Iowa Integrated Health Planning and Advisory Council (I-PAC) Mental Health Block Grant Recommendations

Although this is not a year that Iowa submits their full block grant application, we have recommendations that we would like to present and put forth for the next application. We have discussed contracts during the monitoring and oversight committee and have learned of community needs and gaps during council meetings as well.

Recommendation 1: Expansion of peer support services through peer-run organizations.

- Peer run organizations received funding through Covid supplemental funds and ARP funds, providing them with temporary funding and no support when those funds run out (7/31/2025)
- Peer run organizations and proved that they can expand services to reach more peers and provide additional services with that funding
    - Life Connections: served more peers at Iowa's only peer-run respite from across the state than it has in the past. Averaging 12 peers per month. Wellness center has new groups. Provide virtual wellness center state wide.
    - Freedom Point: engaged peers in its wellness centers and in the community through a variety of activities – higher levels of engagement and reached more peers in the past year, drawing people in with fun activities to learn more about peer support and get familiar with the organizations
    - NAMI Johnson County: Increase in activities at R-Place with a variety of topic and we created calendar. Lots of connection and working well with a diverse population. Peer telehealth state wide which is different from the warmline.
    - Iowa Peer Network: Over 150 people attended the peer support summit. Peer workforce appreciates the connectivity and networking that it offers. Provides study groups for certification board and topical meetings.
- Peer support is an evidence based practice
- Peer-run organizations both offer an alternative to traditional recovery model and can be used in conjunction with the traditional recovery model. Peer-run organizations can offer respite outside of a clinical environment, non-emergency telehealth support, emotional support from a peer to prevent a crisis from occurring, educational programming on recovery and programs that support self-management of mental health conditions such as WRAP. Peer support is holistic and offers an alternative to clinical settings that might detour persons with MI from using recovery services.
- The council recommends use of block grant dollars to continue grants for peer-run organizations

Recommendation 2: Language in CCMHC contracts to promote educations, trainings and services that focus on the needs of the aging population, transitional age youth and youth discharging from crisis services.

- There are limited providers in Iowa who have a geriatrics mental health specialization. The elderly population is the fastest growing population in Iowa and has the least providers prepared to support them with mental health services. The needs and

behaviors of elderly experiencing mental health symptoms is unique. There are also additional challenges with age related conditions such as dementia.

- Transitional age youth are moving from pediatric services to adults. These youth, especially those coming from institutional settings or transitioning from being wards of the state have specific needs and often fall through the cracks. By focusing on this population we can reduce the risk of crisis, self-medication through substance use and excessive use of community resources by providing adequate mental health care that promotes stability.

- Youth transitioning out of or discharging from crisis services need high levels of support and access to community mental health services. This is a particular struggle in rural areas where youth might have limited access to mental health providers, therapists and other outpatient mental health resources. Connecting with youth's family and setting up services to provide a smooth transition home is important for youth to maintain the stability they gained from crisis services. Youth may also need help with transitioning to more long-term care and parents need support with that process. Many youth are told that they have "behavioral" problems rather than mental health issues and this has been a barrier to getting mental health treatment that the youth needs.

- The council recommends that the contracts for CCMHC to use block grant funds highlights to needs for the these populations and encourage these areas to be a focus for the Community Mental Health Centers when they select how to use their funds.

Recommendation 3: Focus on services for the rural population including FEP and SOC

- The rural population experiences struggles related to having few providers, long wait times and sometimes have to travel an hour or more to get services. The rural population does not have the same access to programs that help in urban areas such as FEP and SOC. There is a lack of support beyond the clinical setting.

- There has been a grassroots effort to provide these services. Organizations providing services such as advocacy in school, parent support, detention prevention, prevent psychosis, avoid youth institutionalization and working one on one with students. The funding resources are limited for these programs though making it hard for them to grow and expand to meet the true need of the rural population.

- The council recommends that MHBG funds be used to support rural Iowa with increasing mental health services available and have the same access to programming that the urban areas have such as SOC, BHIS, FEP.