February 2022

Take your time reading the newsletter. It's not meant to be read quickly.

Mindspring Mental Health Alliance
511 E. 6th St., Suite B, DM 50309
(in DM Historic East Village)
www.weareherewithyou.com
www.MindspringHealth.org

Brain Health Education, Support and Advocacy
Executive Director – Michele Keenan 515.850.1467
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Facebook: @mindspring.dsm
Instagram: @mindspring_health
Twitter: mindspring_dsm

Community Education Classes
All community classes are free and information can be found on the home page at the www.mindspringhealth.org website. At the website, on the home page, click on the link for “Scheduled Education classes” – or “Community Education classes” – they both link to Eventbrite so registration can be completed.

Contact the Executive Director if you are interested in any of our Workplace Mental Health Education classes. They involve a cost.

Prescribing Hope for Recovery
Dr. Patricia Deegan, PhD, Psychiatric Times

When I was a teenager, I received a diagnosis of schizophrenia. My psychiatrist told me schizophrenia was a disease from which no one can get well. He told me to take high dose antipsychotics for the rest of my life. At discharge, he told me to take my meds religiously and to avoid stress: no college, no romance, and no work. After discharge I returned to my parents' house and for many months sat in a chair in the living room, staring blankly into a cloud of cigarette smoke. My despair was palpable, but it was misunderstood as negative signs of schizophrenia. As the months passed by in a meaningless succession of minutes and hours punctuated only by the next med check visit and the next, it seemed to me the treatment was worse than the disorder. And so I stopped taking the antipsychotic.

Abruptly rejecting antipsychotic medicine was a resilient act of self-affirmation. I am a person, not an illness. I am a person, not a schizophrenic. I do not lack insight into the fact that I am unmwell. My psychiatrist lacks insight into ME. I want to live my life, not my diagnosis. Like so many who abruptly discontinue antipsychotics, I was re-hospitalized within a few months. Looking back, I know progress in my recovery did not begin until my psychiatrist and I learned a new way of working together. Distilled from my personal experience, as well as from 3 decades of work articulating the journey of recovery and building pragmatic tools to support it, I offer the following thoughts.

Avoid prescriptions for noncompliance
A prescription for noncompliance arises when a message of hopeless chronicity is paired with a psychiatric medication. You have schizophrenia. You will be sick for the rest of your life. You must use medication for the rest of your life. This common message is a prognosis of doom. Many people will reject this hopeless forecast by rejecting the medicine.

In rejecting the medication, they reject the prognosis of doom as well. A prescription is more than what is written on a pad of paper. It is an interpersonal process. It includes the one who prescribes and the one who will try to understand and to keep the self.

From day one, prescribe hope for recovery. Let people know that with effort and support it is possible to live a full and meaningful life beyond the diagnosis. Never mistake the person for the illness. Never tell people they will have to use medications for the rest of their life. Instead, take a pragmatic approach. Focus on how and if medication is helpful in supporting goal achievement in the present and the near future. Remember that using medication is not the goal. Medication is a means to get and to keep the life we want for ourselves.

Engage your recovery partner
Those of us who have a diagnosis of a psychotic disorder are, above all, human beings. We are more than the disorder. We are not passive objects to be fixed or cured. Even when experiencing psychosis, we are actively problem solving and trying to do something about it (e.g., listening to music to distract ourselves from distressing voices). This active subject, the person, is our recovery partner. This is the person with whom we must develop the therapeutic alliance. Engagement and activation strategies should be used even during initial encounters, such as admissions or emergency department visits.

(Continued on page 9)
4.2% of Iowa’s population has severe mental illness or approximately 134,000 people.

Iowa 2020 Census total population is 3,190,369 X .042 = 133,996

The large chart above reflects ‘staffed’ beds. There is a greater number of ‘licensed’ beds. Finding qualified staff is the key to opening more inpatient beds.

Eagle View in Bettendorf is open and has plans to staff to 72 beds, but is doing a soft opening and will be increasing the beds slowly.

Clive Behavioral Hospital -West – The 100 inpatient psychiatric beds will eventually be 1/3 for youth and the rest for adults.

The VA hospital in Des Moines has 10 inpatient psychiatric beds. The VA hospital in Iowa City has 15 inpatient psychiatric beds.

**Psych Acute Care Beds in Des Moines**

See [Psychiatric Bed Supply Need Per Capita](#).

— 40 to 60 beds per 100,000 people – let’s use 50 beds/100,000

3.19 million Iowa population divided by 100,000 = 31.9

31.9 X 50 beds = 1595 acute care beds are needed

CIT (Crisis Intervention Team) trained police officers are in 73 counties

2022 Social Security (SSDI and SSI) payments will have a 5.9% cost of living adjustment.
The Clarinda Mental Health Institute and the Mt. Pleasant Mental Health Institute were closed by the Governor in 2015.

The Independence PMIC for children was closed in 2016 by the Governor.

The entire Clarinda MHI campus is now controlled by the Dept. of Corrections – they have a 795 bed prison and a 147 bed minimum security unit.

The entire Mt. Pleasant MHI campus is now controlled by the Dept. of Corrections – they have a 914 bed prison at the Mt. Pleasant MHI.

In the nation, Iowa is:
- 51st for # of mental health institute beds
- 45th for mental health workforce availability (2021)
- 47th for # of psychiatrists
- 46th for # of psychologists

Find a complete list of substance abuse providers at: https://idph.iowa.gov/substance-abuse/treatment

Private mental health providers – whether an individual practicing alone, or a group of providers in a practice together. MH/DD Accredited Provider list can be found at: https://dhs.iowa.gov/sites/default/files/MHDDAccreditedProvider_s_30.pdf?080920200622

Community Mental Health Centers (CMHC) – provide mental health services for individuals of all ages regardless of funding. https://yourlifeiowa.org/mental-health/cmhcc

Federally Qualified Health Centers (FQHC) - a reimbursement designation from HHS - community-based organizations that provide comprehensive primary care and preventive care, including health, oral, and mental health/substance abuse services to persons of all ages, regardless of their ability to pay or health insurance status. https://carelistings.com/find/federally-qualified-health-centers/iowa

For a list of mental health resources for African-Americans, Hispanic, or Indigenous persons, go to https://afsp.org/supporting-diverse-communities?_kx=8VV6aSwzjD_ZkJL9ne9s9gWTKSEqgmN9degyaCeFEx4%3DJXzNvL

Crisis residential beds are residential settings that de-escalate and stabilize an individual experiencing a mental health crisis. Stays can be for 3-5 days.

Residential beds which have stays longer than 3 to 5 days are called transitional beds.

Other types of beds available
- 8 residential care facilities (RCF) for persons w/MI – 135 beds
- 3 intermediate care facilities (ICF) for persons w/MI – 109 beds

Certified Community Behavioral Health Center (CCBHC) - a new provider type in Medicaid, designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals. In return, CCBHCs receive an enhanced Medicaid reimbursement rate. Required services are: crisis mental health services; screening, assessment and diagnosis; patient-centered treatment planning; outpatient mental health and substance use services; primary care screening and monitoring; “targeted case management;” psychiatric rehabilitation services; “peer support, counseling and family support services; and services for veterans. There are 12 providers in Iowa receiving federal grants for CCBHC:
- Abbe Center, Seasons Center, Eyetly-Ball, Berryhill, Hillcrest, Plains Area, Robert Young, Elevate Housing Foundation,
- Heartland Family Services and Community Health Center – Leon, Prairie Ridge of Mason City and Pathways-Bremer County

The Trevor Project (for LGBTQ+ Youth) - 1-866-488-7386
The Gay, Lesbian, Bisexual and Transgender National Hotline: 1-888-843-4564
Trans Lifeline: 1-877-565-8860
LGBT National Youth Talkline: (800) 246-7743
Crisis Text Line: Text HOME to 741741 to be connected to crisis counseling
Online Mental Health Crisis Chat: iowacrisischat.org
Life Long Links: 866-468-7887

UCS Healthcare Offers Free Transgender Support Group - Open to all transgender, queer, non-binary, gender non-confirming individuals. Whether you’re just beginning your journey or somewhere beyond, please join! Allies in direct support of transgender members welcome. Meetings held weekly at UCS Healthcare. Guest speakers/special topics once per month. For transgenderdesmoines@gmail.com

www.weareherewithyou.com and www.mindspringhealth.org
You Are Not Alone. The Illness is Not Your Fault. Never Give Up Hope.
In the current health environment, access to mental health services has changed dramatically.

It all starts with a phone call to a provider to set up arrangements for services – whether through telehealth or in person.

Most providers are providing services through telehealth – in other words, through a computer screen or phone. Hopefully, you have access to this technology.

### Crisis Phone numbers and Text numbers

- **National Text Crisis Line**
  - [http://www.crisistextline.org/](http://www.crisistextline.org/)
- **National Suicide Prevention Lifeline**
  - 1-800-273-8255

For every person that dies by suicide, more than 250 think seriously about it but do not die. It is possible to prevent suicide and save lives by connecting at-risk individuals to support in their area. If you are thinking of hurting yourself, tell someone who can help. If you cannot talk to your parents, your spouse, a sibling - find someone else: another relative, a friend, or someone at a health clinic. Or, call the [National Suicide Prevention Lifeline at](http://ok2talk.org/) 800-273-8255

### Community Providers

- **House of Mercy** (Co-occurring treatment, residential for women) 1409 Clark Street, Des Moines (515) 643-6500
- **Mercy One House of Mercy** provides mental health counseling and psychiatric services

### Iowa WARM Line – 844-775-WARM (9276) - Provides confidential access to peer counseling and can connect people with services

**UCS Healthcare** delivers comprehensive and integrated health care services. Our Des Moines office offers medical, behavioral health diagnosis and treatment including mental health therapy, psychiatric services, substance use disorder therapy and medication assisted treatment. We have offices in Ankeny and Knoxville that offer therapy and medication assisted treatment as well. We accept most insurance plans and Medicare/Medicaid (service specific) and we can also provide some services on a sliding scale fee. Spanish speaking assessments and therapy services available. Find out more at UCS healthcare.com or call 515-280-3680 or ucsinformation@ucsdsm.org

### African-American Community Providers

- **Thriving Family Counseling Services** – 2213 Grand Avenue, DM 50312 – Phone: 515-808-2900 [https://thrivefamilyservices.com](https://thrivefamilyservices.com)
- **Aspire Counseling Center** – 3520 Beaver Avenue, Suite D DM 50310 515-333-8003
- **Urban Dreams** – 601 Forest, Avenue, DM 50314 Outpatient Substance abuse treatment and OWI services Mental Health and Treatment Services 515-288-4742 [https://urbandreams.org/programs/admin/urbandreams.org](https://urbandreams.org/programs/admin/urbandreams.org)

**Forward Consulting, LLC** – Breann Ward, CEO and therapist, 4309 University Ave., Dsm – 515-410-1716 - [http://moveforward2day.com](http://moveforward2day.com)

**Alcohol, Drugs, Gambling and Suicide Prevention Lifeline** – Available 24/7.

- **Your Life Iowa** [https://yourlifeiowa.org](https://yourlifeiowa.org)
- **Call** 855-581-8111
- **Text** 855-895-8398.

It is also be a source for Mental Health information and resources. All topics will address needs for both children and adults.

### Resources for rent and utility assistance:

- **IMPACT** (DSM and Polk County residents): 515-518-4770
- **Iowa Finance Authority** (Iowans outside Polk Co): 855-300-5885

### Community Mental Health Centers

**Polk Co.**

- **Child Guidance Center** – 808 5th St. - DM – 515-244-2267
- **Eyerly Ball Community MH Center**, 1301 Center St. - DM - 515-241-0982
- **Eyerly Ball Community MH Center** 945 19th St. - DM - 515-241-0982
- **Broadlawns Medical Center**- 1801 Hickman Rd. – 515-282-6770

**Dallas Co.**

- **Safe Harbor Center**, 2111 Greene St., Adel Main office is at 610 10th St. in Perry 50220. Ph 515-465-7541. Fax 515-465-7636. Adel area patients should call the Perry number to be scheduled. We have an ARNP and therapists in Adel, and a Psychiatrist --who comes to Perry.

**Madison Co.**

- **Crossroads Behavioral Health Services** 102 West Summit Street, Winterset – 515-462-3105

### Primary Health Care and Behavioral Health

- **Engebretsen Clinic**, 2353 SE 14th St. – DM - 515-248-1400
- **The Outreach Project**, 1200 University, Suite 105 – 515-248-1500
- **East Side Center**, 3509 East 29th St. – DM – 515-248-1600
- **Primary Health Care Pharmacy**, 1200 University Avenue, Suite 103 – DM – 515-262-0854

### County Community Mental Health Services

- **Polk County Mental Health Services**
  - Polk County River Place – 2309 Euclid Avenue, DM – 515-243-4545 [www.pchsisa.org](http://www.pchsisa.org)

- **Warren Co.**
  - **Central Iowa Community Services** [https://www.cicsmhds.org](https://www.cicsmhds.org)
  - 1007 S. Jefferson Way, Indianola, IA 50125
  - 515-961-1068
  - Email: mentalhealth@warrencountyiowa.org [https://warrencountyiowa.org/mentalhealth](https://warrencountyiowa.org/mentalhealth)

- **Dallas Co.**
  - **Dallas County Mental Health Services** 25747 N Avenue, Suite D, Adel, IA 50003 – 515-993-5872
  - Toll free: 877-286-3227
  - E-mail: dcchs@dallascounty.iowa.gov
  - Website: [https://www.dallascounty.iowa.gov/services/health-and-social-services/community-services](https://www.dallascounty.iowa.gov/services/health-and-social-services/community-services)

- **Madison Co.**
  - **Central Iowa Community Services** [https://www.cicsmhds.org](https://www.cicsmhds.org)
  - Madison County Service Coordinator
  - 112 N. John Wayne Drive, Winterset, Iowa 50273
  - 515-493-1453
  - Email: [https://www.dallascounty.iowa.gov/offices/community=services](https://www.dallascounty.iowa.gov/offices/community=services)

### Community Providers

**Des Moines Pastoral Counseling Center**
- 8553 Urbandale Avenue, Urbandale 515-274-4006
- Accepts all insurances, sliding scale for fees On-site psychiatrist,
- PA and counseling staff

**Free Mental Health Counseling in Spanish and English**

At the Library at Grace United Methodist Church Wednesdays – 2 to 6 PM

For an Appointment: Por favor contacte a Alicia Krpan, at 515-274-4006 ext. 143 or –
Contact Nathan Delange, LISW, at 515-577-0190

**Optimae Behavioral Health**

- 515-243-3525 – 600 E. Court Avenue 515-277-0134

[www.weareherewithyou.com](http://www.weareherewithyou.com) and [www.mindspringhealth.org](http://www.mindspringhealth.org)

**You Are Not Alone. The Illness is Not Your Fault. Never Give Up Hope.**
Meetings: In person the second and fourth Monday of every month at 7:00 pm - Contact: Julie at 515-710-1487 or email: candlesinthedarknessssg@gmail.com

Post Adoption Support Group
Lutheran Church of Hope, 925 Jordan Creek Parkway, West Des Moines, Iowa
Meetings: In person monthly the on the second Tuesday from 6 pm to 8 pm. Contact: Michelle Johnson at 515-710-3047 or mijjohnson@fouroaks.org
Note: childcare for all ages is provided – please RSVP

Alcoholics Anonymous
Lutheran Church of Hope, 925 Jordan Creek Parkway, West Des Moines, Iowa
Meetings: In person meetings are held Mondays at 12:00 pm. Saturdays at 9:00 am, and Sundays at 5:00 pm. (size is limited) AA membership is open to all those who desire to do something about their drinking problem. The primary purpose of AA is to carry the message of recovery to the alcoholic seeking help. AA can serve as a source of personal experience and be an ongoing support system for recovering alcoholics.

Al-Anon and Alateen
Lutheran Church of Hope, 925 Jordan Creek Parkway, West Des Moines, Iowa
Meetings: In person meetings are held Sundays at 5:00 to 6:00 pm. Group size is limited. Al-Anon is a fellowship of relatives and friends of those struggling with alcohol who share experiences, strength and hope. Alateen participants may choose to attend online Al-Anon if they are not able to attend the in-person group on Sundays at 5:00 p.m.

Gamblers Support Group
Lutheran Church of Hope, 925 Jordan Creek Parkway, West Des Moines, Iowa
Meetings: In person meetings are held Sundays at 6:30 pm. This program is based on recovery for compulsive gamblers, debtors/spenders and anyone who seeks recovery from their addictions. Meetings emphasize a solution rather than the problem.

Parents of Addicted Loved Ones
Lutheran Church of Hope, 925 Jordan Creek Parkway, West Des Moines, Iowa
Meetings: In person meetings are held Mondays at 6:30 to 8 pm – Parents of Addicted Loved Ones is a support group of parents helping parents. They meet every week to offer education and support, at no cost, for parents who are dealing with a son or daughter battling addiction. PAL can also help spouses who have a partner with addiction issues. PAL is especially helpful for parents and spouses, but all other sober family members and friends (age 18 and older) are welcome at the meetings.

Dementia Support Group
Lutheran Church of Hope, 925 Jordan Creek Parkway, West Des Moines, Iowa
Meetings: In person meetings are held the fourth Tuesday of the month from 6:30 to 8:00 pm. Being a caregiver to a loved one with dementia is hard, but having others to support you can help.

Dementia, Alzheimer's Caregiver Support
The Alzheimer’s Association offers many free resources to caregivers, including the 24/7 help line (800-272-3900), local support groups, and education programs and information on its website – alz.org/iowa – which offers tips on daily care, information on legal and financial planning, the stages of the disease, and more. Resources from the IDPH Alzheimer’s Disease & Related Dementias Program can be found at this link.

http://www.everystep.org/program-guide for a current list of programs and services

Momentum? Momentum? Momentum? is a creative, supported art studio and gallery where people learn and practice positive coping tools and create art while building their own resiliency within a safe and uplifting community.

What does it do? It helps people cope, create and rebuild in positive, healthy ways

Who does it benefit? Anyone who identifies as having a mental health diagnosis or disability in Central Iowa can attend for free. Call 515-883-1776 or visit www.teamcsa.org

Support Groups

**Thursdays** - Addiction recovery (all inclusive addiction) group in person and Facebook live every Thursday at 7pm. In person – at West Des Moines Open Bible 1100 Ashworth Road. An LGBTQ+ support group meeting will start in July. Our Facebook group page: https://www.facebook.com/groups/306310047070015/
Website - Sobersoldierz.com
Contact person: Christina Gist - 515-778-2015 cjbscoffee17@icloud.com

For Foster parents, as per the Ask Resource Center Foster Squad support group: https://www.fostersquad.org
Support group locator provided by the “Iowa Foster and Adoptive Parents Association”: http://www.ifapa.org/support/support_group_locator.asp

ADHD Support Group – Please contact Lauren Goetze (local CHADD coordinator) – GoetzeLauren@gmail.com – for dates of meetings, times, and zoom link information.

**Mindspring Support Group for Families of Persons with mental illness**
Eyerly Ball, 1301 Center, Des Moines, Iowa
Meetings: In person the third Sunday of the month from 2:30 to 4:00 pm. Contact: Susie & Richard McCauley at 515-274-5095 or mccauleyf@mchsi.com
Offering support for the family.

**ADHD Support Group** – Care & Support services, Treatment, Hospice, Home Care, Community Health & Wellness
Grief & Loss

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You Are Not Alone. The Illness is Not Your Fault. Never Give Up Hope.
**Postpartum Support International** has been awarded a landmark contract to operate the first-ever Maternal Mental Health Hotline by the U.S. Health Resources and Services Administration (HRSA). The Hotline, legislated by Congress and funded by HRSA, will launch in early 2022 and will be available 24/7, 365 days a year, in English and Spanish, via voice, text, and web chat. Stay tuned for more details!

**Coping After Suicide, Polk County Crisis and Advocacy Services**

**Meetings:** In person the second Thursday of each month from 6:00 to 7:30 pm, and the last Saturday of the month from 9 to 10:30 pm.

**Contact Person:** Kate Gilmore at 515-286-2029 or kgilmor@ccpolk ia us

**Note:** No fee

**Addiction Recovery for Veterans**

West Des Moines Open Bible, 1100 Ashworth Road
West Des Moines, IA 50265

Meetings: In person every Thursday 7 to 8:00 pm

Sober Soldierz is an addiction recovery group. Each week is an open discussion format with an overview topic.

**Note:** Childcare is provided.

**Circle of Care:**

A Guidebook for Mental Health
Caregivers – go to www.mindspringhealth.org
Click on “Get Help”,
Click on Guidebook for MH Caregivers and download a copy

**Special Needs Estate Planning – Dennis Burns**

Phone: (515) 267-2676  dburns@connectthedots4life.com
www.connectthedots4life.com

**Veteran Suicide Prevention Lifeline**
1-800-273-8255 - press 1  Text to: 838255

**Veteran Toolkit to Prevent Suicide can be downloaded from:**https://www.va.gov/nace/docs/myVAoutreachToolkitPreventingVeteranSuicidesEveryone'sBusiness.pdf

**Crisis Services in Polk County**

**The Mental Health Mobile Crisis Team** - The Mobile Crisis Response Team provides short term on-site crisis assessment and intervention for children, youth and adults experiencing a mental health crisis. The team is staffed with behavioral health specialists including registered nurses, Master’s level psychotherapists and social workers. The team is activated on every mental health call to 9-1-1. An eva-luation, including a determination about the appropriate level of care needed, is completed in the field by a member of the team. The team member completing the evaluation will then make recommendations for appropriate interventions based upon the current needs of the individual in crisis. They will also provide information, education, and potential linkage to community resources.

At the end of May 2021 – Des Moines began dispatching mobile crisis to all mental health calls instead of having officers request the team. Call volume increased by 98 calls in June.

**Emergency Calls: 911**  **Non-Emergency Calls: 515-283-4811**

Be clear with the dispatcher what the situation is, that it is a mental health crisis, and request the Polk County Mobile Crisis Response Team to assist. In response to your phone call, the mobile crisis team is dispatched along with law enforcement on every mental health call.

The police liaisons for the Mobile Crisis team are:

Officer Lorna Garcia (day shift) O: 515-283-4988 C: 515-205-3821
Officer Sean O’Neill (night shift 4-midnight M-F) cell 515-300-4644

**Psychiatric Urgent Care Clinic for Adults:**

Will accept walk-in appointments for individuals who are experiencing an exacerbated mental health condition. Services at the clinic include mental health assessments, medication management, therapeutic counseling and coordination of services for healthcare and basic needs.

Broadlawns located at 1801 Hickman Rd in DSM – West Entrance). Hours are 9am-7pm, Monday through Friday. Serves ages 18 and older. Phone: 515-282-5742

**Psychiatric Urgent Care Clinic for All Ages:**

Services include, but are not limited to Mental health services, Psychiatric evaluation and assessment, Addiction medicine, Crisis services and Community resources. Onsite coordination for additional interventions will be coordinated with Eyerly Ball Community Mental Health Services, Orchard Place Integrated Health Program and other behavioral health agencies in central Iowa.

UnityPoint Health located at 1250 East 9th Street in DSM. Hours Mon-Thurs 9 AM to 7 PM, Fridays 9AM to 5PM. Serves all ages.

Phone: 515-263-2632

**The 23 Hour Crisis Observation Center for Adults**

Is intended to meet the needs of individuals who are experiencing an acute behavioral health stressor that impairs the individual’s capacity to cope with his/her normal activities of daily living. The goal of the Crisis Observation Center is to offer a place for individuals to seek crisis intervention services and stabilize them quickly so they can return to the community. The length of stay is up to 23 hours. Ser-vices offered include a nursing assessment, care/service coordi-nation, crisis intervention therapy, and access to a psychiatric prescriber if needed. Staff include registered nurses, Master’s level psychotherapists, psychiatric technicians, and care/service. These services are offered in a safe and supportive environment.

Crisis Observation Center is open 24/7.
Located at Broadlawns Hospital (1801 Hickman Rd in DSM – West Entrance)
23 hour Crisis Observation Center - Phone: 515-282-5742
See map for new location

[Call 9-1-1]

www.weareherewithyou.com and www.mindspringhealth.org

You Are Not Alone. The Illness is Not Your Fault. Never Give Up Hope.
Broadlawns Crisis Team:
Provides comprehensive emergency mental health services including assessment, triage, crisis intervention, and discharge planning. Services are available by phone or in person through our Emergency Department.

In addition to being the initial contact to the Inpatient Psychiatric Unit, the crisis team assists clients in finding the programs and services that are the most appropriate for their needs. 

For assistance 24 hours a day, call 515.282.5752

The Pre-Petition Screener Service
A resource for Polk County residents who want to file a petition for involuntary behavioral health services through the Clerk of Court. The screener is a mental health professional who is available to assist applicants and respondents before, during, and after the petition process. The role of the Pre-Petition Screener is to gather background information from both applicants and respondents and help determine if another path toward treatment may be preferable. In the event that a judge denies a petition, the screener is available to discuss appropriate next steps and help make connections with available resources.

The Pre-Petition Screener is available without an appointment Monday-Friday 8:30am to 4:30pm.
Located at the Polk County Justice Center (222 5th Ave in DSM) Phone: 515-336-0599 (direct line) or 515-282-5742 (main office)

Emergency Room: When a loved one is experiencing a mental health crisis, they have a plan to act on their suicidal, homicidal or self-harm thoughts, and you feel as if you have tried all other avenues and the current environment is unsafe, it is time to utilize an emergency room. The emergency room is used to stabilize a patient and transition them to the next appropriate treatment option.

Broadlawns Emergency Department located at 1801 Hickman Rd in DSM. Phone: 515-282-2200

Lutheran Emergency Department located at 700 E. University Ave in DSM. Phone: 515-263-5120

Methodist Emergency Department located at 1200 Pleasant St. in DSM. Phone 515-241-6213

Methodist West Emergency Department located at 1660 60th St. in DSM. Phone: 515-343-1200

MercyOne Emergency Department located at 1111 6th Ave in DSM. Phone: 515-247-3211

MercyOne Emergency Department located at 1755 59th Pl in DSM. Phone: 515-358-8280

The Clive Behavioral Health Hospital will operate as a 134-bed independently licensed hospital on two campuses – 34 beds on the Des Moines campus at 1111 6th Avenue and 100 beds on the Clive/West campus at 1450 NW 114th Street, Clive, Iowa. Beds will eventually be 1/3 for youth and the rest for adults. The downtown location of 34 beds will be for adults with mental health and medical issues.

After the initial phase-in period, the MercyOne Help Center will be permanently replaced by the new Clive Behavioral Health Intake & Assessment Center – accessed by calling 1-844-680-0504. Go to their website at: https://clivebehavioral.com

Crisis Services in Dallas County
If you have a mental health crisis in your family and are in need of emergency assistance – call 911

Mobile Crisis Response Team: The Mobile Crisis Response Team provides short term on-site crisis assessment and intervention for children, youth and adults experiencing a mental health crisis. The team is staffed with behavioral health specialists including registered nurses, Master’s level psychotherapists and social workers. The team is activated when a law enforcement officer responding to an emergency call requests the presence of the Mobile Crisis Team. An evaluation, including a determination about the appropriate level of care needed, is completed in the field by a member of the team. The team member completing the evaluation will then make recommendations for appropriate interventions based upon the current needs of the individual in crisis. They will also provide information, education, and potential linkage to community resources.

This crisis line can also be used to talk with mental health professionals if you in a mental health crisis.

24/7 crisis line covering Dallas, Guthrie, Green and Audubon Counties: 1-844-428-3878

Be clear with the dispatcher what the situation is. In response to your phone call, the first person to arrive to the situation will be police officers. Officers will determine if it is a mental health related issue and maintain safety at the scene. Officers make a request through dispatch if the Mobile Crisis Team is needed. Mobile Crisis only takes referrals from law enforcement.

Safe Harbor Crisis Center: A safe place where individuals who are experiencing a mental health crisis can voluntarily access crisis intervention services.

Safe Harbor Crisis Center is open 24/7 Located at 706 Cedar Avenue in Woodward Phone: 515-642-4125

Safe Harbor Center Transitional Living Services: Provides short term (2-3 month) housing for individuals coming out of a placement or hospitalization who need to redevelop skills needed to be successful in the community. Individuals who are living with mental health conditions or disabilities will be paired with a variety of service providers to assist them to reach their highest levels of independence. Phone: 515-642-4125

Crisis Services in Warren County
If you have a mental health crisis in your family and are in need of emergency assistance – call 911

Mobile Crisis Response: Teams of professionals provide on-site, face-to-face mental health services for an individual or family experiencing a mental health crisis. They can respond wherever the crisis is occurring—in an individual’s home, the community, or other locations where an individual lives, works, attends school, or socializes. This line also provides support on the telephone, day or night, for people looking for immediate help with their emotions or mental health. To access mobile crisis response, call the Your Life Iowa Crisis line 24/7 at 855-581-8111

Crisis Services in Madison County
If you have a mental health crisis in your family and are in need of emergency assistance – call 911

Mobile Crisis Response: Teams of professionals provide on-site, face-to-face mental health services for an individual or family experiencing a mental health crisis. They can respond wherever the crisis is occurring—in an individual’s home, the community, or other locations where an individual lives, works, attends school, or socializes. To access mobile crisis response, call the Your Life Iowa Crisis line 24/7 at 855-581-8111

If opportunity doesn’t knock, build a door. - - - Milton Berle

No act of kindness, no matter how small, is ever wasted. - - - Aesop

www.weareherewithyou.com and www.mindspringhealth.org

You Are Not Alone. The Illness is Not Your Fault. Never Give Up Hope.
Here are free resources available thru March 9, 2022

Facebook Groups and Activities

8 Dimensions of Wellness
https://www.facebook.com/groups/304914707458079

A Home For Hobbies
https://www.facebook.com/groups/1673775739439502

A Place For Everything
https://www.facebook.com/groups/309913920328197/about

COVID Numbers:
https://www.facebook.com/groups/3316321331756451

Domestic Violence:
https://www.facebook.com/groups/277973576605783

Easing Anxiety Over Covid-19:
https://www.facebook.com/groups/276474223635311

Four Legged Therapy:
https://www.facebook.com/groups/785206062013450

How Does Your Garden Grow:
https://www.facebook.com/groups/298450564668994

Inclusion For All:
https://www.facebook.com/groups/152790226736928

Iowa - A – Zinnia:
https://www.facebook.com/groups/599308484061448

Meditation & Yoga:
https://www.facebook.com/groups/1146630482359182

Meet The (Grand)Parents:
https://www.facebook.com/groups/645444526101023

Month of Sundays:
https://www.facebook.com/groups/567884850554888

Next Level Gaming:
https://www.facebook.com/groups/3439379396086318

Over Coffee:
https://www.facebook.com/groups/345471240189484

Parenting in a Pandemic
https://www.facebook.com/groups/937325153412822

Songs From The Good Old Days With Carlene Hall:
http://www.facebook.com/groups/2284812245146972

Story Starters:
https://www.facebook.com/groups/1109759116060849

Substance Use:
https://www.facebook.com/groups/337667384277299

Sunday Connections:
https://www.facebook.com/groups/3324026684308403

Tell Me A Story:
https://www.facebook.com/groups/1581970971987124

Village of Hope:
https://www.facebook.com/groups/2748982981997549

Vivo En Iowa:
https://www.facebook.com/groups/224936542192851

Well, That Looks Good Enough to Eat:
https://www.facebook.com/groups/603062780395504

Work Resources:
https://www.facebook.com/groups/261569204943806

Agricultural and Rural Education available on request:
Stress on the Farm – Strategies that Help Farmers with stress reduction
Stress on the Farm – Strategies to Help Each Other During a Pandemic

Ongoing sessions:
Avoiding Burnout in a Crisis – The ABC is for Self-Care
Question. Persuade. Refer (QPR) – Three simple steps anyone can learn to help save a life from suicide.

Workplace Diffusion – Virtual one-hour sessions are a safe place to talk about the way work has changed due to the COVID-19 pandemic.

Connection Points: COVID Recovery Iowa–Facebook, Instagram, Twitter, Discord and You Tube www.COVIDrecoveryiowa.org

Iowa WARM Line – 844-775-WARM (9276) - Provides confidential access to peer counseling and can connect people with services

Iowa Concern – 800-447-1985 - confidential access to stress counselors and an attorney for legal education, as well as information and referral services for a wide variety of topics.

Spanish Line – 531-800-3687 - Click on Pre-Teen Support Groups
Click on Parent Support Groups

Services for Older Americans – contact Ash Roberts 531-800-4450
aroberts@heartlandfamilyservice.org

Mental Health Resources for Native & Indigenous Persons
https://afsp.org/supporting-diverse-communities

Center for Native American Youth – cnay.org

Inclusive Therapists – inclusivetherapists.com

Indian Health Service, Division of Behavioral Health

Intimate Partner Violence and Sexual Assault Helpline for Native Americans – strongheartshelpline.org

Mental Health Technology Transfer Center – Mhttcnetwork.org/centers/national-american-indian-and-alaska-native-mhttc

We R Native – wernative.org

Zero Suicide in Indian Country
Zerosuicide.edc.org/toolkit/toolkit

Mental Health Resources for Latinx Hispanic Communities
https://afsp.org/supporting-diverse-communities

Sevelyn, a mental health support platform designed for the Latino community (Clive, Iowa).

American Society of Hispanic Psychiatrists
americansocietyhispanicspsychiatry.com

Inclusive Therapists – inclusivetherapists.com

Life is Precious – comunilifelip.org

Latinx Therapy – latinxtherapy.com

MANA, A National Latina Organization – hermana.org

National Alliance for Hispanic Health – healthyamericas.org

National Latino Behavioral Health Association – nlbha.org

National Latinx Psychological Association – nlpa.ws

SanaMente – sanamente.org

For some, recovery means a job, a paycheck and a date on a Friday night.
- - - - Patricia Deegan

www.weareherewithyou.com and www.mindspringhealth.org
You Are Not Alone. The Illness is Not Your Fault. Never Give Up Hope.
Mental Health Resources for Black Communities
https://afsp.org/supporting-diverse-communities

Aakoma Project – aakomaproject.org
Black Emotional and Mental Health Collective (BEAM) Beam.community
Black Girls Smile Inc. – blackgirlssmile.org
Black Mental Health Alliance – blackmentalhealth.com
Black Mental Wellness – blackmentalwellness.com
The Boris Lawrence Henson Foundation Borislhensonfoundation.org
Brother, You’re on My Mind Nimhd.nih.gov/programs/edu-training/byomm/
Eustress – eustressinc.org
Inclusive Therapists - inclusivetherapists.com
The Loveland Foundation – thelovelandfoundation.org
Melanin and Mental Health – melaninandmentalhealth.com
National Organization for People of Color Against Suicide Nopcas.org
The National Queer & Trans Therapist of Color Network (NQTTCN) - Nqttcn.com
Sista Afya Community Mental Wellness – sistaafya.com
Therapy for Black Girls – therapyforblackgirls.com
Therapy for Black Men – therapyforblackmen.org

Special Needs Estate Planning – Dennis Burns
Phone: (515) 267-2676  dburns@connectthedots4life.com
www.connectthedots4life.com

Suicides in Iowa 2000-2021
Opioid Deaths in Iowa 2016-2021

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Suicides</th>
<th>24 and under</th>
<th>25 thru 44</th>
<th>45 thru 69</th>
<th>70 and older</th>
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<td>Opioid #s as of 11-30-21</td>
<td>Suicide #s as of 11-30-21</td>
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*2021-2022 data is preliminary and is subject to change


(Continued from Page 1)

A simple question can be used to discover our recovery partner: “What do you already know how to do that helps?” A person may not have all the answers, but everyone tries something in an effort to manage psychosis. For instance, during my early psychosis, I told myself I had taken LSD (even though I had not). This was not a delusion. It was a strategy that helped me manage acute episodes of psychosis because an LSD trip is time limited. Knowing the experience would end helped me endure it.

Another powerful engagement and activation strategy is introducing Personal Medicine as part of recovery. Do this very early on in treatment. Personal Medicine1 is what we do to get well and stay well. It is self-initiated, nonpharmaceutical self-care activities that serve to decrease symptoms and improve thinking, mood behavior, and well-being, while also helping to avoid unwanted outcomes such as hospitalization. Examples include: reading Scripture at night helps me feel safe; working on car engines helps me ignore my voices; singing in my choir helps me forget my troubles; walking my dog gives me a reason to get up in the morning. All these strategies are Personal Medicine. “Smoking cigarettes helps me relax” is not, however. Tobacco is something we take, it is not what we do.

Also, notice that Personal Medicine is different from generic coping strategies. Personal Medicine is personal. Encouraging its use in psychiatric care underscores the importance of actively engaging in self-care during recovery. It elevates self-care to the status of medicine, which can be just as important as pharmaceutical medicine for recovery. Passively waiting for psychiatric medicine to make us well is usually futile. Personal Medicine does not compete with psychiatric medicine. The key is finding a synergy between the two. For many, the pathway into recovery involves finding the right balance between the things we do to be well and the pills we may take.

Over time, Personal Medicine can grow into an entire toolkit of self-care strategies. Psychiatric medicine then becomes one tool among the many we use to support our recovery. Use a simple, 2-part template to help people discover their Personal Medicine:

“What do you do that helps you feel better and how does it help?” In some settings, certified peer supporters, therapists, and rehabilitation counselors can...
specialists help people discover their Personal Medicine prior to med visits. At each clinic visit ask, “Have you been using your Personal Medicine?” Be sure to adjust psychopharmacology if it is interfering with Personal Medicine and the things that give life its meaning, purpose, and joy. If medications are causing a woman’s hands to tremble so much that she cannot do her job stitching flags (her Personal Medicine), then who would be surprised if she stopped taking those drugs?

In a recovery-oriented approach, pharmacology must support—not disable—the things that matter, such as work. Finding the right balance between psychiatric medicine and personal medicine is the pathway to recovery for many patents.

From “What’s the matter?” to “What matters to you?”

It can be challenging to take an anti-psychotic each day; over time, people need a sense of how the medication helps them. There is no sense in taking pills that do not seem to work. Clinical phrases are often obtuse and unhelpful (eg, “The meds will help organize your thinking”; “The meds will make you less paranoid”; “The meds will return you to baseline”). These abstractions may not speak to what matters to the person.

Instead, I recommend 2 approaches. The first approach is to directly ask, “How will we know this medicine is working for you?” Examples might be: “I’ll know the meds are working for me when I: “can concentrate on my biology homework”; “am more patient with my toddler”; “can follow a football game”; or “win at online gaming again.” When first asked, people may say, “I don’t know. You’re the doctor. You tell me how the meds are supposed to help.” Redirect the person by prompting, “I am happy to share my ideas, but I need to understand what matters to you. If this medicine works for you, what will change for the better?” The answers will provide a wealth of information.

For instance, it is not unusual to hear that a person has unrealistic expectations for medications: “I’ll know the medicine is working for me if my marriage improves.” Of course, medication cannot improve a marriage. Having such an expectation can be a set-up for rejecting medications that are not working. Helping people shape expectations is important.

For instance, “The meds can’t improve your marriage per se, but if they work, they can help you focus more on your partner and less on your fears. How does that sound?” Even during acute episodes of psychosis, demonstrating concern and understanding for what matters to the person can be extremely reassuring and help build an alliance. We can use our intuition to infer what matters.

For instance, a person who has been hearing distressing voices may be exhausted and would welcome some rest: “This medicine will help you rest and feel safe. How does that sound to you?”

A second approach to helping people establish their goals for medication treatment is the use of Power Statements. Power Statements help people express how they want medicine to help. A 2-part system can be used to help people create their power statement:

“I want medicine to help ____, so that I can ____.” Examples include: “I want medicine to help make the voices go away so that I can focus on my job at the pizza shop”; “I want medicine to help me relax, so I can get together with my boyfriend again”; and “I want medicine to help me concentrate again so I can graduate from high school.”

Power Statements act like a compass, keeping treatment focused on outcomes that matter to the person. Typically, we assess treatment outcomes by more generic measures such as the Positive and Negative Syndrome Scale (PANSS) score, lower recidivism, and longer community tenure. But at the level of the individual, those metrics can disguise treatment failure.

For instance, people may have fewer hospitalizations and be stabilized and maintained on high-dose antipsychotics in the community, but they may also be living an isolated life in smoke-filled, single room-occupancy lodgings, staring at a television, and sleeping their lives away. This is not recovery and, at the level of the individual, it is a treatment failure.

Power Statements provide psychiatric care providers with an understanding of what successful treatment outcomes are, as defined by the individual. They are a study of N=1, focusing psychiatric care providers on symptom reduction in the service of personally meaningful goals. Complete symptom suppression is not a prerequisite for recovery. Many of us learn how to manage symptoms while living the life we want for ourselves.

Power Statements are easy to scale and can be created as a pen-and-paper task. In some settings, certified peer supporters, therapists, and rehabilitation staff help people prepare their statements before the med check visit. Psychiatric care providers begin the visit by reviewing the statement and asking, “Is this still your goal for our work together?” or “Are we making progress toward your goal?” The journey to use medication optimally to support recovery involves many challenges. It is more than learning to swallow pills on schedule. Psychiatric care providers can support us on that journey through recovery-oriented strategies that convey hope and engage us as partners in the creation of a life beyond the diagnosis.

Dr Deegan is Principal and owns 50% of the company Pat Deegan, PhD & Associates, LLC in Byfield, Massachusetts. The company created the CommonGround Program, which includes software, training, and an on-line Recovery Library. Personal Medicine and Power Statements, mentioned in the article, are two elements of the CommonGround Program.

What are peer respites?

https://www.LifeConnectionsRecovery.org

A peer respite is a voluntary, short-term, overnight program that provides community-based, non-clinical crisis support to help people find new understanding and ways to move forward. It operates 24 hours per day in a homelike environment.

Peer respites are staffed and operated by people with psychiatric histories or who have experienced trauma and/or extreme states. This means that...

STAFF

• 100% of staff have lived experience of extreme states and/or the behavioral health system

MANAGEMENT

• All individuals in program/house management positions have lived experience of extreme states and/or the mental health system

• Job descriptions for program/house management positions require lived experience of extreme states and/or the mental health system

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www.weareherewithyou.com and www.mindspringhealth.org

You Are Not Alone. The Illness is Not Your Fault. Never Give Up Hope.
GOVERNANCE

- The peer respite is either operated by a peer-run organization OR has an advisory group with 51% or more members having lived experience of extreme states and/or the mental health system.

PEER-RUN ORGANIZATION

- A program or organization in which a majority of persons who oversee the organization’s operation and are in positions of control have lived experience of extreme states and/or the mental health system.
- People with lived experience of extreme states and/or the mental health system constitute a majority of the board or advisory group, and the director and a majority of staff, including volunteers, must identify as people lived experience of extreme states and/or the mental health system.

Why are there peer respites?
Peer respites were designed as psychiatric hospital diversion programs to support individuals experiencing or at-risk of a psychiatric crisis. The premise behind peer respites is that psychiatric emergency services can be avoided if less coercive or intrusive supports are available in the community.

How do peer respites work?
Peer respites engage guests in mutual, trusting relationships with peer staff. Peer support involves a process of mutual helping based on the principles of respect and shared responsibility. Peer support includes interactions in which individuals help themselves and others through fostering relationships and engaging in advocacy to empower people to participate in their communities.

Contributors:
- Laysha Ostrow, CEO, Live & Learn, Inc.
- Carina Smith, Research Assistant, Live & Learn, Inc.
- Darby Penney, The Community Consortium
- Sera Davidow, Western Massachusetts Recovery Learning Community
- Chris Hansen, Intentional Peer Support
- Sally Zinman, California Association of Mental Health Peer-Run Organizations
- Bevin Croft, Research Associate, Human Services Research Institute

Note: Life Connections has the only peer respite house in Iowa.

A-NOD TO AWARENESS

- A-NOD was created out of family issues that can bring solutions and resources to other families.
- A-NOD is a NON ORAL DECAL that conveys awareness amid Police/EMS officials and those with Spectrum Concerns.
- A-NOD adheres to one’s vehicle and home.
- A-NOD reminds Police/EMS of their Crisis Intervention Training
- A-NOD communicates Awareness, Safety, and Transformation
- A-NOD Together-Support For All

Five Ways Poverty Harms Children
4 R Kids Early Childhood Iowa

1. Poverty harms the brain and other body systems - by negatively impacting child development and physically altering the brain. This is related to an increase in chronic disease and shortened life expectancy in adulthood.

2. Poverty creates and widens achievement gaps - because of the negative influences on brain development, children who experience poverty fall behind their peers in learning and social-emotional development.

3. Poverty leads to poor physical, emotional, and behavioral health - as a result of food insecurity, poor health, and poor emotional and behavioral health. Children who live in poverty are also less likely to receive preventive care.

4. Poor children are more likely to live in neighborhoods with concentrated poverty, which is associated with numerous social ills - such as poorer academic performance, social and behavioral problems, and as previously mentioned, poorer health. Children living in poverty are more likely to be exposed to environmental toxins and physical hazards and attend schools with fewer resources.

5. Poverty can harm children through the negative effects it has on their families and the home environment - living with fewer resources means higher stress, aggravation, and depressive symptoms in parents. This can also have a negative impact on the learning and development of children living in poverty.


According to the Iowa Children’s Behavioral Health State Board 2021 report – there were 131,651 children aged 0 to 17 who were served in the Iowa Children’s Mental Health system – ½ male and ½ female – 27.1% ages 13-17, 32.2% ages 6-12 and 40.7% ages 0-5.

To see the complete report, go to: https://www.legis.iowa.gov/docs/publications/DF/1231630.pdf
Learn About Anosognosia

The Treatment Advocacy Center is proud to share with you our new video on anosognosia, a symptom of severe mental illness experienced by some that impairs a person’s ability to understand and perceive their illness. It is the single largest reason why people with schizophrenia or bipolar disorder refuse medications or do not seek treatment.

An essential part of our mission is to educate the public and policy makers on issues affecting people with SMI and their families. Anosognosia remains one of the most misunderstood symptoms of SMI and it’s critical that policy makers understand how anosognosia acts as a barrier to treatment for some of the most vulnerable among us.

Please watch the video “Anosognosia” at https://www.youtube.com/watch?v=ulAKJSR_vfo

This strategy is already working: This week, our Communications Department worked directly with the Seattle Times to include our video in the paper’s latest story on anosognosia. Read it here.

As Executive Director Lisa Dailey is quoted as saying, “If you are building a system that is based on the idea that anyone can and eventually will recognize that they need treatment... it means the population of people who literally can’t because they have anosognosia are just invisible to the system.”

With your support, our loved ones with SMI will never be invisible.

IRS Raises Limit for Able Accounts

For the first time in four years, the amount of money that people with disabilities can save without jeopardizing eligibility for government benefits is rising.

Starting this month, the Internal Revenue Service said that the federal gift tax exclusion is growing from $15,000 to $16,000 annually. That same cap also applies to contributions to ABLE accounts, a special savings vehicle for people with disabilities.

The increase is the first since 2018. It comes as a result of inflation, the IRS said.

ABLE accounts, which were created under a 2014 law, allow individuals with disabilities to save up to $100,000 without risking eligibility for Social Security and other government benefits. Medicaid can be retained no matter how much is in the accounts.

Interest earned on funds in ABLE accounts is tax free and money saved can be used to pay for qualified disability expenses including education, health care, transportation and housing.

Annual deposits in ABLE accounts are generally limited to the value of the IRS’ gift tax exclusion, now $16,000.

However, people with disabilities who are employed can also save some of their earnings in the accounts above and beyond the gift tax amount. For those in the continental U.S., that means up to an additional $12,880 this year, according to the ABLE National Resource Center. Alaska residents can save an extra $16,090 in compensation and that figure is $14,820 in Hawaii, the center said.

Currently, ABLE accounts are offered through 47 state programs, many of which are open to people with disabilities no matter where they live. As of September, ISS Market Intelligence reports that there are over 105,000 ABLE accounts open statewide containing $937 million in assets.

To be eligible for the accounts, individuals must have a disability that onset before age 26.

Results from Partnership with Sesame Street

Aug 2020 to July 2021

The Iowa Alliance for Healthy Kids partnered with Sesame Street to improve the social and emotional well-being of Iowa’s kids. This unique partnership has focused on offering caregivers, providers, and leaders in Iowa messages and tools to help children ages 0-8 build skills and to promote early relational health within families. Iowa is one of 13 communities partnering with Sesame Street in Communities across the nation.

Read the report at: 10-21-21 Iowa Alliance and SSIC Partnership Report - 2020-21 - Final.pdf

When Kids Refuse to go to School

Child Mind Institute

How to recognize what is “school refusal” and how to get kids back in class.

The term “school refusal” used to be more or less synonymous with truancy, invoking a picture of kids hanging out on the street corner, or holed up in their bedrooms playing video games.

While it is true that some game-playing might well be involved, it’s important to understand that school refusal is not the same as playing hookey. It isn’t driven by the allure of having fun outside of school, but rather by an aversion to school itself.

Problematic patterns

Everyone resists going to school once in a while, but school refusal behavior is an extreme pattern of avoiding school that causes real problems for a child. School refusal is distinguished from normal avoidance by a number of factors:

- How long a child has been avoiding school
- How much distress she associates with attending school
- How strongly she resists
- How much her resistance is interfering with her (and her family’s) life

Including all these aspects is important, because a child can still have school refusal even if she attends school most days. I’ve worked with kids who have missed only a day or two of school, but they’ve been tardy 30 times because their anxiety is so extreme it keeps them from getting to school on time. Kids with school refusal might also have a habit of leaving early, spending a lot of time visiting the nurse, or texting parents throughout the day.

Suspicious sick days

www.weareherewithyou.com and www.mindspringhealth.org

You Are Not Alone. The Illness is Not Your Fault. Never Give Up Hope.
Often kids with school refusal will start reporting unexplained symptoms like headaches or stomachaches. Anxiety does manifest in physical ways, so their symptoms could be indicative of that. As a parent, the first thing you want to do in this situation is get your child checked out by a pediatrician; you don’t want to overlook a medical problem. But it may be that going to school is her problem.

Sometimes resistance to attending school is just a little blip on the radar, and it can be easily remedied. Maybe your child had the flu and was out for a good amount of time, and now she is having a hard time making the transition back to school. Suddenly she’s getting clingy and anxious about all the homework she missed.

In this scenario, it is important not to prolong time at home. Instead, you want to have a conversation with the teacher and with your daughter. You want to be able to tell her, “We’ve talked to your teacher, and he knows you were sick. I know you’re worried, but he understands. It’s time to get back to school.” Then she returns to school and often things go relatively smoothly.

Similarly, some kids in school experience blips of anxiety after vacations. The key point is to get children back in school as soon as possible.

More serious concerns

When school refusal starts to become a bigger problem—it’s going on for numerous days, weeks or even months—you should reach out and ask for help. This includes kids who go to school but only attend partial days because they are spending a lot of time in the nurse’s office and getting sent home early from school.

Understanding the problem

For more serious cases of school refusal, the first step in treatment is getting a comprehensive diagnostic assessment. While school refusal is not a diagnosable disorder, it often accompanies disorders like separation anxiety, social anxiety, depression or panic disorder. A complete assessment helps treatment professionals understand what is underlying school refusal, allowing them to tailor therapy to your child’s particular situation.

Listen up

It’s also possible that something specific is happening at school, like bullying or a difficult class. This doesn’t mean you should immediately jump in and ask your child who doesn’t want to go to school, “Who’s bullying you?” But it is important to know what is going on in your child’s life. You should expect to hear what her teacher is like and how homework is going. You should also have a sense of the kids your child is hanging out with. These are all things that should come up in everyday conversation. And if your child mentions that something happened that day, perk your ears and put down whatever you were doing and listen in a nonjudgmental way, because it could be important.

Reaching out

Treatment providers working with kids who have school refusal will often use cognitive behavioral therapy, which helps kids learn to manage their anxious thoughts and face their fears. While kids who are anxious might disagree, the best way to get over anxiety is actually to get more comfortable with feeling anxious. Kids need the chance to see that they can attend school and their worst fears won’t happen. Exposure therapy, which reintroduces kids to the school environment gradually, is very effective at this. In the very beginning of treatment, this might mean driving by the school or walking through its empty halls on the weekend. From there kids can work up to attending one or two classes and then eventually attending a full day towards the end of treatment.

It’s best to be proactive and catch school refusal as soon as you can. Unfortunately, the longer a child misses school, the harder it is to get back in the routine, because being absent is very reinforcing. I have worked with families that describe getting ready for school like it’s a battle complete with huge tantrums. Sometimes the morning gets so challenging and exhausting that mom and dad just give up and say, “Fine, stay home; I’ll go pick up your homework.” It’s a very understandable situation, but again, letting it continue puts kids one day further from being back at school. It is important for parents to know that the sooner the child gets back to school the better and reaching out for help is an important first step.

Rachel Busman, PsyD, ABPP
Rachel Busman is a clinical psychologist who specializes in anxiety disorders.

Parasites, Pussycats and Psychosis

Dr. E. Fuller Torrey, founder of the Treatment Advocacy Center, has just published his 21st book, “Parasites, Pussycats and Psychosis: The Un-known Dangers of Human Toxoplasmosis,” about the surprising and alarming connection between cat ownership and psychosis.

The book is open access, ensuring that everyone will be able to read the book and understand the implications of this problem. Read the book, here. And read an in-depth conversation with Dr. Torrey about his new book on our blog, here.

Holding the NIMH Accountable

The juxtaposition of 2 recent research reports should give us pause for concern. In September, the National Institute on Drug Abuse reported that cannabis use among college students reached 44% in 2020, a significant increase from 38% in 2015 and at its highest level since the 1980s. The cannabis currently available is more potent than that used in the past.

This follows a July report from researchers in Denmark who claim that the increasing use of cannabis is a likely cause of increasing incidence of schizophrenia noted in that country over the past 2 decades. An increasing incidence of schizophrenia, or psychosis in general, has also been reported in England, Switzerland, and Canada, especially among young people. Since 19 US states have already legalized the recreational use of cannabis and other states are considering doing so, a possible relationship between cannabis use and increasing schizophrenia is potentially very important and needs to be confirmed.

The National Institute of Mental Health (NIMH) website describes itself as “the lead federal agency for research on mental disorders.” Schizophrenia is generally considered to be the most disabling mental disorder and in 2013 was estimated to cost the US $155.7 billion annually. One would therefore expect NIMH to have accurate information on the incidence and prevalence of schizophrenia and some idea whether they are increasing, decreasing, or constant over time.

However, when a health reporter asked NIMH for its reaction to the report on cannabis and schizophrenia from Denmark, a NIMH spokesperson had little to offer other than to say that “it’s hard to obtain accurate estimates of the prevalence of schizophrenia because diagnosis is complex and it overlaps with other disorders.”

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You Are Not Alone. The Illness is Not Your Fault. Never Give Up Hope.
In fact, NIMH says that it does not know the prevalence of schizophrenia in the US other than within broad limits.\textsuperscript{8,9} For the last 4 years, the NIMH website has combined schizophrenia with other “related psychotic disorders” and claimed that together, their prevalence is “between 0.25% and 0.64%” of the population, which translates to between 772,000 and 2.0 million individuals. For every other mental disorder, except schizophrenia, NIMH provides a precise prevalence number.

Part of the problem is that NIMH has not undertaken a serious study of the incidence or prevalence of schizophrenia or other major mental illnesses in 40 years. At that time, it reported the 1-year prevalence of schizophrenia among adults in the US to be 1.1%, equivalent to 2.6 million adults based on 2010 census data.\textsuperscript{10} NIMH used that percentage as its official estimate for the prevalence of schizophrenia until 2017.

At that time, for reasons it has yet to explain, NIMH declared that the true prevalence of adult schizophrenia was really only 0.3%, or 704,000 individuals. As justification for this new number, NIMH cited a study from 2005 that only counted people with schizophrenia who were living at home (including college students); those residing elsewhere—including hospitals, group homes, jails, prisons, and on the street—were not included.\textsuperscript{11}

Since NIMH had effectively made 2 million people with schizophrenia disappear without justification, the number was publicly ridiculed.\textsuperscript{12,13} NIMH’s response was to acknowledge that it really does not know the prevalence and to offer the range of numbers cited above.\textsuperscript{8,9}

In order to ascertain whether any disease is increasing or decreasing over time, one needs a reliable baseline number as well as repeated surveys. Since NIMH has never repeated the prevalence survey for the 40-year-old study or established another reliable baseline number, it has no way to tell whether schizophrenia is increasing or decreasing.

In fact, since the 1990s, there are suggestions that it may be increasing. The number of seriously mentally ill individuals who are homeless or incarcerated has appeared to increase in recent years, and schizophrenia is a significant part of that population.

Schizophrenia is a major, and apparently increasing, contributor to the cost of the Medicaid and Medicare programs. And the “mental disorders” diagnostic category has been 1 of the fastest-growing parts of the Supplemental Security Income and Social Security Disability Income programs.\textsuperscript{14}

It is an embarrassment to American medicine that NIMH has so little contribute on such an important question. At a minimum, NIMH should issue a request for proposals to try and confirm the Danish study in another country which has appropriate data so that we will have a definitive answer to this question.

Dr Torrey is the founder of the Treatment Advocacy Center and the author of American Psychosis: How the Federal Government Destroyed the Mental Illness Treatment System

2 Communities need tools and families need support.

Promoting young children’s social-emotional well-being means preparing our entire community with the right tools and systems of support. Resources, like Sesame Street in Communities, help educators, health care providers, and family support professionals work alongside caregivers to build skills with kids. Screenings can identify concerns, so families are connected to services early. Creating the conditions for families to access what they need to be healthy—including quality housing, nutritious food, and affordable health care—increases caregivers’ capacity to focus on nurturing relationships.

3 Early childhood is a critical period for development.

Mental health begins in early childhood. The first years of a child’s life are when the brain has the most potential to form a sturdy foundation for all future development. Genes provide the basic blueprint for the brain’s architecture, but experiences influence which connections in the brain are made. Nurturing adult relationships during this time especially help kids form brain connections that, over time, enable them to regulate emotions, problem solve, focus on learning, and make friends.

4 Social-emotional development is a key part of a children’s mental health system.

Investing in strategies that foster social-emotional development and increase caregivers’ capacity for family relationships is an important part of building the entire children’s mental health system. We need services and supports that address the mental health crisis young people are experiencing today, as well as prevention and early intervention strategies that protect children’s mental health.

5 Our kids cannot wait.

The pandemic has caused prolonged stress, disrupted routines, and isolation for families—all of which are impacting kids during their most critical period of development. Now is the time to invest in children’s healthy development and family well-being, so Iowa emerges from the pandemic stronger—and we create a better world for our children and grandchildren.

Mindspring Impact (Global #)
Includes support group mtgs, newsletters, calls for info & referrals, presentations, webinars, etc
107,114 to 154,364 = 44% increase

5 things to know about laying a strong foundation for mental health for children and adolescents

Iowa Alliance for Healthy Kids

1 Social and emotional well-being leads to a thriving state.

At a young age, children begin to build essential skills for engaging in our society, like managing emotions, problem solving, getting along with others, and coping with adversity. Social and emotional development is the foundation for good mental health and maximizes children’s lifelong ability to learn, engage in our workforce and communities, and contribute to a thriving Iowa.

www.weareherewithyou.com and www.mindspringhealth.org

You Are Not Alone. The Illness is Not Your Fault. Never Give Up Hope.
New ‘retreat rooms’ give students space to focus on brain health

Brain Health Now

Funds from Debi and Andy Butler and other community partners support these additions to Dubuque’s public high schools.

DUBUQUE, Iowa — Students at Dubuque Senior and Hempstead High Schools will have access to new brain health “retreat rooms” beginning January 18. These new rooms will provide space to process emotions and stress during the school day and return to class ready to learn.

The brain health retreat rooms are made possible thanks to the vision of and funding from Debi and Andy Butler, as well as collaboration with local businesses and nonprofits, including the Foundation for Dubuque Public Schools.

“Many students in our community go to school each day and try to cope with stressors and traumas in their lives while learning,” says Debi Butler. “Other districts that have created these types of rooms have seen the benefits: Students who use them are able to decompress and return to the classroom focused on their schoolwork.

To successfully do this we are aiming to end the stigma of students reaching out for help when they are experiencing a brain health issue. The brain is an organ that can get sick too and we need to care for it just like the rest of our body.”

Local and national trends

The idea for the rooms came from Debi Butler, who leads the non-profit Brain Health Now. Brain Health Now worked with the Foundation for Dubuque Public Schools, a Community Foundation of Greater Dubuque partner organization, to fund and build the rooms at Dubuque Senior and Hempstead high schools.

The Foundation’s research has revealed access to brain health resources as one of Dubuque’s most critical challenges, and national studies amplify the need to address children’s brain health, specifically. According to the Anxiety and Depression Association of America, 80% of U.S. students report feeling stressed sometimes or often, while 34% say they experience depression. Furthermore, a recent article in Edweek states that 35% of 14- to 18 year-olds experience a brain health crisis each year.

“Avoid these statistics on the rise, the creation of spaces for students to use when they are experiencing stress or a brain health issue is a dire need,” Butler says. “Often, schools are the first resources to give students support, and ours need to be ready to provide a stigma-free and healthy environment.”

Collaborative efforts

To prepare educators to provide this critical support, the Foundation for Dubuque Public Schools is working with the Dubuque Community School District (DCSD), to create and staff-designated areas for students’ brain health wellness. The goal is to give students skills to first cope and then be responsible, independent learners.

The in-depth planning process began with discussions last spring among the Dubuque Community School District, Foundation for Dubuque Public Schools, and Debi and Andy Butler. Resources and funding also were provided by:

- Lerdahl, Gigantic Design Co.,
- 100 Women Who Care,
- Dubuque County Supervisors,
- Project Rooted, and
- Mindful Minutes for Schools.

The long-range goal is secure additional funding so retreat rooms would be available in all DCSD buildings and expand outside of the DCSD as well.

Recognizing the value of the DCSD rooms the Butlers are supporting, the Community Foundation of Greater Dubuque with funding for additional brain health retreat rooms in other schools throughout the seven-county Dubuque region.

“Working with Brain Health Now and other local organizations to create these spaces has been very rewarding,” says Amy Unmacht, executive director of the Foundation for Dubuque Public Schools. “All of us involved have been touched to see the level of support in our community for our youth’s well-being, and we look forward to the impact these rooms will have on our staff and students.”

For more information on children’s brain health efforts and how you can get involved, contact Amy Unmacht at the Foundation for Dubuque Public Schools (amyu@dbqfoundation.org) or Peter Supple at the Community Foundation of Greater Dubuque (peter@dbqfoundation.org). You also can call both Foundations at 563-588-2700.

A 2021 study by Brown University’s Cost of War Project reported that suicides by active-duty personnel and veterans “are reaching new peaks.” It found that while 7,057 members of the armed forces died by suicide. The report noted that the military suicide rates now exceed those for the general population, when historically they had been lower.

--Washington Post 1-2-22

The latest issue of Brain & Behavior Magazine is now available online.

January 2022 | Brain & Behavior Research Foundation (bbrfoundation.org)

You Are Not Alone. The Illness is Not Your Fault. Never Give Up Hope.

www.weareherewithyou.com and www.mindspringhealth.org
Red line = 500 attendees in a live webinar
Low scores = pilot webinars
2019: 209 participants in all NAMI programs + wellness workshops combined
2nd half of 2021: 200 attendees is a slow day

**States need Congress’ help repealing a law that hinders treatment for mental illness**

Treatment Advocacy Center – published in *The Hill*

To read the news lately, one gets the impression that local governments are in total chaos, beset by controversies and besieged by violence and threats of intimidation.

But against this backdrop, state governments are quietly working with grassroots advocates to save thousands of lives in the absence of congressional leadership. And that story has yet to be widely reported.

States are doing what my organization and I called for last year, circumventing a federal law that denies equal protection to millions of Americans in a way that is going unnoticed amidst the current chaos of local and state politics.

Last week, Maryland became the eighth state to obtain a Medicaid waiver to help people with serious mental illness. The institutions for mental diseases (IMD) exclusion is not familiar to the average taxpayer, but it is a discriminatory federal law that has denied mental health services to low income individuals since the mid-1960s. The IMD exclusion prevents federal Medicaid funds from covering inpatient psychiatric care. It was ironically meant to help people with mental illness, but it is killing them instead.

Congress created the IMD exclusion to incentivize community-based treatment and prevent unnecessarily restrictive hospital stays. Community-based treatment is a vital part of treating any brain disease, but people with the most severe cases of mental illness—such as schizophrenia, bipolar disorder, schizoaffective disorder and other psychotic disorders—still need some inpatient care to be stable and thrive. The IMD exclusion precludes access to that care, leaving emergency rooms, and all too often, jails and prisons as the main providers of care that should have been given in a psychiatric hospital. By the time a person reaches an emergency room or is incarcerated due to their mental illness, it is often too late to provide effective health care denied to them by Medicaid when they first needed treatment.

Now the states are doing the work that the federal government refuses to do: counteracting a dangerously anachronistic law and saving lives.

Advocates for people with mental illness, along with state Medicaid departments, are not waiting for Congress to fix their immediate problems. Federal law prohibits the use of Medicaid funds on inpatient psychiatric care, but states can obtain permission to bypass that requirement. Maryland did so because of families who are fed up with trying to get help for a loved one with mental illness only to find there are no hospital beds available.

Every second that someone with mental illness, in a psychotic state, is denied treatment poses a risk that they will not live another day. Maryland listened to the testimony of those families and obtained a workaround that will allow low-income individuals access to psychiatric services that federal law has denied them for the better part of six decades.

But a workaround is not enough. Congress should repeal the IMD exclusion that allows Medicaid funds to treat every other health condition while banning spending on the most vulnerable. People with serious mental illness are more likely to die from primary care conditions, suicide, be victims of violent crimes, or suffer at the hands of law enforcement.

This discriminatory federal statute also withholds mental healthcare services from people of color at a disproportionate rate. People with mental illness are already disadvantaged by having an involuntary brain disease and federal Medicaid law denies them life-saving treatment. People of color with mental illness face a two-headed monster of increased risk of death during police interactions due to...
A Centers for Disease Control and Prevention report shows that adults.

These unjust outcomes are why Congress must repeal the IMD exclusion and why advocates are turning up the pressure on state governments to find an answer until Congress acts.

In the meantime, other states should follow Maryland’s lead. While Congress has given no indication it will act soon on legislation to end this federally sanctioned discrimination, states can continue to pursue Medicaid waivers that will allow hospital care for people with mental illness. With only eight state Medicaid departments having obtained those waivers so far, grassroots advocates must apply pressure to their respective states.

These advocacy victories are not won on Capitol Hill, at the White House, in statehouses, or, as recent events might imply with inflammatory demonstrations before school boards and local councils. Instead, the life-saving activism is with state bureaucrats who have the power to bypass the IMD exclusion and help people get the mental health services they need.

Help parents now to meet kids’ mental health needs
Doug Jones Guest columnist 1-15-22 – Des Moines Register

In 2017, I campaigned in every corner of Alabama, listening to people’s hopes, dreams and fears. I heard about jobs, education and college football (I was in Alabama, after all), but I was surprised to hear sobering statistics and heartbreaking stories about the dramatic increase in mental health concerns.

Particularly disturbing were reports about the rise in depression, anxiety, loneliness, trauma and suicidal thoughts among our youth.

As a member of the Senate Committee on Health, Education, Labor and Pensions, I worked with Democrats and Republicans on several bills to address the urgent needs I was seeing, but I knew this problem demanded a more comprehensive solution.

Then the pandemic hit and an already dire situation became desperate.

The American Academy of Child and Adolescent Psychiatry, the American Academy of Pediatrics and the Children’s Hospital Association recently declared a national emergency for child and adolescent mental health.

And the U.S. surgeon general issued an advisory last month on mental health challenges for children, adolescents and young adults.

A Centers for Disease Control and Prevention report shows that from April through October 2020:

- emergency mental health visits for those ages 12-17 increased by 31% over the same period in 2019.
- For children ages 5-11, it was up 24%.
- Data also shows a significant increase in the severity of those concerns during the pandemic.
- In the first half of 2021, children’s hospitals reported 45% higher rates of self-injury and suicide in children ages 5-17 than the first half of 2019.
- The rate of suicide for Black children under 13 is twice that for white children, a statistic that demonstrates a disturbing disparity in access to timely, appropriate services.

And a recent study of 2,000 military dependent teenagers revealed that only 13% indicated a high level of mental well-being.

Treatment options are inadequate
Despite this urgent need:

- few pediatric behavioral health psychologists are accepting new patients,
- and the average wait for an appointment is 43 days.
- The costs of treatment can be staggering because only half of child psychologists accept insurance.
- Forty-five percent are considered “out of network,” costing parents from $150 to $300 per hour. Just imagine being the parent of a child in crisis and having nowhere to turn.

Since leaving the Senate, I have heard from parents and health care providers who are simply overwhelmed. I began working with Children’s Hospital of Philadelphia, a globally prominent pediatric hospital system helping to lead efforts to respond to this crisis, and with Inseparable, a coalition trying to improve mental health care policy.

Children and adolescents respond best when mental health care is:

- targeted to need,
- evidence-based,
- only as restrictive as required for safety,
- and closest to home.

Comprehensive investments must address the whole continuum of care, so that the right types and levels of care are available.

4 ways government can assist
Our government could help in these four areas:

1. Reimbursement. Improve reimbursement across the full continuum of services and enhance student loan forgiveness for people pursuing careers in mental health and substance abuse disorder services.

2. Telehealth. Increase telehealth for mental health and substance abuse disorder services, especially in Medicaid programs and across state lines, so providers can reach underserved, rural and minority communities.


4. Crisis response. Stop criminalizing mental health issues and lift the burden from law enforcement by expanding behavioral health crisis services and covering these services for all patients.

This is not a partisan plea. Our children’s mental well-being is unrelated to their parents’ political affiliations, but it is inextricably tied to our nation’s future well-being. The likelihood of lasting harmful complications increases every day that a child’s mental health or substance abuse disorder goes unaddressed.

I urge officials at all levels of government to work together now to implement policies and programs that will improve the lives of millions of young Americans suffering from mental health and substance abuse disorder challenges. We don’t have a moment to lose.

Doug Jones, who served in the U.S. Senate from 2018 to 2021, is counsel at Arent Fox LLP.
Iowa Inpatient Bed Tracking Study Committee Report

Recommendation 1: Expanding Acuity Hospitals Can Treat

The group discussed that Iowa’s existing bed tracking system, CareMatch, displays a sufficient supply of inpatient psychiatric beds. However, hospitals are not always staffed to treat patients with high acuity needs. Patients with higher intensity of need related to complex comorbidities or their display of symptom-logy, especially those with intellectual-/developmental disability and those who display currently or have a known history of sexually or physically aggressive behavior, are often difficult to place for treatment, services, and support of all types.

- Emergency departments in community hospitals cannot turn patients away but, don’t have the resources necessary to treat highly complex patients who present to the emergency room experiencing a significant behavioral health crisis and in need of inpatient treatment. Hospital staff are then mired in making phone calls across the state seeking placement, often with little success. There is no “list” or means of identification of hospitals equipped to provide inpatient psychiatric care for patients with high acuity, high complexity needs.

- Some Committee members also participated in a 2018 workgroup formed to discuss the creation of tertiary care psychiatric hospitals. It was decided in review of the work done by the 2018 committee, that it would be helpful in defining the psychiatric space for the level of care described in the bill. Dr. Jodi Tate from UIHC shared a refined definition with the committee members and the committee members agreed that the population described below captures that target population of this committee’s conversation.

The patient must have a serious mental illness and have a current, severe, imminent risk of serious harm to self or others as exemplified by, but not limited to:

- Have complex comorbidities including intellectual-/developmental disability, autism spectrum disorder, substance use disorders, and traumatic brain injuries;
- Have a history of violence that is secondary to mental illness or mental illness in individuals with the above noted comorbidities;
- A request for patient transfer has been rejected by inpatient level of care due to severity of symptoms; or is nonresponsive to typical intervention or is treatment refractory.

Recommendation 2: Increasing Reimbursement Rates Based on Level of Acuity

- Prior to this meeting Committee members surveyed their respective peers to determine if other states or payers had success in addressing concerns about availability of inpatient psychiatric care. The two main takeaways were that there was not a lot of information and the problems discussed by the Committee are not unique to Iowa.

- The Committee discussed that payer data is needed to determine an appropriate amount or level of additional reimbursement for high acuity inpatient psychiatric beds. Representatives from Wellmark, Iowa Total Care, and Amerigroup stated they could provide data within confidentiality guidelines. Dr. Jodi Tate created a list of data points that could help inform data-driven decisions. (Appendix B)

- Iowa Medicaid Director, Liz Matney, and Provider Cost Audit Principal, Jeff Marston, joined the Committee’s conversation to share how Medicaid reimburses psychiatric hospital services. Diagnostic Related Groupings (DRG) are used to reimburse psychiatric units that are not certified and per diems are used to reimburse certified psychiatric units. Neither of these methods account for variance in patient acuity levels.

- It was suggested that reimbursement could be based on levels of acuity, similar to reimbursement for Neonatal Intensive Care Units (NICU). Director Matney indicated Medicaid could model wrapping reimbursement around what additional resources are required but did indicate that Iowa hospitals may not prefer to change reimbursement structures in that fashion.

- The Committee recommended that the Medicaid division perform an analysis to determine appropriate tiers, associated rates, and project associated fiscal impact to implement a tiered reimbursement methodology based on patient acuity.

Recommendation 3: Enhancements to the Inpatient Bed Tracking System

- Representatives from FivePoints Technology Group presented information and a demonstration of CareMatch, Iowa’s current bed tracking system to Committee members.

- Date / time stamping, staffing and level of acuity are not currently captured in CareMatch but, the technology can support all these items.

- Currently, hospitals providing inpatient psychiatric care are required to report bed availability via CareMatch twice daily. Compliance with reporting is fair with a small handful of non-compliant outliers. Currently, compliance is requested but not enforced. Reporting effort is manual data entry and, although the effort is minimal, has some degree of administrative burden for providers.

- IDPH shared information about the hospital bed reporting system that is used to track non-psychiatric hospital beds. Hospitals have been required to use this system during the COVID-19 public health emergency but are not otherwise required to report. Two of Iowa’s larger health care systems have established automatic data feeds to IDPH (real-time data). The Committee agreed that leveraging technology and avoiding manual data entry is desirable. CareMatch is capable of this type of data integration.

- The Committee determined that Iowa needs improved inpatient psychiatric care capacity to treat patients with highly complex comorbidities including individuals displaying interfering behavior, such as aggression.

- It was noted by Committee members that throughout the committee meetings, although problems were described, it was difficult to define the scope due to a lack of available data.

- The Committee determined that Iowa does have inpatient psychiatric care available but not the right kind and not in the right places.

- Improving inpatient bed tracking systems to seamlessly capture and analyze data regarding patients in need of care who are unable to access the care they need, such as diagnoses, geography, and time spent waiting or in transit (including transport by law enforcement) would help decision makers to direct system investments in a meaningful way and would enable monitoring of the State’s return on investment.

DHS is committed to completing the work contained in the three recommendations in this report as part of the overall ongoing effort improve access to high quality behavioral health care for Iowans. Watch for a follow-up task force to continue improvements.

www.weareherewithyou.com and www.mindspringhealth.org
For great information on what is happening in the Iowa Legislature, we encourage you to subscribe to InfonetIowa. The 2022 first issue can be found at: infoNET Winter 2022 - InfoNet (infonetiowa.org)

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- A new look for our Bill Tracker.
- The Infonet newsletter always full of information for your advocacy efforts.
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**House Switchboard:** 515.281.3221  
**Senate Switchboard:** 515.281.3371

**Legislative Emails:** [FIRSTName.LASTname@legis.iowa.gov](mailto:FIRSTName.LASTname@legis.iowa.gov)

**Iowa Capitol mailing address:**  
State Capitol Building, 1007 East Grand Avenue, Des Moines, Iowa 50319

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**Critical situation cards**  
Shipping costs are included in the purchase price.

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<td>$1,700.00</td>
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</tbody>
</table>

To purchase, go to: [http://www.mindspringhealth.org](http://www.mindspringhealth.org), scroll down the home page, click on the card link

**Personalize with your organizational contact information.**

The 3 cards have been copyrighted.
Alignment of DHS and IDPH
The Dept. of Human Services is the State Mental Health Authority. IDPH is the State Substance Abuse Authority. The Public Consulting Group has been hired as the consultant to plan and oversee the Alignment project.

A pdf power point presentation is available to see alignment assessment goals, key stakeholders and workgroups, the alignment assessment approach and the communication plan. The Project Plan presentation is here: https://hhsalignment.iowa.gov/sites/default/files/resources/2021-08/HHSAlignment_Project_Plan_Summary.pdf

At the HHS Alignment website https://hhsalignment.iowa.gov, the “preliminary change package” is now posted. There were several opportunities to attend feedback sessions or submit comments through an on-line portal.

Also provided at the same DHS location is a menu of information for providers.

The Iowa Mental Health System has 14 regions
At https://dhs.iowa.gov/mhds-providers/providers-regions/regions
You can find the following items:
- Map of Approved MHDS Regions
- Regional CEO Contacts
- Regional Coordinators of Adult Disability Services
- Regional Coordinators of Children’s Behavioral Health Services
- DHS Community Systems Consultants
- Regional Services Waiting List
- Each region’s website
- Each region’s children’s behavioral health services implementation plan
- Each region’s complex service needs regional community plans
- Each region’s regional service system management plan

Of the 14 MHDS Regions in the state of Iowa, Polk County is the only 1 county region.

MHDS Regions website: https://www.iowamhdsregions.org
MHDS Regions & AEA website: https://iowaaeamentalhealth.org
Dashboard: https://dhs.iowa.gov/dashboard_welcome

Polk County Mental Health Meetings
you can attend:
Advisory Council Boards meet on 3rd Tuesday of the month
Children’s Advisory Council
1:30 – 2:30 PM
Joint Advisory Council
2:30 to 3:00 PM
Adult Advisory Council
3 – 4 PM

Polk Co. MHDS Regional Governing Board
every month on the 2nd Tuesday at 10 AM

Polk Co. Health Services Board of Directors
every other month on the 2nd Wednesday @ 3PM – July, Sept., Nov., Jan., March, May
Resources | Polk County Health Services (pchsia.org)

Additional crisis services are to be developed.

www.weareherewithyou.com and www.mindspringhealth.org
You Are Not Alone. The Illness is Not Your Fault. Never Give Up Hope.
You Are Not Alone. The illness is not your fault. Never give up hope.

Polk County Health Services has magnets you can request— with the information shown on the picture to the left.

Contact PCHS at:
515-243-4545
Address: 2309 Euclid
Des Moines, IA 50310
Website: www.pchsia.org

A two-sided card is available for your purse or billfold.
We See You. We Accept You. We’ve Got You.

CALENDAR OF EVENTS

Wed., March 9 - Mindspring Board Meeting is a virtual meeting
Jan, Mar, May, July, Sept., Nov
Location: 511 E. 6th St., Suite B, DM 4:30 to 6 PM

Executive Director - Michele Keenan
director@mindspringhealth.org

Director of Community Development and
Engagement – Kristi Kerner 515-277-0672
kkerner@mindspringhealth.org

Development Director – Francis Boggus

Mindspring Board of Directors

President Ashley Adams

Vice-Adjunct Matt Connolly 515-975-9600

Treasurer – Matt Pick 515-222-2377

Secretary – Kristin Kuykendall

Board members

Teresa Bomhoff tbomhoff@mchsi.com
515-344-2369

James Crosby Stacie Burr
Ian Filzsimmons Mitch Smith
Allyne Smith Brock Milligan
Andrea Brown
Mike Webster

If you are interested in Board membership - Please become involved with one of our committees first. Contact the Executive Director to discuss what committees we have.

– 515-850-1467 or director@mindspringhealth.org

During our transition to a new website, we are utilizing 2 websites

www.weareherewithyou.com

and

www.mindspringhealth.org

About Us, Get Help, Get Involved, Resources, and News & Events

Facebook: @mindspring.dsm

Twitter @mindspring_dsm

Instagram @mindspring_health

How can you help individuals with mental illness and their families?

Volunteer – Join a committee!!
Advocacy and Outreach, Governance, Membership, Education & Support, Fundraising and Finance

Tax Deductible Donations

Letters to the Editor
You are welcome to send letters to the editor by mail or E-mail. If you receive our newsletter by e-mail and would rather receive it by snail mail – or if you receive our newsletter by snail mail and would rather receive it by e-mail – communicate your preference to:
tbomhoff@mchsi.com

Ways to Donate to MindSpring

– Cash, Check

– Credit/Debit Card on-line at ‘Donate’ on our website

– Through Employee Giving programs or Direct Donation programs

– MindSpring Endow Iowa Fund

Facebook – MindSpring has been granted verified N/P status and can now solicit donations.

In estate planning, designating a donation to MindSpring can be made in your will.

We have 3 crisis cards for sale – Do’s and Don’ts in a Mental Health Crisis, Suicide Prevention and Compassionate Communication. To purchase crisis cards and have them personalized with your business name and your contact information, go to the card sale website: http://bit.ly/mindspringcrisiscards.

We are not alone. The illness is not your fault. Never Give Up Hope.

www.weareherewithyou.com and www.mindspringhealth.org