

I-PAC Monitoring and Oversight Committee Report – May 20, 2026

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I. Updates

1. New chair – Lorien Harker, Ph.D. student at Iowa State University
 - a. Streamlining the MOC process:
 - i. Monthly meetings:
 1. Even months focus on program managers presenting their programs and committee members asking questions, and one week prior to the meeting, the chair will circulate a draft report and request any additional information.
 2. Odd months are spent reviewing program materials and preparing recommendations.
 - ii. Gathering information needed to monitor contracts may be rotated between MOC members, but this needs to be discussed with the group. More to come on that process.
 - b. To increase transparency and receive answers to questions about various program deliverables, contract objectives, and expenditures, program managers will attend meetings.
 - c. There has been frustration in the past that HHS has not provided information for the MOC to make informed recommendations. To address this issue, program managers attending these meetings will help answer MOC questions faster. The MOC continues these measures to ensure transparency and considers this issue resolved.

II. Overview of Programs

First Episode Psychosis (FEP)

1. Purpose: provide intervention, family support, and other medication services to individuals experiencing a first episode of psychosis. They use the Navigate model, which is an evidence-based program consisting of the following roles: 1)

Team leader, 2) Prescriber, 3) Individual therapist, 4) Family psychoeducation provider, 5) Supported employment/education specialist, and 6) Community support staff. This team is one of 10 required performance measures (two additional deliverables), as outlined in the SFY26 Mental Health Block Grant NAVIGATE deliverables and guidance.

2. Programs: (Extension from July 1 2025 – June 30, 2026)
 - a. Everly Ball (Des Moines) - \$238,540 Block Grant Funds
 - b. Siouxland (Cedar Rapids and Mason City) – \$238,540 Block Grant Funds
 - c. Abbe Center (Cedar Rapids Region) - \$238,540 Block Grant Funds
 - i. Abbe Center (Iowa City). - \$210,000 Block Grant Funds
3. Current caseload: Programs served approximately 120-130 individuals last year. The current prevalence rate in Iowa is 950-1,000 individuals eligible for services. Programs provide services for 30 clients per month, with 35 unique clients annually. The typical length of stay is two years.
4. Strengths and Challenges:
 - a. Strengths:
 - i. Strong model (Navigate).
 - ii. Tech assistance and fidelity monitoring.
 - iii. A recovery focus to help people get back to school, work, etc.
 - b. Challenges:
 - i. Difficulty engaging clients due to limited insight into illness.
 - ii. Client inactivity/moving/entering crisis.
 - iii. The requirements of ongoing outreach efforts to hospitals, colleges, and community partners.
 - iv. Staff providing mobile support, including medication outreach.

Systems of Care

1. Purpose: Offer care coordination and support services to children (ages 0-21) with serious emotional disturbance (SED) who do not have Medicaid. Services include referrals to community resources, use of peer-family support, advocacy/support during IEP or 504 processes, connection to therapy, and in-home services.
2. Programs:
 - a. Orchard Place (Des Moines) - \$235,000 Block Grant Funds
 - b. Four Oaks (Cedar Rapids) - \$211,000 Block Grant Funds
 - c. Tanager Place (Cedar Rapids) - \$110,000 Block Grant Funds
3. Current caseload: Services are voluntary, and these programs now operate under the Iowa PCA through the Administrative Services Organization model.

Caseloads vary by program and capacity, but typically 45-ish children per program. Roughly 135 children total.

4. Strengths and challenges:

a. Challenges

- i. Though data is shared between providers, PCA and HHS, some reporting cannot be shared with the committee due to HIPAA.
- ii. Limited referral pathways create minimal waitlists
- iii. Barriers to consistent engagement
- iv. School-related needs

III. Recommendations for future funding priorities

1. Block grant funding formula:

Iowa	\$7,678,959	Mental Health-	\$14,126,291	Substance Use Mini-application for FY 2027 (10-1-26 to 9-30-27)
Minus	767,895	mandated by federal law – minimum of 10% - Early serious mental illness		
Minus	383,948	mandated by federal law – minimum of 5% - Crisis services		
Minus	383,948	mandated by federal law – maximum 5% administrative expense		
Equals	\$ 1,535,791			
Results in	\$ 6,143,168	left		
Minus	\$ 4,300,218	mandated by state law – 70% to community mental health centers		
Leaves	\$ 1,842,950	left for projects selected by Iowa HHS		

2. Mini-application for FY2027 (10/1/26-9/30/27)

c. Mental Health: \$7,678,959 to community mental health centers (CMHC)

d. Substance use: \$14,126,291

5. What amounts are being mandated and by whom?

6. Does the legislature need to reconsider allocating 70% to CMHCs?

7. FEP

a. Programs: (Extension from July 1 2025 – June 30, 2026)

i. Everly Ball (Des Moines) - \$238,540 Block Grant Funds

ii. Siouxland (Cedar Rapids and Mason City) – \$238,540 Block Grant Funds

iii. Abbe Center (Cedar Rapids Region) - \$238,540 Block Grant Funds

1. Abbe Center (Iowa City). - \$210,000 Block Grant Funds

iv. Total: \$925,620

8. SOC

a. Funding formula: determined by the state

b. Programs:

i. Orchard Place (Des Moines) - \$235,000 Block Grant Funds

ii. Four Oaks (Cedar Rapids) - \$211,000 Block Grant Funds

iii. Tanager Place (Cedar Rapids) - \$110,000 Block Grant Funds

iv. Total: \$556,000

9. Total for both FEP and SOC programs: \$1,481,620

10. Recommendations:

- a. Ask programs – what challenges are you facing?
- b. What money is being used, and where is it being allocated? What funding is mandated and by whom?