



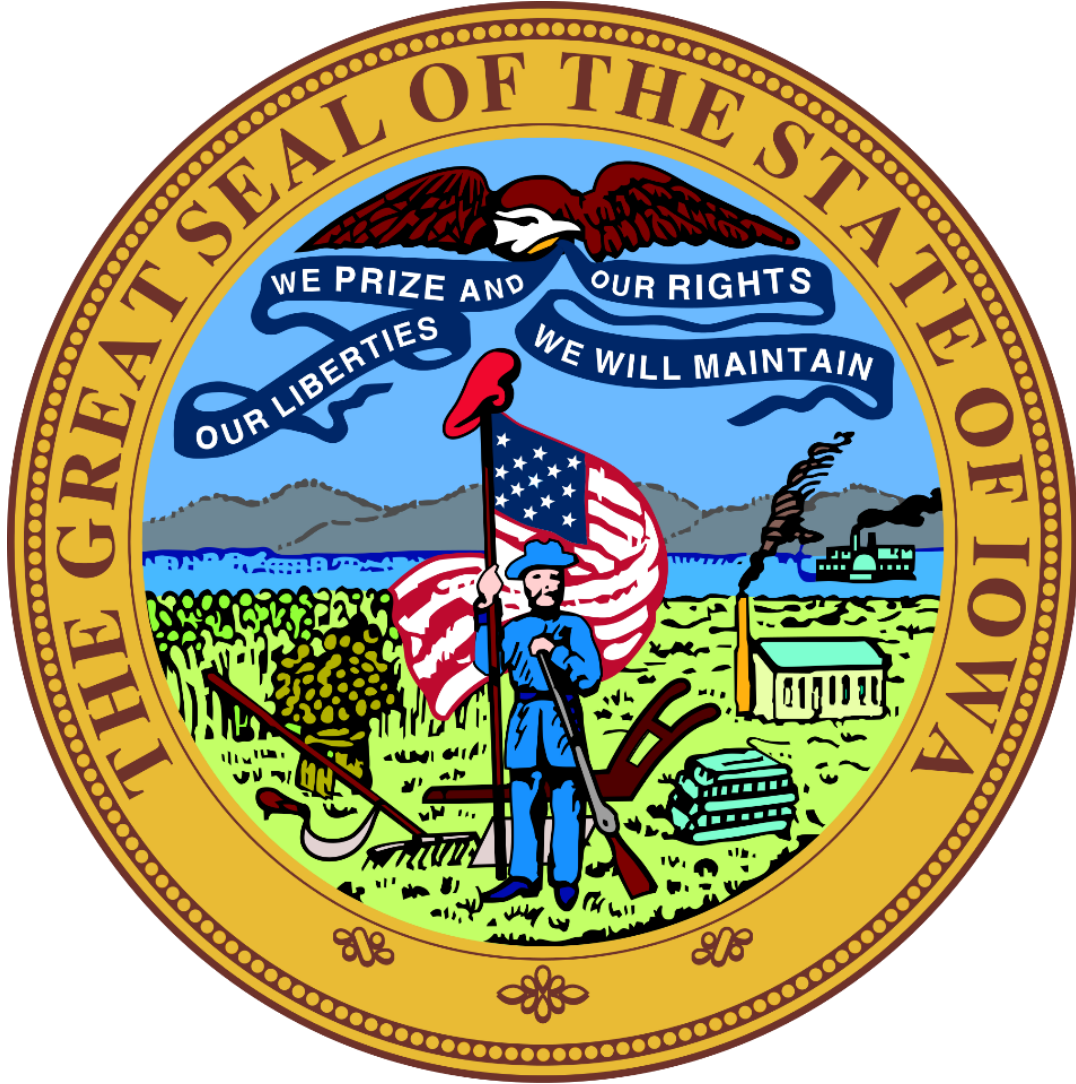
# IOWA SUBSTANCE ABUSE PREVENTION AND TREATMENT & COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

January 2024

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# STATE INFORMATION

- Pages 1-45
- Information on agencies involved – both IDPH and DHS are listed
- Funding Agreement
- Assurances
- Certifications signed by the governor



**STEP 1: ASSESS  
THE STRENGTHS  
AND  
ORGANIZATIONAL  
CAPACITY OF THE  
SERVICE SYSTEM  
TO ADDRESS THE  
SPECIFIC  
POPULATIONS**

- Overview of the state's mental health a substance use:
  - Prevention, early identification, treatment and recovery support system
- How the mental health a substance use disorder system is organized
  - State and local levels
  - Differentiating between child and adult systems
- Role of state agencies involved
- Description of entities that provide services
  - Regional, county and local
- How these systems address the needs of underserved populations



# THE STATE MENTAL HEALTH AUTHORITY AND THE SINGLE STATE AUTHORITY



Alignment of DHS and IDPH took place July 1, 2023



As a result of the alignment both state agencies are housed together within the Division of Behavioral Health



Previous (block grant) plan stated plan for alignment and included common block grant goals



First year the state has submitted a combined block grant

STATE OF IOWA  
DEPARTMENT OF  
**Health**  
AND  
**Human**  
SERVICES





## **II. ORGANIZATION OF THE PUBLIC BEHAVIORAL HEALTH SYSTEM FOR CHILDREN AND ADULTS**

Through substance use block grant, IPN network funded for substance use and gambling prevention, treatment and recovery services

Sets standards for facilities and services provided to adults and children with mental illness, intellectual disabilities, developmental disabilities and brain injury

Collaborate with mental health and disability services (MHDS) CEOs to communicate across the system

Promotes integrated employment

Organizes and facilitates workgroups designed to address behavioral health system gaps and barriers

Leads, funds, monitors and supports statewide substance abuse prevention, treatment and recovery efforts

Coordinates and collaborates with individual, groups, contracted agencies and multi-state agencies for alcohol, tobacco and other drug prevention services

# **IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF BEHAVIORAL HEALTH**





## DIVISION OF BEHAVIORAL HEALTH: COLLABORATION WITH OTHER HHS DIVISIONS

- State-Operated Facilities Division
  - Civil Commitment Unit for Sexual Offenders
  - State Resource Centers
  - Mental Health Institutes
  - Eldora State Training School



## **DIVISION OF BEHAVIORAL HEALTH: COLLABORATION WITH OTHER HHS DIVISIONS**

- Iowa Medicaid
- Family Well-Being and Protection
- Aging and Disability Services





# IOWA DEPARTMENT OF EDUCATION

- The Iowa Department of Education works collaboratively with Iowa HHS to support behavioral health services for children
- Grants for therapeutic classrooms
- Development of Scanlan Center for School Mental Health




- 100% state funded
- Standardized core services with defined access standards
- Examples of core services: access centers, crisis stabilization, health homes, job development, mobile response, peer supports, respite and 23 hour crisis observation and holding (there are a lot more too)



**MHDS REGIONS**





**THE SUBSTANCE USE  
AND PROBLEM  
GAMBLING SERVICES  
INTEGRATED PROVIDER  
NETWORK (IPN)**

Substance use and  
problem gambling  
treatment

Prevention

Recovery

IPN services are funded  
by the state for  
individuals who are  
below 200% of the  
federal poverty level

IPN funds the following  
services:

Network support

Substance misuse and  
problem gambling  
prevention

Substance use and  
problem gambling  
treatment

Medication for opioid  
use disorder



# LEGISLATION AFFECTING THE PUBLIC BEHAVIORAL HEALTH SYSTEM - 2022

- Provisional licensure of psychologists
- Tiered rates for inpatient psychiatric intensive care
- Loan repayment for MH professionals
- Integration of DHS and IDPH

- Assess for special kids (ASK) resource center
- National Alliance on Mental Illness (NAMI)
- The Office of Recovery Services (ORS)
- Mindspring Mental Health Alliance



# CONSUMER ADVOCACY ORGANIZATIONS



# **CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC PLANNING GRANT**

- 1 year, 1 million dollar planning grant from SAMHSA
- CCBHCs are clinics modeled to comprehensively and collaboratively address patient needs relating to mental health and substance use disorders
- Iowa HHS developed Community Stakeholder Engagement committee to advise the state on the development of CCBHC program
- Current activities Iowa HHS are working on include:
  - Developing Iowa's CCBHC certification processes and requirements
  - Development of a prospective payments system and rate
  - Statewide coordination of CCBHC efforts
  - Defining and redefining data collection





# III. THE CONTINUUM OF SERVICES

Section A: Prevention



# SUBSTANCE MISUSE PREVENTION

- Funded through block grants via IPN network, legislative appropriations and federal discretionary grants
- Iowa's prevention complies with the Institute of Medicine Prevention Classifications and Iowa's Epidemiological profile
- Through the IPN, Iowa provides substance use prevention in all 99 counties







# MENTAL HEALTH TRAINING

- The focus on professional growth and development is a strength for Iowa
- Individuals with lived experience and their families are attendees, planners and presenters in many trainings provided
- Education on mental health conditions is important to address stigma and improve community awareness of appropriate interventions
- CMHCs provided trainings on 15 EBPs in FY23





# TRAINING FOR CRISIS PROVIDERS

- Through grants, provided workforce training and technical assistance for providers working with behavioral crisis in two populations: Children and families & LGBTQ
- DBH is expanding Relias education for SUD providers
- Iowa HHS offers the annual Governor's conference on Substance Use Prevention, Treatment and Recovery



# ADDITIONAL TRAININGS IN IOWA

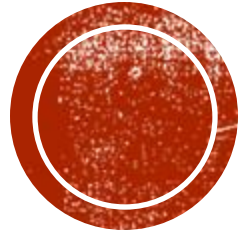
- Adverse Childhood Experiences training and resources are available through [www.iowaaces360.org](http://www.iowaaces360.org)
- Mental Health First Aid – 8 hour certification course available to general public
- Youth Mental Health First Aid – Through Iowa Department of Education and local agencies received AWARE grants to increase capacity of the training
- Mindspring Mental Health Alliance – webinars and additional resources can be found at [www.mindspring.org](http://www.mindspring.org)
- National Alliance on Mental Illness – Multiple training and education programs for individuals and families of individuals with a mental illness. Also has an annual conference that provides training and education on mental health-related topics
- MHDS regions have promoted trauma-informed care trainings



# SUICIDE PREVENTION

- Iowa Suicide Prevention Planning Group created a five year plan in 2022. Priorities include:
  - Build capacity in suicide prevention, intervention and postvention in local and state level
  - Evidence based and culturally sensitive prevention, intervention and postvention
  - Promote resilience through collaboration, public education and community supports
- Zero suicide grant





# III. THE CONTINUUM OF SERVICES

B. Early Identification/ Intervention

# EARLY IDENTIFICATION/INTERVENTION

## 988 Implementation

- July 16, 2022
- Uses two crisis centers in Iowa: CommUnity and Foundation 2
- 142% Increase in contacts in the first year
- Crisis counselors helped 98% of contacts without further need for support

## Crisis Services

- Crisis services available in each MHDS region include:
  - Access Centers
  - Crisis evaluation
  - Crisis stabilization
  - Mobile response
  - 23 hours crisis observation
  - Subacute mental health facility treatment
- Similar services in place for youth as well



# EARLY ACCESS

- Early intervention for children birth to age three who:
  - Have a health or physical condition that may affect their growth or development
  - Have development delays that affect their ability to play, think, talk or move.
- Support parents to help their children learn and grow through everyday activities and routines
- Iowa's area education agencies are responsible for carrying out the program





# ADDITIONAL CHILDHOOD PROGRAMS

- 1<sup>st</sup> Five Healthy Mental Development – promotes the use of standardized developmental tools that support health mental development for young children in their first five years.
- Iowa Association for Infant and Early Childhood Mental Health – Services, supports, education and training for infants and early childhood mental health.
- Project Launch – Support children by fostering safe, stable, and nurturing relationships in the first 8 years





# EARLY INTERVENTION - MEDICATIONS

- Naloxone is FDA approved to rapidly reverse opioid overdose
- Iowa HHS is providing Naloxone to organizations, businesses and schools which may be in a position to render aid to a person at risk
- Free opioid disposal packets are available
- Deactivate and throw away any unused opioid medication



# TREATMENT SERVICES

- Services are available to Iowans through a variety of funders
- Medicaid is a major source of funding services in Iowa – provided by three contracted MCOs (Amerigroup, Iowa TotalCare, Molina)
- Each MCO is required to provide an array of Mental Health and Substance Use services
- Iowa Health and Wellness Plan members also have a limited set of Medicaid-funded services
- IPN Substance Use Disorder and Problem Gambling Treatment Services are available to individuals at or below 200% of Federal Poverty Level guidelines
- Co-Occurring Services funded several different ways
- CCBHC Grantees funded by SAMHSA; Iowa participating in federal planning grant currently





# **INPATIENT PSYCHIATRIC AND RESIDENTIAL SUD CARE**

- **Inpatient Bed Tracking**
  - Implemented 8/1/15; managed by Iowa HHS
  - 2017 legislation requires hospitals with inpatient psychiatric units to report 2x/day
  - Bed availability for individuals w/ complex needs remains difficult to obtain – patients often stay in ER beds while waiting for inpatient availability
- **Mental Health Institutes**
  - Cherokee: 24 adult beds; 12 child
  - Independence: 40 adult; 16 child



# INPATIENT PSYCHIATRIC & RESIDENTIAL SUD CARE

- **Specialized Psychiatric Units in General Hospitals**
  - 26 hospitals in Iowa w/ licensed inpatient psychiatric units
  - Licensed capacity of 900 beds; staffed bed capacity is 681 (484 adult, 72 geriatric, 125 child)
- **Residential Care Facilities for Persons w/ a Mental Illness**
  - 8 programs with 10 locations and 135 beds currently licensed
- **Intermediate Care Facilities for Persons w/ a Mental Illness**
  - Medicaid will fund persons 65+; MHDS regions must fund anyone not eligible for Medicaid
  - 3 facilities w/ a capacity of 130 currently licensed
- **Psychiatric Medical Institutions for Children (PMIC)**
  - 8 private agencies with 432 licensed beds – 2 focus on youth w/ SUD & co-occurring needs
- **Residential Treatment for SUD**
  - 23 programs currently licensed



# COMMUNITY-BASED SERVICES

Assertive  
Community  
Treatment  
(ACT)

Case  
Management  
Services – IHH

Habilitation  
Services

IRSH

Illness  
Management  
Recovery (IMR)

Intensive  
Psychiatric  
Rehabilitation  
(IPR)



# COMMUNITY-BASED SERVICES

- Supported Employment/Employment Services
  - Several initiatives active attempting to increase the number of people with disabilities in competitive, integrated employment
  - Advancing State Policy Integration for Recovery and Employment (ASPIRE) Steering Committee began in 2021 with 4 IPS sites covering 32 counties; plans to cover 42 by 2024
  - Iowa Vocational Rehabilitation Services made training and funding for the Customized Discovery model of supported employment available to all of their community rehab providers statewide in October 2021
- Supported Community Living Programs
  - 94 accredited programs operating in each county in Iowa





**RECOVERY  
IS  
POSSIBLE**

# ASAM LEVELS OF CARE FOR SUBSTANCE USE TREATMENT

- 0.5 – Early Intervention
- 1.0 – Outpatient Services
- 2.1 – Intensive Outpatient Services
- 2.5 – Partial Hospitalization
- 3.1 – Clinically Managed Low Intensity Residential Services
- 3.3 – Clinically Managed Population-Specific High Intensity Services
- 3.5 – Clinically Managed High Intensity Residential Services
- 3.7 – Medically Monitored Intensive Inpatient Services
- 4.0 – Medically Managed Intensive Inpatient Services



**RECOVERY  
SUPPORTS**

- Peer Support Services
- Recovery Community Centers
- Recovery Housing
- Peer-Run Organizations
- Respite
- Wellness Recovery Action Planning (WRAP)
- Wellness Centers
- Iowa Warmline



# PROVIDERS OF MENTAL HEALTH SERVICES

- **Community Mental Health Centers and other Mental Health Service Providers**
  - 26 CMHCs in Iowa; 95 other agencies accredited as Mental Health Service Providers
- **Federally Qualified Health Centers (FQHCs)**
  - 14 in Iowa with 73 sites
- **Availability of Mental Health Providers**
  - 89/99 counties are listed as being a "health professional shortage" area for mental health
  - Primary Care Provider Loan Repayment Program
  - Psychiatric Residency Programs
  - ARPA/COVID Funding for SUD Sign-On and Retention Bonuses



A photograph of five children (three girls and two boys) jumping joyfully in a grassy field. They are holding hands and have their arms raised. The children are wearing bright, colorful clothing: an orange tank top, a light blue t-shirt, a yellow polo shirt, a pink dress, and a teal t-shirt. The background is a blurred green field with trees.

# **SUPPORTS FOR CHILDREN'S MENTAL HEALTH SERVICES**

- Children's Behavioral Health System State Board
- MHDS Regions
- Systems of Care programs (5 in Iowa serving 16 counties)
- HHS Divisions, state, and local agencies



# CHILDREN'S MENTAL HEALTH SERVICES

- Youth SUD Services
  - Among Iowa's 99 licensed SUD providers, 3 provide residential for a total of 58 beds
- Behavioral Health Intervention Services (BHIS)
- Children's Mental Health Waiver
  - Current capacity of 1,339; wait list of 896
- Educational Services and Supports
  - Area Education Agencies (AEAs); Iowa Department of Education
- Systems of Care for Children/Youth with an SED
- Services to Youth Aging out of Foster Care/Transition Age Youth
- Therapeutic Foster Care



# SUPPORTS FOR OLDER PERSONS

- 1. IOWA HHS DIVISION OF AGING
  - A. HCBS Elderly Waiver
    - Iowa Medicaid has a Waiver for older persons.
      - Services are individualized to meet the needs of each member, to remain in their home of communities, who would otherwise require care in a medical institution.
      - Members have access to Medicaid covered services and benefits.
      - No waiting list.
    - 1. PREADMISSION SCREENING AND RESIDENT REVIEW (PASRR)





# SUPPORTS FOR INDIVIDUALS EXPERIENCING HOMELESSNESS

- PATH
- S.O.A.R-SSI/SSDI OUTREACH, ACCESS, AND RECOVERY
- HOUSING SUPPORTS
- HOME AND COMMUNITY BASED SERVICES WAIVER RENT SUBSIDY PROGRAM
- TREATMENT FOR INDIVIDUALS EXPERIENCING HOMELESSNESS GRANT (TIEH)
- MHDS REGIONS





# **SERVICES FOR VETERANS AND SERVICE MEMBERS**

**IOWA HAS TWO  
VETERANS ADMINISTRATIONS  
(VA)**

**-IOWA CITY AND DES MOINES-**





**IOWA HSS IS RESPONSIBLE  
FOR IOWA'S DISASTER  
BEHAVIORAL HEALTH PLAN.**



**Iowa HHS staff serves as the  
liaison between the federal  
government disaster grant  
programs and the state of Iowa.**



# **SERVICES TO SUPPORT PRIORITY POPULATIONS**

- **SUD Treatment for Pregnant Women and Women with Dependent Children**
- **SUB Treatment for Persons who Inject Drugs**
- **SUD Treatment Requirement Regarding Tuberculosis (TB)**
- **Early intervention Services for HIV/AIDS**



# STEP 2-IDENTIFY THE UNMET SERVICE NEEDS AND CRITICAL GAPS WITHIN THE CURRENT SYSTEM

## STATE OF IOWA OVERVIEW

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### State Demographic Summary

Iowa, became the 29<sup>th</sup> U.S. State in 1846.

Des Moines, Iowa's largest populous county, is the capital city.

Iowa's 99 counties estimate a population of 3,200,517 in 2022, which increase 10,148 since 2020.

Iowa's general population characteristics include:

- Male 49.8%/Female 50.2%
- Population under 5 years: 5.8
- Population under 18 years: 22.6%
- Populations 65 and over: 18.3%
- Population 85 years and over: 2.4%
  - Median age: 38.3 years
- Educational attainment of High School degree or higher 92.8%/Bachelor's degree or higher 29.7%
  - Civilian veterans: 5.7%
- Language spoken at home: English only 85.5%/ Spanish 3.94%/Asian and Pacific Islander 1.59% and other 2.48%
- Median Household Income: \$65,429
  - Urban 63.2%/Rural 36.8%
- Individuals below poverty level: 11.1%



# STATE EPIDEMIOLOGICAL WORKGROUP AND PREVENTION PARTNERSHIP ADVISORY COUNCIL (SEWPPAC)

- Iowa HHH's Division of Behavioral Health, Bureau of Services, Planning, and Performance chairs and supports the SEWPPAC.



State Epidemiological Workgroup (SEW) started in 2006 via a grant provided by SAMHSA.



The Prevention Partnership Advisory Council (PPAC) was established in 2009 as a requirement of the Strategic Prevention Framework State Incentive Grant (SPF SIG) through SAMHSA.



In 2019, these groups joined efforts to create one council (SEWPPAC).





45 state and local members from across Iowa representing a variety of organizations

**Process involves:**

Forming an epidemiological team to:

- a. Assess, analyze, interpret
- b. Communicate data
- c. as it related to Iowa substance consumption patterns and consequences.

Establishes the Strategic Prevention Framework as the basis for ongoing state substance abuse prevention (and treatment)

**SEWPPAC Goals:**

1. Prevent the onset and reduce the progression of chosen priority substance misuse issues
2. Reduce substance misuse-related problems in the community.
3. Build and support prevention capacity and infrastructure at the state and community levels.

## SEWPPAC Purpose:

1. • Assess the scope and extent of substance misuse and substance misuse-related priorities for prevention funding and services.
2. • Increase the state and community level capacity to address the substance misuse priorities.
3. • Develop and support a Strategic Plan to address the substance misuse priorities.
4. • Recommend the implementation of effective prevention strategies that address the priorities and effect positive change in outcomes.
5. • Guide the evaluation of the Strategic Prevention Framework (SPF) process at the state and community levels.
6. • Promote cultural responsiveness and equity throughout the SPF process.
7. • Develop a plan to sustain the outcomes from the SPF process.

## SEWPPAC Objectives:

1. Support an array of services by coalitions, state agencies and other partners.
2. • Develop a plan to enhance the capacity, infrastructure, and cultural responsiveness of substance misuse prevention efforts at the state and community levels.
3. • Promote the use of data driven decisions to select evidence-based practices.
4. • Build a foundation for delivering and sustaining effective substance misuse prevention services.



# UNMET MENTAL HEALTH SERVICE NEEDS AND GAPS

- **Children with Serious Emotional Disturbance (SED)-  
Identified Needs**
- Number of Children with Serious Emotional Disturbance, ages 9-17, 2021, it is estimated that the Iowa SED prevalence ranges from 19,226-42,297.
- As of August 2023, there are 896 children on the CMH waiver waiting list to be considered for a slot.
- In 2021 (Iowa Youth Survey) Approx. 46,000 Iowa 6<sup>th</sup>, 8<sup>th</sup>, and 11<sup>th</sup> grades had thoughts of suicide. 85 of those 6<sup>th</sup> graders, 11% of the 8<sup>th</sup> graders, and 12% of 11<sup>th</sup> grade students made a plan. 4% of 6<sup>th</sup> graders, 5% of 8<sup>th</sup> graders, and 5% of 11<sup>th</sup> grader attempted to kill themselves.



# ADULTS WITH SMI/OLDER ADULTS WITH SERIOUS MENTAL ILLNESS/RURAL/HOMELESS

- • For adults 18 and above, the National Survey of Drug Use and Health, 2021, reported:
- • 4.94% of Iowans 18 years or older had serious thoughts of suicide in the past year
- • 9.33% reported a major depressive episode in the past year
- • 6.46 had an SMI, while adults 18-25 had almost double the rate at 11.98%
- • 25.26% reported having any mental illness in the previous year
- • For adults 18-25, higher rates of serious mental illness and major depressive episodes in the past year were noted while the overall adult population and the 18-25 population accessed mental health services at essentially the same rate of 20%.



# ADULTS WITH SMI/OLDER ADULTS WITH SERIOUS MENTAL ILLNESS/RURAL/HOMELESS

1. The need for intensive, community-based services for individuals with complex needs, including individuals with a serious mental illness, substance use disorder, co-occurring conditions have been identified as a priority by Iowa Stakeholders.

2. Lack of appropriate services, for individuals with complex behavioral health needs have been identified. Also, the difficulty for obtaining appropriate inpatient care when needed, and community-based outpatient care appropriate to meet the complexity of their behavioral health needs.

3. As part of the 2018, Complex Need Workgroup process, the Assertive Community Treatment services was measured across the state. It was recommended to measure the .06 percent of the population should have access to and ACT team. Using this measurement, Iowa needed 22 ACT teams. Iowa currently has 18 ACT teams.





# EARLY SERIOUS MENTAL ILLNESS

Starting in 2014 Iowa started to develop Early Serious Mental Illness (ESMI)/First Episode Psychosis, FEP teams.

10% of the award fund are set aside for this program.

As of 2021, Iowa has four teams. Located in Cedar Rapids, Des Moines, Mason City, and Sioux City. In FY2023, the 4 teams served 102 individuals.

Of those individuals, 957 are experiencing a first episode of psychosis. The number of individuals receiving NAVIGATE services is a small percentage of the estimated Iowans with an SMI or first episode.

The need for the program at the beginning is essential. Currently, the state is exploring how to assist the program in expanding its reach and serving more individuals.







# UNMET SUBSTANCE USE DISORDER SERVICE NEEDS AND GAPS

## Primary Prevention Services

- Through the Integrated Provider Network (IPN), prevention services focus on the lifespan.
- a. Priorities of alcohol, marijuana, methamphetamine, opioids, and prescription medication as well as tobacco.
- b. IPN contractors are required to provide service to:
  - Adult Alcohol Heavy Drinking (Ages 25-65)
  - Youth Marijuana Use (Ages 12-20)
  - Methamphetamine - All Ages
  - Opioids - All Ages
  - Adult Prescription Medication Misuse (Ages 65 and older)
  - Youth Tobacco Use (Ages 12-20)



# **UNMET SUBSTANCE USE DISORDER SERVICE NEEDS AND GAPS**

- Iowa HHS has been monitoring Iowa's alcohol-involved deaths, and data reviewed showed a ten-year trend in which deaths related to alcohol use doubled in those 45 years old and older.
- The IPN prevention workforce is experiencing challenges with workforce prevention staffing capacity and ensuring competency due to turnover.
- Even though prevention service needs have increased, staffing levels have remained stagnant.



## STRATEGIES TO MEET NEED-PRIMARY PREVENTION

- Iowa HHS will support two in-person learning communities for IPN prevention on needs and gaps to strengthen processes through the IPN grant.
- Iowa HHS will conduct one training needs assessment with IPN prevention contractors to determine priority training topics.
- Iowa HHS will create an online training portal for IPN prevention contractors.
- Iowa HHS will create at least five promotional items to highlight various prevention training opportunities.
- Iowa HHS will create and support a Project ECHO process for the prevention field, including IPN prevention contractors, to discuss timely and relevant prevention topics and share best practices.
- Iowa HHS will create four data visualizations focused on IPN prevention strategies, IPN prevention service allocations and IPN prevention service innovative success stories. Iowa HHS will continue to require IPN prevention contractors to use data to inform prevention services and ensure prevention services across the lifespan through the Strategic Prevention Framework process.
- Iowa HHS will continue to engage disparate populations through IPN prevention services driven through the Strategic Prevention Framework.



# DEVELOPMENT OF RECOVERY HOUSING AND COMMUNITY CENTER TO SUPPORT INDIVIDUALS WITH SUD OR IN RECOVERY FROM AN SUD

- Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT)
- The law mandates that the Secretary of Health and Human Services shall identify the development of best practices for operating recovery housing.
- Best practices include a suggested minimal standard that:

Consider how recovery housing can support recovery and prevent relapse, and overdose, including by improving access to medication assisted treatment.

Identify or facilitate the development of common indicators that could be used to pinpoint potentially fraudulent recovery housing operators.



# **DEVELOPMENT OF RECOVERY HOUSING AND COMMUNITY CENTER TO SUPPORT INDIVIDUALS WITH SUD OR IN RECOVERY FROM AN SUD (CONT.)**

SUPPORT legislation seeks to improve resident care for individuals suffering from substance use disorder (SUD) needing supportive recovery-oriented transitional housing.

Recovery Housing is an intervention designed to address the recovering person's need for a safe and healthy living environment while providing recovery and peer support.

A significant gap within Iowa's treatment continuum of care is the lack of community centers and recovery housing arena.

- Iowa HHS has facilitated a Release for Proposals (RFP) and provided educational learning training across the state to assist in the knowledge development and implementation of Recovery Housing Community Centers.
- Iowa HHS has awarded funding to four recovery community centers around the state and has partnered with national organizations to establish an Iowa National Alliance for Recovery Residences (NARR) affiliate and the Iowa Coalition of Recovery Support Providers (ICRSP).





**STRATEGIES TO  
MEET NEEDS**

- ❑ Iowa HSS has hired multiple internal staff members
- ❑ COVID-19 Supplement, SOR 2, and American Rescue Funding (ARP) Supplement.
- ❑ Staff are responsible for the implementation and expansion of various recovery initiatives.
- ❑ Iowa HHS is supporting four recovery community centers across the state
- ❑ The center delivers recovery support service, peer coaching, meetings, calls and referral services

# PREGNANT WOMEN AND WOMEN WITH DEPENDENT CHILDREN; PERSONS WHO USE INJECTION DRUGS; TUBERCULOSIS SERVICES

- Four women and children IPN providers were selected to provide treatment and ancillary services statewide
- Treatment must be available when needed, with minimal wait time
- Several gaps identified suggest focus is needed at the time of initial intake:
  - i. Inquire if the client is pregnant and/or using drugs via injection
  - ii. Requirements related to counseling regulations
  - iii. Timeframes of admission from date of first contact to admission



# **STRATEGIES TO MEET NEEDS**

## Iowa HHS:

- provide targeted training to IPN providers
- implemented a SUBG regulations policy attestation/acknowledgment
- is continuing the contract with UNI-CSBR to initiate client-simulated calls for all IPN providers
- promotes technical assistance, training, and strategy development regarding SUBG priority population needs/regulations through IPN director monthly meetings
- facilitating collaboration between all IPN contractors' Community of Practice
- is enhancing data collection through the new Iowa Behavioral Health Data Reporting System (IBHRS)





# YOUTH SUBSTANCE USE DISORDER SERVICES

- Iowa recognizes youth in need of substance use disorder early intervention and treatment as an area of need
- Iowa young adults (age 18-24) at a higher risk than the US at large in many categories
- 57% of Iowa young adults reported alcohol use in the past 30 days, compared to the national rate of 49%. Binge drinking was higher among young adults in Iowa (1 to 3) than nationwide (1 to 4).
- Marijuana use continues to be the most widely used substance by the age group
- drug-related deaths have increased
- Difficulty finding and utilizing services for Iowa's youth.
  - 58 beds dedicated to this age group, statewide.





# **STRATEGIES TO MEET NEEDS**

Lots of data is available to demonstrate the ongoing and increasing need for youth services

- Additional information is needed from Iowa's substance use treatment providers to:
  1. Understanding Iowa's current capacity
  2. Needs and gaps for serving youth in need of substance use services
    - i. Areas of interest:
      1. Iowa's existing infrastructure for youth substance use services
      2. Intersection between substance use treatment providers
      3. Other behavioral health services
      4. Child welfare
      5. Law enforcement
      6. Education
      7. Etc. who serve youth in Iowa

Iowa intends to carry out at least two activities for this purpose, by August of 2025.



# PERSONS AT RISK FOR HIV/AIDS

- Services are provided directly by IPN-funded providers or through interagency agreements with other local agencies.
- Services include counseling and education, risk of transmission, the relationship between injecting drug use and communicable diseases, steps taken to avoid transmission, and referral for HIV treatment.
- Early intervention services are undertaken voluntarily.
- Services are not required as a condition of receiving substance abuse treatment services.





# 1. MENTAL HEALTH PLANNING COUNCIL FEEDBACK

## *Needs and concerns identified by Mental Health Planning Council Members:*

- Overall mental health system:
- The Planning Council recommends that the state focus on expanding peer support services.
- More access to peer-run respite houses is also recommended
- More warmline services including services focused on youth. Expand warmline to 24 hours per day operation.
- Decrease in workforce, specifically Licensed Independent Social Workers (LISW), psychiatric nurses, Advanced Registered Nurse Practitioners (ARNP), Physician Assistants (PA), Licensed Mental Health Counselors (LMHC), Psychiatrists etc. as well as the direct workforce.
- More training for the community and providers on brain injury and its effect on mental health.
- Lack of a “place to go” for individuals in crisis in rural areas



# QUESTIONS?

Thank you

January 2024

Theresa Henderson

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