

Iowa Council on Health and Human Services

Meeting Minutes
July 11, 2024

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

Roll Call

All Council members were in attendance.

Ex-Officio members Representative Heather Matson and Representative Ann Meyer were present.

Andrew Allen moved to approve the June minutes and Jack Willey seconded this. The council members said “aye” no changes or issues.

HHS Council Subcommittee Report: Substance Use and Problem Gambling Licensure Presented by subcommittee chair Andrew Allen.

In attendance were HHS council and Subcommittee members Samatha McGrath and Sandra Rozeboom, staff, as well as an agency up for renewal, Hillcrest Community Mental Health. These are open meetings, so anyone is able to attend.

They approved two 270-day licenses for on-go health services, first step mobile evaluation.

A Two-year license for mobile evaluation services.

Three that have deemed status (Area Substance Abuse Council (ASAC), Zion Integrated Behavioral Health Services, and Hillcrest Community Mental Health). If you are accredited by a third-party organization like Commission on Accreditation of Rehabilitation Facilities (CARF) you come in under deemed status. You are still reviewed but they take that third-party accreditation.

Continued evolution of topics of focus, integrated mental health, substance abuse treatment, a redesign of treatment approach with a goal to increase access, mental health supports and availability of beds. Cooccurring dule diagnosis environment, substance use and mental health.

Integrated Provider Network (IPN), they are “safety net providers” and will be partnering with HHS in the new Behavioral Health redesign helping to build a robust behavioral health continuum of care that serves all lowans

They are also asking about the settlement funds, where they will be used and when. They would like to see if their input could be used in making these decisions.

To do this they are gathering information and statistics from hospitals, treatment centers and other partners in this area. They would like to determine what the standard operating procedures for discharging patients are.

Ember Recover Campus will be opening in the fall, they hope to leverage this for young people who are being discharged from hospital, so that they don't just go home with no assistance in recovery and remaining in recovery. This would include 18- to 24-year-old males (substance use issues.)

Director's Report

Presented by **Director Sarah Ekstrand, Chief of Staff**

Noteworthy Activities

- We have significant updates related to our agency's response to the flooding in NW Iowa.
- Iowa HHS has activated an internal Emergency Command Structure in response to the flooding. HHS staff brief each morning and afternoon on operations.
- Today is day 4 of the Disaster Supplemental Nutrition Assistance Program (D-SNAP) in the five original Iowa counties of the Presidential Disaster Declaration.
- As of yesterday, we've processed/approved nearly 400 applications.
- This work for the first five counties runs through Saturday. We are very close to announcing additional options for early next week in Cherokee, Woodbury and

other affected counties recently added to the declaration.

- There is more information available on our website hhs.iowa.gov/dsnap, or the [Homeland Security website](#), as well as all social media channels.
- Our Volunteer Iowa Program coordinated with counties to set up eleven Volunteer Reception Centers in flood-affected communities.
- More than 1,000 volunteers have responded to support clean-up efforts--from across Iowa and nationally.
- Volunteer Iowa along with Iowa Volunteer and Donations Management Team have worked with local emergency managers on a coordinated volunteer and donations response effort in all flood affected counties.
- AmeriCorps members from across the country have been deployed to Northwest Iowa and hundreds more will be here in the next 60-90 days. Most of the work being done is mucking and gutting homes, mold suppression, and debris removal.
- Additional opportunities to serve are available through Habitat for Humanity as well as through Volunteer Iowa...The best place to go to find out how to help locally is www.volunteer.iowa.gov

DBHRT/PRI

- Our Disaster Behavioral Health Response Team also known as Project Recovery Iowa (DBHRT/PRI) staff are on the ground in Northwest Iowa.
- They have counseled more than 100 individuals in addition to the more than 400 individuals served in Western Iowa from the tornadoes.
- Our team provides short-term crisis counseling services to those in need, translation services for those with language barriers, and they even assist with other navigation, including transportation and helping individuals find food, and partnering with local agencies in any way possible.
- The Project Recovery Team will be on the ground for weeks and months to come as mental health needs often are not recognized or brought to the forefront of individuals minds until well after the initial physical clean-up is underway or complete.

For more information, please visit our disaster recovery resources page on the HHS website—hhs.iowa.gov/disaster.

Other Updates

- Director Garcia and leadership held the Polk County stop for the HHS Summer Tour on July 1st to discuss public health, Thrive, and Behavioral Health.
- This event was well attended. Feedback related to behavioral health districts is focusing very little on boundaries and more on the overarching need for consistency at the district level.
- Our final feedback session is July 18th in Sioux City.
- We are collecting more information through a feedback form on our website, should you wish to submit anything to us.
<https://hhs.iowa.gov/initiatives/system-alignment/ibhss>

Council member Samantha Rozeboom shared an emotional thank you to HHS for the immediate response to the recent disasters in our state, and she recounted some of the hardships she has witnessed in these areas.

(In the first few hours, HHS was able to contact all foster families in these areas.)

State Medical Director's Report:

Presented by **State Medical Director, Dr. Robert Kruse**

Severe Illness Potentially Associated with Consuming Diamond Shruumz™ Brand Chocolate Bars, Cones, and Gummies

- CDC and FDA have received reports of severe acute illnesses and other adverse effects following consumption of Diamond Shruumz™ brand chocolate bars, cones, and gummies reported to multiple poison control centers across the United States.
- As of July 8, 2024, 58 total illnesses, including 30 hospitalizations, have been reported in 27 U.S. states with ongoing efforts to identify other potential cases. There have been three cases here in the state of Iowa.
- There has been a recall of the product.
- This brand of products have been distributed online and at retailers, including those that sell hemp-derived (e.g., cannabidiol [CBD], delta-8 tetrahydrocannabinol [THC]) and smoke/vape products nationwide.
- Products containing psychoactive compounds such as cannabis or mushroom extracts are increasing in availability. These "edibles" are often sold as gummy candies, chocolates, or other snack foods. They might contain undisclosed ingredients, including illicit substances, other adulterants, or potentially harmful contaminants that are not approved for use in food.
- A variety of severe health effects have been reported after consumption of Diamond Shruumz™ brand products, including the following: Seizures, Decreased level of consciousness, Respiratory failure, Nausea, Vomiting, Abdominal pain, Hallucinations, Abnormal heart rate (e.g., too fast or too

slow), High or low blood pressure, Excessive sweating or secretions, flushed skin.

- As part of our response and ability to identify additional cases, a reporting order that temporarily designates illnesses potentially associated with consumption of mushroom-containing edible products, as reportable in Iowa. This designation began on June 25, 2024, and remain in place until December 31, 2024.
- All Iowa healthcare providers are required to report illnesses potentially associated with consumption of mushroom-containing edible products to the department's disease notification hotline within three days of identification.
- This is currently under active investigation with our epidemiologists from the Behavioral Health and Public Health Divisions. We continue to work with our partners at Iowa Poison Control Center as part of this response.

Dengue Virus

The CDC has issued a Health Advisory concerning the increased risk of dengue virus (DENV) infections in the United States for 2024. This comes in the context of a record-high global incidence of dengue, particularly in the Americas.

Current Situation:

- **Global and Regional Impact:**

- The global incidence of dengue in 2024 is the highest on record.
- Countries in the Americas have reported over 9.7 million cases from January 1 to June 24, 2024, more than double the cases from 2023.

- **United States:**

- Puerto Rico has declared a public health emergency with 1,498 cases.
- 745 cases have been identified among U.S. travelers.
- Local transmission has been reported in Florida, Hawaii, Texas, Arizona, and California.

Recommendations for Healthcare Providers:

- Maintain high suspicion for dengue in patients with fever and recent travel to dengue-endemic areas.
- Order appropriate diagnostic tests, including RT-PCR and IgM antibody tests.
- Report dengue cases promptly to public health authorities.
- Educate patients on mosquito bite prevention, especially in areas with active dengue transmission.

Public Health Measures:

- The CDC is expanding laboratory capacity and improving testing approaches.
- Collaboration with State, Tribal, Local, and Territorial Health Departments to strengthen surveillance and recommend prevention strategies.
- Regular situational updates and public education on dengue prevention.

Bureau Chief, Bureau of Performance, **Marisa Roseberry**

Iowa was the first state to implement a Statewide Health Assessment and State Health Improvement Plan.

All 50 states now do the same, it is considered best practice. Using pinpointed datasets in their surveys to determine what the state's biggest health concerns are. It is a living document that is updated as needed. Coordinated by HHS but it is executed by partner organizations.

What should be our top three priority issues:

- Strengthening Relationships
- Access to care: Behavioral Health
- Healthy Eating and Active Living

Iowa's 2023-2027 SHIP includes two important parts that connect with other local, state and national health improvement efforts. With a focus on data, collaboration and equity, SHIP provides a vision for the health of Iowa and a framework for organizations engaging in health improvement work.

Hundreds of organizations in the larger Healthy Iowans Partnership continue essential health improvement work to address all seven 2021-2022 SHA priorities.

These efforts are highlighted in the publication titled [Partners in Action: Health Improvement Strategies](#).

There are annual progress reports that can be found in the Healthy Iowans Newsletter.

You can sign up to receive this newsletter by emailing healthyiowans@idph.iowa.gov

You can also go to their website

<https://hhs.iowa.gov/about/performance-and-reports/healthy-iowans>

Iowa HHS Council Overview and Discussion.

Presented by Council Chair, **Rebecca Peterson** and HHS, Chief of Staff **Sarah Ekstrand**.

The change from Monthly to Quarterly HHS Council Meetings was proposed by HHS Chief of Staff, Sarah Ekstrand and Council Chair Rebecca Peterson. Note that there will always be a virtual option. (this is important as a public meeting.)

This change would offer more time to go into topics in-depth offering a greater discussion and use the Council's expertise to help guide HHS.

This format will support a more in-depth review of what the agency is working on and provide more opportunity for committees, ad hoc or formally affiliated, to report on their work.

It provides an opportunity for the HHS Council to be more involved in agency wide initiatives, state health improvement plans, and agency strategic planning.

It also allows for public comments to be shared and discussed.

Meeting monthly for shorter periods keep the Council's interaction time constrained. This will help to provide more collaborative discussion and a deeper look into HHS programs.

Following July's State Legislation, Rulemaking guidelines have changed. The Council will no longer adopt rules but be briefed on them for discussion. The Council is still in place for approving HHS's strategy and helping determine the strategic plan.

Comments:

The programs under the divisions in consolidation. Allen would like to talk more frequently in smaller groups. Perhaps an advisory group to support Behavioral Health. Think about how things intersect and get to the council for discussion.

They would also want a mechanism for keeping apprised of what is happening. This makes it possible for the council to share these updates with other health care providers/etc.

Suggestion made (A monthly email with updates, presentations, rulemaking issues (with public comment) and to share with them, external communications going out broadly from HHS.)

Note: Rule making is published every other week.

Sign up to receive Emails: [Iowa Legislature - Administrative Rule Changes](#)

Overview chapters

Cassie Tracy and Joe Campos

- 441-11 Rulemaking related to collection of debt.
These chapters define debt offset procedures for the legacy departments of public health (641-179) and human services
- (441-11). Debt offset is intended to recoup overpayment or other debt owed to the department. HHS impacted programs include but are not limited to: Supplemental Nutrition Assistance Program, Family Investment. Program, Medicaid, Promise Jobs, Child Care Assistance.
- 441-25 Rulemaking related to disability services management.
The proposed amendments are designed to provide oversight and establish standards for the regional mental health and disability services system. Chapter 25 needs to be updated to reflect changes made in 2023 Iowa Acts, House File 471, which changed the governance structure for Mental Health and Disability Services (MHDS) regions. Other amendments are designed to clarify a new core (required) service of competency restoration, specifically, that "community" means "outpatient" so it is clear for the courts, attorneys, practitioners, and the public.
- 641-11 Amended Notice of Intended Action (ANOIA)

This rule chapter describes Department procedures and programs related to the human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS). This includes reporting of new diagnoses, protocols concerning individuals voluntarily seeking testing, procedures when a health care worker has an occupational exposure, reporting requirements should a positive test be confirmed, and notification and testing requirements when a third party is found to have been exposed.

Amended NOIA

- **441-201 Subsidized Adoptions**
This rule chapter seeks to increase access to adoptive arrangements for children with special needs, older children, and children otherwise hard to place in an adoptive home by implementing a subsidized adoption program. This program provides financial assistance to interested adoptive parents capable of providing suitable care but lacking in necessary economic resources.
- **ANOIA HF 707, 441-170 CCA**
- This proposed rulemaking implements the Child Care Assistance (CCA) program. The amendments to Chapter 170 update family income level to 160 percent of the federal poverty level (FPL), revises the provider reimbursement rates, and updates the minimum hours of participation from 28 to 32 for families who do not have a special needs child. Also, these amendments revise the CCA family fee chart to update annual FPL changes.
- **HF 584, 441-202 Adopted Filing**
This chapter outlines foster care placement and services, including services to foster parents. House File 584 established a Foster Parent Bill of Rights that is designed to inform foster parents of their rights within the child welfare system. Current language has been revised and new language has been added to ensure that foster parent rights are clearly outlined and in one central location for them to access.

ADJOURNMENT

A motion was made by Sam Wallace and seconded by Jack Willey to adjourn the meeting. Meeting adjourned at 11:33am

Respectfully Submitted by:
Laura Myers
Council Secretary