

# Substance Abuse Prevention and Treatment & Community Mental Health Services Block Grant

Part 3

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# Environmental Factors and Plan

# Access to Care, Integration, and Care Coordination - Required

- Across the US, a large number of people don't have access to behavioral health care, so states should focus on improving the range and quality of available services.
- The integration of primary and behavioral health care remains a priority
- Navigating behavioral health, physical health, and other support systems is complicated, and many people require care coordination
- Iowa recently combined the Department of Human Services and Public Health
- Options for treatment continue to increase throughout the state
- Iowa participates in \$2M 'Promoting Integration of Primary and Behavioral Health Care' SAMHSA project
- Iowa's substance use block grant recipients receive a per client/per month care coordination rate

# Health Disparities - Required

- SAMHSA expects BG \$\$ to support equity in access, services provided, and MH/SUD outcomes
- Grantees should collect and use data to identify subpopulations and decrease disparities both within those subpopulations and in comparison to the general population
- Iowa tracks: access/enrollment in services, types of services received and outcomes by race, ethnicity, gender, sexual orientation, gender identity, age
- Iowa does not have a data-driven plan to address and reduce disparities in access, service use, and outcomes for any subpopulations, linguistic disparities/language barriers, or a work-force training plan
- Policies have been developed for embedding health equity across internal and external work through accreditation, workforce development, data management, and planning efforts

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# Innovation in Purchasing Decisions - Requested

- Health Care Value = Quality/Cost
- SAMHSA anticipates that the movement toward value-based purchasing will continue as delivery system reforms continue to shape state systems, and is interested in whether and how states are using evidence in their purchasing decisions and what additional information is needed to support decisions regarding value-based purchases of MH/SUD services
- Iowa opted out of this elective environmental factor



## EBPs for Early Interventions to Address Early SMI (10% Set Aside) - Required

- Most of our existing services focus on later stages of illness, but early intervention is critical to treatment of MI before it can cause tragic results.
- States should move their systems to address the needs of individuals with a FEP, and shall not expend less than 10% of the MHBG amount received for carrying out this section each fiscal year.
- Iowa has 4 NAVIGATE programs with a planned FY24 & '25 budget of \$773,931.
- The state is considering expansion in FY24 of one of the teams to serve a larger geographical area and plans to work with the teams on incorporating peer support into the team structure

# Person-Centered Planning - Required

- States must engage adults with an SMI or children with an SED and their caregivers, when appropriate, in making health decisions
- In Iowa, IHH programs are all required to use person-centered planning processes. For HCBS services, person-centered planning is required in the Iowa Administrative Code. No current methods are used to encourage people to develop psychiatric advance directives.



# Program Integrity - Required



SAMHSA requires block grant funds to be expended in a manner consistent with the statutory and regulatory framework



In Iowa, we have a specific policy for assuring that the federal requirements are conveyed to intermediaries and providers, and TA is provided



# Tribes - Requested

- SAMHSA is required to submit plans on how it will engage in regular and meaningful consultation and collaboration with tribal officials in the development of federal policies that have tribal implications. States shall not required any tribe to waive its sovereign immunity in order to receive funds or for services to be provided for tribal members on tribal lands
- Iowa opted out of this elective environmental factor



# Primary Prevention – Required (Narrative)



States are required to spend not less than 20% of their allotment on primary prevention strategies directed at individuals who do not meet diagnostic criteria for an SUD and are identified not to be in need of treatment



Primary prevention set-aside funds must be used to fund strategies that also have a positive impact on other health and social outcomes like education, juvenile justice involvement, violence prevention, and mental health



States are required to develop a comprehensive primary prevention program that includes activities and services provided in a variety of settings that include, but are not limited to, the following strategies:

Information Dissemination, Education, Alternative Programs, Problem Identification and Referral, Community-Based Processes, and Environmental Strategies

# Primary Prevention – Required (Iowa)

- Iowa has a State Epidemiological and Outcomes workgroup
- The state collects data as part of a needs assessment process (includes analysis of primary prevention needs for all listed groups except children under age 12 and sexual/gender minorities)
- Iowa integrates National CLAS standards throughout prevention work
- The Iowa Board of Certification credentials prevention and treatment professionals, and Iowa HHS provides oversight of training and TA to prevention professionals
- The state has a strategic plan that addresses substance use primary prevention and was developed within the last 5 years, and has an Advisory Council

# Primary Prevention - Iowa

Information Dissemination:  
Health fairs, public service  
announcements, speaking  
engagements

Education: Delivery of EBPs,  
parenting and family  
management classes,  
education programs for faith  
communities

Alternatives: after-school  
programs, alcohol/tobacco/other  
drug or problem gambling  
prevention focused school or  
community events

Problem Identification and  
Referral: court-mandated alcohol  
and other drug awareness  
and education programs

Community-Based  
Programs: training or TA services  
to coalition members to enhance  
understanding of trends

Environmental:  
establishing alcohol, tobacco and  
drug use policies

# Criterion 1: Comprehensive Community-Based Mental Service Systems

- Available services and resources to enable individuals with mental illness, including co-occurring mental and substance use disorders, to function outside of inpatient or residential institutions.
- Comprehensive community-based mental services that the state of Iowa coordinates.
- Case management services.
- Activities intended to reduce hospitalizations and hospital stays.

# Criterion 2: Mental Health System Date Epidemiology

Target Population (A)	Statewide prevalence (B)	Statewide incidence (C)
1. Adults with SMI	132,646	
2. Children with SED	42,297	

The state uses the most recent SAMHSA prevalence data from URS Table 1 2021. The state does not calculate expected incidence of the target populations. The state plans services based on actual service usage, data collected from Iowa Medicaid and the MHDS regions, input from consumers and stakeholders on strengths and needs of the behavioral health system, and direction of state and legislative leadership regarding overall system goals.



Statutory Criterion for MHBG - Required for MHBG

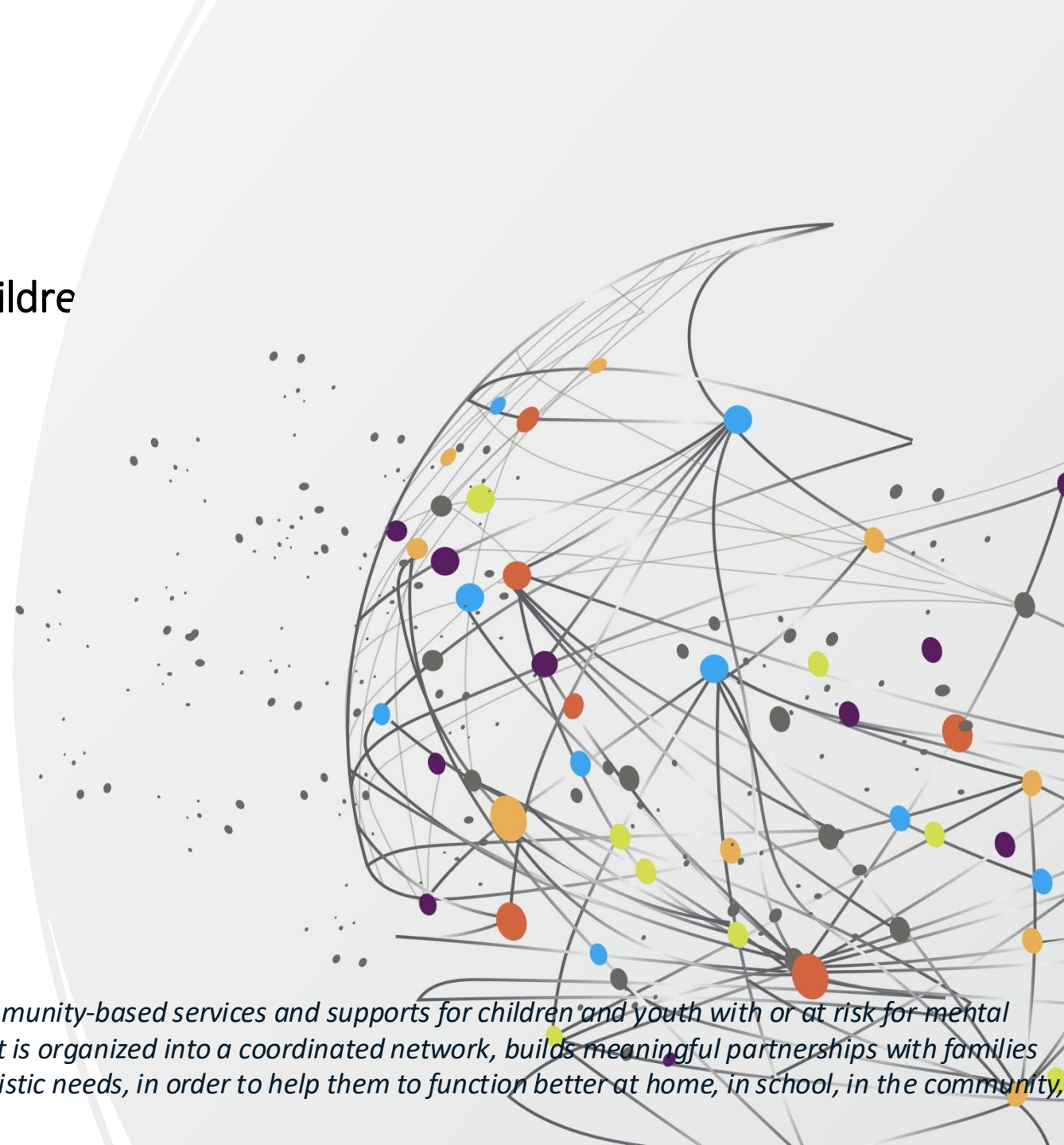
### Criterion 3: Children's Services

Provides a system of integrated services for children care for their multiple needs.

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- a) Social Services
  - b) Educational services, including services provided under IDEA
  - c) Juvenile justice services
  - d) Substance misuse prevention and SUD treatment services
  - e) Health and mental health services
  - f) Establishes defined geographic area for the provision of services of such systems

***(The state currently is not offering integrated services)***

*\*A system of care is: A spectrum of effective, community-based services and supports for children and youth with or at risk for mental health or other challenges and their families; that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them to function better at home, in school, in the community, and throughout life.*



Statutory Criterion for MHBG - Required for MHBG

*Criterion 4: Targeted Services to Rural and Homeless Populations and to Older Adults*

Provides outreach to and services for individuals who experience homeless community-based services to and community-based services to older adults.

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State's targeted services to the rural population.

- Assertive Community Treatment (ACT Teams) and Crisis Services

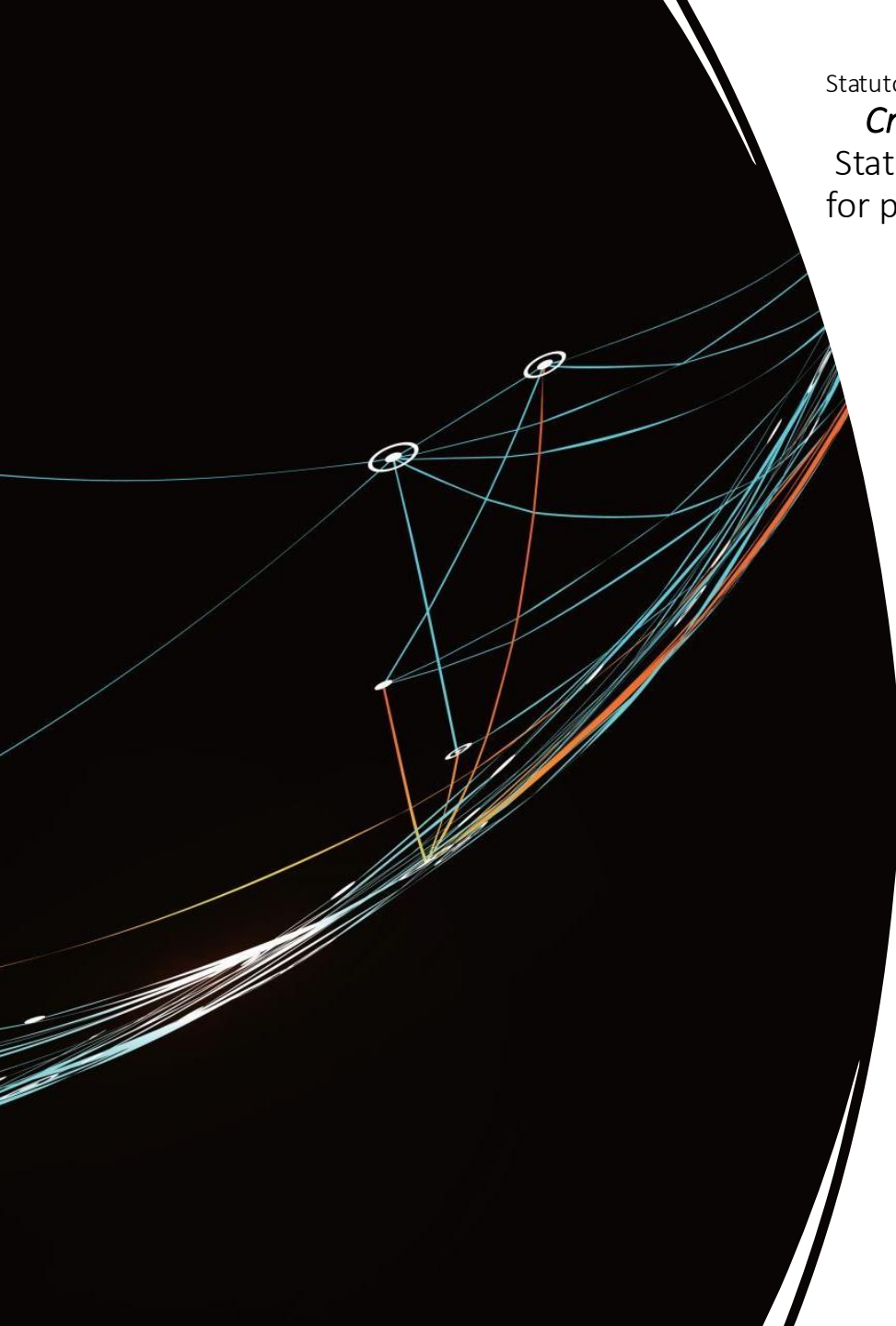
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State's targeted services to people experiencing homelessness.

3

State's targeted services to the older adult population.





Statutory Criterion for MHBG - Required for MHBG

***Criterion 5: Management Systems***

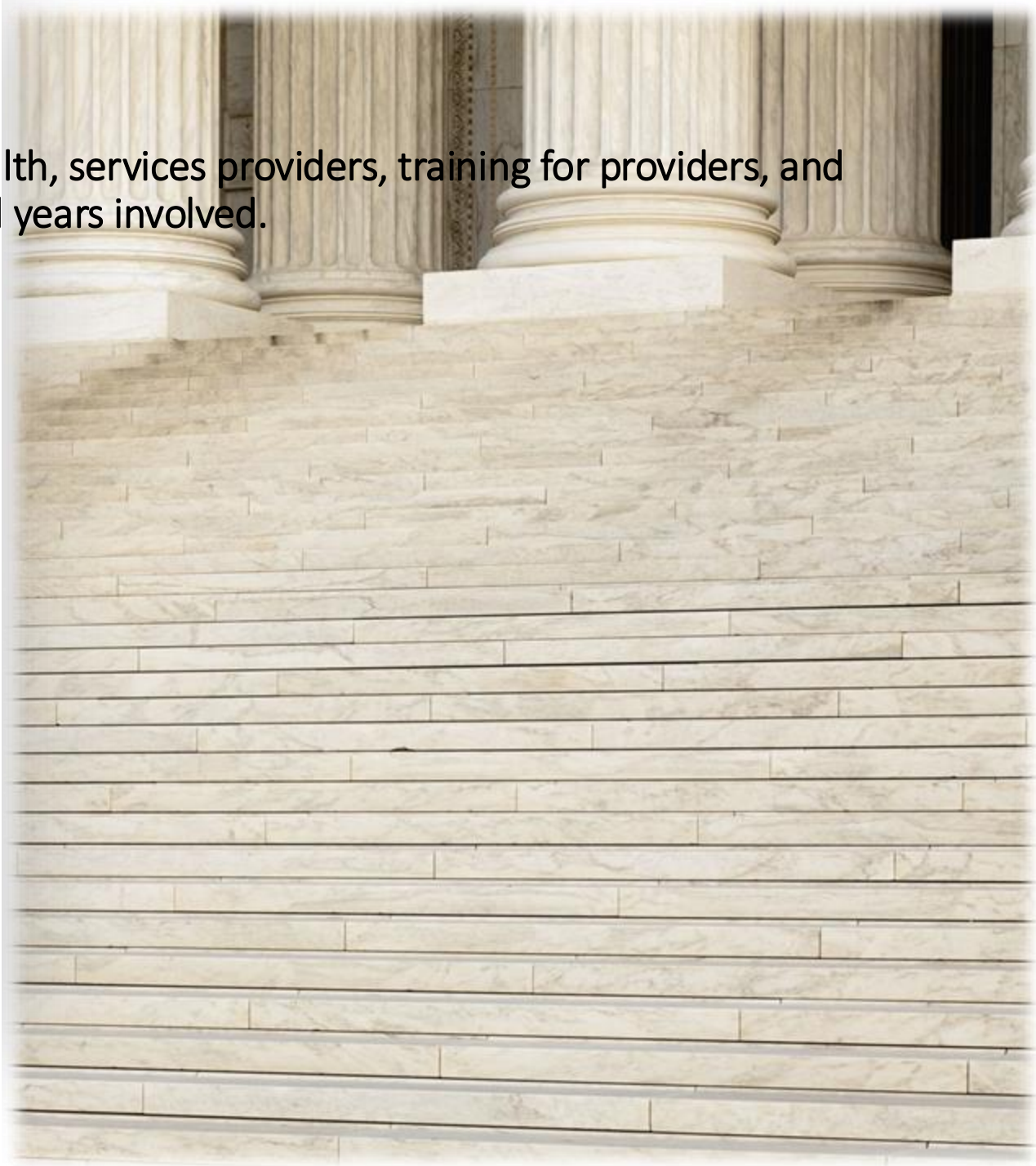
States financial resources, staffing, and training for mental health, services providers, training for providers, and how the state intends to expand the grant for the fiscal years involved.

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- Telehealth is a mode of service delivery that has been used in clinical settings for over 60 years and empirically studied for just over 20 years.
  - Telehealth is not an intervention itself, but rather a mode of delivering services. This mode of service delivery increases access to screening, assessment, treatment, recovery supports, crisis support, and medication management across diverse behavioral health and primary care settings.
  - Telehealth increases flexibility for both the provider and client, can be implemented during public health emergencies, and expands services when geographic barriers limit face-to-face interactions.
  - Telehealth can be integrated into an organization's standard practices, providing low-barrier pathways for clients and providers to connect and assess treatment.

## Criterion 5: Management Systems

States financial resources, staffing, training for mental health, services providers, training for providers, and how the state ate intends to expand the grant for the fiscal years involved.

- State's Management System:
  - Iowa HHS, under Kelly Garcia, is the designated State Mental Health Authority (SMHAO and designated Single State Authority of Substance Use Prevention, Treatment, and Recovery (SSA) for Iowa.
  - The estimated MHBG allocation for FY24 and 25 is \$7,739,414 per year. The state projects to expend \$386,970 per year on administration, \$386,970 on crisis services (5% set aside), \$773,941 per year on early serious mental illness programs (10% set aside), and \$6,191,532 per year on allocations to community mental health centers for services to individuals with an SMI/SED, training on EBPs, peer support/family peer support training, MH Planning Council support, and other system development projects.





Statutory Criterion for MHBG - Required for MHBG

## ***Criterion 5: Management Systems***

States financial resources, staffing, training for mental health, services providers, training for providers, and how the state intends to expand the grant for the fiscal years involved.

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Describe your state's current telehealth capabilities, how your state uses telehealth modalities to treat individuals with SMI/SED, and any plans/initiatives to expand its use.

- As a result of the pandemic, most providers greatly expanded their capacity to offer telehealth services and can bill Medicaid for them. Outpatient therapy and medication management are provided via telehealth.
- Barriers to telehealth include inconsistent broadband capacity in rural areas of Iowa as well as individuals not always having availability to access telehealth due to financial barriers (lack of data plan or equipment.)
- Providers have informed Iowa HHS that individuals generally prefer not to use telehealth for individual therapy as they prefer face-to-face.
- Telehealth is beneficial for individuals with SMI and SED to obtain services and remains useful to extent services to individuals with transportation barriers.

## Criterion 1: Improving access to treatment services



### 1. Does your state provide:

#### a) A full continuum of services:

- i) Screening **Yes** No
- ii) Education **Yes** No
- iii) Brief Intervention **Yes** No
- iv) Assessment **Yes** No
- v) Detox (inpatient/residential) **Yes** No
- vi) Outpatient **Yes** No
- vii) Intensive Outpatient **Yes** No
- viii) Inpatient/Residential **Yes** No
- ix) Aftercare; Recovery support **Yes** No

#### b) Services for special populations:

- i) Prioritized services for veterans? **Yes** **No**
- ii) Adolescents? **Yes** No
- iii) Older Adults? **Yes** No



Substance Use Disorder Treatment – Required SUPTRS BG

# Criterion 2: Improving Access and Addressing Primary Prevention -see Section 8

### Criterion 3: Pregnant Women and Women with Dependent Children (PWWDC)

- 1. Does your state meet the performance requirement to establish and/or maintain new programs or expand programs to ensure treatment availability? **Yes** No
- 2. Does your state make prenatal care available to PWWDC receiving services, either directly or through an arrangement with public or private nonprofit entities? **Yes** No
- 3. Have an agreement to ensure pregnant women are given preference in admission to treatment facilities or make available interim services within 48 hours, including prenatal care? **Yes** No
- 4. Does your state have an arrangement for ensuring the required supportive services? **Yes** No
- 5 Has your state identified a need for any of the following:
  - a) Open assessment and intake scheduling **Yes** No
  - b) Establishment of an electronic system to identify available treatment slots **Yes** No
  - c) Expanded community network for supportive services and healthcare **Yes** No
  - d) Inclusion of recovery support services **Yes** No
  - e) Health navigators to assist clients with community linkages **Yes** No
  - f) Expanded capability for family services, relationship restoration, and custody issues? **Yes** No
  - g) Providing employment assistance **Yes** No
  - h) Providing transportation to and from services **Yes** No
  - i) Educational assistance **Yes** No



Criterion 4,5,& 6: Persons Who inject Drugs (PWID), Tuberculosis (TB), Human Immunodeficiency Virus (HIV), Hypodermic Needle Prohibition, and Syringe Service Program.

- Persons Who Inject Drugs (PWID)
- 1. Does your state fulfill the:
  - a) 90 percent capacity reporting requirement **Yes** No
  - b) 14-120 day performance requirement with interim services **Yes** No
  - c) Outreach activities **Yes** No
  - d) Syringe services programs, if applicable **Yes** **No**
  - e) Monitoring requirements as outlined in the authorizing statute and implementing regulation **Yes** No
- 2. Has your state identified a need for any of the following:
  - a) Electronic system with alert when 90 percent capacity is reached **Yes** No
  - b) Automatic reminder system associated with 14-120 day performance requirement **Yes** **No**
  - c) Use of peer recovery supports to maintain contact and support **Yes** No
  - d) Service expansion to specific populations (e.g., military families, veterans, adolescents, LGBTQI+, older adults)? **Yes** No



## Criterion 4,5,& 6: Persons Who inject Drugs (PWID), Tuberculosis (TB), Human Immunodeficiency Virus (HIV), Hypodermic Needle Prohibition, and Syringe Service Program.

### Tuberculosis (TB)

1. Does your state currently maintain an agreement, either directly or through arrangements with other public and nonprofit private entities to make available tuberculosis services to individuals receiving SUD treatment and to monitor the service delivery? **Yes** No
2. Has your state identified a need for any of the following:
  - a) Business agreement/MOU with primary healthcare providers **Yes** **No**
  - b) Cooperative agreement/MOU with public health entity for testing and treatment **Yes** **No**
  - c) Established co-located SUD professionals within FQHCs **Yes** **No**
3. States are required to monitor program compliance related to tuberculosis services made available to individuals receiving SUD treatment. Please provide a detailed description of the specific strategies used.



## Criterion 4,5,& 6: Persons Who inject Drugs (PWID), Tuberculosis (TB), Human Immunodeficiency Virus (HIV), Hypodermic Needle Prohibition, and Syringe Service Program.



Per the CDC, the 2021 TB case rate for Iowa is 1.5 cases per 100,000 persons. This is significantly lower than the national average of 2.5 cases per 100,000 persons. Iowa owes its low TB case rate in part to proficient contact investigations, healthcare providers observance of treatment guidelines, adherence to DOT for active disease cases and the provision of medication for LTBI to more than 1,100 Iowan's annually.



Iowa HHS is the state agency which is responsible for TB Control. The TB Control Program is composed of two full time employees: the Program Manager and the Nurse Consultant.

## Criterion 4,5,& 6: Persons Who inject Drugs (PWID), Tuberculosis (TB), Human Immunodeficiency Virus (HIV), Hypodermic Needle Prohibition, and Syringe Service Program.

The purpose and scope of responsibilities is defined by the core functions of the TB Control Program, which include:

- Disease consultation and education
- Investigation of active or suspect TB cases
- Case management of LTBI and active TB cases
- Administration of Iowa's TB Medication Program
- Data management and analysis
- Administration and finance

The Annual CDC Report for Iowa Tuberculosis Control indicates that 49 cases of TB were reported in Iowa in 2021.

## Criterion 4,5,& 6: Persons Who Inject Drugs (PWID), Tuberculosis (TB), Human Immunodeficiency Virus (HIV), Hypodermic Needle Prohibition, and Syringe Service Program.

### Early Intervention Services for HIV (for "Designated States" Only)

1. Does your state currently have an agreement to provide treatment for persons with substance use disorders with an emphasis on making available within existing programs early intervention services for HIV in areas that have the greatest need for such services and monitoring such service delivery?
2. Has your state identified a need for any of the following:
  - a) Establishment of EIS-HIV service hubs in rural areas
  - b) Establishment or expansion of tele-health and social media support services
  - c) Business agreement/MOU with established community agencies/organizations serving persons with HIV/AIDS

### Syringe Service Programs

1. Does your state have in place an agreement to ensure that SUPTRS BG funds are NOT expended to provide individuals with hypodermic needles or syringes(42 U.S.C.Â§ 300x-31(a)(1)F)?
  2. Do any of the programs serving PWID have an existing relationship with a Syringe Services (Needle Exchange) Program?
  3. Do any of the programs use SUPTRS BG funds to support elements of a Syringe Services Program?
    - If yes, please provide a brief description of the elements and the arrangement
- These questions need responses.



Substance Use Disorder Treatment – Required SUPTRS BG

## **Criterion 8,9,&10: Service System Needs, Service Coordination, Charitable Choice, Referrals, Patient Records, and Independent Peer Review**

### Service System Needs

The state has an agreement in place to ensure that the state it has conducted a statewide assessment of the need for prevention and treatment for authorized services available, identified gaps in services, and outlined the state's approach for improvement.

State identified need for the following:

- a) Workforce development efforts to expand service access
- b) Establishment of a statewide council to address gaps and formulate a strategic plan to coordinate services
- c) Establish a peer recovery support network to assist in filling the gaps
- d) Incorporate input from special populations (military families, service members, veterans, tribal entities, older adults, sexual and gender minorities)
- e) Formulate formal business agreements with other involved entities to coordinate services to fill gaps in the system, i.e. primary healthcare, public health, VA, community organizations
- f) Explore expansion of services for:
  - i) MOUD
  - ii) Tele-Health
  - iii) Social Media Outreach

## Criterion 8,9,&10: Service System Needs, Service Coordination, Charitable Choice, Referrals, Patient Records, and Independent Peer Review

### Service Coordination:

1. Does your state have a current system of coordination and collaboration related to the provision of person-centered and person-directed care?

Yes No

2. Has your state identified a need for any of the following:

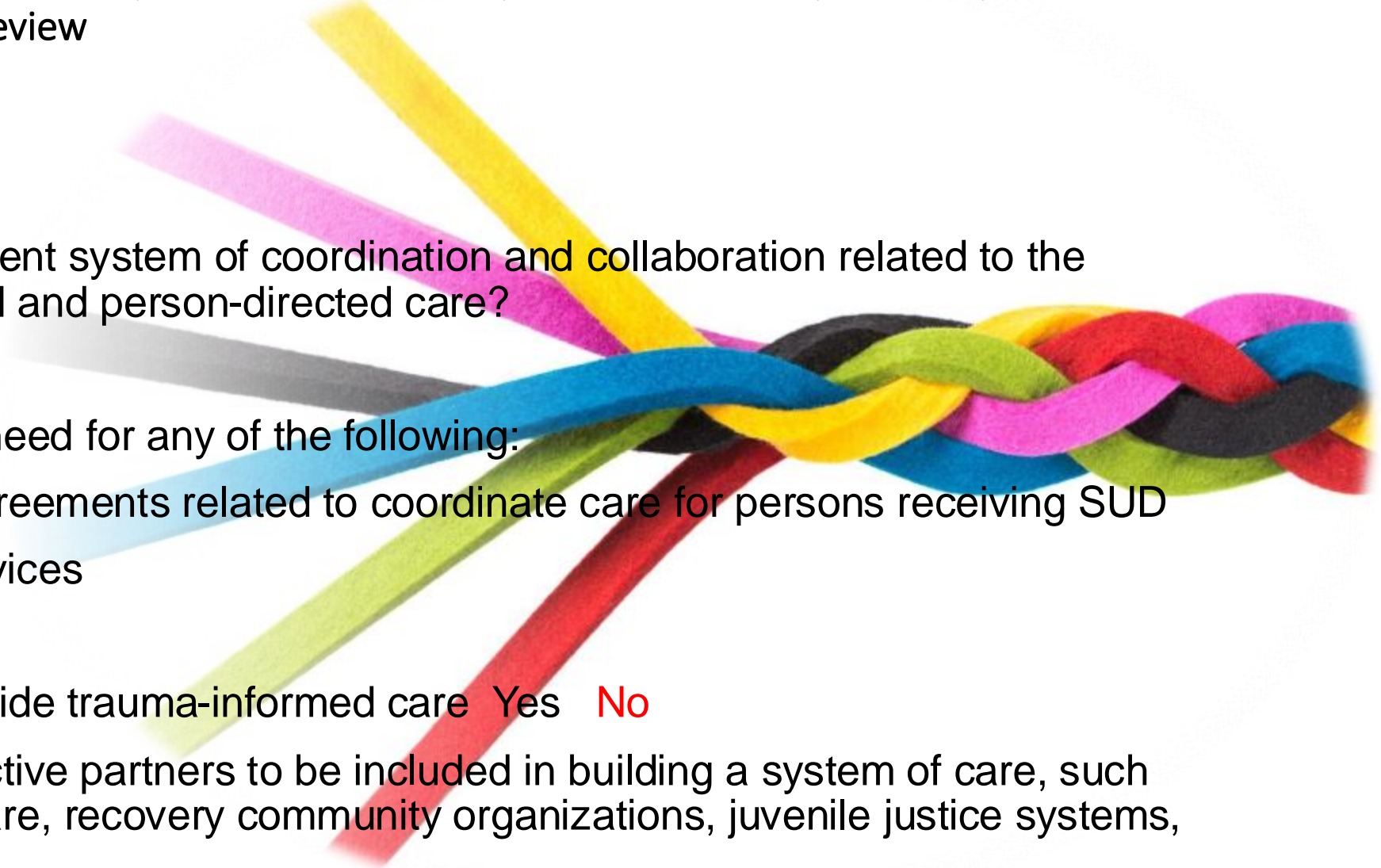
a) Identify MOUs/Business Agreements related to coordinate care for persons receiving SUD treatment and/or recovery services

Yes No

b) Establish a program to provide trauma-informed care Yes No

c) Identify current and prospective partners to be included in building a system of care, such as FQHCs, primary healthcare, recovery community organizations, juvenile justice systems, adult

criminal justice systems, and education Yes No







Substance Use Disorder Treatment – Required SUPTRS BG

## Criterion 8,9,&10: Service System Needs, Service Coordination, Charitable Choice, Referrals, Patient Records, and Independent Peer Review

### Charitable Choice

1. Does your state have in place an agreement to ensure the system can comply with the services provided by nongovernment organizations (42 U.S.C. § 300x-65, 42 CF Part 54 (§54.8(b) and §54.8(c)(4)) and 68 FR 56430-56449)? **Yes** No

2. Does your state provide any of the following:

a) Notice to Program Beneficiaries **Yes** **No**

b) An organized referral system to identify alternative providers? **Yes** No

c) A system to maintain a list of referrals made by religious organizations? **Yes** **No**

## Criterion 8,9,&10: Service System Needs, Service Coordination, Charitable Choice, Referrals, Patient Records, and Independent Peer Review

### Referrals

1. Does your state have an agreement to improve the process for referring individuals to the treatment modality that is most appropriate for their needs? **Yes** No
  
2. Has your state identified a need for any of the following:
  - a) Review and update of screening and assessment instruments.  
Yes **No**
  - b) Review of current levels of care to determine changes or additions. **Yes** No
  - c) Identify workforce needs to expand service capabilities. **Yes** No
  - d) Conduct cultural awareness training to ensure staff sensitivity to client cultural orientation, environment, and background. **Yes** No



Substance Use Disorder Treatment – Required SUPTRS BG

## Criterion 8,9,&10: Service System Needs, Service Coordination, Charitable Choice, Referrals, Patient Records, and Independent Peer Review

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1. Does your state have an agreement to ensure the protection of client records? **Yes** **No**
2. Has your state identified a need for any of the following:
  - a) Training staff and community partners on confidentiality requirements. **Yes** **No**
  - b) Training on responding to requests asking for acknowledgment of the presence of clients. **Yes** **No**
  - c) Updating written procedures which regulate and control access to records **Yes** **No**
  - d) Review and update of the procedure by which clients are notified of the confidentiality of their records including the exceptions for disclosure: **Yes** **No**







Substance Use Disorder Treatment – Required SUPTRS BG

## Criterion 8,9,&10: Service System Needs, Service Coordination, Charitable Choice, Referrals, Patient Records, and Independent Peer Review

### Independent Peer Review

1. Does your state have an agreement to assess and improve, through independent peer review, the quality and appropriateness of treatment services delivered by providers? **Yes** No

2. Section 1943(a) of Title XIX, Part B, Subpart III of the Public Health Service Act (42 U.S.C. § 300x-52(a)) and 45 § CFR 96.136 require states to conduct independent peer review of not fewer than 5 percent of the block grant sub-recipients providing services under the program involved.

a) Please provide an estimate of the number of block grant sub-recipients identified to undergo such a review during the fiscal year(s) involved. **1 (one)**

3. Has your state identified a need for any of the following:

a) Development of a quality improvement plan. **Yes** No

b) Establishment of policies and procedures related to independent peer review. **Yes** No

c) Development of long-term planning for service revision and expansion to meet the needs of

specific populations. **Yes** No

## Criterion 8,9,&10: Service System Needs, Service Coordination, Charitable Choice, Referrals, Patient Records, and Independent Peer Review

4. Iowa does not require the block grant sub-recipient to apply for and receive accreditation from an independent accreditation organization, such as the Commission on the Accreditation of Rehabilitation Facilities (CARF), The Joint Commission, or similar organizations as an eligibility criterion for block grant funds.



## Criterion 7 & 11: Group Homes for Persons in Recovery and Professional Development.

### Group Homes

1. Does your state have an agreement to provide for and encourage the development of group homes for persons in recovery through a revolving loan program?    Yes    **No**
  
2. Has your state identified a need for any of the following:
  - a) Implementing or expanding the revolving loan fund to support recovery home development as part of the expansion of recovery support service.    Yes    **No**
  
  - b) Implementing MOUs to facilitate communication between block grant service providers and group homes to assist in placing clients in need of housing.    Yes    **No**





Substance Use Disorder Treatment – Required SUPTRS BG

## Criterion 7 & 11: Group Homes for Persons in Recovery and Professional Development.

### Professional Development

Iowa has an agreement to ensure that prevention, treatment, and recovery personnel operating in the state's substance use disorder prevention, treatment, and recovery systems have an opportunity to receive training on an ongoing basis, concerning:

- a) Recent trends in substance use disorders in the state
- b) Improved methods and evidence-based practices for providing substance use disorder prevention and treatment services
- c) Performance-based accountability
- d) Data collection and reporting requirements

2. Iowa has identified a need for any of the following:

- a) A comprehensive review of the current training schedule and identification of additional training needs
- b) Addition of training sessions designed to increase employee understanding of recovery support services
- c) Collaborative training sessions for employees and community agencies' staff to coordinate and increase integrated services
- d) State office staff training across departments and divisions to increase staff knowledge of programs and initiatives, which contribute to increased collaboration and decreased duplication of effort



Substance Use Disorder Treatment – Required SUPTRS BG

## Criterion 7 & 11: Group Homes for Persons in Recovery and Professional Development.

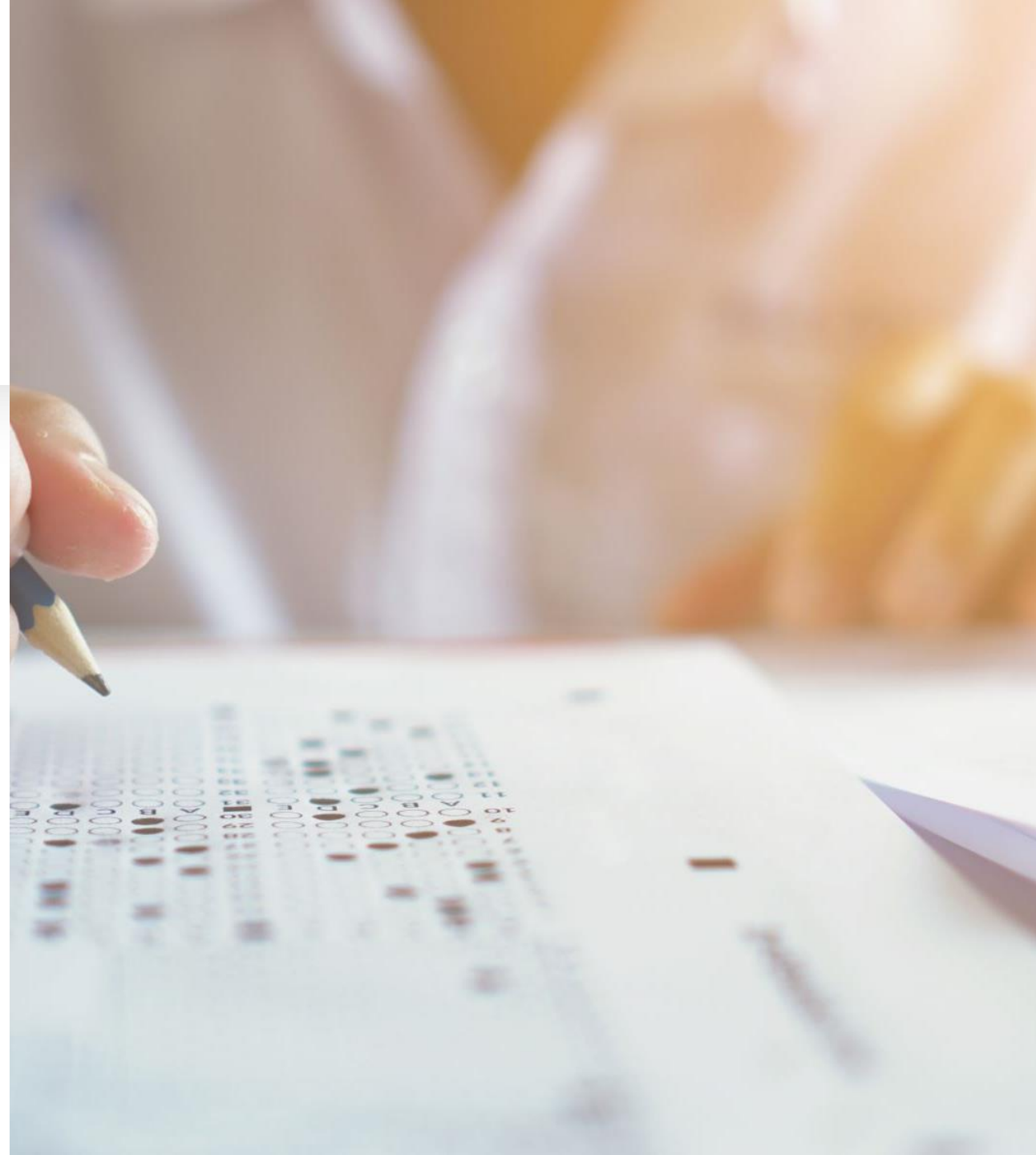
3. Has your state utilized the Regional Prevention, Treatment and/or Mental Health Training and Technical Assistance Centers (TTCs)?

a) Prevention TTC? **Yes** No

b) Mental Health TTC? **Yes** No

c) Addiction TTC? **Yes** No

d) State Targeted Response  
TTC? **Yes** No



## Criterion 7 & 11: Group Homes for Persons in Recovery and Professional Development.

### Waivers

1. Is your state considering requesting a waiver of any requirements related to:

a) Allocations regarding women    Yes    **No**

2. Requirements Regarding Tuberculosis Services and Human Immunodeficiency Virus:

a) Tuberculosis    Yes    **No**

b) Early Intervention Services Regarding HIV    Yes    **No**

3. Additional Agreements

a) Improvement of Process for Appropriate Referrals for Treatment    Yes    **No**

b) Professional Development    Yes    **No**

c) Coordination of Various Activities and Services    Yes    **No**

Link to the state administrative regulations that govern the Mental Health and Substance Use Disorder Programs.

<https://hhs.iowa.gov/substance-abuse/program-licensure>

# Quality Improvement Plan - Requested

- SAMHSA asked states to base their administrative operations and service delivery on principles of Continuous Quality Improvement
- Block grant application did not respond to whether the state has modified its CQI from FFY2022-2023
- Block grant application did not respond to whether any technical assistance was needed



## Trauma - Requested

- SAMHSA asked if state has specific guides, assessment tools, and interventions for trauma specific treatment. A plan for implementing trauma informed care and using evidence based intervention for trauma.
- This section had no response.





# Criminal and Juvenile Justice - Requested

- More than 1/3 of people in prisons and nearly 1/2 of people in jail have a history of mental health problems
  - Almost 2/3 of people in prison and jail meet criteria for a substance use disorder
  - As many as 70 % of youth in the juvenile justice system have a diagnosable mental health problem
- The block grant asks the states if they have engaged in activities such as coordination across substance use disorder, mental health, criminal justice and other systems, Improvement in capacity to provide MH and SUD services to people in the criminal justice system, supporting coordination for reentry into the community and diversion from criminal justice to MH and SUD services
  - This section was not filled out

# Medications in the Treatment of Substance Use Disorders, Including Medication for Opioid Use Disorder (MOUD)

- There is a lot of evidence for combinations of medications for addiction treatment and other interventions and therapies to treat substance use disorders, particularly opioid, alcohol and tobacco users.
- SUBG asks if the state has provided education and awareness for medication for substance use disorder or if the states plans to purchase these medications with block grant funds
- This section was not filled out



# Crisis Services - Required for MHBG

- 5% of the MHBG funds are set aside for crisis services
- Core elements: crisis call centers, 24/7 mobile crisis services and crisis stabilization programs
- Response in application:
  - Someone to talk to - Majority implementation (at least 75% of counties): YLI and 988 take calls 24/7 statement
- Response in application, continued:
  - Someone to respond - Majority Implementation (at least 75% of counties): 988/YLI is available statewide, warm hand offs for some services but are not fully implements for M/SUD
  - Safe place to go or be - Partial implementation (About 50% of counties): Iowa has 15 adult and 6 children crisis stabilization residential services, 12 23-hour observation and holding providers

# Recovery - Required

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- Recovery is supported through key components of health, home, purpose and community
- Descriptions of recovery and recovery supports services for adults with SMI and Children with SED in your state:
  - Peer support services are funded through Medicaid and are also a core services in the MHDS region, Family peer support specialists are also Medicaid funded, part of IHH team, MHDS regions support wellness centers where peer support is available, IHHS is funding four peer-run organizations and training of peer supports is funded through IHHS.

# Recovery - Required, Continued

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- Recovery and Recovery support services for individuals with SUD- offered through IPN: transportation, care coordination, MAT, Recovery Peer Coaching
- Non-IPN recovery and recover support services available: Promoting the Integration of Primary and Behavioral Health Care (PIPBHC), Iowa Treatment for Individuals Experiencing Homelessness (TIEH), Recovery Community Centers, Recovery Housing, State Opioid Response





## Community Living and the Implementation of Olmstead - Requested

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- States must provide services in the most integrated setting appropriate to the individual and prohibit needless institutionalization
- Does the state's Olmstead plan include housing, HCBS Service, peer support and employment services
- Section was not filled out



# Children and Adolescents M/SUD Services - Required for MHBG

- 20% of children in the U.S. have a diagnosable mental health condition, 1 in 10 suffers with a SED that contributes to substantial impairment
- For youth between 10 and 14 suicide is the second leading cause of death and for young adults between 15 and 24 it is the third leading cause of death
- 11 percent of high school students have a diagnosable substance use disorder involving nicotine, alcohol or illicit drugs and 9 out of 10 adults who meet clinical criteria for substance use disorder started smoking, drinking or using illicit drugs before age 18
- Does the state utilize a system of care approach to support recovery and recovery in children with SED and SUD - **No**
- Does the states have an established collaboration plan to work with other child and youth service agencies in the state to address M/SUD needs: Childre welfare, health care, juvenile justice and education - **Yes**

## Children and Adolescent M/SUD Services, Continued

- Does the state monitor its progress and effectiveness around service utilization, cost and outcomes for children and youth services? - **Yes**
  - Does the state provide training in evidence-based substance misuse prevention, SUD treatment and recovery services for youth and their families? Mental health treatment and recovery services for youth and their families? - **Yes**
- 
- Does the state have plans for transitioning youth receiving services to the M/SUD system and for youth in foster care? - **Yes**
  - Does the state have an established FEP program - **Yes**
  - Does the state have a Clinical High Risk for Psychosis (CHRP) program - **No**
  - Is the state providing trauma-informed care - **Yes**

# Suicide Prevention - Required for MHBG

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- States goals as stated in the 2022 Iowa Plan for Suicide Prevention:
  - Build capacity in suicide prevention, intervention, and postvention infrastructure at the organizational, local and state levels
  - Integrate evidence-based, culturally sensitive prevention, intervention and postvention strategies in systems serving all people in Iowa
  - Promotes resilience through ongoing collaboration, public education and equitable access to formal and informal supports



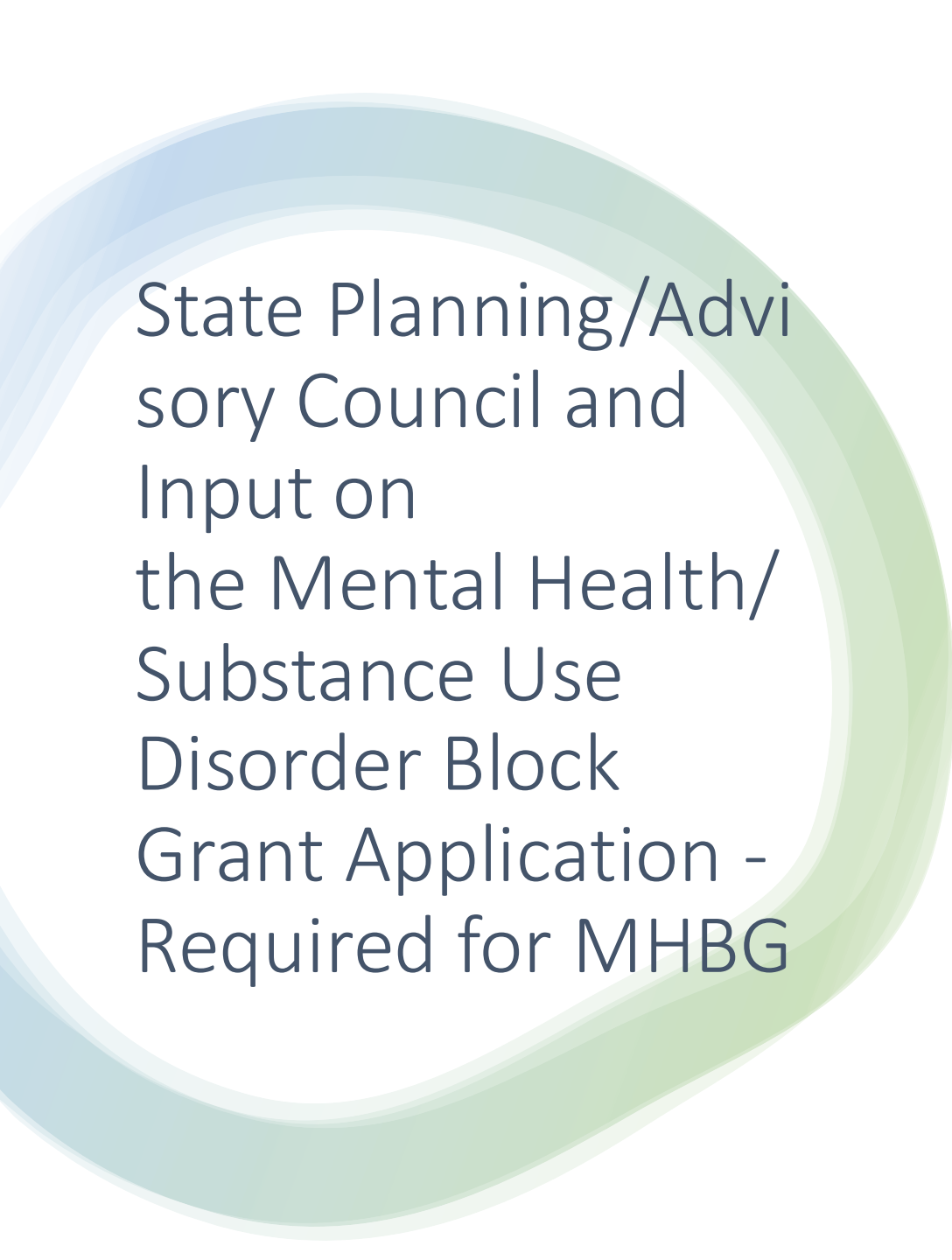
SUICIDE PREVENTION





# Support of State Partners, Required for MHBG

- Effective 7/1/2023 the state agencies that oversee public health, human services, Medicaid, mental health, substance use prevention, treatment and recovery, aging and disability services and human rights are aligned in one agency. The Iowa Department of Health and Human Services
- Coordination between internal and external stakeholders to ensure individuals my live, learn and work in the community of their choice
- MHDS regions have implemented services to divert individuals with behavioral health conditions from jails and inpatient settings and have also provided supports to school systems for children with SED



# State Planning/Advisory Council and Input on the Mental Health/Substance Use Disorder Block Grant Application - Required for MHBG

- What mechanism does the state use to plan and implement community mental health treatment, substance misuse prevention, SUD treatment and recovery support services?
  - In 2021 Iowa began aligning the state departments that house SMHA and SSA. This alignment will allow the state to plan collaboratively for mental health and substance use prevention, treatment and recovery services and supports
- How was the Council Involved in the development and review of the state plan and report?
  - Iowa HHS met with a subcommittee of the Mental Health Planning Council twice to review the structure and outline of the new combined MH/SUPTRS block grant and to solicit input on strengths and needs of the system
  - The Monitoring and Oversight Committee submitted a list of priority recommendations for the block grant. There were a couple of references to more uses of peer specialist. The rest of the IMPHC recommendations were not included

## State Planning/Advisory Council and Input on the Mental health Substance Use Disorder Block Grant Application, continued


- Scanned in attachments to this section:
  - Iowa Mental Health Planning and Advisory Council Mental Health Block Grant Application Committee Meeting Minutes
  - Iowa Mental Health Planning and Advisory Council Bylaws
  - Conflict of Interest Disclosure Statement
  - Monitoring and oversight block grant recommendations letter
- Attachments, continued
  - Mental Health Planning Council Minutes
  - Overview of Iowa Mental Health and Substance Abuse System from Council
  - Advisory Council Member List
  - Advisory Council Composition by Member Type

# Public Comment on the State Plan, Required


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- Public meetings or hearings - **No**
- Posting of the plan on the web for public comment - **Yes**
- Other (e.g. Public service announcements, print media) - **No response indicated**





Syringe  
Services Program  
(SSP) - Required  
if planning for  
approved use  
of SUBG funding  
for SSP in FY 24

- SSP uses federal funds for programs to distribute sterile needs or syringes
  - A state experiencing, or at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use may propose to use SABG to fund elements of an SSP other than to purchase sterile needs or syringes
  - Iowa does not have this program.
- 



# This completes the Block Grant Overview in three parts



Questions? (We will do  
our best to answer them!)



Comments?



Feedback?