Iowa Integrated Health Planning and Advisory Council (I-PAC)
May 20, 2026, 9:00 am to 3:00 pm
via Zoom
Meeting Minutes

IOWA INTEGRATED HEALTH PLANNING COUNCIL MEMBERS PRESENT:

Teresa Bomhoff
Linda Dettmann
Sue Gehling
Jessica Goltz
Skye Hanson
Lorien Harker
Kyra Hawley
Vienna Hoang
Alicia Karwal
Michael Kaufmann
Todd Lange
Megan Marsh
Hannah Olson
Roxanne Petersen
Brad Richardson
Jennifer Riley
Travis Robinson
Kristin Rooff
Dr. Shaad Swim
Monica Van Horn
William Veltri
Melissa Walker
Ashley Watts
Edward Wollner
Kelly Yeggy

IOWA INTEGRATED HEALTH PLANNING COUNCIL MEMBERS ABSENT:

Angela Albers
Jennifer Day
Quin Eckard
Lily Lockwood-Keil
Todd Noack
Ellen Schardt
Brianna Steffe

OTHER ATTENDEES:

Michelle De La Riva
Justin Edwards
Kevin Gabbert
Ashley Hazen
Tessa Heeren
Louie Hoehle
Tammy Hoyman
Lindsey Ingraham
Jim Irwin
Laura Larkin
Laura Leise
Julie Maas
Patti Manna
Jerilyn Oshel
Haley Pederson Hundley
Jennifer Pullen
Denise Rathman
Kayla Sankey
Flora A. Schmidt
Libby Whelan
Kerry Wiles
Edward Wollner
Kelly Yeggy

Materials Referenced:

I-PAC March 18 2026 Meeting Minutes DRAFT
5-20-26 LegisPresentation-IPAC
988 Data May 2026
2026 Olmstead Plan Presentation

2026 OlmsteadSummary
I_PAC Monitoring and Oversight Report May 20 2026
OSF Presentation Update
Signed 2026 OlmsteadPlan
I-PAC Workgroup Reports Summary 202605
I_PAC Monitoring and Oversight Report May 20 2026

Welcome
Teresa Bomhoff called the meeting to order at 9:03am. Quorum was established with 20 members at 9:06am.

Review and Approval of Meeting Minutes
Teresa Bomhoff entertained a motion to approve the I-PAC March 18, 2026, Meeting Minutes. Roxanne Petersen motioned to approve the minutes; Sue Gehling seconded the motion. Patti Manna noted she had corrected duplication of names and incorrect category assignments in the draft minutes. There was no further discussion, the motion passed, and the minutes were approved.

Nominations Committee Report – Brad Richardson
Brad Richardson presented the Nominations Committee report with two candidates ready for consideration:

Skye Hanson is a graduate student at Iowa State University with a focus on gerontology. Lily Lockhood-Keil is a student at Grinnell college and has personal experience with child welfare and trauma. Her application has not yet been received although the rest of her application is complete.

A motion was made by Brad Richardson to approve both nominations. The motion was seconded by Lorien Harker and put to a vote. An overwhelming majority approved of the nominations. Skye Hansen will fill the vacant position in the Other category. Lily Lockwood-Kiel will fill the position of Family Member, provisionally upon receipt of her application. The Council now has one vacancy for the position of parent, guardian or primary caretaker.

Workgroups Teresa Bomhoff reviewed the Council Committee and Workgroup Reports Summary. Noted below is the individual reporting and the recommendations of the workgroup.

Certified Community Behavioral Health Clinics (CCBHC) – Todd Lange
• Review and discuss insights gained during the CCBHC panel discussion to inform future recommendations.
• Learn where peer support catchment areas exist and who is being reached.

Children's Issues – Jessica Goltz
• Create a formal process or structure to add youth representation to the Council.
• Consider involving youth in the Children's Issues Workgroup and/or portions of Council meetings.

• Explore additional youth engagement strategies, such as conducting youth surveys, reviewing youth-focused data, and invite presentations from HHS youth-related programs.

Older Iowans – Kelly Yeggy
• Invite Maximus representatives to discuss Pre-Admission Screening and Resident Review (PASRR) determinations, mental health service verification, and nursing home level-of-care processes.
• Invite Janet McGinnis (Origins) to present on environmental health, lifestyle medicine, and lifestyle-change programming.

Public Safety – Kyra Hawley
• No chair has been established; the workgroup is restarting with new members.
• Members are clarifying their purpose, identifying priority goals, and gathering information.
• Additional clarification needed on how public safety intersects with current block grant initiatives.

Strategic Planning – Kristin Rooff
• Stay informed about proposed legislative changes related to public libraries, including amendment H8620 to SF 2432.
• Members are encouraged to review both the amendment and the bill to understand implications and contact legislators if desired.

Substance Use Disorder (SUD) – Edward Wollner
• No new recommendations; the workgroup will develop new recommendations after receiving additional information on Opioid Settlement Funds at the May 2026 meeting.

I-PAC Chair update/planning for future meetings – Teresa Bomhoff
Teresa Bomhoff presenting a detailed legislative update to the Council, with Patti Manna assisting by navigating the Iowa Legislature website and displaying a legislative document. Teresa explained how to access enrolled bills and then reviewed the content of her legislative report, highlighting numerous bills related to healthcare, education, insurance, public assistance, behavioral health, and regulatory changes. She emphasized the volume of bills introduced, how many reached the governor, and several major policy changes ranging from radon mitigation to mental-health-related AI regulations to public assistance verification requirements.
Teresa also walked the group through budget highlights, noting that the Legislature approved a budget that exceeds expected revenues and relies on reserve transfers and a temporary HMO tax. She summarized key Medicaid funding decisions, cost containment measures, new grant programs, IT modernization efforts, and various funding cuts and continuations across HHS and education programs. She concluded by stressing the importance of understanding these developments because of their direct impact on the council's future work.

Monitoring and Oversight Committee – Lorien Harker
Lorien Harker provided a report for the Monitoring and Oversight Committee. The committee met with Laura Larkin, HHS Program Manager, to review the First Episode Psychosis (FEP) and Systems of Care (SOC) programs funded by the Mental Health Block Grant.

First Episode Psychosis (FEP)

- **Purpose**: Early intervention using the Navigate model—team approach including prescriber, therapist, family educator, SE/E specialist, etc.
- **Programs & Funding (SFY26 extension)**:
  - Everly Ball (DSM): $238,540
  - Siouxland (CR & Mason City): $238,540
  - Abbe Center (CR): $238,540
  - Abbe Center (Iowa City): $210,000
- **Caseload**: Served ~120–130 individuals last year; Iowa prevalence estimated at 950–1,000. Programs serve ~30 clients monthly, ~35 annually, with typical 2-year stay.
- **Strengths**: Evidence-based model, technical assistance, fidelity monitoring, recovery focus.
- **Challenges**: Client engagement difficulties, mobility/crisis issues, required outreach demands, and mobile support needs.

Systems of Care (SOC)

- **Purpose**: Care coordination for children (0–21) with SED who lack Medicaid; includes referrals, family support, advocacy, and connection to services.
- **Programs & Funding**:
  - Orchard Place (DSM): $235,000
  - Four Oaks (CR): $211,000
  - Tanager Place (CR): $110,000
- **Caseload**: Voluntary services; approx. 45 children per program, ~135 total.
- **Challenges**: Limits on data sharing (HIPAA), weak referral pathways, inconsistent engagement, school-related needs.

Recommendations from the committee included learning more about the challenges the programs are facing and what money is being used, what money is mandated, and where it is allocated.

Combined Block Grant Mini-Application – Justin Edwards, HHS

Justin Edwards reported on the status of the combined block grant mini-application, noting that he now serves as planner for both the Mental Health and Substance Use Block Grants. Laura Larkin remains available as a subject matter expert. This year is a mini-application cycle, due September 1, which requires only budget targets and progress updates on previously established goals. The Substance Abuse and Mental Health Services Administration (SAMHSA) has not yet released guidance, but Justin expects it to be similar to prior years. A public comment period will likely occur in August, and HHS will prepare a draft application for Council review once federal instructions are issued.

Justin also reviewed the block grant funding structure, explaining that federal awards run for 24 months while Iowa receives a new award annually, creating overlap and requiring the state to spend the oldest funds first. Contract amounts often exceed the annual allocation due to

anticipated underspending, overlapping award years, and occasional state fund supplementation. He also highlighted Iowa's requirement that 70% of MHBG dollars go to Community Mental Health Centers, with a majority of the accredited centers currently receiving funds through contracts managed by the Iowa Primary Care Association. Justin and Laura rely on SAMHSA's block grant handbook for interpreting spending rules and federal expectations.

The Council will receive a draft mini-application for review once SAMHSA guidance is released. Members agreed to invite Justin and Laura back in July to walk through the finalized federal instructions, expected HHS responses, and any changes from previous years.

Opioid Settlement Funds – Kevin Gabbert, HHS

Kevin Gabbert, Behavioral Health Clinical Policy Director at Iowa HHS, provided an overview of the Opioid Settlement Fund (OSF) and the history behind Iowa's settlement awards, which total about $324.9 million to date. He explained the roots of the opioid crisis and how national settlements with manufacturers, distributors, and pharmacies led to these funds. Kevin reviewed the 50/50 split between the State and counties—established through an agreement in 2021 and later codified in HF 2573—and noted that counties began spending their portion in 2023 on initiatives such as naloxone distribution, prevention efforts, treatment and recovery services, criminal-justice supports, EMS equipment, and data projects. While counties have spent only a small percentage of their allocations, Kevin emphasized that this reflects caution and the need to comply with the settlement's approved strategies under Exhibit E List of Opioid Remediation Uses. He clarified that counties keep unspent funds and report annually to the Attorney General.

Kevin then outlined the State's spending authority, made possible through HF 1038, which created earmarks for specific projects and allocated remaining OSF dollars 75% to HHS and 25% to the Attorney General through 2030. He summarized recent funding rounds, including HHS's first $7 million solicitation in October 2025, the AG's $20 million rolling opportunity in March 2026, and HHS's second $10 million round currently under review. He reiterated that all applicants must align requests with Exhibit E, covering prevention, treatment, housing, wraparound supports, and justice-involved services.

During discussion, Council members asked about unspent funds, county-level disparities, and the permissibility of OSF dollars for statewide IT systems—questions Kevin noted must be evaluated against Exhibit E. He closed by offering to share Exhibit E with members and reaffirmed HHS's commitment to supporting counties and state partners in using OSF dollars appropriately.

Public Comment
There was an opportunity for public comment, with none offered.

Break for lunch
12:00 pm to 1:00 pm

988 Data – Julie Maas, Kayla Sankey

Julie Maas, 988 & Suicide Prevention Director with Iowa HHS, provided an overview of how 988 functions as a coordinated partnership between the federal government, state systems, and local crisis centers. She explained that 988 is available for a broad range of behavioral health needs—not only suicide concerns but also substance use, economic stress, depression, loneliness, and emotional support. Julie walked through what callers can expect when using 988, including geo-routing to local centers, universal suicide risk screening, and Iowa's integration of mobile crisis response and Certified Community Behavioral Health Clinics (CCBHCs). She also addressed common questions related to privacy, the limited and safety-based situations in which 988 connects to 911, and ongoing efforts to ensure dispatchers, co-responder teams, and community partners understand how and when to use 988.

Kayla Sankey, epidemiologist with Iowa HHS, presented the State Fiscal Year 2026 988 data (July 2025–March 2026). Iowa received over 48,000 contacts in the first three quarters, with strong in-state answer rates: 88% for calls and 89% for text/chat. Calls have increased significantly month-to-month, while chat and text volumes remain steady. Consistent with prior years, emotional support and mental health crises were the most common reasons adults contacted 988, while youth showed higher proportions of suicide-related and emotional-support contacts. Demographic patterns also differed by modality—young people (13–17 and 18–25) most frequently used text and chat through CommUnity, while Foundation 2's call volume skewed toward adults ages 26–39. Kayla also shared positive user feedback from UNI's evaluation, highlighting strong satisfaction with counselor support and safety planning.

In discussion, Council members asked how HHS will use this data to strengthen youth prevention and early-intervention strategies. Julie and Kayla noted that the data directly informs statewide behavioral health planning, outreach targeting, and integration of 988 across the crisis continuum. Julie also provided an update on Iowa's crisis system redesign, noting ongoing work with Health Management Associates (HMA) and plans to move toward more unified and standardized crisis services statewide.

Supported Community Living Rules – June Klein-Bacon, BIAIA

June Klein-Bacon provided an update regarding new guidance affecting Supported Community Living (SCL) hours under the Brain Injury (BI) Waiver. She explained that although legislative rule changes did not move forward in 2025, the department issued post-session guidance indicating it will honor its Centers for Medicare and Medicaid (CMS) waiver agreement and reduce the annual number of hourly SCL units available to BI Waiver members—from roughly 33,000 fifteen-minute units per year to about 11,000, effectively lowering support from approximately 23 hours/day to 7.75 hours/day. She noted that this reduction has not been codified in administrative rules, and the department has not yet clarified how implementation will proceed. The Brain Injury Association of Iowa (BIAIA) is seeking answers from HHS and assessing the likely impact on families.

Council members expressed concern that reduced SCL hours may force individuals with brain injuries into higher levels of care or institutions, potentially increasing costs and displacing families who rely on in-home supports. June highlighted that those most affected are

individuals who depend on intermittent SCL delivered by family, neighbors, or community providers rather than facility-based services. She encouraged members to notify her of individuals affected and emphasized that the BIAIA is advocating for solutions that preserve community living options.

June also shared that the Brain Injury State Plan is expected to go before the HHS Council the following week, with anticipated approval. She suggested contacting Maggie Ferguson and Jim Pender to present the plan at the Council's July 15 meeting.

Iowa Health and Human Services – Jerilyn Oshel, HHS
Jerilyn Oshel, Bureau Chief of Operations in the Division of Behavioral Health, provided updates on behalf of Theresa Armstrong, who was out of the office. She confirmed that Director Larry Johnson remains the acting Director of HHS, with no further updates available.

Jerilyn announced that the next Behavioral Health Town Hall will be held on May 28, 2026, at 4:00 PM and shared that District Advisory Council meetings are scheduled throughout the week of June 22–25, 2026. She posted the full list and links in the meeting chat.

She also highlighted training opportunities available through the Center of Excellence for Behavioral Health (CEBH), noting numerous prevention and behavioral health trainings updated in FY25 and FY26. Two current offerings include *Multi-Occurring Conditions Learning* and *Connecting Paradigms: Trauma-Informed Motivational Interviewing*. She encouraged members to explore the CEBH website for additional resources.

Olmstead Plan – Laura Liese, HHS

Laura Leise from HHS Aging and Disability Services presented the newly updated *Iowa Olmstead Plan 2026–2031*. She began by reviewing the foundation of Olmstead— the 1999 Supreme Court decision affirming that individuals with disabilities have a civil right to live and receive services in the most integrated community setting appropriate to their needs. The ruling interprets the ADA to prohibit unnecessary institutionalization and requires states to provide meaningful community integration options.

Iowa's plan, originally created in 2001 and revised in 2011 and 2016, has now been modernized using updated data and cross-division collaboration within HHS.
The updated plan draws heavily on a new statewide disability health assessment that shows an 11.9% increase in Iowans living with disabilities compared to a 2.7% general population increase. Key disparities were identified in access to care, mental health (including significantly higher rates of loneliness), employment, housing stability, and transportation access.

These indicators shaped the plan's priority areas and desired outcomes, which include improving developmental screenings and referrals, strengthening social and emotional support networks, increasing employment opportunities in integrated settings, expanding housing stability resources, and improving transportation reliability. The plan outlines specific strategies at the state, county, and organizational/community levels to support implementation.

Laura emphasized that the Olmstead Plan will guide Aging and Disability Resource Centers (ADRCs), Disability Access Points (DAPs), public health planning, and the Olmstead Consumer Taskforce in coordinating future efforts. HHS will produce annual progress reports and continue developing a data-driven monitoring plan.

During discussion, members asked whether recent reductions in Brain Injury Waiver Supported Community Living hours could raise Olmstead compliance concerns; Laura noted that Medicaid policy questions fall outside her scope but encouraged continued engagement with Medicaid leadership. Members thanked Laura for a clear and comprehensive presentation.

Public Comment
There was an opportunity for public comment, with none offered.

During the closing discussion, Flora Schmidt clarified the difference between federally accredited Community Mental Health Centers (CMHCs) and Iowa's state-accredited CMHCs, noting that Iowa centers share the same name but not the federal designation, requirements, or funding streams, and instead operate as Iowa's safety-net providers obligated to serve anyone regardless of ability to pay. She explained how Iowa CMHCs use their portion of Mental Health Block Grant funds—roughly 70% of the post set-aside amount—to cover uncompensated care, workforce training, and operational support, while emphasizing that the actual funding per center is modest once divided among 24 centers and allocated by population. The group discussed block-grant mechanics, contracting through the Behavioral Health Administrative Service Organization (BH-ASO), the effects of cost-containment pressures, and concerns about counties losing access to CMHCs. Participants expressed appreciation for Flora's clarification, noting it helped resolve confusion about how block-grant dollars flow and why CMHC funding remains essential for sustaining Iowa's safety-net behavioral health system.

Adjournment
The meeting adjourned at 2:56pm.

Meeting minutes respectfully submitted by Patti Manna.