

Council on Health and Human Services

Meeting Minutes

JANUARY 11, 2024

COUNCIL MEMBERS	HHS STAFF
Rebecca Peterson ✓	Director Kelly Garcia
Dr. Donald Macfarlane	Matt Highland ✓
Sam Wallace ✓	Sarah Reisetter ✓
Jack Willey ✓	Zach Rhein ✓
Monika Jindal ✓	Sarah Ekstrand ✓
Kay Fisk ✓	Elisabeth Matney ✓
Andrew Allen ✓	Cory Turner ✓
Sandra McGrath ✓	Erin Drinnin ✓
Samantha Rozeboom ✓	Janee Harvey ✓
	Marissa Eyanson ✓
	Robert Kruse ✓

EX-OFFICIO LEGISLATIVE MEMBERS
Senator Jeff Edler
Senator Sarah Trone Garriott
Representative Heather Matson
Representative Ann Meyer

Call To Order

Council Chair, Rebecca Peterson called the Council meeting to order at 10:00 a.m. via zoom teleconference. Chairwoman Peterson tabled the acceptance of the previous month's meeting minutes until next meeting, in order to get clarification on a rule number mentioned. (this has since been confirmed as correct in the December minutes.)

Roll Call

All Council members (apart from Dr. Donald Macfarlane) were in attendance.
No Ex-Officio members were present.

Director's Report

HHS Director, **Kelly Garcia** (presented by **Matt Highland**, Director of Strategic Operations)

Perry School Shooting

- HHS initiated an incident command structure early on January 4 in response to the Perry High School shooting.
- This structure allows for enhanced command, control, and coordination to support the Medical Examiner's Office and the Behavioral Health needs of the community.
 - We deployed a disaster behavioral health response.
 - Quickly adjusted funding for our 988 and Your Life Iowa campaigns to specifically reach the Perry community with
 - 988 and YLI resources, in both English and Spanish, on a variety of platforms.
 - Pushed out a 1-pager with resources in collaboration with the Department of Education.
 - We also met with legislators on Jan 5. in a joint meeting to share what our response looked like and answer the questions that we could.
- This is an ongoing response, but this structure and approach, which Dr. Kruse will provide more detail on as well as our broader emergency response planning,

- BUT this is a space where alignment served us well and really supported the needs of a comprehensive response.

HMA System Alignment

- HHS released the system alignment recommendations report to stakeholders January 5.
 - The goal of the alignment is to create consistency in access to services for lowans, and better use funding, talent, and other resources.
 - The scope of the recommendations are significant and we are working on a thoughtful and organized approach to the work with an initial focus on behavioral health services and supports.
- The Behavioral Health part of this work will be our focus this legislative session and Marisa Roseberry and Marissa Eyanson will talk you through this in their presentation.

Aging and Disability Services

- Work on Iowa's Multisector Plan for Aging is also moving forward, Zach Rhein our Aging and Disability is leading that work, and Eugenia from his team will present on that a little later here.

Family Well-Being and Protection

- You'll also recall we worked with Change Innovation Agency (CIA), which has released their final report and report summary.
- There's a lot of significant work that will come from this, that Janee will present on today as well.

We're Moving Significant Work Forward

- We've been proving you updates on all the foundational and transformational work were doing through a number of assessments and initiatives and now it's exciting to see those moving forward and coming to fruition.

State Medical Director's Report

State Medical Director, **Dr. Robert Kruse** presented.

Incident Command System (ICS) Command Structure-

- As Matt Highland had mentioned earlier, in response to the Perry School shooting incident, an incident command structure was initiated for command, control, and coordination to support the Medical Examiner's Office and the Behavioral Health needs of the community. This is the first-time post-alignment that we have stood up an Incident Command Structure.
- The creation of Iowa HHS has expanded to include agencies of Public Health, Human Services, Volunteer Iowa, Department of Aging, among others. With the expansion comes the need for review of plans, procedures, and utilization of best practices for implementation.
- As legacy agencies, we have maintained our agency specific plans and procedures for emergency response. The new HHS agency holds responsibility for ESFs (Emergency Support Functions) 5 Volunteer Management, ESF 6 Sheltering and Mass Care, ESF 8 Public Health and Medical and the Radiological Support Annex within the State Response Plan. In addition to the new agency structure, the Iowa Homeland Security Agency has changed the operating procedures at the SEOC (State Emergency Operations Center) for responding to emergencies.
- Iowa HHS has already begun the process of developing a Preparedness and Response Plan that is inclusive of the new and added responsibilities post alignment with an ICS structure to implement the plan. Real world knowledge and experience of best practices from legacy staff provides optimal feedback, resulting in successful outcomes.
- We also have some new hires that have 28 years of experience in emergency preparedness and response as well as performing ICS functions.

High Blood Lead Levels in Children Consuming Recalled Cinnamon Applesauce Pouches

- The Centers for Disease Control and Prevention (CDC), Food and Drug Administration (FDA), and state and local partners are investigating a link between blood lead levels (BLLs) ≥ 3.5 $\mu\text{g}/\text{dL}$ in children consuming certain cinnamon-containing apple purée and applesauce products.
 - State partners tested multiple lots of the reported products, and test results indicated the products contained extremely high levels of lead.
 - As of January 8, 2024, the FDA has received 87 confirmed complaints/reports of adverse events potentially linked to recalled product across the nation. The confirmed complainants, or people for whom a complaint or adverse event was submitted and met FDA's complainant definition, are between zero and 53 years of age and the median age is one year old. We have had at least one case here in Iowa.
 - We have coordinated and communicated with our partners around the state to remove recalled product on shelves.
 - Consumers should not eat, sell, or serve recalled apple cinnamon pouches and should discard them.
 - Lead is toxic to humans and can affect people of any age or health status. Protecting children from exposure to lead is particularly important because they are more susceptible to lead toxicity.
 - Most children have no obvious immediate symptoms. Parents and caretakers should consult a healthcare provider if you suspect a child may have been exposed to lead.
 - Short term exposure to lead could result in the following symptoms: headache; abdominal pain/colic; vomiting; anemia.
 - Longer term exposure could result in the following additional symptoms: irritability; lethargy; fatigue; muscle aches or muscle prickling/burning; constipation; difficulty concentrating/muscular weakness; tremor; weight loss.
- Recalled WanaBana apple cinnamon fruit puree pouches – including three packs.
 - Recalled Schnucks-brand cinnamon-flavored applesauce pouches and variety pack.
 - Recalled Weis-brand cinnamon applesauce pouches.

Mpox remains a risk in U.S. and Iowa

- The Centers for Disease Control and Prevention (CDC) is issuing this Health Alert Network (HAN) Health Advisory to notify clinicians and health departments about the occurrence, geographic spread, and sexually associated human-to-human transmission of Clade I Monkeypox virus (MPXV) in the Democratic Republic of the Congo (DRC).
- MPox has two distinct genetic clades. Clade I and Clade II. A clade is a broad grouping of viruses that has evolved over decades and is a genetic and clinically distinct group).
- The rash will go through several stages, including scabs, before healing.
- Other symptoms of mpox can include Fever, Chills, Swollen lymph nodes, Exhaustion, Muscle aches and backache, Headache, Respiratory symptoms (e.g., sore throat, nasal congestion, or cough).
- Vaccines (Jynneos) are available and expected to be effective for both Clade I and Clade II MPXV infections.
- There is no known risk for Clade I MPVX in the United States at this time. CDC continues to recommend people with risk factors for mpox be vaccinated with two doses of the JYNNEOS vaccine. If someone with risk factors for mpox has only received one dose, they should receive a second dose as soon as possible because two doses provide greater protection.

Temporary Reporting Orders

Iowa HHS has renewed 4 temporary reporting orders. We use reporting orders for public health surveillance to ensure prompt and systematic reporting of conditions and to more effectively identify and monitor emerging trends and potential outbreaks, thereby safeguarding public health. The timely reporting of these conditions is vital for enabling a rapid public health response. This includes the

deployment of targeted control measures to curtail the spread of these diseases and mitigate their impact on the community. We also use reporting orders for data collection to deepen our understanding of their epidemiology and inform the development of more effective policy and intervention strategies.

- The four reporting orders are for Acute Flaccid Myelitis (AFM), Candida auris, Carbapenemase-Producing Organisms (CPO), and Multisystem Inflammatory Syndrome in Children (MIS-C).
- Acute Flaccid Myelitis (AFM) is a rare but serious condition that affects the nervous system, specifically the area of the spinal cord called the anterior horn, which causes the muscles and reflexes to become weak. It predominantly impacts children and can result from a variety of causes, including viral infections.
- Candida auris is a multidrug-resistant fungus that poses a serious global health threat. It can cause severe infections, especially in hospitalized patients with significant medical comorbidities.
- Carbapenemase-Producing Organisms (CPO) refer to bacteria that are resistant to carbapenem antibiotics, often considered the last line of defense against multidrug-resistant infections. This is important for Antibiotic Stewardship: Reporting CPO cases aids in guiding appropriate antibiotic use and preventing further resistance.
- Multisystem Inflammatory Syndrome in Children (MIS-C) is a condition where different body parts become inflamed, including the heart, lungs, kidneys, brain, skin, eyes, or gastrointestinal organs. MIS-C is associated with COVID-19.

Brand names for recalled apple sauce can be found at the following link.

<https://www.fda.gov/food/outbreaks-foodborne-illness/investigation-elevated-lead-chromium-levels-cinnamon-applesauce-pouches-november-2023>

Department of Inspections, Appeals, and Licensing Rule Making

Ashleigh Hackel, General Counsel, Administration Division.

These rules implement 2023 Iowa acts, senate file 75, which require the department to adopt emergency rules related to rural emergency hospitals, and comply with executive order 10, which require the review/repromulgation of this entire chapter.

- Adopted and Filed Emergency. This was addressed with medical providers and open to public comment before coming to the council.
- ~~Notice of intended action regarding ambulatory surgical centers~~ (proposed new chapter 481-49) **(This one needed to be amended and will come up next time)**

A motion was made by Jack Willey to approve and seconded by Dr. Monica Jindal.

MOTION UNANIMOUSLY CARRIED

HMA System Alignment and Behavioral Health Recommendations

Marisa Roseberry, Bureau Chief of Performance

Marissa Eyanson, Division Director of Behavioral Health and Wellbeing

presentation available online.

They partnered with HMA to assess systems.

- With the divisions coming together how does one navigate the services offered by HHS?
- How do we work better with providers on the ground?
- Health Management Associates.

Steps taken:

- Looked into 5 Funding system models.
- Establish what codes would need to be changed to make this work.
- They held 7 town halls including some virtual, asking what's working and what should we address.
- Stakeholder interviews and local input were taken.
- Surveys went out to partners and consumers.

The scope of this work needs to be thoughtful and in a phased approach. Behavioral Health currently has the highest need.

What have public comments shown?

- There is significant need for access to mental health treatment and help with substance abuse issues.
- People feel they are not getting the help they need and don't know how to go about getting it.
- Help for kids is high priority.

There is ongoing Litigation regarding the DOJ decent decree about helping people in their homes. CCBHC will give us a more robust system. Let people know where to go.

Some of the goals:

- Coordinated systems so that people know where to go to find it.
- Make this a statewide plan that will reduce redundancies.
- Make sure the local level is connected to state level and therefor to the federal level. All having the same goals.
- Fund on measurable outcomes.
- Establish a new code for BH.
- Integrate disabilities services.
- New structure for administrative services so the best people are at the table and it is accessible to all who need it in the state.

There are a few different programs that do similar work. It would be best to put these tasks together so that its clear where funding is needed, coming from, and where clients should go.

They will be refiguring the district map for Behavioral Health by population and factors of need. Make sure services are available where they are needed most and avoid travel (when possible) for clients. These regions will still have advisory boards to make sure what's happening is the right thing for the district.

This will also help with the funding change in thinking. Block grants could go by districts rather than by individuals in district (as some patients may want to go to another district for treatment). This is a very needed change so that everyone in the state has access to the same services. Specialty care will sometimes mean people have to travel. It will not grow us new practitioners. It will distribute more funding to our providers.

Looking downstream there are different areas that could be focused on. For some positions physicians may not be needed. If we could bring in counselors for issues such as substance abuse or gambling. Most of the time providers are covering both mental health and substance abuse, even though they are funded differently. These issues occurring simultaneously should be normalized as it is often the case. The providers should be able to treat issues collaboratively without choosing just one form of treatment.

It will be important to be mindful when educating the public about these changes. It will take about a year of transfer, during that time we need to be thoughtful about a communicating the plan to all lowans. Clearly communicate what it means in real life. Where to go or who to call.

Change and Innovation Agency (CIA) Child Welfare Report

Janee Harvey, Division Director of Well-Being and Protection presented the report.

Presentation available online.

Increase Prevention Efforts

- Increase prevention efforts to support families before Child Protective Services gets involved.
- Establish a prevention and support line, as an alternative to intake (hotline) referrals.
- Implement a closed-loop referral system to better send and receive referrals between services and ensure an appropriate resolution.

- Limit the use CINA as an entry pathway and enhance the availability of community-based resources for mental health and behavioral services to support post-adoptive supports.

Support Relative Kin and Foster Parents

- Increase financial support to relative kin and foster parents.
- Develop expedited and separate licensing standards for relative or kinship foster family homes.
- Remove barriers to providing the engagement and services needed to move cases to safe closure.

Eliminate Barriers to Engagement and Services

- Assure children are receiving the correct level of care for the correct amount of time.
- Allow for supervision flexibility in the Family Centered Services contract, based on risk and need.
- Standardize an expedient family handoff within five days ensures that families gain access to essential services sooner.
- Consider a pathway for volunteers to support Child Welfare.
- Expand Tribal Agreements beyond Meskwaki to other tribes along the border.
- Increase social worker engagement with children and families who have higher needs.

Support Child Welfare Staff

- Establish a mentoring program with clear goals and outcomes and provide financial stipends for mentors.
- Reduce the supervisor to worker ratio to improve quality of work and turnover rate.
- Continued focus on workforce retention and recruitment.
- Reduce documentation duplications to increase efficiencies.
- Standardize and prioritize training on the new child welfare computer system: VISION

Increase System Efficiencies

- Support consistent process during intake with standardized decision-making protocol.
- Elevate complex cases to the correct level of leadership.
- Tailor documentation to families' needs.
- Improve communication with our court and community partners.

The CIA assessment provides over 50 recommendations for consideration.

Some that stand-out to HHS include:

- Reduce the supervisor to worker ratio to 1:5.
- Begin providing services earlier in a case.
- Develop a warmline as an alternative to the hotline and build out a community pathway to services.
- Allow some cases to be handled by the Social Work Case Manager for the entirety of the case to include adoption.
- Implement a Structured Decision-Making Tool at intake.
- Develop separate licensing standards for relative/fictive kin.
- Improve process consistency among supervisors.

Completed Workforce Investments

- Completed initiatives that came directly from our listening sessions, feedback around recruitment and retention and the CIA assessment.
- Retention payments and recruitment payments to work towards growing our workforce.
- Additional staff should help with the workload.
- We are very short staffed in Des Moines. We have had staff members from across the state helped fill in with assessments in the Des Moines Service Area to help reduce workloads.
- We added our specialized staff members as Social Worker IVs to help with specialized case management. They started at the beginning of this month.
- We are now piloting a MSW IV-E Stipend Program which also began this month.
- We rolled out the Critical Incident Stress Management (CISM) process to help staff debrief after traumatic events.

- Establishing internship pipeline.

Workforce Investments In Process

- Pay difference between Social Work Case Managers (SWCMs) and Child Protective Workers (CPWs.)
- Standardizing mentoring
 - We have a longstanding practice of staff mentors new team members.
 - We will be creating a standardized list of criteria for mentorship.
 - to ensure all staff are receiving the same training.
 - The new criteria will be competence based.
 - We hope to follow up with additional information soon.
 - Expected rollout in 2024.
- Considering alternatives to on call and weekend coverage.
- Reducing volume of one-hour responses.
- Evaluating appropriate level of supervisor to CPW/SWCM ratio.
- Expanding trauma support services.

Multi-Sector Plan on Aging

Zach Rhein, Division Director of Aging and Disability Services

Eugenia Kendall gave presentation (*available online.*)

When talking about Aging, we are talking about how all of us live and age within our communities across the lifespan.

- Creating a Multisector Plan for Aging (formerly known as a Master Plan for Aging) is a cross sector, state-led strategic planning resource that can help states transform the infrastructure and coordination of services.
- It provides a clear framework to plan for 10 years or more on how multiple sectors and community partners are working together.
- It creates a common visions and clear priorities for how we address aging and disability issues.
- It coordinates resources and services to make it easier for us to age in place within our community of choice.
- It reflects input from a variety of voices of all ages and abilities across the Lifespan.

Even if Aging works together across state departments, they can't achieve this type of transformative work needed on their own.

They need the support of both public and private sectors working together along with elevating the voices of lowans, on what matters most, to make this work.

The Iowa HHS Division of Aging and Disability Services was invited to participate in an MPA Learning Collaborative with nine other states facilitated by the Center for Healthcare Strategies and funded by The SCAN Foundation, West Health, and the May & Stanely Smith Charitable Trust. Members of the Iowa Team include: Easterseals, AARP Iowa, Iowa Finance Authority, Iowa Developmental Disabilities Council, Iowa Medicaid, & Aging and Disability Services.

In November, three members from the Iowa team traveled to Sacramento to learn more from California's MPA team on how they developed and implemented their plan. The biggest take away was that it's not just about creating another plan it's about building lasting relationships.

Collaborative and technical assistance activities will continue through May 2024.

Iowa's MPA Vision is that All lowans have options and services they need to age in their community of choice with dignity and high quality of life.

Developmental Goals are to:

- 1) Secure Statewide executive leadership and cross-agency engagement.
- 2) Identify common goals across state agencies and community partners.
- 3) Identify current programs and initiatives that leverage and maximize resources to address the needs of individuals and families.

A proposed draft of our MPA engagement plan:

- In August 2022, the Legacy Iowa Department on Aging presented a plan for developing an MPA in Iowa to the Governor's Office. Staff received approval to move forward with efforts.
- Eugenia Kendall will be acting as the MPA's Project Manager to coordinate efforts and ensure we achieve our project goals.
- The Aging and Disability Services Division has renewed the contract with an MPA consultant who will provide administrative support to carry out our engagement strategies through Sept. 2024
- The MPA Learning Collaborative team has helped in develop the MPAs Engagement Plan based on what we are learning from other States and will continue to provide support as we carryout MPA engagement efforts.
- They plan is to Kickoff MPA efforts publicly through a series of MPA Town Hall Discussions with HHS Leadership beginning in the Spring 2024. I am working with the COMMS team to start coordinating these efforts and create a communications plan.
- Along with the MPA Town Hall Discussions we will also launch a public facing webpage to house an MPA Online Survey to gather additional public input on aging in place issues. This will also be a place to communicate all MPA efforts, eventually house the MPA document, and where continued monitoring efforts and process reports will be published.
- An MPA Steering Committee will be assembled to provide input and oversight for conducting topical subcommittee discussions on a variety of topics such as housing, transportation, and caregiving just to name a few.
- Cross-sector agency interviews will be conducted to ensure we hear from all interested state agencies and community partners.
- The teams MPA consultant will compile and summarize all MPA feedback and provide comprehensive recommendations on how to use the information provided in shaping MPA priorities and strategies.

Council Updates

Subcommittee review: A motion was put forward to request HHS Departments attend subcommittee meetings periodically to give updates on points of interest as well as trends, they would then come back to council with the update. Andrew Allen motioned to vote. Sam Wallace seconded. It was approved by unanimous vote and the motioned was carried.

Adjournment

A motion was made by Andrew Allen and seconded by Sam Wallace to adjourn the meeting. Meeting adjourned at 11:59 a.m.

Respectfully Submitted by:

Laura Myers
Council Secretary