

Iowa Integrated Health Planning and Advisory Council

Council Policy

Purpose

1. To review the Combined Block Grant Application and to make recommendations.
2. To serve as an advocate for adults with a serious mental illness and/or substance use disorder; children with a serious emotional disturbance and/or substance use disorder; and other individuals with mental illnesses, emotional problems, and/or substance use disorder.
3. To monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health and substance use prevention, treatment, and recovery services within the State.

Vision

All Iowans have access to comprehensive mental health and substance use prevention, treatment, and recovery services and supports, hope for recovery and resilience within the community of their choice.

Mission

To assess, advise and advocate for system improvements and ensuring that community-based, culturally competent, evidence-based, and person-centered mental health and substance-use services and alternatives are available to all Iowans across the lifespan.

Organizational Development

The Iowa Integrated Health Planning and Advisory Council is an organization made up of persons with lived experience, providers, family members, and other advocates with the purpose of providing input to, evaluation, and oversight of the Iowa mental health and substance use prevention, treatment, and recovery services system.

Bylaws – additional clarification by the Council

Article I: Name

1. As of 3/20/2024, the name of the Iowa Mental Health Planning and Advisory Council is changed to Iowa Integrated Health Planning and Advisory Council (I-PAC, also referred to herein as “the Council”).

Article II: Duties and Activities

1. Decisions between meetings – Executive committee prepares agenda and meeting information and arrangements.

If a situation arises that requires input and/or approval from the Council:

- a) send a standard announcement e-mail
- b) give a finite timeframe for member input.

2. To the maximum extent feasible, have “transparency in operations:” make meeting minutes clear and precise, make minutes easily accessible, keep decision-making processes public.

Article III: Membership

1. I-PAC strives to be representative of the diverse population of Iowa.
2. For the purposes of the composition of the Council, Peer Support Specialists and Family Peer Support Specialists are counted as Persons with Lived Experience, rather than State employees or providers, whether providing peer support on a volunteer or paid basis.
3. The parent of a child with SED can serve on the Council until the child reaches the age of 25 or their current term as Council member has expired, whichever occurs later. If another eligible Council position is open, the Council can consider reassigning the term-expired Council member to another category of representation on the Council.
4. A youth can be an ex-officio member of the Council. Youth remain eligible through the age of 25 or through their term of membership (whichever occurs later). There is also the possibility they could change council membership categories and remain on the council. A youth representative could also be a short-term appointment, such as a college-age internship or mentored position.
5. One position on the Council is intended for a juvenile justice representative.
6. One position on the Council is intended for a person knowledgeable on older adult issues.
7. In compliance with SF 2175, a veteran knowledgeable about veteran mental health issues and resources is to be selected for membership on the Council.
8. If a person has had their position vacated, a new application for placement on the Council will not be considered for at least one year.
9. Per 42 U.S. Code § 300x (c)(2)(A)—as of 1/20/20, the number of positions on the I-PAC for parents or caregivers of children with SED is six (6). All efforts shall be made to recruit six. If this recruitment goal is not met in a term, a person with substantial personal and professional knowledge of children with SED could fulfill the sixth position. (*See federal code quoted on page 4 – specifically (c)(2)(A) and (B)*)

Article IV: Meetings

(This section has no further clarifications at this time.)

Article V: Officers, Committees, and Workgroups

1. The Orientation Workgroup is responsible for designing and distributing a membership packet for new members or prospective members, and for organizing any mentorship of new members.
2. The Nominations Committee will report at each Council meeting on membership rolls (e.g., whether present members are still eligible for their category of membership, if reminder calls were completed if anyone has had at least two consecutive absences, any recommendations for vacant positions).
3. Each workgroup will meet (may be virtual) at least once between Council meetings, and will report to the full Council at each I-PAC meeting.

4. As of 5/15/24, workgroups include: Orientation, Block Grant, Strategic Planning, Bylaws, Children's, Aging/Older Adults, Substance Use/Misuse, CCBHC, and Public Safety. Workgroups can be changed by the Executive Council, with input from the full Council, as needs arise.

Article VI: Conflict of Interest

1. The conflict of interest statements will be signed annually by the March meeting.

Other Topics

MHDS Commission

Per HF 811, 2009 state legislature requires coordination between the MHDS Commission and the I-PAC. Joint meetings are held in May and October.

Community Mental Health Center (CMHC) contracts for Block Grant Money

CMHC's should be required to implement EBP's with the block grant funds to comply with performance measures in block grant.

HHS staff responsibilities

The HHS staff person(s) assigned to the I-PAC will:

1. Prepare the minutes of each meeting.
2. Recruit new members by forwarding application materials per direction from the Nominations Committee.
3. Ensure that conflict of interest statements will be signed by all Council members by the March Council meeting.
4. Assist committees

42 U.S. Code § 300x-3. State mental health planning council

(a) **IN GENERAL** - A funding agreement for a grant under section 300x of this title is that the State involved will establish and maintain a State mental health planning council in accordance with the conditions described in this section.

(b) **DUTIES**- A condition under subsection (a) for a Council is that the duties of the Council are—

- (1) to review plans provided to the Council pursuant to section 300x-4(a) of this title by the State involved and to submit to the State any recommendations of the Council for modifications to the plans;
- (2) to serve as an advocate for adults with a serious mental illness, children with a severe emotional disturbance, and other individuals with mental illnesses or emotional problems; and
- (3) to monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State.

(c) **MEMBERSHIP**

(1) **IN GENERAL** - A condition under subsection (a) for a Council is that the Council be composed of residents of

the State, including representatives of—

(A) the principal State agencies with respect to—

(i) mental health, education, vocational rehabilitation, criminal justice, housing, and social services; and

(ii) the development of the plan submitted pursuant to title XIX of the Social Security

Act [42

U.S.C. 1396 et seq.];

(B) public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services;

(C) adults with serious mental illnesses who are receiving (or have received) mental health services;

and

(D) the families of such adults or families of children with emotional disturbance.

(2) **CERTAIN REQUIREMENTS** - A condition under subsection (a) for a Council is that—

(A) with respect to the membership of the Council, the ratio of parents of children with a serious emotional disturbance to other members of the Council is sufficient to provide adequate representation of such children in the deliberations of the Council; and

(B) not less than 50 percent of the members of the Council are individuals who are not State employees or providers of mental health services.

(d) **“COUNCIL” DEFINED** - For purposes of this section, the term “Council” means a State mental health planning council.

(July 1, 1944, ch. 373, title XIX, § 1914, as added Pub. L. 102-321, title II, § 201(2), July 10, 1992, 106 Stat.)

As of 3-17-10 Council meeting – Policy document updated 7-17-19, 1-15-20, 7-16-20, 3-15-23, 5-15-24