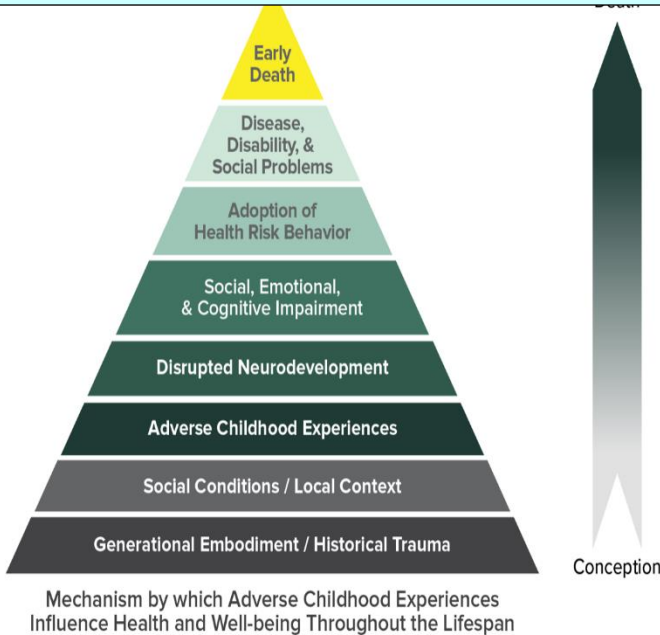




July 2024 Resource and Advocacy Booklet

NOTICE: The Mindspring Resource and Advocacy Booklet will be distributed quarterly.

- Support groups are posted at our website. <https://www.mindspringhealth.org>
- Articles of interest will be shared on Mindspring’s Facebook page. Be sure to follow us @Mindspringinfo
- If you have additions or corrections to this document, please contact Mindspring at 515-850-1467.



Crisis Phone numbers and Text numbers

National Text Crisis Line
<http://www.crisistextline.org/>
9-8-8 is the National Suicide Prevention Lifeline phone #

You can also chat with the 988 Suicide and Crisis Lifeline at 988lifeline.org.

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.

Transgender in Iowa: Know Your Rights by ACLU. Go their website to obtain online content and a pdf of a printer-friendly brochure

988 and 911

- 988 connects a person directly to a trained counselor who can address their immediate needs and de-escalate crisis situations 90% of the time.
- 988 can connect individuals to community resources such as mobile response, crisis stabilization, and other behavioral health services if needed.
- 911’s focus is on dispatching Emergency Medical Services, fire and police as needed.
- Systems are designed to complement each other, and coordination is key.

Alcohol, Drugs, Gambling and Suicide Prevention Lifeline

Available 24/7. **Your Life Iowa** <https://yourlifeiowa.org>
Call 855-581-8111 Text 855-895-8398.
 It is also a source for Mental Health information and resources. All topics will address needs for both children and adults.

The Trevor Project (for LGBTQ+ Youth) - 1-866-488-7386

One Iowa 515-288-4019
The Gay, Lesbian, Bisexual and Transgender National Hotline:
 1-888-843-4564
Trans Lifeline: 1-877-565-8860
LGBT National Youth Talk line: (800) 246-7743

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

Crisis Text Line: Text HOME to 741741 to be connected to crisis counseling

Online Mental Health Crisis Chat: lowacrisischat.org

EveryStep has a website to assist you. For a current list of programs and services, go to:

<https://www.everystep.org/filesimages/annualReportImage/ProgramGuide.pdf> or
<https://www.everystep.org/provider-resources>
 – hotline: 515-558-9946.

Primary Health Care and Behavioral Health locations

- Engebretsen Clinic, 2353 SE 14th St., DsM – 515-248-5100
- The Outreach Project, 1200 University, Ste 105, 515-248-1500
- Eastside Center, 3509 E. 29th St., 515-248-1600
- Primary Health Care Pharmacy – 1200 University, Suite 103, 515-262-0854

National Human Trafficking Hotline

The National Human Trafficking Hotline is a national anti-trafficking hotline serving victims and survivors of human trafficking and the anti-trafficking community. The toll-free hotline is available to answer calls from anywhere in the country, 24 hrs/day, 7 days/week, every day of the year at **1-888-373-7888**.

Contacting 988

- Individuals using a phone with an Iowa area code will be connected to an Iowa Center
- Note: The following options are given before reaching an Iowa Center:
 - 1: Veterans Crisis Line
 - 2: Spanish speaker
 - 3: Specialized LGBTQ+ support for youth (*new*)
- Callers should remain on the line.
- 988 connects a person directly to a trained counselor who can address their immediate needs and de-escalate crisis situations 90% of the time.

Crisis Services in Polk County

Polk County

Experiencing a mental health crisis?

Call 911

- Acute or untreated medical issue
 - Self-harm or suicide attempt in last 24 hours
 - Safety is a concern for self, others, or property
 - Highly intoxicated, in withdrawal, or needing detox
- Expect Mobile Crisis Team to respond (*will include police and a mental health professional*)

The Mental Health Mobile Crisis 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 psycho-therapists and social workers. Upon consultation between dispatchers and a social worker – it is decided whether the team needs to be activated. 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.

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 WDSM. Phone: 515-343-1200

Mercy One Emergency Department located at 1755 59th Pl in WDSM. Phone: 515-358-8280

The Clive Behavioral Health Hospital Clive Behavioral Health Intake & Assessment Center – accessed by calling 1- 844-680-0504. Website at: <https://clivebehavioral.com>

The police liaisons for the Des Moines Mobile Crisis team:

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

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

USE WESTCOM DISPATCH 515-222-3321 FOR CRISIS INTERVENTION TEAMS in any of the following communities

Waukee – started crisis team 1-1-22

Urbandale – started crisis team 2-1-23

Clive – started crisis team 1-1-23

West Des Moines- started crisis team 5-1-23

Norwalk – not activated yet

Dallas County Sheriff's office – not activated yet

Each city and the county will implement a Mental Health Crisis Team with a uniquely equipped car, a specially trained officer and an intervention specialist to answer mental health calls during day hours.

Thanks to Darci Alt and the Heart of Iowa Region for locating the resources to make this project a reality!

For non-emergency mental health needs for ADULTS

Call 988 or 515-288-0818

or go to



Adults: Crisis Observation Center, Broadlawns
1801 Hickman Rd., Des Moines, IA
Phone: 515-282-5742

[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 – see map on previous page.

[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. Services offered include a nursing assessment, care/service coordination, 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- Phone: 515-282-5742 – see map on previous page.**

[Children: Behavioral Health Urgent Care](#)

1250 E. 9th St., Des Moines, IA

(across the street – east - from Iowa Lutheran Hospital)

Phone: 515-263-2632

Be clear with the dispatcher what the situation is, that it is a mental health situation. **Mental health counselors** will respond to some of Des Moines' 911 calls instead of law enforcement officers. If it is a matter of life and death, the mobile crisis team is dispatched along with law enforcement.

The new approach, the Crisis Advocacy Response Effort (CARE) aims to better allocate police resources, reduce arrests and improve access to mental health programs for people in need and keep situations from escalating.

[Children's Stabilization Center](#)

[Easter Seals Iowa](#)

Polk County Resource and Referral line - 515-288-0818 or thru referral by: · Mobile Crisis · Hospital Emergency Room upon Hospital discharge ·By calling 988 or Your Life Iowa 855-581-8111 - [Website](#)

Located at Camp Sunnyside - 401 NE 66th Avenue • Des Moines, IA 50313 - Crisis Stabilization offers support to children, adults and their families recovering from crisis. The five-day program will introduce skills to assist the individual in managing future crisis, along with supporting family. Easter Seals IA provides Children's Residential Crisis Stabilization Services to those under 18 statewide, as well as for all ages statewide. The community-based Crisis Stabilization Services are in the Greater Des Moines Metro Area.

[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 Clerk of Court offers the filers the Polk County Resource and Referral Line with a private room to make the call before filing. 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 back-ground information from both applicants and respondents and help determine if another path to 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: 515-286-3772**

[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, call 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.

[Crisis Services in Dallas County](#)

[Mobile Crisis Response Team](#): **If you have a mental health crisis in your family and are in need of emergency assistance – call 911.**

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 psycho-therapists 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.

Safe Harbor Crisis Line: You can talk with mental health professionals if needing assistance in a non-emergency situation. **24/7 crisis line covering Dallas, Guthrie and Audubon Counties: 1-844-428-3878**

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:

The transitional living program is a 3-6 month program for individuals coming out of hospitals, crisis, or jail. They receive therapy, SUD services, work services, and housing assistance.

Phone: 515-642-4125

Central Iowa places to call to direct you to the services you are seeking

Community Mental Health Centers	
Polk Co.	Child Guidance Center – 808 5 th St. - DM – 515-244-2267
	Eyerly Ball Community MH Center, 1301 Center St., - DM - 515-241-0982
	Eyerly Ball Community MH Center 945 19 th St.- DM - 515-241-0982
	Broadlawns Medical Center- 1801 Hickman Rd,- DM – 515-282-6770
	<i>Broadlawns - New Connections Co-Occurring Outpatient Services – Medical Plaza, 2nd Floor, 1761 Hickman Road - DM - 515-282-6610</i>
Dallas Co	<i>Southwest Iowa Mental Health Center</i> 410 12th Street, Perry, IA 50220 P(515) 642-1023 F(515) 334-4076 <i>Adel area patients should call the Perry number to be scheduled.</i>
Madison Co	Crossroads Behavioral Health Services 102 West Summit Street, Winterset – 515-462-3105
County Community Mental Health Services	
Polk Co.	Polk Co. Mental Health and Disabilities Dept. 515-286-3570 Director Annie Uetz https://www.polkcountyia.gov/behavioral-health-disability-services/
Warren Co.	Central Iowa Community Services https://www.cicsmhds.org 1007 S. Jefferson Way, Indianola, IA 50125 515-961-1068 email: mentalhealth@warrencountyia.org https://warrencountyia.org/mentalhealth
Dallas Co.	Heart of Iowa Community Services 25747 N Avenue, Suite D, Adel, IA 50003 515-993-5872 Toll free: 877-286-3227 E-mail: dccs@dallascountyia.gov Website: hicsiowa.org
Madison Co.	Central Iowa Community Services https://www.cicsmhds.org Madison County Service Coordinator 112 N. John Wayne Drive, Winterset, Iowa 50273 515-493-1453 https://madisoncounty.iowa.gov/offices/community-services/

Statewide locations to access services

Substance abuse providers

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

Click on 2023 All Licensed Substance Use Disorder/Problem Gambling Program’s List (PDF) (August 2023)

Mental health providers – whether an individual practicing alone, or a group of providers in a practice together. MH/DD Accredited Provider list

https://hhs.iowa.gov/sites/default/files/MHDDAccreditedProviders_30.pdf?080920200822

Community Mental Health Centers (CMHC) – provide mental health services for individuals of all ages regardless of funding. –Core services for a CMHC is covered in Chapter 224. There are 3 counties not covered by a CMHC – Des Moines, Lee and Muscatine – no one has indicated an interest in providing CMHC services to the 3 counties <https://yourlifeiowa.org/mental-health/cmhc>

72 Federally Qualified Health Centers (FQHC) - a [reimbursement designation from HHS](#) - community-based organizations that provides 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>

Recovery Community Centers (IDPH \$) – 4 funded
1 – Crush of Iowa Center in Linn County - Cedar Rapids
3 - **Full Circle** – handling Dsm (Anawim and Beacon of Life), Council Bluffs, Sioux City

Maternal Mental Health Hotline

Maternal Mental Health Hotline, a confidential, toll-free hotline for expecting and new moms experiencing mental health challenges. Moms can call or text 1-833-9-HELP4MOMS (1-833-943-5746) and connect with counselors for mental health support. This resource is available in English and Spanish!

Postpartum Support International - The **Helpline**, legislated by Congress and funded by HRSA, is available 24/7, 365 days-a-year, in English and Spanish, voice (800) 944-4773, text “help” to 800-944-4773, or text en espanol 971-203-7773. <https://www.postpartum.net> - *The PSI helpline does not handle emergencies. People in crisis should call their local emergency line.*

Iowa Poison Control Center

<https://www.iowapoinson.org/>

Peer Support resources available statewide

Life Connections Virtual Recovery Center

- Join for **General** Virtual Wellness any time
4 pm-10 pm M-F or
12 pm - 6 pm on the weekends.
- Confidentiality and Agreements required for **all** virtual wellness groups

<https://lifeconnectionsrecovery.org/virtual-group-confidentiality-agreements/>

- **Special** virtual wellness groups include:

Anxiety support group
Addiction Recovery support group
Anger Management group Trauma support group
Life wellness/self-care group
WRAP/Wellness Toolbox group
Wellness center phone: 563-206-1447

Wellness center manager: ta@lifeconnectionsrecovery.org
<https://lifeconnectionsrecovery.org/services/virtual-wellness-recovery/>

The Only Peer Run Respite House in Iowa and the only one in a rural area in the U.S.

- **Rhonda's House Peer-run Respite**
 - Guests receive recovery support from trained and caring peer staff members for up to 7 days in a home-like environment.
 - Located in DeWitt-available to anyone throughout the state.
 - <https://lifeconnectionsrecovery.org/services/rhondas-house/>
 - 563-659-6625 info@lifeconnectionsrecovery.org
 - *The United States Substance Abuse and Mental Health Services Administration (SAMHSA) has recognized peer-delivered respite services for individuals experiencing a psychiatric crisis as an evidence-based practice.*
 - <https://lifeconnectionsrecovery.org/>

New Iowa Peer Workforce Collaborative website

<https://iowapeersupport.sites.uiowa.edu/>

Abbe Statewide Warm Line

A Peer Support Specialist is always available by phone, 365/24/7. On demand, no scheduled appointments.

[844-775-9276](tel:844-775-9276)

Community Support Advocates (CSA)

President and CEO Christina Smith announced a new location and new services. Their new headquarters is at 1516 Valley West Drive. The larger space will accommodate needed community services such as **increased mental health therapy, psychiatric medi-**

cation management, outpatient competency restoration and community-based youth services.



WE ARE MOVING
MAY 15, 2024

OUR 6000 AURORA OFFICE WILL CLOSE ON MAY 13TH

WE WILL REOPEN ON MAY 15TH, JOINING OUR BEHAVIORAL HEALTH CLINIC AT
1516 VALLEY WEST DRIVE
WEST DES MOINES

Creating Hope Together
TEAMCSA.ORG 515-883-1776

The new headquarters also offers increased ease of access; located near 3 bus lines and within minutes of I-235 and I-35. The new space will also feature a Google Technology Center to increase telehealth and tele-education opportunities.

CSA's new outpatient competency restoration program has been recognized by the Polk County Criminal Justice Coordinating Committee (CJCC). In the past, statewide, there were only two places for competency restoration – Cherokee Mental Health Institute and the Iowa Medical Classification Center Correctional Facility in Oakdale – with a waiting list of people to enter their programs.

Having a Polk County competency restoration location will reduce the waiting list in Polk County – moving the judicial system forward toward reconciliation for all concerned in a more timely manner.



Outpatient Competency Restoration at CSA

Restoring competence in their community so participants can fully appreciate, understand, and engage in their court process.

Services offered:

Didactic Education,
Psychiatry, Medication management, Therapy, Service Coordination

Participant requirements: non-violent, eligible for pre-trial release, has a mental disorder/illness, difficulty appreciating their charge, understanding proceedings, and/or assisting in their defense.



Brain Health Now

<https://www.brainhealth-now.org/>

Brain health Now is a grass-roots organization dedicated to ending the stigma of mental illness.

Brain disease is not a choice. Other ‘quick facts’ can be found at the website.

Brain Health Now has been instrumental in establishing ‘**brain health retreat rooms**’ or ‘**therapeutic rooms**’ at schools (13) around the state. They have a toolkit available – useful for your materials and marketing campaigns.

Brain Health Now achieved a signed resolution from both the Iowa Legislative Senate and House in January 2024. The Senate resolution 102 and House resolution 102 reads as follows:

A Resolution to address the stigma around the term Mental Health

by recognizing the term brain health

WHEREAS, the brain is an organ susceptible to disease and disorder; and

WHEREAS, maintaining a healthy brain is critical to the well-being of every Iowan; and

WHEREAS, with preventative measures and early treatment, Iowans with brain health issues are better able to mitigate the impact of brain disease and brain illness; and

WHEREAS, awareness and education are necessary to end the stigma surrounding mental illness and to encourage Iowans to take more preventative measures and to seek early treatment for brain health issues;

NOW THEREFORE, BE IT RESOLVED BY THE SENATE,

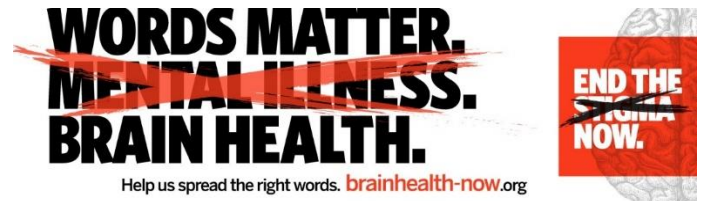
That the Senate finds that the term “brain health” means all aspects of the brain impacted by biological and physical characteristics of the brain which may impact mood and behavior; and

BE IT FURTHER RESOLVED,

That the Senate recognizes the term brain health as a term mental health providers, caretakers, and every Iowan may use synonymously with the terms mental health, mental illness, and behavioral health in order to encourage Iowans to seek brain health services in an environment free of stigma; and

BE IT FURTHER RESOLVED,

That the Senate acknowledges that its recognition of the term brain health does not replace the terms mental health or mental illness.



Broadlawns board announces Proctor Lureman as community hospital’s next CEO Business Record

Proctor Lureman, Unity-Point Health – Des Moines’ current vice president of operations, will be the next president and CEO of Broadlawns Medical Center.



The Broadlawns Board of Trustees announced Lureman’s selection during its board meeting. His hire follows a five-month, nationwide search. Lureman’s hire will be effective July 15.

Broadlawns board Chair Dave Miglin said the medical system’s CEO search committee – comprising physicians, front-line staff, community representatives and board members – was unanimous in its selection.

"Proctor’s exceptional leadership qualities and unwavering commitment to both the community and Broadlawns were evident throughout the selection process," Miglin said. "We eagerly anticipate his arrival and hold firm confidence that he will excel as a leader for Broadlawns and the entire Polk County community."

Lureman has more than 25 years of experience in hospital operations and physician group management. In his position as vice president at UnityPoint, he leads a team of more than 200 physicians and advanced practice providers, as well as 1,200 medical professionals. He is a Drake University alumnus.

Broadlawns has about 1,200 employees, including 100 physicians. Its campus includes an acute care hospital, primary and specialty care clinics, urgent care and emergency services, lab, radiology, dentistry, crisis services, inpatient, outpatient and community-based mental health care.

The Polk County Jail Offers Inmates Opportunities Through Programs, Partnerships and Volunteers



The Polk County Jail was built for a maximum capacity of around 2000. They presently have around 1000 because of their focus on persons leaving jail being healthier physically and mentally. **Inmates are not forced into programming, it has to be a voluntary decision.**

Medical and mental health services in the jail:

- Work closely with community hospitals and urgent care services
- Contracted Mental Health Services
- Contracted Medical Services
- Contracted Dental Services
- Telemedicine/On-Call Services
- Discharge planner
- Substance abuse Counselor
- Onsite x-ray services
- Lab services
- Continuation of MAT program (*Medication-assisted treatment (MAT) is the use of medications in combination with counseling and behavioral therapies, which is effective in the treatment of opioid use disorders (OUD) and can help some people to sustain recovery.*)
- Full pharmacy
- Adam Walsh program – provide HIV medications
- Corrections Mental Health Injectable Programs
- Polk County Health Department programs and services

Services and Partnerships with Police Community Support Organizations

- **St. Vincent DePaul** - a non-profit charitable organization providing personal assistance with food, clothing, educational and job training and other services to people facing economic, emotional or spiritual crises.
- **Primary Health Care** – Homeless Outreach
- **Eyerly Ball** – mental health therapy
- **VA Representatives** – Federal and County level
- **Harvest Academy** - *Harvest Academy is a 501(c)(3) non-profit organization that allows men who have dealt with incarceration, homelessness, and/or substance abuse to change their life, free of charge. This is a 24-month program that offers vocational*

training, peer mentorship/leadership, education, and transitional services. They are completely self-funded through the efforts of our student-run vocational schools.

- **Molina Healthcare** – *A managed care organization giving assistance with signing inmates up with health care needs.*
- **EFR** – *Employee and Family Resources - a 501 (c)(3) nonprofit, works in communities, work-places, and schools delivering mental health and substance abuse services through its Employee Assistance, Student Assistance, Counseling, Substance Abuse, and Prevention Programs. EFR's services range from prevention of substance abuse, brief intervention when people need it, to outpatient treatment of mental health and substance use disorders.*
- **Jail Diversion** - *serves people with mental illness by coordinating services across the health, social services, and criminal justice systems. Ultimately, Jail Diversion attempts to support successful reentry into the community and prevent future arrests (along with other crisis events and emergency services).*
- **IHHS/Child Support** – *opportunity to resolve child support issues.*
- **Pre-trial release** - *provides supervision to people who are charged with crimes but are allowed to stay out of county jails while awaiting trial. The program aims to help them avoid a new arrest and ensure they'll appear for their court appearances. It offers defendants charged with lower-level crimes a chance to continue working and have access to counseling, substance abuse services and other resources.*
- **SafeNetRX** - *501(c)3 -a partnership between the public and non-profit sectors to provide affordable medication access to patients in need. This partnership led innovations in drug donation, charitable pharmacy, and the care for populations with unique pharmacy needs.*
- **Full Circle Recovery** – *Peer recovery coaches*
- **Bridges of Iowa** – *a 3 phase substance use disorder and addiction recovery program. The first 2 phases are located in the unlocked West Wing of the Polk County Jail. Bridges clients at the West Wing are not incarcerated.*

Programs Available to all inmates

- AA Group Meetings
- NA Group Meetings

- Financial Education
- Re-Entry Introductory Class
- Substance Abuse Class and Individual Meetings
- Boundaries Class
- Establishing Healthy Relationships
- Women’s Health class – Planned Parenthood
- Full Chaplain Services
- Grief and Resilience class – Polk County Crisis and Advocacy
- Jail Inmate Worker Program
- **Project Iowa** – Career Readiness, wellness tools, skills interest, career assessment, career goals, decision making/critical thinking

Future Endeavors

- DMACC HiSET program – *earning high school equivalency diploma*
- Gamblers Addiction Class
- Global Neighbors – Polk County Family Youth Services – Immigrant Resources
- ServSafe Certification Program – *online food safety program*

NEW! Mobile Integrated Healthcare Program

offered by the Des Moines Fire Department

The Des Moines Fire Dept. is implementing a **Mobile Integrated Healthcare** (MIHC) program within their **EMS Section**. The program will provide services to assess needs and fill present health care gaps among high volume users (HVUs). High volume users accounted for over 1,400 EMS responses in 2022, a trend that continued into 2023. The goal of the program is to reduce the frequency of calls from high volume users.

Fire officials reviewing data from 2022 found about 90 people called 911 for medical-related issues 10 times or more. One person called 87 times. That amounted to about 1,450-or 6%-of calls to EMS for the entire year.

Coleman said many of the frequent callers have substance abuse and mental health issues. Some have other chronic illnesses that may not require an emergency room visit, but they lack a primary doctor or access to transportation — barriers to getting to urgent care clinics or even filling prescriptions.

Others are simply unsure or unaware of when they should be taking trips to the emergency room instead of going to an urgent care clinic or the doctor's office.

The MIHC program will provide weekly visits to high volume users, which will include vitals and assessments, home safety checklists, medication reconciliation, arrange alternative transportation for doctors' appointments, inspect home medical devices, conduct referrals to social programs, and provide any medical education the individual requires.

Anytime someone calls 911 for a medical emergency, the fire department dispatches not just an ambulance but fire apparatus. This means a call that is not dire can pull resources from a real emergency.

"So that does take away from the response capabilities of responding to true emergencies — cardiac arrest or respiratory problems, vehicle accidents - we're handling all of these calls with the same 10 ambulances that we have in service," Coleman said.

The Mobile Integrated Healthcare Program will also provide much-needed access to regular health services for the City’s at risk and homeless populations.

The Mobile Integrated Healthcare program has established regular visits to the Central Iowa Shelter to provide services.

Other communities across the United States have established a Mobile Integrated Health Care (MIHC) or Community Paramedic programs, and these programs



have witnessed up to a 60% decrease in calls from HVUs during their pilot periods. Once fully implemented, MIHC and Community Paramedic programs have been able to expand into further services for homeless populations, mental health care and opioid overdoses as well. The Des Moines Fire Dept. has a goal of a 60% reduction in identified High Volume User (HVVU) calls during the six-month pilot period.

More information and descriptions can be found in the Des Moines Register article dated 2-9-24.

<https://www.desmoinesregister.com/story/news/local/des-moines/2024/02/09/a-new-des-moines-fire-program-may-cut-the-number-of-ambulance-trips-to-the-er/72178416007/>

IT'S OK TO TALK WITH SOMEONE.

Your community is here for you. brainhealth-now.org



You Have Rights in an Emergency Room. It's the Law.

<https://www.cms.gov/priorities/your-patient-rights/emergency-room-rights>

You have these protections:

1. An appropriate medical screening exam to check for an **emergency medical condition**, and if you have one,
2. Treatment until your emergency medical condition is stabilized, or
3. An appropriate transfer to another hospital if you need it

The law that gives **everyone in the U.S.** these protections is the Emergency Medical Treatment and Labor Act, also known as "**EMTALA.**"

This law helps prevent any hospital **emergency department** that receives Medicare funds (which includes most U.S. hospitals) from refusing to treat patients.

"**Emergency department**" refers to a hospital department or facility that:

- Provides emergency care if you walk in without an appointment,
- Has signs posted saying it provides emergency care, and
- Receives Medicare funds.

EMTALA exists to help you get the emergency care you need in a hospital emergency department.

Anyone with an emergency medical condition must be offered treatment to stabilize that condition.

"Stabilized" means your condition is unlikely to get materially worse.

This means an emergency hospital department must:

1. Give you an appropriate medical screening exam.

A qualified professional must check you for an **emergency medical condition**.

When you check in, the hospital can ask you about health insurance, as long as it doesn't delay your exam or treatment. The hospital must offer you this screening exam, even if you don't have insurance.

2. Treat you until your condition is stable

If you have an **emergency medical condition**, which can include experiencing contractions, the hospital must offer to treat this condition so that it does not materially worsen.

3. Transfer you if necessary

If your **emergency medical condition** can't be stabilized by the staff and facilities available, the hospital must offer to provide an appropriate transfer to a hospital that has the staff and facilities available to stabilize your emergency medical condition.

Before transferring you, the hospital must explain the benefits and risks.

Watch a video about EMTALA

https://qsep.cms.gov/pubs/EPlayer.aspx?cid=0CMSEMTALA_MicroTraining&sco=04d20c03-0915-ed11-aae9-021e5f8a9b7d&sv=0

How to file a complaint

If you believe your EMTALA rights have been violated, you can file a complaint. This helps to make sure the health care system is safe for everyone. <https://www.cms.gov/priorities/your-patient-rights/emergency-room-rights/how-to-file-complaint>

Federal laws help protect you from unfair treatment and discrimination.

Have you been denied treatment to stabilize your emergency medical condition in a hospital emergency department?

Because of EMTALA, you can't be denied a medical screening exam or treatment for an emergency medical condition based on:

- If you have health insurance or not
- If you can pay for treatment
- Your race, color, national origin, sex, religion, disability, or age
- If you aren't a U.S. citizen

[Learn how to file an EMTALA complaint.](#)

Have you experienced unfair treatment or discrimination in a non-emergency health care setting?

In addition to EMTALA, other federal laws help protect you from unfair treatment and discrimination. You can file a [civil rights complaint](#) with the Department of Health and Human Services if the discrimination happened in the past 6 months.

ADVOCACY information

Iowa's 99 counties have an estimated population of 3,200,517 in 2022		
Male	49.8%	1,593,857
Female	50.2%	1,606,660
	Total	3,200,517
Population under 5 years	5.8%	185,630
Population under 18 years	22.6%	723,317
	Total	908,947
Prevalence of Children w/Serious Emotional Disturbance (SED) 42,297 4.7% *		
Population > 18 and < 65	53.3%	1,705,876
Populations 65 and over	18.3%	585,695
	Total	2,291,571
Prevalence of Adults >18 w/Serious Mental Illness (SMI) 132,646 5.8%*		
<i>Educational Attainment</i>		
High School degree or higher	92.8%	
Bachelor's degree or higher	29.7%	
		Civilian veterans 5.7%
<i>Population location</i>		
Urban	63.2%	
Rural	36.8%	
Median Household Income	\$65,429	
Individuals below poverty level	11.1%	

* 42,297 number of children with SED found in 24-25 Mental Health and Substance Use Disorder Block Grant application -pg.135

* 132,646 number of adults with SMI found in 24-25 Mental Health and Substance Use Disorder Block Grant application -pg.135

State Demographic Summary - Iowa, named after the Ioway Indian tribe, became the 29th U.S. state in 1846. Iowa is known as the Hawkeye State and Des Moines, Iowa's largest populous county, is the capital city. The State of Iowa's 99 counties have an estimated population of **3,200,517 in 2022** which is an increase of 10,148 since 2020;

<https://www.census.gov/quickfacts/fact/table/IA#>

The Managed Care companies in Iowa if you are on Medicaid – these companies make the decisions on what to pay, how much to pay, and when to pay – which one of the 3 is your MCO?

<https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/mco>

1. Amerigroup changed their name to **Wellpoint in Iowa**
Member services line is 833-731-2140.
2. **Iowa Total Care** - Phone: 1-833-404-1061
3. **Molina Health Care of Iowa** - Phone: 1-844-236-0894

Youth

Target Population	Statewide prevalence
Adults w/SMI	132,646
Children w/SED	42,297 4.7%

Early Serious Mental Illness – Individuals experiencing a first episode of psychosis - ESMI is a wrap-a-round service for the individual and includes family member programming. The goal is to keep the individual in school and job able. 4 Teams in Iowa - Cedar Rapids, Des Moines, Mason City, and Sioux City. Estimated annual prevalence- Iowa individuals experiencing a first episode of psychosis is **957**. In FY23, the 4 teams served **102**.

Youth and Older Adult Substance Use Disorder Services – There are a total of **58** beds dedicated to the youth age group, statewide.

There are **0** substance use disorder treatment centers for older adults in Iowa.

There are currently 7 agencies with 360 total beds providing PMIC (Psychiatric Medical Institutions for Children) services for youth with complex mental health needs in Iowa. There is only 1 geriatric facility for complex MH issues - with 12 beds in Iowa

Trauma can have serious consequences to brain development and brain health. A resource to explore the healing from trauma is <http://www.iowaaces360.org>: ACES (adverse childhood experiences) – preventative strategies are also a focus.

Iowa is one of 4 states with statistically high rates of infant mortality.

Number receiving **System of Care** services for children with an SED* **351**

Of 34,512 assessments for child abuse or neglect in calendar year 2022, 7010 (25%) of child abuse assessments resulted in a finding of “founded” abuse. Founded child abuse assessments involved **9,421** unique children.

United Way Central Iowa estimates there are 6000 homeless students in Iowa.

First Five program. It exists in 88 of the 99 counties today. The program is to support primary care providers in the early detection of social-emotional delays, developmental delays, and family risk-related factors in Iowa children 0-5 years old.

Adults

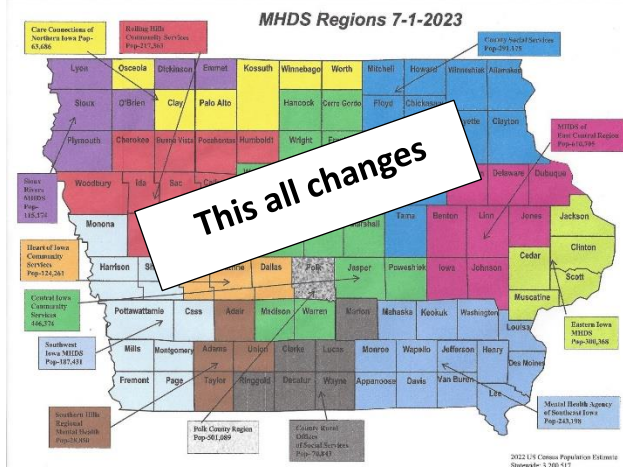
Target Population	Statewide prevalence
Adults w/SMI	132,646 5.4%
Children w/SMI	42,297

- 4.94% of Iowans **18 years or older** had serious thoughts of suicide in the past year or **113,203** Iowans
- For adults 18-25, higher rates of serious mental illness and major depressive episodes in the past year were noted while the overall adult population and the 18- 25 population accessed mental health services at essentially the same rate of **20%**.

As defined by the U.S. National Institute on Drug Abuse (NIDA), alcohol use disorder (AUD) is a **medical condition characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences.** “It encompasses the conditions that some people refer to as alcohol abuse, alcohol dependence, alcohol addiction, and the colloquial term, alcoholism,” NIDA notes. Now widely regarded a brain disorder, AUD can be mild, moderate, or severe. Research is steadily revealing how alcohol misuse causes changes in the brain that tend both to perpetuate AUD and make those who suffer vulnerable to relapse.

Intensive Residential Services (IRSH) are intended to serve adults with the most severe and persistent mental health conditions who have functional impairments and may also have multi-occurring conditions. This service provides intensive 24-hour supervision, behavioral health services, and other supportive services in a community-based residential setting.

Access standards for IRSH ■ A minimum of 120 intensive residential service beds shall be available statewide. ■ An individual receiving intensive residential services shall have the service available within two hours of the individual’s residence. ■ An individual shall be admitted to intensive residential services within four weeks from referral. ■ IRSH providers accept individuals who are court-ordered. ■ IRSH providers offer services to eligible individuals on a no reject, no eject basis.



Major changes at the state level

Behavioral Health System Realignment

Iowa’s system includes 13 Mental Health and Disability Services Regions and 19 Integrated Provider Networks, which focus largely on mental health, substance abuse and gambling problems.

The challenge: many people need assistance from both systems, leading to duplicative and inconsistent programming. The 32 regions or networks are being reshaped into **seven** new Behavioral Health districts.

Each Behavioral Health District will have a local advisory board of providers and gov’t officials. Each District would be required to provide a standard set of core services. The districts would handle prevention, education, early intervention, treatment, recovery and crisis services for mental health and substance use disorders. The boundaries for the 7 new areas will be largely decided by **Aug. 1**.

ASO’s (Administrative Service Organizations - Nonprofit groups) will be selected to perform administrative services for each of the seven districts by the end of this year. ASOs will be selected by **December 31, 2024**.

The state’s transition to a unified behavioral health system is to be completed by July 1, 2025. An initial implementation in summer 2025 and full implementation by July 2026.

The law also **moves disability services** provided by the state’s Mental Health and Disability Service network to the state’s Department of Health and Human Services division of **Aging and Disability Services**.

Work will center on enhancing [Aging and Disability Resource Centers](#), developing a comprehensive and connected system to address long-term care options for Iowans with disabilities, and building coalitions for aging and disability resources.

Medicaid HCBS 2023 Updates Related to Services –

New services added:

- Medical day care for children
- Enabling technology for remote support

Changes to service delivery:

- Added telehealth as a service delivery method when allowable
- Allowing parents and spouses to be paid caregivers for select services
- Allowing delivery of adult day care services in the member’s home
- Added community businesses as a provider type for CDAC (Consumer Directed Attendant Care) on some waivers

Changes to eligibility:

- Removed the prohibition of children in foster care from being eligible for the Children’s Mental Health Waiver

You can review a summary of the [Iowa HCBS Waiver Redesign](#) proposals for changes in structure and eligibility at:

[MW_Iowa-HHS-WaiverRedesign_Infographic-OnePager-v3](#)

And a draft of the proposed changes in waiver service definitions at:

[download \(iowa.gov\)](#)

HOME – Hope and Opportunity in Many Environments

This is the ongoing next step in the HHS collaboration with Mathematica and The Harkin Institute, building on their evaluation of [home and community-based services](#) in Iowa and their final report making recommendations on how Iowa can improve home and community-based services (HCBS).

After considering the valuable input received through a series of Hometown Conversations, key areas identified for focus include:

- Provider capacity (rates, training, administrative burden, recruitment and retention strategies, rural workforce challenges)
- Individual Assessment (addressing inaccuracy and bias, frequency, assessment training)
- Systems Navigation (frustration with current communications and availability of information when needed, “one stop shop” for systems navigation)
- Case Management (case load ratios, turnover, workforce shortages, CM standards and training)
- Waitlists (getting services to people sooner, preliminary screening prior to being added to waitlist, prioritization)

Other areas (unclear administrative rules, improving collaboration with schools, economic challenges and underemployment for caregivers, approach to racial equity)

You can email the Mathematica-Harkin team at: iowahcbs@mathematica-mpr.com

Statewide LTSS Learning Management System

On November 16, 2023, HHS posted a Notice of Intent to Award a contract for the development of a HCBS Learning Management System to Trualta, LLC, with a contract intended to begin January 1.

- The purpose of the project is to establish a Statewide Learning Management System (LMS) for Long Term Services and Supports (LTSS) providers.
- The web-based Learning Management System (LMS) is intended for LTSS providers, direct support professionals and family caregivers to build capacity within the LTSS provider community and enhance and improve the delivery of LTSS.
- The goal of which is to support activities that lead to better health and performance outcomes for providers, direct support professionals and family caregivers.
- The software will provide a curriculum library as well as allow for Iowa specific content created by the Agency or providers to be uploaded to the solution.

HHS System Alignment

A three-page summary titled “HHS System Alignment Assessment Overview” by Health Management Associates (HMA) available at: [download \(iowa.gov\)](#)

From Executive Summary of the Service System Alignment report by HMA:

The Executive Summary

- Lists the 19 service delivery systems included in the report.
- Each of the 19 systems covers a different geographical area and multiple other differences.
- The 19 systems were assigned to 5 categories.

Category 1 - Aging and Disability Services

Disability services, particularly for individuals with intellectual or developmental disabilities (ID/DD) or individuals with brain injuries should move from MHDS regions to ADRCs, with a broader set of designated organizations that can serve as an ADRC (Aging and Disability Resource Centers).

Recommendation 1: HHS should consider broadening the organizations either designated as ADRCs or with formal arrangements to fulfill ADRC functions to provide equitable support for older Iowans, younger Iowans with disabilities, veterans, and their caregivers.

Recommendation 2: With the alignment of HHS and potential changes for the MHDS regions, state funding that goes toward supporting Iowans with ID/DD or brain injuries should be transferred to ADRCs, whether that is the model of the six current AAAs or an expanded model with the designation of disability-focused community organizations as ADRC sites.

Recommendation 3: HHS should consider an internal, formal body that oversees ADRC objectives and outcomes led by the Division of Aging and Disability Services, which includes, at a minimum, the Division of Medicaid, the Division of Behavioral Health, and the Department of Veterans Affairs.

Recommendation 4: Increase communication, collaboration, and consistency in cross-division understanding of the Aging Network and the integration of disability services within the Division of Aging and Disability Services.

Category 2 - Behavioral Health Findings and Recommendations

Involves CCBHC's (under development), Integrated Provider Network (IPN), Mental Health and Disability Regions (MHDS) and Tobacco Community Partnerships

Recommendation: As HHS continues to support integration of substance use disorder (SUD) and mental health services, consider moving to a single administrative contracting model with flexibility to make reimbursement allocation decisions that advance HHS and Division of Behavioral Health (DBH) system goals. Choose one of 3 contracting models.

Category 3 - Community Access and

Category 4 - Family Well-Being and Protection Findings and Recommendations

Community Access and Family Well-Being and Protection Recommendations

Recommendation: Choose a model to align select Community Access and Family Well-Being and Protection programs utilizing a lead agency model with catchment areas through which Iowans can access services regardless of county of residence. There are 3 model options.

Category 5 - Public Health Findings and Recommendations

Recommendation 1: Regionalize the delivery of local public health services while preserving a public health presence in every county that, at a minimum, offers consumer-accessed services, such as immunizations and certain environmental health inspections and permitting.

- Action Items:

- o Adopt 10-15 regions comprised of contiguous counties that have a combined minimum population of at least 50,000.
 - Make consistent changes to public health Emergency Preparedness regions.
 - Under Options A, B1, and B2, (described below) allow regions to delegate environmental health functions to counties where environmental health staff are currently county employees but employed outside of the LPHA.
- o Adopt one of the public health delivery system models described – Option A, B-1, B-2 or C

Recommendation 2: Establish and build consensus for foundational public health capabilities that all LPHAs or Regional Health Districts (RHDs) should meet.

Recommendation 3: Provide LPHAs or RHDs with stable, recurring, and flexible funding to build and sustain baseline public health services and functions.

Recommendation 4: Expand HHS resources to support LPHAs or RHDs and interlocal collaboration.

The final report with recommendations from the study includes:

- o Proposed options for service delivery and funding
- o Identification of Iowa Code and Iowa Administrative Rules impacted by the recommendations that may need to be revised
- Next steps include:
 - o Identifying things that will require legislative action
 - o Defining the scope of what will be done, including:
 - Developing objectives across the lifespan
 - Determining outcomes to be achieved
 - Identifying methods for accountability
 - Determining what funding will look like to local contractors – what guardrails will be in place and how the flexibility to meet local needs can be achieved
 - Determining the right level and right type of staffing both at HHS and the local level

HHS will continue conversations with stakeholders and legislators to develop an implementation plan with a timeline for different phases and provide updates as this work progresses. You can find more information and future updates at: [HHS System Alignment | Health & Human Services \(iowa.gov\)](#)

HHS ADA Coordinator

Anne Crotty has been named the HHS ADA Coordinator. Role of the ADA Coordinator is to:

- Promote ADA compliance across HHS and its external partners
- Receive and process accommodation requests
- Develop and deliver trainings on disability inclusion
- Collaborate with partners to eliminate disparities that impact people with disabilities
- Participate in data management, quality improvement, and strategic planning initiatives
- Anne is currently working on:
 - Improving the accessibility of web and print communications
 - A health equity assessment
 - Developing and delivering HHS staff trainings
 - Building capacity among HHS staff on disability inclusion

New Aging and Disability Services Bureau Chief for Community Integration

- Dawn Kekstadt has accepted the role of Bureau Chief for Community Integration in the Aging and Disability Services Division and will begin the new position Friday, January 19.
- In her new role, Dawn will oversee Targeted Case Management (TCM) and will coordinate TCM's work with other HHS programs that allow older Iowans and Iowans with disabilities to live independently and fully integrate into their communities of choice.

Support in Times of Crisis

In the aftermath of the tragic school shooting in Perry on January 4, just a reminder about the mental health and crisis services available to all Iowans:

- The [988 Suicide and Crisis Lifeline](#) is a source of support available 24/7 to people in crisis, including people experiencing challenging reactions to disasters. Support is available in English or Spanish.
- Phone or text: 988 - Chat: <https://988lifeline.org/chat>
- [Recovery Iowa – Get Support Right Now. \(recovery-iowa.org\)](#)
- Iowa Resource Document: [HHS-DOE_Resources.pdf \(yourlifeiowa.org\)](#)

<http://iowahousingsearch.org/> A free resource to help you find a rental home/apartment that fits your needs and budget.

Iowa is: 51st for # of mental health institute beds (2023)
45th for mental health workforce availability (2023)
47th for # of psychiatrists
46th for # of psychologists

Suicide and Opioid Deaths

Opioid and Suicide Deaths in Iowa 2016-2024

Suicides in Iowa 2000-2024

Year	Suicides in U.S.	US suicides rose steadily over last two decades to an all-time high in 2022 – Associated Press Sept 2023 Suicide rates are 300 times higher for individuals in the 1 st week following an inpatient hospitalization & 200 times higher the 1st month. The need for both out-patient and inpatient care teams to focus on managing suicidality for individuals making transitions of care is vital to client life and well-being (Chung et al., 2019) The need for both out-patient and inpatient care teams to focus on managing suicidality for individuals making transitions of care is vital to client life and well-being.	Total Opioid Deaths	Year	Total Suicides	24 and under	25 thru 44	45 thru 69	70 and older	
1970	22,000									
1975	27,063				2000	288	51	115	78	44
1980	26,869				2001	304	67	97	102	38
1985	29,453				2002	310	55	122	96	37
1990	30,906				2003	351	58	118	131	44
1995	31,284				2004	345	60	119	127	39
2000	29,350				2005	331	57	120	120	34
2005	32,637				2006	336	57	121	126	32
2010	38,364				2007	331	49	116	130	36
2015	44,493			2008	383	55	138	148	42	
2018	48,344			2009	368	56	129	135	48	
2019	47,511			2010	375	49	118	163	45	
2020	45,979			2011	423	58	150	174	41	
2021	48,183			2012	380	65	141	140	34	
2022	49,449			2013	445	66	148	172	59	
				2014	409	72	117	177	43	
				2015	424	77	139	166	42	
				2016	459	68	161	186	44	
				2017	470	85	151	173	61	
				2018	495	71	170	201	53	
				2019	521	81% increase from 2000- 2019				
				2020	551	91% increase from 2000-2020				
				2021	525	As of 12-31-21				
				2022	550	As of 12-31-22				
				2023	509	As of 12-31-23				
				2024	132	As of 3-31-24				

Location	Adult	Youth	Geriatric	Total
Iowa Lutheran	68	16	12	68
Broadlawns	44			44
VA Hospital	10			10
Clive Behavioral	67	33		100
Total	161	49	12	222

Beds in Des Moines

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

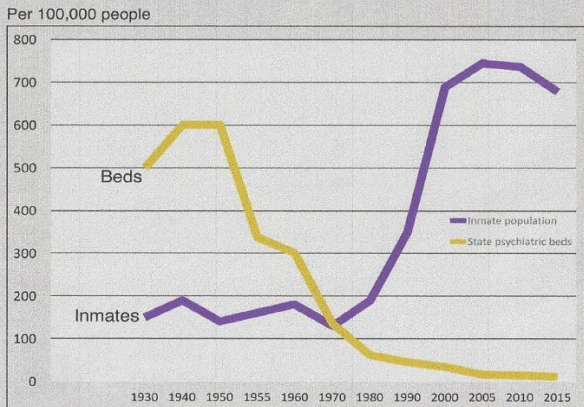
Residential beds which have stays longer than 3 to 5 days are called **transitional** beds.

Other types of beds available

8 residential care facilities (RCF) for persons w/mental illness – 135 beds
 3 intermediate care facilities (ICF) for persons w/Mental illness – 109 beds

Trans-Institutionalization

Mental Illness Behind Bars



Bed data from Fuller, D. A., et al. June 2016. Going going gone: Trends and consequences of eliminating state psychiatric beds. Treatment Advocacy Center. & Harcourt, B. E. 2011. An institutionalization effect: The impact of mental hospitalization and imprisonment on homicide in the United States, 1934-2001. The Journal of Legal Studies. Incarceration data from Bureau of Justice Statistics. Correctional Populations in the United States.

The Medicaid Request for Proposal for dental services was awarded to **Delta Dental of Iowa & Denta Quest USA Insurance Co.** Services will begin the summer of 2024.

A Medicaid **state plan amendment** has been approved to pay for **FFT** (family functional therapy and **MST** (multi-systemic therapy).

HMA (Health Management Associates) has completed a Report for **realignment of crisis services**. No information has been released yet.

A report by a state monitoring team in October 2023 **found Glenwood to be out of compliance with fifty out of sixty-five standards of medical care**. It was out of compliance with thirty of thirty-four standards for transition into community settings. The deaths of residents while at the institution have not been adequately reviewed. Eight deaths of residents who died after transitioning have not been reviewed at all. Staff training on transitioning was found to be inadequate. In the last fifteen months, eighteen residents were moved to Woodward Resource Center—not a community-based provider. IHHS is to prepare an implementation plan in 6 months (or by April 2024) Glenwood to close 7-1-24.

Inpatient Psychiatric Bed Program - November 2022



Name	County	Licensed Beds	Staffed Adult Beds	Staffed Older Adult Beds	Staffed Child Beds	Total Staffed Beds
Allen Hospital	Black Hawk	24	21	0	0	21
Broadlawns Medical Center	Polk	44	44	0	0	44
Buena Vista Regional Medical Center	Buena Vista	10	0	10	0	10
CHI Health Mercy Hospital*	Pottawattamie	38	21	0	16	37
Clive Behavioral Health	Polk	100	20	0	14	34
EagleView	Scott	72	36	0	0	36
Finley Hospital	Dubuque	9	0	9	0	9
Genesis Medical Center - Davenport	Scott	39	28	0	8	36
Great River Medical Center*	Des Moines	8	8	0	0	8
Iowa Lutheran Hospital	Polk	68	24	12	12	48
Jennie Edmundson Hospital Behavioral Health	Pottawattamie	29	24	0	0	24
Mary Greeley Medical Center	Story	19	18	0	0	18
Mercy Medical Center - Cedar Rapids	Linn	20	10	0	0	10
MercyOne Medical Center - Cedar Falls	Black Hawk	15	0	15	0	15
MercyOne Medical Center - Clinton	Clinton	14	7	0	0	7
MercyOne Medical Center - Dubuque	Dubuque	20	16	0	4	20
MercyOne Medical Center - North Iowa	Cerro Gordo	45	24	0	10	34
MercyOne Medical Center - Sioux City	Woodbury	20	7	3	0	10
MercyOne Medical Center - Waterloo	Black Hawk	20	16	0	4	20
Ottumwa Regional Health Center	Wapello	14	0	14	0	14
Spencer Municipal Hospital	Clay	15	10	0	0	10
St. Anthony Regional Hospital and Nursing Home	Carroll	11	11	0	0	11
St. Luke's Methodist Hospital	Linn	72	13	9	14	36
St. Luke's Regional Medical Center	Woodbury	14	14	0	0	14
University of Iowa Hospitals and Clinics	Johnson	88	58	0	15	73
Community Hospital Total		828	430	72	97	599
Cherokee Mental Health Institute	Cherokee	36	24	0	12	36
Independence Mental Health Institute	Buchanan	56	40	0	16	56
Mental Health Institute Total		92	64	0	28	92
GRAND TOTAL		920	494	72	125	691

* Last updated 6.28.21

As per the above chart- between June 2021 and November 2022, the number of Iowa acute care beds **have dropped** from 955 licensed beds to 920 and from 734 staffed beds **down to 691**.

2-5-24 Top three administrators at Eldora State Training School fired.

The superintendent, deputy superintendent and treatment program administrator at the State Training School at Eldora have been fired following an investigation into allegations that a counselor had phone sex with a delinquent boy and also discussed having sex in person.

The firings took place on January 31st. Eldora Superintendent Jason Soddors was fired for allegedly failing to enforce policies and work rules in place to protect youth at the facility. Deputy Director TaLana Holman was terminated after the investigation found she knew as early as last September that the unidentified boy was being abused by a staff member and failed to act.

Travis Galloway, the treatment manager, also was fired because he allegedly also knew as far back as September about the abuse.

See [Psychiatric Bed Supply Need Per Capita - recommended is](#)

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

3.2 million Iowa population divided by 100,000 = 32

32X 50 = 1600 beds recommended

Iowa has 691 staffed beds

A shortage of 909 staffed acute care mental health inpatient beds.

 We also have OB-GYN bed deserts in Iowa. Iowa's only OB-GYN doctor accreditation course is struggling to survive. Iowa is last in the nation for # of OB-GYN's based on our population.

Advocacy Resources

[Bill Tracker](#) [Action Center](#)
[Calendar & Legislative Town Halls](#)
[Guide to the Iowa Legislature](#)
[Advocacy Toolkit](#)

Home (iowaddcouncil.org) - New website location for IDD Council – which includes the Iowa Infonet newsletter, bill tracker and legislative information.

Let your state representative and senator hear from you!

Call, email, text, or write them. Meet with them at the Iowa Capitol or agree to meet at another location.

Find your state senator, representative and other elected officials: <https://www.legis.iowa.gov/legislators/find>

House Switchboard: 515.281.3221

Senate Switchboard: 515.281.3371

Legislative Emails: FIRSTname.LASTname@legis.iowa.gov

Iowa Governor Contact Form:

<https://governor.iowa.gov/contact-office-governor>

Iowa Capitol mailing address:

State Capitol Building, 1007 East Grand Avenue,
Des Moines, Iowa 50319

You are represented by 2 US Senators, 1 US Representative

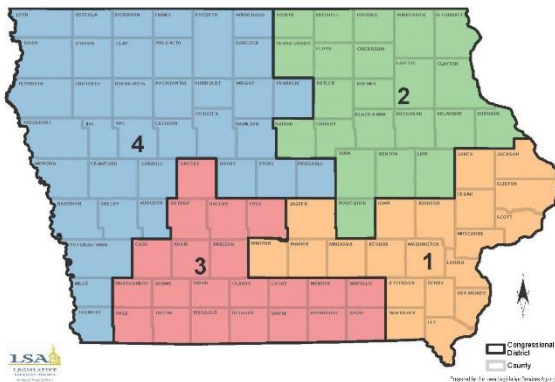
- US Senator Joni Ernst:
www.ernst.senate.gov
- US Senator Chuck Grassley:
www.grassley.senate.gov

You are represented by one US Representative

- #2 - US Rep. Ashley Hinson: hinson.house.gov
- #1 - US Rep. Marianne Miller-Meeks:
millermeeks.house.gov
- #3 - US Rep. Zach Nunn: nunn.house.gov
- #4 - US Rep. Randy Feenstra: feenstra.house.gov

IOWA CONGRESSIONAL DISTRICTS

Effective beginning with the redistricting of 2022 for the 118th U.S. Congress.



Two non-partisan sites for information:

<https://crsreports.congress.gov/>

Congressional Research Service – non-partisan

<https://www.cbo.gov/> - Congressional Budget Office

You can find information on state and federal candidates state and federal congressional persons, state and federal officeholders at <https://justfacts.votesmart.org/>

You can find the campaign donors of state political candidates here: <https://www.followthemoney.org/>

Federal candidates campaign donors are now found at <https://www.opensecrets.org/>

ARE YOU REGISTERED TO VOTE?

Iowa Secretary of State's website <https://sos.iowa.gov/>

On the home page, go to the task bar

Elections

- **Request an Absentee Ballot**
- **Am I Registered to Vote in Iowa?**
- **Register to Vote**
- **Track Your Absentee Ballot**
- **Find Your Precinct/Polling Place**

You must re-register if your name has changed or your residence has changed since the last time you voted.

The general election is Tuesday, Nov 5, 2024.

The filing periods for the General Election are:

- U.S. Senate, U.S. Rep and State Office: July 29 – August 24, 2024 (5:00 p.m.)
- Partisan County and Township Offices: August 5 – August 28, 2024 (5:00 p.m.)
- County Ag. Extension, Soil and Water, and Hospital Trustees: By August 28, 2024 (5:00 p.m.)

Offices on the 2024 General Election Ballot

U.S. OFFICES

- U.S. President/Vice President
- U.S. Representative (all districts)

STATE OFFICES

- State Senator (even-numbered districts 2-50)
- State Representative (districts 1-100)

COUNTY OFFICES

- Some members of county boards of supervisors
- County Auditor
- County Sheriff
- Any vacant offices needing to be filled

NON-PARTISAN OFFICES

- Some township officers
- County public hospital trustees
- Soil and water conservation district commissioners
- County agricultural extension council members
- Any vacant offices needing to be filled

JUDGES STANDING FOR RETENTION

- Judges may stand for retention at the General Election before their terms expire