.state.ia.us

Medicaid Program Manager - jerdman@dhs.state.ia.us

Medicaid Program Manager for Mental health, behavioral health, substance use disorder and state plan programs: Hannah Olson

Medicaid plan for use of ARPA funding to support HCBS

https://hhs.iowa.gov/sites/default/files/Iowa_Medicaid_ARPA_HCBS_Spending_Plan.pdf

<https://hhs.iowa.gov/ime/about/initiatives/ARPA>

Iowa Legislature - Committee Documents 12-9-22 information given to Health Policy Oversight Committee

1. Community Based Services Evaluation (HCBS) – 13 pages
2. Medicaid Eligibility Determination & Tools – 12 pages
3. Iowa Medicaid Overview – 32 pages
4. Medicaid Community Integration – 8 pages

State Medicaid Director Liz Matney, presented to the House Health and Human Services Budget Subcommittee on the work to improve Iowa's Medicaid Program for its members. The presentation contains an excellent overview in four primary policy areas:

1) Home and Community Based Services Waiver changes. The recommendations come from an evaluation conducted by Iowa HHS, Mathematic, and The Harkin Institute. Additional information can be found [here](#).

2) Medicaid Provider Rate Review. The Department conducted a comprehensive rate review for Medicaid providers that identified benchmark rates for provider groups. Director Matney explained the intention to bring reimbursement rates into alignment with service needs. The rate review information begins on page 21 of the presentation that is linked below.

3) Medicaid Dental Services Request for Proposal and Rate Review.

4) Continuous Coverage/Federal Public Health Emergency Declaration.

The Iowa HHS plan for eligibility redetermination as the Public Health Emergency unwinds.

A link to Director Matney's presentation can be found [here](#)

Legislators are in charge of re-setting rates. IHHS prepares packets of info for legislators. Could IHHS get the authority to re-set rates?

2 rates for psychiatrists now?

The Mathematica- Tom Harkin institute report - <https://hhs.iowa.gov/CBSE>

Iowa's process for managing Medicaid waiver waiting lists does not support timely, efficient, or needs-based access to appropriate services. Recommendations:

1. Iowa should implement streamlined screening and improved processes to better align services with people's needs.
2. Iowa should take steps to align CBS, including Medicaid HCBS waivers, to the needs of Iowans.
3. Iowa should maximize access to Medicaid HCBS and other CBS supports for people with long-term service and support needs.

<https://hhs.iowa.gov/ime/unwind> - DHHS Unwinding website

Dental Care RFP issued - more info - <https://content.govdelivery.com/accounts/IACIO/bulletins/34891de>

Summer 2023– deadline for bid proposals Fall 2023 – Award of contracts, on-boarding to begin

Summer 2024 – operations begin

[American Rescue Plan Act \(ARPA\) 2021 | Iowa Department of Human Services](#)

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

Provider Prevention and Support Strategies contract– awarded to Elevate (they also do I-Start)

o [Expanded access to services](#)

need confirmation of projects under this title

Technology Grants

| Pilot project for therapeutic foster homes

o [Workforce support](#)

- Direct care registry
- One-time recruitment/retention provider payments

ACES Kids Act?
State planning
grants available

[S.317 - 116th Congress \(2019-2020\): ACE Kids Act of 2019 | Congress.gov | Library of Congress](#)

Advancing Care for Exceptional Kids Act of 2019 or the ACE Kids Act of 2019

This bill establishes a state Medicaid option to provide for medical assistance with respect to coordinated care provided through a health home (i.e., a designated provider or team of health-care professionals) for children with medically complex conditions. States must determine payment methodologies in accordance with specified requirements; payments also temporarily qualify for an enhanced federal matching rate.

A **state plan amendment** has been filed to pay for **FFT** (family functional therapy and **MST** (multi-systemic therapy)
Waiting for CMS approval

Maternal care – Liz could send CMS the change to allow postpartum coverage from 3 mo to 1 yr but there is a budgetary concern
Medicaid Postpartum Coverage Extension report - [Microsoft Word - LR23-32 Postpartum Legislative Report 2022 FINAL from CM \(iowa.gov\)](#) Common Good Fact Sheet on necessity of postpartum care “Every Healthy Baby starts with a Healthy Mom”

- Iowa has the first maternal health strategic plan
- Iowa has a black doula program
- Need community health workers to expand home visiting programs **Def of community health workers? Is a public health function – navigator to help families reach programs**
- Maternal care is not only a women’s issue, it also has an impact on the child’s well-being and an impact on the child welfare system
- They want to lower the rate of caesarean sections in the Medicaid program

MCO contracts - contracts to Amerigroup Iowa and Molina Healthcare of Iowa and Iowa Total Care.
The contracts in total are worth about \$6.5 billion annually.

Governor’s reorganization bill will change state government
from 37 agencies to 16 agencies

DHS, IDPH, Dept of Aging, Early Childhood Iowa to combine

Governor’s Proposed 23-24 Budget -

<https://dom.iowa.gov/sites/default/files/documents/2023/01/bib-fy2024.pdf>

Mental Health and Disability Services Regions Study Report Jan 2023

Medicaid Postpartum Coverage Extension Dec 2022

Iowa Mental Health and Disability Services Commission

Combined Annual and Biennial Report Dec 2022

Children’s Behavioral Health System State Board Annual Report Dec 2022

IHHS – Director Kelly Garcia [HHS Alignment website](#) <https://hhs.iowa.gov>.

IHHS 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

BHDS Community Division Administrator – Marissa Eyanson

Looking to have a bureau for IDD, one for MH, one for SA

BHDS 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 IowaHHS – Jess Benson

Medical Director for IHHS – Dr. Kruse (formerly Mercy One medical director)

Deputy Director for IHHS – Sara Reissetter – compliance division

Glenwood and Woodward Resource Center Director: Marsha Edgington

Boy’s State Training School Director: Jason Soddors

Erin Drinnen – Director of Community Services Division (*entrance to HHS, eligibility, child care support, etc*)

STATE OF IOWA DEPARTMENT OF
Health ^{AND} **Human**
SERVICES

HHS bill – - Independence-kids
1. MHI specialization- Cherokee forensic
2. Regions pay for competency & restoration
3. Clean up Families First legislation
4. MHDS Region study report
Region code language to go from 331 to 225c
Governance change to 49% co supervisors
Competency restoration a core service
Funding balance from 5% to 10%
Eliminate quarterly reporting – only annual
and have a dashboard

Iowa HHS secured funding for public health infrastructure in Iowa! This federal investment provides the funding necessary to address many of the system-level challenges highlighted during our collective pandemic response. The long-term, statewide investments that will foster data driven decision-making across our public health system. This is Public Health 3.0

- 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
- Iowa, federal officials reach settlement in investigation of Glenwood Resource Center [DOJ settles with state over 'deviant' experiments on disabled Glenwood residents - Iowa Capital Dispatch](#)
- Des Moines Register: Iowa must ensure former residents of a state-run institution move to new homes with adequate support and supervision, federal officials say. State officials have reached a settlement with the U.S. Department of Justice as part of a federal investigation into Glenwood Resource Center, a troubled state-run institution for people with severe disabilities that is set to close in the next two years. DOJ Resource Center 1 consent decrees is in process – ADA **Glenwood Resource Center's Settlement Agreement and Consent Decree** <https://dhs.iowa.gov/doj> **Need a monitor for the Glenwood consent decree.**
- **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>

Aspire Grant - TA on supported employment - working with Leeann Moskowitz (Medicaid HCBS Waiver and Health Home Policy) and Vienna Hoang – Iowa Vocational Rehab Services Director – **awarded DIF SWTCIE grant 2022 through 2027 Iowa's IPS trainer and fidelity monitor was hired – Darcy Siebolt**
Hope Haven (Burlington) Robert Young (Jackson, Clinton, Cedar and Muscatine counties) **Vera French** (Scott county)

Additional ASPIRE grant received (2023) and have issued an RFP for additional locations for IPS

The Center of Excellence will monitor the supported employment EBP for fidelity and to provide training

RELIAS is not an approved program for employment support providers

Vienna also oversees SILC program (SILC and 6 other centers, 85 Community Rehab programs and all of IVRS's supported employment programs, maintaining federal and state policy manuals, while working on current, and new relationships and doing trainings.

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> Tiered rates for inpatient psychiatric care – starting Jan. 1

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

increasing the income eligibility level for Child Care Assistance

The “front door” eligibility cap for families — the maximum they can earn when they first apply — will rise from the long-standing 145% of FPL (\$36,047 for a family of three, among the lowest levels in the country) to 155% of FPL (\$38,533 for a family of three). This will potentially serve 900 more families each month. Common Good Iowa continues to advocate for an increase to at least 185% of poverty, a level that more closely reflects what it takes for families to make ends meet on wages alone.

In recent years, the department has raised the CCA exit eligibility level, which allows families who qualified for CCA at the low 145% level to keep getting assistance paying for child care as their wages grow, with increasing copays, up to a maximum of 250% of poverty.

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	<i>81% increase from 2000- 2019</i>			
208	2020	551	<i>91% increase from 2000-2020</i>			
229	2021	517	<i>As of 12-31-21</i>			
228	2022	588	<i>As of 12-31-22</i>			
	2023	22	<i>As of 1-31-23</i>			

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
- RENEW- Prairie Ridge

Your Life Iowa has a suicide prevention marketing campaign – focused to kids and caretakers – on U-tube

With the drastic jump in suicides in Jan 2022 in Polk Co – CDC visited Iowa and did a data review and worked with local folks in Polk Co.

CDC will do more review and stand by epidemiologist – waiting for report from CDC visit. **receive report yet?**

Visit from SAMHSA in July – advised them we need a better parity situation in insurance and pointed out the gaps in the service array for kids in co-occurring illnesses, complex cases, and residential care.

- kids
- population health
- health equity

<https://yourlifeiowa.org/prevention/media-center/> - the location of Your Life Iowa videos and commercials

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

New website for Infonet newsletters: <https://www.iowaddcouncil.org>

Iowa’s Helping Community Workforce – Tammy Nyden, Charlie Bruner

<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

	2014 AMOS report	2019 G.Nelson report	12-31-20
ARNP’s	146	216	207
PA’s	20	46	
Psychiatrists	237	223	
Child Psychiatrists	35	32	
Psychologists	564	529	
Primary Care doctors	6294	5927	5908

- How many training locations do we now have?

Broadlawn’s psychiatric residency program – first 4 psychiatry graduates in 2022, 4 annually thereafter
2022 – where are graduates?

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

Mason City- Mercy psychiatric residency program – 3 psychiatry graduates in ?

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

MHI’s, Oakdale, Eldora psychiatry residency program– 12 psychiatry graduates per year

a recent report found that twenty-two hospitals across the state are in danger of permanently closing, and two facilities are in immediate risk of closure. Iowa is currently ranked 45th in the nation in the number of total active physicians per capita, 32nd for medical specialists per capita, and is ranked dead last for the number of OB-GYN providers in the country.

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>

Recovery Community Centers (IDPH \$) – 4 funded

1 – Crush of Iowa Center in Linn County - Cedar Rapids

3 - **Full Circle** – handling Dsm (Anawim and Beacon of Life), Council Bluffs, Sioux City

CMHC contracts – Julie Maas in charge

MHDS Regions website: [iowa MHDS Regions](http://iowa.mhds.org)

MHDS Regions and AEA website: <https://iowa.eaementalhealth.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.

1-11-23 MH and Disability Services **Regions** Study Report <https://www.legis.iowa.gov/docs/publications/DF/136650>

	CCBHC	Award Amount	Project Period	Service Area
1	Abbe Center	\$4,000,000	9/30/22 – 9/29/26	Linn
2	Eyerly Ball	\$3,992,560	9/30/22-9/29/26	Boone, Story, Polk, Warren
3	Plains Area	\$3,998,196	9/30/22-9/29/26	Buena Vista, Carroll, Calhoun, Cherokee, Crawford, Dickinson, Ida, Lyon, O’Brien, Palo Alto, Plymouth, Sac, Sioux
4	Seasons Center	\$4,000,000	9/30/22-9/29/26	Buena Vista, Clay, Dickinson, Emmet, Lyon, O’Brien, Osceola, Palo Alto, Sioux
5	Robert Young Center	\$4,000,000	9/30/22-9/29/26	Scott and Muscatine
6	Siouxland Mental Health Center (<i>New in 2022</i>)	\$3,942,620	9/30/22-9/29/26	Woodbury
7	Northeast Iowa Mental Health Center (<i>New in 2022</i>)	\$3,809,132	9/30/22-9/29/26	Allamakee, Clayton, Fayette, Howard, Winneshiek
8	Heartland Family Service	\$4,000,000 \$3,996,088	2/15/21-2/14/23 9-30-22 to 9-29-26	Pottawattamie, Harrison, Mills
9	Infinity Health	\$2,270,344	2/15/21-2/14/23 Did not get re-funded	Appanoose, Monroe, Lucas, Wayne, Decatur, Clarke, Ringgold, Marion, Union
10	Pathways Behavioral Health	\$3,875,213	8/31/21-8/30/23	Chickasaw, Butler, Bremer, Grundy, Black Hawk, Buchanan
11	Prairie Ridge Behavioral Health	\$1,993,475	8/31/21-/8/30/23	Cerro Gordo, Floyd, Mitchell, Worth, Winnebago, Kossuth, Hancock, Franklin
12	Hillcrest	\$1,853,153	5/1/20-4/30/22	Dubuque and Jackson Counties
13	Berryhill	\$2,000,000	5/1/20-4/30/22	Webster
14	Elevate Housing Foundation	\$2,000,000	5/1/20-4/30/22	Waterloo and surrounding rural areas

Certified Community Behavioral Health Clinic

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

Enhanced federal Medicaid reimbursement

Need agmt between CMS and SAMHSA – make CCBHC a provider type?

Iowa will apply to be a demonstration project – 10 states at a time

A planning grant when received to determine how CCBHC's will be implemented state-wide - want to develop CCBHC's statewide? Awards to be announced in March -4 yr grant

Possible map of CCBHC locations:
<https://www.thenationalcouncil.org/wp->

Centers for Excellence for Specialty Medical Care

Grinnell and Carroll approved in 2021

have focused on OB-GYN care

Gov wants to fund 2 more

+ 4 OB-GYN fellowships in rural area

Apprentice programs funding increased from \$3M to \$15M

and expanded categories of jobs to include

The ADRD Program has many resources available on Alzheimer's disease, dementia and caregiving. <https://idph.iowa.gov/chronic-diseaseprevention/alzheimers-and-related-dementias>

More Information Contact Greg Woods, Alzheimer's Disease & Related Dementias Program Coordinator at 515-217-8955, greg.woods@idph.iowa.gov

Laura Larkin

115 standards to meet in 6 areas

Iowa Center of Excellence for Behavioral Health

fidelity for EBP's Evidence based practices

Testing in the Iowa Mental health system

Torrie Keith, UCEDD, training and fidelity

MHDS Regions Evidence-based Practices Workgroup

– training to implement EBP's

Golden apple – The state would be able to continually support CCBHC activities – including enhanced federal Medicaid reimbursement dollars. CCBHC's would be certified.

CMS Rural Emergency Hospital Language - Another Medicare Provider Designation

- Since REHs will be providing emergency department services, these facilities must comply with the Emergency Medical Treatment and Labor Act (EMTALA) at section 1867 of the Social Security Act (the Act), the accompanying regulations in 42 CFR § 489.24 and the related requirements at 42 CFR § 489.20(l), (m), (q), and (r). EMTALA requires, among other things, Medicare-participating hospitals with emergency departments to offer a medical screening examination to any individual who comes to the emergency department and requests such an examination and prohibits hospitals with emergency departments from refusing to examine or offer stabilizing treatment to individuals with an emergency medical condition (EMC).
- On November 23, 2022, CMS published a final rule ([CMS-1772-FC](#)) establishing REHs as a new Medicare provider effective January 1, 2023. The rule finalized the CoPs which REHs must meet in order to participate in the Medicare and Medicaid programs along with REH payment policies, quality measures and enrollment policies. CMS established the Conditions of Participation (CoPs) to ensure the health and safety of patients who will receive REH services, while taking into consideration the access and quality of care needs of an REH's patient population. The standards for REHs closely align with the current CoPs for Critical Access Hospitals (CAHs) in most cases, while accounting for the uniqueness of REHs and their statutory requirements. The REH CoPs are set forth at new Subpart E of 42 CFR Part 485 and establish a full range of health and safety standards specific to governance, services offered, staffing, physical environment, and emergency preparedness among other requirements. In most instances, the REH policies also closely align to the current hospital and Ambulatory Surgical Center (ASC) standards, such as the polices for outpatient service requirements and the Life Safety Code (LSC), respectively. A general overview of the new REH requirements include:
 - REHs must have a clinician, a doctor of medicine (MD), doctor of osteopathy (DO), physician assistant (PA), nurse practitioner (NP) or clinical nurse specialist (CNS), with training or experience in emergency care on-call at all times and immediately available by phone or radio contact and available on-site within 30 or 60 minutes depending on if the facility is located in a frontier area.
 - The REH emergency department must be staffed 24 hours per day and seven days per week by an individual or individuals competent in the skills needed to address emergency medical care, and the individual(s) must be able to receive patients and activate the appropriate medical resources to meet the care needed by the patient.

- Rural emergency hospital (REH) is a new Medicare provider designation established by Congress through the [Consolidated Appropriations Act of 2021](#). REHs are meant to reinforce access to outpatient medical services and reduce health disparities in areas that may not be able to sustain a full-service hospital. Starting in January 2023, [Critical Access Hospitals](#) (CAHs) and small rural hospitals with no more than 50 beds may apply for REH designation and receive Medicare payment for providing emergency services.
- REHs must develop, implement, and maintain an effective, ongoing, REH-wide, data-driven Quality Assessment and Performance Improvement (QAPI) program, and it must address outcome indicators related to staffing, among other things.
- The annual per-patient average length of stay cannot exceed 24 hours, in accordance with the statute, and the time calculation for this determination begins with the registration, check-in, or triage of the patient (whichever occurs first) and ends with the discharge of the patient from the REH (which occurs when the physician or other appropriate clinician has signed the discharge order or at the time the outpatient service is completed and documented in the medical record).
- REHs must have infection prevention and control and antibiotic stewardship programs that adhere to nationally recognized infection prevention and control guidelines and best practices for improving antibiotic use.

Health Policy Oversight Committee

On 12-9-22, the Health Oversight Committee met at the State Capitol.

[You can access the materials given to legislators at Iowa Legislature - Committee Documents](#)

Please be sure to look at the [12-9-22 – documents](#) (*not materials from other dates*).

1. Community Based Services Evaluation (HCBS) – 13 pages
 2. Medicaid Eligibility Determination & Tools – 12 pages
 3. Iowa Medicaid Overview – 32 pages
 4. Medicaid Community Integration – 8 pages
-
5. Glenwood Resource Center's Settlement Agreement and Consent Decree
-
6. Amerigroup – Health Equity Initiative – 2 pages
 7. Iowa Total Care – Investing in our Communities – 2 pages
 8. Molina Health Care of Iowa – 5 pages

Health Policy Oversight Committee

While I think I see the three managed care organizations' commitment to Iowa and reputable providers I do not see a short or even long term plan for peer run organizations. I can tell you the meetings I have had with all three they have said they will look into ways to partner somehow with peer run organizations and have been very collaborative. I operate in a way where I tell my staff a detailed plan of what they will get by working with us and what we expect of them just like our staff does with the guest, involving and detailing info together. I wish or would like to see a more long term commitment from the MCO's. Again, we serve people through our wellness center, respite house, peer bridging, and M.A.T. Clinics and 98% of them have a MCO, so why should we rely just on our region or our state and the mental health block grant dollars? This is just a question I would like to ponder to anyone who would like to chime in to understand more as every day I learn something. Thank you. Todd Noack

Response from Council member Hannah Olson –

Peer support is covered as B3 service under the Medicaid program. For some reason, initial guidance indicated there was a 12 unit/month limit on these services (3 hours). This limit was removed and updated guidance on the service can be found in IL 2348. From that IL, here are the provider requirements for this service:

Peer support specialists at accredited organizations contracted using MCO credentialing standards and peer support specialist has received Appalachian Consulting Group Model training for mental health services, or for recovery coaches, the Connecticut Community for Addiction Recovery (CCAR) for substance use disorder service training, or for family peer support specialist certification through a state recognized training program.

Todd – I think you're right – MCOs should absolutely be part of the funding equation when we look at peer support services.

Hannah Olson (she/her)
BH and SUD Policy Specialist

Children's State Board – meet every other month

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

Lawsuit Accuses Iowa of 'longstanding failure' to provide kids with mental health care - Disability Rights Iowa

https://www.desmoinesregister.com/story/news/health/2023/01/06/groups-accuse-iowa-of-failing-to-address-kids-mental-health-needs/69785335007/?utm_source=newsletter&utm_medium=email&utm_campaign=newsletter_axioslocal_desmoines&stream=top

Iowa - BEST Conference was held the first week of Nov 2021-had 1600 attendees - conf Oct.10-11, 2022 – had 2000 attendees BEST stands for (Behavioral, Equitable, Social-Emotional, Trauma-Informed) Health Summit

Dept. of Education funding for school mental health

Reynolds appoints Aldis as Department of Education director

Gov. Kim Reynolds has appointed **Chad Aldis** to be the next director of the Iowa Department of Education beginning March 15. Aldis' 20-year career has centered on education reform, policy, advocacy and research. He most recently served as vice president for Ohio policy at the Thomas B. Fordham Institute. Aldis led the institute's efforts to reform Ohio's high school graduation requirements, state report cards and charter school laws. "Chad is the type of leader we need at this pivotal time for Iowa's education system," Reynolds said in a prepared statement. "His unique perspective will help lead reform within the department and across our schools so that every Iowa student — regardless of what school they attend — receives a quality education that prepares them to be successful in life." Aldis is originally from eastern Iowa. He received a bachelor's degree in economics from the University of Mississippi and holds a law degree from Florida State University.

Scanlan School for Mental Health

The Scanlan Center for School Mental Health is Iowa's hub for school-based mental health research, training, professional development, and clinical services. Their work supports the social, emotional, behavioral, and mental wellbeing of students and educators across the state. The clinic collaborates with Iowa school districts, Area Education Agencies (AEAs), and Iowa mental health systems.

What They Do:

1. Providing post-crisis debriefing and support.
2. Offering short-term individual and group counseling.
3. Training future school mental health professionals.
4. How to Refer: Students
 - o School administrators, AEAs, and school mental health providers can refer students by emailing the clinic.
 - o Educators/school staff can self-refer by emailing the clinic.

Contact the clinic at scsmhclinic@uiowa.edu or learn more by visiting their website scsmh.education.uiowa.edu.

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.

Out of 327 school districts state-wide – 11 were assisted by this program

Future Ready Iowa: <https://www.futurereadyiowa.gov/college-list>

GEAR 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. *Cedar Falls, Cedar Rapids, Center Point-Urbana, Charles City, Cherokee, Clear Lake, Clinton, College, Collins-Maxwell, Davenport, Davis City, Decorah, Denver, Diagonal, Dubuque, East Sac County, Grundy Center, Humboldt, Indianola, Iowa City, Keokuk, Knoxville, Lewis-Central, Maquoketa Valley, Marcus-Meriden-Cleghorn, Marion, Marshalltown, Monticello, New Hampton, New London, North Cedar, North Fayette Valley, North Scott, Northwood-Kensett, Olin, Oskaloosa, Ottumwa, PCM, Remsen-Union, Roland-Story, Seymour, Sheldon, Sioux City, South Central Calhoun, South Winneshiek, Southeast Warren, Spencer, Spirit Lake, Storm Lake, Tripoli, Underwood, Urbandale, Washington, Waverly-Shell Rock, Webster City, West Burlington,*

West Delaware County, Williamsburg, Winfield-Mt. Union, Woodbine, Woodbury Central. **61 out of 327 school districts received awards** ranging from \$3763 to \$650,000. [GEER II - Mental Health Supports for Public PK-12 Schools Grant Awards | Iowa Department of Education \(educateiowa.gov\)](#)

Out of 327 school districts 16 were assisted with therapeutic classroom grants

Therapeutic classroom grants awarded for FY 21-22 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](#)

Iowa Department of Education awards \$2.3M in therapeutic classroom grants for 22-23

The Iowa Department of Education [today awarded](#) more than \$2.3 million in grants to **10** school districts to establish therapeutic classrooms for students whose social-emotional or behavioral needs affect their ability to be successful in their current learning environment. "All students need support and resources that meet their individual needs," said Iowa Department of Education Director Ann Lebo. "The therapeutic classroom grants help schools build upon their great work to promote the overall well-being of students." Therapeutic supports in the classroom include social-emotional skill building, skills to cope with stress and trauma, mental health treatment, and crisis intervention and follow-up. This is the second round of funding from the Therapeutic Classroom Incentive Grant, which was established through state legislation in 2020.

- Ballard Community School District
- Bettendorf Community School District
- Charles City Community School District
- Coon Rapids-Bayard Community School District
- Council Bluffs Community School District
- Decorah Community School District
- Eddyville-Blakesburg-Fremont Community School District
- Monticello Community School District
- Williamsburg Community School District
- Woodbine Community School District

Over 3 rounds, 27 of 327 received grants for school mental health training

Iowa Departments of Education, HHS award \$600K for school mental health training –the 3rd round of grants

The Iowa Departments of Education and Health and Human Services awarded today **10 grants** totaling \$600,000 to public school districts for training and coaching school health care workers on COVID response-and-recovery initiatives focused on social-emotional-behavioral health. The **10 school districts** that received grants are: *Chariton, Dubuque, East Buchanan, Iowa City, Harlan, Logan Magnolia, North Mahaska, Muscatine, Mount Pleasant and Storm Lake*. According to a news release, the COVID-19 Public Health Workforce Supplement Funding grants will help school districts **enhance mental health literacy and expand capacity for addressing the social-emotional-behavioral health needs of students resulting from or exacerbated by the COVID-19 pandemic**. The grants can be used to cover costs associated with planning, training and coaching. The departments received \$4.5 million from the Center for Disease Control and Prevention for the grants, and this is the third and final round of funding. A total of **17 districts** were awarded over \$1.3 million through the **first two rounds of funding**. Learn more about the grants on the [Iowa Department of Education's website](#).

Iowa receives \$5.9M for new classroom grant program 9-30-22

The U.S. Department of Education announced awards Thursday totaling nearly \$1 billion through the Bipartisan Safer Communities Act, which will fund state educational agencies' development of grant programs to provide students with safer and healthier learning environments. **Iowa has been allocated \$5.9 million of the funding**, according to a news release. "We have years of evidence that demonstrate **the value of building safe and supportive schools**. These efforts **improve academic achievement, promote emotional well-being, reduce disciplinary actions, and increase positive behaviors**," said U.S. Secretary of Education Miguel Cardona. "Safe and supportive schools help our children and youth overcome trauma and provide a strong foundation of emotional and physical safety. These grants will provide real benefits to real students in real schools." Cardona sent a letter to state educational agencies outlining **three principles** to consider when designing a competitive grant competition and providing direction locally for using the funds: **1) create positive, inclusive and supportive school environments; and increase access to place-based interventions and services,** **2) engage students, families, educators, staff and community organizations in the selection and implementation of strategies and interventions to create safe, inclusive and supportive learning environments, and** **3) design and implement policies and practices that are responsive to underserved students, protect student rights, and demonstrate respect for student dignity and potential.**

More information about the BSCA Stronger Connections grant program

\$4M awarded in career academy grants

Gov. Kim Reynolds and the Iowa Department of Education today awarded four \$1 million grants through the Career Academy Incentive Fund to **increase access to career academy programs in high-demand fields through new regional centers**. The recipients are Iowa Central Community College, North Scott Community School District, Northwest Iowa Community College and Southwestern Community College. The new regional centers will be based in Storm Lake, Eldridge, Sioux Center and Mount Ayr, according to a news release. Each will serve students from surrounding school districts. At the new centers, students will have access to career and technical education programs and equipment to prepare them for high-demand careers including advanced manufacturing, agriculture equipment technology, automotive repair, construction, health care and information technology. This is the fifth round of awards from the Career Academy Incentive Fund since the fund was established in 2019. Applications for a sixth round of funding will open next spring. More information on the fund is available on the [Iowa Department of Education's website](#).

CARE FOR THE ELDERLY – LONG TERM CARE

BOLD act – The Public Health Division, in 2020 as Iowa Department of Public Health, was awarded \$200,000 for Year 1 of the BOLD programming, and then \$326,400 each of the next two years. We are currently in Year 3 of a three-year award.

Addresses Alzheimer's disease and related dementias

More than 66,000 Iowans aged 65 and older have Alzheimer's disease

It is the sixth-leading cause of death in the US, affecting nearly six million Americans.

In addition, approximately 73,000 Iowans provide unpaid care for people with Alzheimer's or dementia.

In 2020, the Iowa Department of Public Health was awarded a three-year capacity-building cooperative agreement from the Centers for Disease Control and Prevention (CDC) to inform and develop public health infrastructure to improve and expand efforts that address challenges presented by Alzheimer's disease and related dementias (ADRD).

The Alzheimer's Disease and Related Dementias Program focuses on issues such as increasing early detection, diagnosis and risk reduction for ADRD, prevention of avoidable hospitalizations related to these diseases and conditions and providing support for dementia-related caregiving.

In its second year, program staff have been developing a state plan specific to Alzheimer's disease and related dementias with the help of various partners and guidance from the CDC Healthy Brain Initiative State and Local Public Health Partnerships to Address Dementia: The 2018-2023 Road Map. ADRD Program staff along with its advisory committee have engaged a statewide coalition of 50 members from a variety of backgrounds, experiences, programming and services, geographic areas and levels of care and interaction with persons who experience dementia.

Together, the program and coalition created a list of recommendations and are finalizing the new state plan, giving priority to strategies that will help improve Iowa's response to the needs of Iowans, their caregivers and the workforce that serves them. The coalition is also serving as a connecting point for organizations and individuals to inform ongoing activities and help implement the plan's strategies.

One in ten Iowans aged 45 years and older are experiencing subjective cognitive decline.

Approximately 73,000 Iowans provide unpaid care for people with Alzheimer's or dementia

The Long-term Goals

1. Increase the proportion of adults aged 65 and older with diagnosed ADRD, or their caregiver, who are aware of the diagnosis;
2. Increase the proportion of older adults who talk to their health care provider about changes in their memory;
3. Reduce the proportion of preventable hospitalizations in adults aged 65 and older with diagnosed ADRD; and
4. Increase the proportion of older adults who use the Welcome to Medicare benefit

The Alzheimer's Association has statistical information

The Older Iowans Legislature

Speakers we've had:

Hope Harbor – Storm Lake666

Josephine Gittler – U. of Iowa - Wiley B. Rutledge Professor of Law, Professor of Health Management and Policy, Professor of Nursing, and Professor of Pediatrics, Director of National Health Law and Policy Resource Center
Co-Director, Institute on Guardianship and Conservatorship

Paul Muelhausen – Medical director, Iowa Total Care

Kitty Buckwalter, UIHC, a world-renowned leader, mentor, and researcher in the field of geropsychiatric nursing. She has worked closely with the National Academy of Medicine on their recent report, "Quality of Care in Nursing Homes". Her work has been with Caregivers of persons with dementia, as well as stigma for PWD and their caregivers and works with the Csomay Center of Gerontological Excellence at the UI. <https://nursing.uiowa.edu/faculty-staff/emeriti-directory/buckwalterk6>

Report - The National Imperative to Improve Nursing Home Quality: Honoring Our Commitment to Residents, Families

7 recommendations:

1. The way in which the U.S. finances, delivers and regulates care in nursing home settings is ineffective, inefficient, fragmented and unsustainable.
2. Immediate action to initiate fundamental change is necessary.
3. Federal and state governments, nursing homes, health care and social care providers, payers, regulators, researchers and others need to make clear a shared commitment to the care of nursing home residents.
4. Extreme care needs to be taken to ensure that quality improvement initiatives are implemented using strategies that do not exacerbate disparities in resource allocation, quality of care or resident outcomes (including racial and ethnic disparities) which are all too common in nursing home settings.
5. High quality research is needed to advance the quality of care in nursing homes.
6. The nursing home sector has suffered for many decades from both underinvestment in ensuring the quality of care and a lack of accountability for how resources are allocated.
7. All relevant federal agencies need to be granted the authority and resources from the U.S. Congress to implement the recommendations of this report.

Committee vision: Residents of nursing homes receive care in a safe environment that honors their values and preferences, addresses the goals of care, promotes equity and assesses the benefits and risks of care and treatments.