

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

- Support groups are posted on our website. 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.



Happy New Year!

Crisis Phone numbers and Text numbers

National Text Crisis Line: crisistextline.org

9-8-8 is the National Suicide Prevention Lifeline phone

You can also chat with the 988 Suicide and Crisis Lifeline at **<u>988Iifeline.org</u>**.

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

January 2024 Resource Advocacy Booklet

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 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.

One Iowa Gay, Lesbian, Bisexual and Transgender Hotline 1-8 Trans Lifeline 1-8	366-488-7386 515-288-4019 388-843-4564 377-565-8860 00) 246-7743
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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: iowacrisischat.org

EveryStep has a website to assist you. For a current list of programs and services, Google **everystep.org/program guide** - An easy-to-read chart for qualifications for Medicaid or Hawki, home care, hospice, grief counseling, senior companions, care, support – hotline: 515-558-9946.

Primary Health Care and Behavioral Health locations

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

National Human Trafficking Hotline

The National Human Trafficking Hotline is a national antitrafficking 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 hours a day, 7 days a 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

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

Lutheran Emergency

515-282-2200 1801 Hickman Rd in DSM 515-263-5120 700 E. University Ave in DSM

Methodist Emergency	515-241-6213
	1200 Pleasant St. in DSM
Methodist West Emergency	515-343-1200
	1660 60th St. in WDSM
Mercy One Emergency	515-358-8280
	1755 59th Pl in WDSM
Clive Behavioral Health Hospital	1-844-680-0504
	clivebehavioral.com

Des Moines Mobile Crisis team police liaisons:

Officer Lorna Garcia (day shift) O: 515-283-4988 C: 515-205-3821 **Officer Sean O'Neill** (night shift 4-midnight M-F) C: 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

515-282-5742 1801 Hickman Rd., Des Moines

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 - West Entrance

9am-7pm, Monday through Friday. Serves ages 18 and older 515-282-5742 1801 Hickman Rd., Des Moines

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 Broadlawns Open 24/7 515-282-5742 1801 Hickman Rd., Des Moines see map on previous page.

Children

Behavioral Health Urgent Care East from Iowa Lutheran Hospital **515-263-2632** 1250 E. 9th St., Des Moines, IA

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

Refferal Only 401 NE 66th Ave., Des Moines,

You can receive a referral through **Polk County Resource** and **Referral line at 515-288-0818**, Mobile Crisis, the hospital emergency room upon discharge, by calling **988** or Your Life lowa at **855-581-8111**

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 state-wide. 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 Re-source 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 background 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

Monday-Friday 8:30am to 4:30pm No appointment necessary 515-286-3772

Polk County Justice Center 222 5th Ave in DSM

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 onsite, 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 onsite, 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

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

Mobile Crisis Response: 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:

Dallas, Guthrie and Audubon Counties

1-844-428-3878 24/7 crisis line

You can talk with mental health professionals if needing assistance in a non-emergency situation.

Safe Harbor Crisis Center: Open 24/7

515-642-4125 706 Cedar Avenue, Woodward

A safe place where individuals who are experiencing a mental health crisis can voluntarily access crisis intervention services.

Safe Harbor Center **Transitional Living Services**

515-642-4125 706 Cedar Avenue, Woodward

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.

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

Polk County

Child Guidance Center

Everly Ball Community MH Center

Everly Ball Community MH Center

Broadlawns Medical Center

Broadlawns New Connections Co-Occurring Outpatient Services

Dallas County

Southwest Iowa Mental Health Center Adel area patients should call the Perry number to be scheduled.

515-642-1023 410 12th Street, Perry Fax: 515-334-4076

515-244-2267

515-241-0982

515-244-2267 945 19th St., DSM

515-282-6770

515-282-6610

808 5th St., DSM

1301 Center St., DSM

1801 Hickman Rd., DSM

1761 Hickman Rd., DSM Medical Plaza, 2nd Floor

Madison County

Crossroads Behavioral Health Services

515-462-3105 102 W Summit St., Winterset

County Community Mental Health Services

Polk County

Polk Co. Mental Health and Disabilities Dept.

Director Annie Uetz polkcountyiowa.gov/behavioral-health-disability-services/

Warren County

Central Iowa Community Services mentalhealth@warrencountyia.org warrencountyia.org/mentalhealth

515-961-1068 1007 S. Jefferson Way, Indianola cicsmhds.org

515-286-3570

Dallas County

Heart of Iowa Community Services dccs@dallascountyiowa.gov Toll free: 877-286-3227

515-993-5872 25747 N Ave., Ste D, Adel hicsiowa.org

515-993-5872

Madison County

Central Iowa Community Services

cicsmhds.ora 112 N. John Wavne Drive. Winterset madisoncounty,iowa.gov/offices/community=services/

Special Needs Estate Planning

Dennis Burns dennis.burns@prudential.com 515-288-5699 515-371-6768

Statewide locations to access services

Remnants of Project Recovery services

Previously called Covid Iowa Recovery services, very extensive and all free – these services were in place for 3 years with the help of federal funds - until the funds were exhausted.

Iowa Warm line
Confidential access to peer counseling
and connects people with services
Iowa Concern Hotline
Confidential access to stress counselors
Connection Points
Facebook, Instagram, Twitter, Discord
and YouTube

through the Abbe Center 800-447-1985 Rural and Ag assistance

khyatt@dhs.state.ia.us

515-601-7899

844-775-WARM (9276)

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. postpartum.net The PSI helpline does not handle emergencies.

People in crisis should call their local emergency line.

Brain Health Now

Is an anti-stigma program. They have also been facilitating therapeutic brain health retreat rooms in schools. brainhealth-now.org



515-883-1776 www.teamcsa.org



What is Momentum? Momentum is an art studio and gallery where people learn and practice positive coping skills 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, healthyways.

Who does it benefit? Anyone who identifies as having a mental health diagnosis or disability in Central Iowa can attend

Balance TMS, Esketamine and Psychiatry, PLLC 515-446-8486 Dr. Ahmar M Butt, M.D. 1517 N Ankeny Blvd, Ste E, Ankeny board certified in adult psychiatry,

child psychiatry and addiction medicine. Adult, adolescent and child psychiatry services.

balanceteap.com

ADVOCACY Information

State Demographic Summary - lowa, named after the loway 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#

lowa'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 Distur	bance (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/Seri	ous Mental Illnes	s (SMI) 132,646 5.8%*		
Educational Attainment				
High School degree or higher	92.8%			
Bachelor's degree or higher	29.7%			
		Civilian veterans 5.7%		
Population location				
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

Issue - Food Insecurity - There are Food banks, school pantries, mobile pantries, backpack programs, WIC and SNAP and the need is still overwhelming and at levels never seen before. Following research showing that many pregnant and lactating mothers and their infants and young children were malnourished, President Nixon enacted the **WIC** (women, infants and children) program in 1972. The Supplemental Nutrition Assistance Program, or **SNAP** (formerly known as Food Stamps) is a federal program, is currently at a 14-year low, is completely federally funded so there will be no impact on Iowa's budget by restricting access yet our legislators have done just that. **It's unconscionable that the state of Dr. Borlaug and the World Food Prize has so many going to bed hungry.**

Issue - Support of SF295 for Guardianship and Conservatorship - the Senate version of SF295.

Issues - Protect and increase funding for public schools, insist on the limitation, oversight and transparency of dollars in the school voucher bill, remove restrictions for LGBTQ+ and Trans students in schools and medical care and remove book bans leaving the responsibility to librarians with parental input.

<u>Youth</u>

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

SMI means Serious Mental Illness SED means Serious Emotional Disturbance

Issue – Extend postpartum Medicaid coverage from 3 months to 12 months - (Associated Press 11-1-23) The **U.S. infant mortality rate** rose 3% last year. The CDC says it's the largest increase in two decades, according to the Centers for Disease Control and Prevention. White and Native American infants, infant boys and babies born at 37 weeks or earlier had significant death rate increases. The CDC's report also noted larger increases for two of the leading causes of infant deaths maternal complications and bacterial meningitis.

The U.S. infant mortality rate **has been worse** than other high-income countries, which experts have attributed to poverty, inadequate prenatal care and other possibilities. "Today's data underscores that **our failure to better support moms before, during, and after birth is among the factors** contributing to poor infant health outcomes," Dr. Elizabeth Cherot, chief executive of the March of Dimes, said in a statement. More than 30 states saw at least slight rises in infant mortality rates in 2022, but 4 states - Georgia, **lowa**, Missouri and Texas had <u>statistically significant increases.</u>

Half of births in Iowa are paid by Medicaid. <u>Iowa is one of 4 states</u> that **have not extended** postpartum benefits from 3 mo. To 12 mo. A consortium of organizations have been urging the Iowa State legislature to approve and implement an extension of postpartum Medicaid coverage for new mothers from 3 months to 12 months. A hot issue for the next legislative session.

The US is still the only industrialized country without guaranteed prenatal care for pregnant women.

Of 42,297 children w/SED in Iowa, Number approved for the Children's Mental Health waiver as of 8/1/23* 1339 SFY23 – number receiving System of Care services for children with an SED* 351	Issues Adequate appropriations for programs addressing early intervention and treatment of mental illness and substance	
Early Serious Mental Illness – Individuals experiencing a first episode of psychosis	use disorder.	
ESMI is a wrap-a-round service for the individual and includes family member programming.	Adequate Medicaid	
The goal is to keep the individual in school and job able. 4 Teams are located in Cedar Rapids,	reimbursement for MH and SA	
Des Moines, Mason City, and Sioux City. Estimated annual prevalence- Iowa individuals	practitioners to incentivize	
experiencing a first episode of psychosis is 957 . In FY23, the 4 teams served 102 .	participating in the program.	

Youth and Older Adult Substance Use Disorder Services - Currently, among Iowa's 99 licensed substance use treatment providers, 3 provide a residential substance use disorder treatment level of care (ASAM level 3), for a total of **58** beds dedicated to this age group, statewide. There are **0** substance use disorder treatment centers for older adults in Iowa. Both are Issues to be addressed.

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 – **Issues**.

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.

Issues - Families of children with mental health issues and advocates continue to identify:

- lack of trained providers for children and youth,
- lack of crisis services specifically for children,
- a need for more therapeutic school settings,
- need for more providers skilled in treating co-occurring MH and SUD, and
- access to school-based mental health as barriers to children with an SED being able to live successfully in the community.

Issues - Families of children with mental health issues and advocates

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.

Issues - Full funding for the 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.

<u>Adults</u>

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

SMI means Serious Mental Illness SED means Serious Emotional Disturbance SUD means Substance Use Disorder

SAMHSA URS tables 24-25 MH and SUD block grant application

Adults with SMI/Older Adults with Serious Mental Illness

For adults 18 and above (2,291,571), the National Survey of Drug Use and Health, 2021, reported:

• 4.94% of Iowans 18 years or older had serious thoughts of suicide in the past year or 113,203 Iowans

- 9.33% reported a major depressive episode in the past year **213,804** lowans.
- 6.46% had an SMI, while adults 18-25 had almost double the rate at 11.98% or 148,395 lowans have SMI
- 25.26% reported having any mental illness in the previous year (or 1 in 4) or 578,851 lowans

• 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%.

Issues – Substance Use Disorder Stigma, Capacity for MH and SUD treatment

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.

Estimated number of people in need vs. how many are being served in SUD programs

Population	Aggregate in Need	Aggregate in Treatment	
Pregnant Women	1805	280	
Women with Dependent Children	64,251	3433	
Individuals w/co-occurring MH/SUD	186,709	3174	
Persons who inject	53,977	1403	
Persons experiencing homelessness	207	375	

Of the 23 accredited community mental health centers in Iowa, 17 are licensed outpatient substance abuse providers, too. There are 96 providers of substance use disorders/gambling disorders (access link) on the provider list on page 4 of this document. There is a separate link to the map of Integrated Provider Network providers (23)

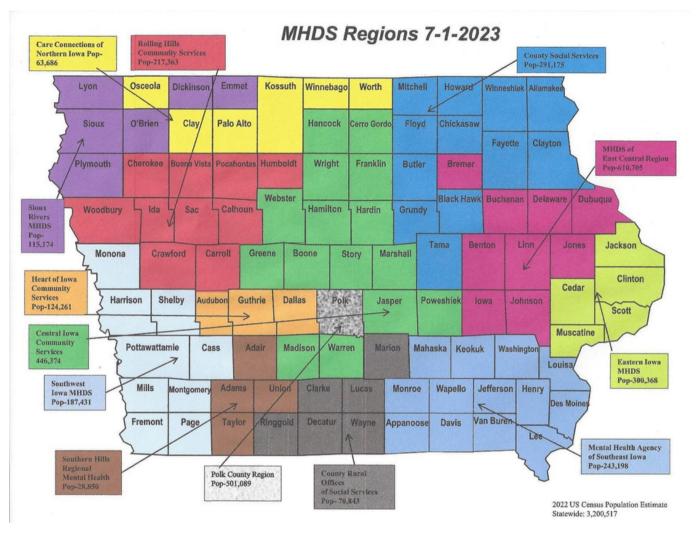
IRSH (Intensive Residential Service Homes for Adults with Complex Issues) Provider Status reported July 2023

IRSH Provider	Location	Status
Lakes Life Skills (3 Beds – Habilitation)	Spirit Lake/Dickinson County	Open
Trivium Life Services (4 beds)	Sioux City/Woodbury County	Open
First Resources (4 beds)	Burlington/Des Moines County	Open
Inspiring Lives (5 beds)	West Union/Fayette County	In development
Candeo	Des Moines/Polk County	In development
43 North	Mason City/Cerro Gordo County	In development
Elevate	Waterloo/Black Hawk County	In development

• All the sites except Inspiring Lives plan to start serving people this summer

- · Lakes Life Skills and Trivium are each developing a second location
- If all that goes as planned, the number of IRSH beds in Iowa could go from the current 11 to 34 later this year
- · Abbe Health is in the very early stage of development -awarded a grant by the MHDS East Central and Eastern Regions
- \cdot The goal is to develop 120 beds statewide

Issue – inadequate childcare spaces, unaffordability for families, poor pay for workers - The Iowa Women's Foundation has con-ducted research to better define the scope of the shortfall in childcare in Iowa. The state has about 175,000 childcare spaces – about 350,000 fewer than the number of young children in Iowa. Over half of people not currently working in childcare who responded to a survey said they would like to return, but only if compensation was better. According to the Annie E. Casey Foundation Data Book, in Iowa, childcare workers are paid worse than workers in 98% of professions - \$10.99 per hour. Iowa families pay 14% of their income for childcare, which is double the rate considered affordable nationally, said Dave Stone, advocacy officer with United Way of Central Iowa. Too many parents cannot secure childcare that is compatible with work schedules and commutes and affordability-------Business Record 9-5-23



<u>The state's crisis system.</u>

- Iowa's 13 Mental Health and Disability Services regions are responsible for making crisis services available in each region.
- These services include mobile crisis response, crisis evaluation, crisis stabilization-residential and community-based, subacute mental health services, 23 hour observation and holding,
- The availability of these services is identified in coverage maps at this link: https://hhs.iowa.gov/mhds/crisis-services
- Iowa has mobile crisis availability in all but 4 of the 99 counties.
- Iowa has two 988 centers that answer Iowa calls, chats and texts. The 988 centers have the capacity to warm transfer to mobile crisis response in the caller's area.

Major Changes at the State Level

Next actions by Health and Human Services regarding crisis services

Crisis Service System Evaluation

- A Request for Proposals (RFP) MHDS-23-033 Consultant Services for Iowa's Behavioral Health Crisis System was posted on June 12th and on Sept. 20th a notice of intent to award the contract to Health Management Associates, Inc. was announced.
- HMA (Health Management Associates) is the successful bidder aiming for a November 1 start date
- Report of recommendations and implementation plan/road-map initial report due June 2024

Next actions by Health and Human Services regarding crisis services Crisis Service System Evaluation

- •A Request for Proposals (RFP) MHDS-23-033 Consultant Services for Iowa's Behavioral Health Crisis System was posted on June 12th and on Sept. 20th a notice of intent to award the contract to Health Management Associates, Inc. was announced.
- HMA (Health Management Associates) is the successful bidder aiming for a November 1 start date
- Report of recommendations and implementation plan/road-map initial report due June 2024
- Review and recommendations include:
 - Shifting from a mental health crisis system to a behavioral health crisis system,
 - Standardizing Crisis Service provision aligning with the requirements of CCBHC and CMS,
 - Coordination of Crisis Services with CCBHCs,
 - Coordination of 988, YLI, and Crisis Services,
 - Roles of Your Life Iowa and 988 without duplication of service,
 - Streamlining the design and access to lowa's behavioral health crisis system with an emphasis on reducing reliance on law enforcement and emergency departments as access points and primary providers of behavioral health crisis services,
 - Clarifying the role of law enforcement in the provision of crisis services,
 - Advancing the use of peer support services and individuals with lived experience in the provision of Crisis Services,
 - Use of technology in coordinating Crisis Services,
 - Sustainable funding options for the Behavioral Health Crisis System, and
 - Additional items of significance related to the development of a coordinated Behavioral Health Crisis System
 - CCBHC implementation
 - Need to fill gaps of crisis services, especially for children access, availability, coordinated care
 - MHDS regions continue to expand capacity in gap areas mobile response and Crisis stab community and residential especially for youth

988 and Crisis System Next Steps

- Increase in media campaigns combined efforts between YLI and 988
- Not specific target, but creating awareness
- Targeted youth and young adults partnering state universities and Drake
- Additional ways to support first responders.
- 911 and 988 pilots for warm hand-offs will be expanded

lowa is in the process of applying for a statewide CCBHC grant

<u>Funding for the CCBHC state planning grants</u> was authorized by the Bipartisan Safer Communities Act (BSCA) in 2022 to address the country's mental health crisis. CCBHCs provide crisis services that are available 24 hours a day, 7 days a week and serve anyone who requests care for mental health or substance use, regardless of their ability to pay. This expansion of CCBHCs builds on the Administration's previous work to launch the 988 Suicide & Crisis Lifeline and further builds the crisis continuum of care.

If Iowa is awarded a statewide CCBHC grant in 2024, the State is moving to a crisis system which will utilize CCBHC's as a coordinator for all services within a specific geographic area.

In other states where there is a state-wide CCBHC system, **CCBHC's are demonstrating savings** – the savings will bring costs down so the state legislature can afford to sustain the higher Medicaid bills after the CCBHC federal grant ends.

CCBHC means Certified Community Behavioral Health Clinic - A Certified Community Behavioral Health Clinic (CCBHC) is a specially-designated clinic that provides a comprehensive range of mental health and substance use services. CCBHCs serve anyone who walks through the door, regardless of their diagnosis and insurance status.

Based on SAMHSA's National Guidelines for Behavioral Health Crisis Care, how the state will develop the crisis system.

The state is in the CCBHC Planning Grant process and plans to integrate the required crisis services in the CCBHC criteria with the current crisis system, using the CCBHC framework to develop full statewide access to crisis services that are in compliance with the CCBHC criteria

113 standards to meet in 6 areas

9 required services

- Screening, Assessment, and Diagnosis
- Comprehensive Outpatient BH Service Across the Entire Life Cycle
- Patient-Centered Care Planning
- Case Management
- Peer and Family Support
- Psychiatric Rehabilitation
- Medical Screening and Monitoring
- Services for Armed Forces and Veterans
- Mobile Crisis

The Payoff

For individuals and families - Timely access to high-quality, comprehensive, datadriven, evidence-based, person-centered, coordinated and integrated care For providers - The payoff for providers for achieving compliance with CCBHC standards is a Prospective Payment System (PPS) rate for their services, which is a Cost+ reimbursement methodology

For Managed Care Organizations - Network of high-functioning BH providers integrated meaningfully with the healthcare and social services delivery systems and the improved outcomes (and lower costs) that come with the network For Iowa - Participation in the federal demonstration program enables Iowa to

access enhanced Federal Medical Assistance Percentages (FMAP) for CCBHC services Transforming Behavioral Healthcare in Iowa: CCBHC Planning Grant | Iowa Department of Health and Human Services

- A CCBHC can use a Designated Collaborative Organization (DCO) to provide up to 49% of the (non-crisis) required service encounters
- It is the expectation that the selected CCBHC's collaborate with existing providers when there are effective, established mechanisms to provide that care in the region.
- The CCBHC would serve as a lead coordinator of services and will be expected to fill gaps in the BH continuum of services in the community they serve.

If Iowa submits a successful application - CCBHC statewide grants will be awarded in 2024.

In the meantime, HHS is planning with prospective CCBHC's and holding listening forums with providers and the public.

MEDICAID and COMMUNITY BASED SERVICES (HCBS)

HOME – Hope and Opportunity in Many Environments

- This is the next step in the HHS collaboration with Mathematica and The Harkin Institute, building on their evaluation of community-based services in Iowa and their final report making recommendations on how Iowa can improve community-based services
- This project aims to improve and ensure that everyone in Iowa has access to high-quality behavioral health, disability, and aging services in their communities
- The full evaluation report (Strengthening Iowa's Community-Based Services System) is available at: <u>https://hhs.iowa.gov/sites/default/files/Iowa-CBSE-FinalEvaluation-Report.pdf</u>
- Based on those recommendations, an HHS team created a Transformation Plan to guide the next steps and implementation of the suggested improvements. It is available at:
- https://hhs.iowa.gov/sites/default/files/IA-CBS-TransformationPlan-Compliant%20%286%29.pdf
- As a reminder, the key recommendations were:
 - 1. Implement streamlined screening and improved processes to better align services with people's needs.
 - 2. Take steps to align community-based services, including Medicaid HCBS waivers, to the needs of Iowans.
 - 3. Maximize access to Medicaid HCBS and other community-based supports for people with long-term services and support (LTSS) needs.
- The transition plan also identifies six guiding principles to describe the hallmarks of a high-quality community-based services system: 1. Data driven 2 Accountability 3. Integrity 4. Equity 5. Communication 6. Collaboration
- The HOME webpage also includes a "getting involved" link: <u>Get Involved with HOME | Iowa Department of Health and Human Services</u>
- A statewide series of HOMEtown Conversation meetings started in Des Moines and have been held around the state multiple locations during October and November.

HHS Alignment

- Within the Behavioral Health Division coordination is continuing
 - Operations and Compliance and Services, Planning, and Performance
 - Policies and procedures, which includes mental health, substance use disorders, and tobacco prevention
 - Significant changes include:
 - Combining the SUD block grant and the MH block grant
 - Developing CCBHCs statewide
 - Crisis and suicide prevention
 - Shared media campaigns by Your Life Iowa (YLI) and 988
 - The tobacco prevention team are looking at how to broaden their reach, with attention to the significantly high percentage of youth and adults that use tobacco products also have MI and/or SUD.

Medicare changes - Issue - Iow reimbursement rates

For decades, Medicare has covered only mental health services provided by psychiatrists, psychologists, licensed clinical social workers and psychiatric nurses.

But with rising demand and many people willing to pay privately for care, <u>45 percent of psychiatrists and 54 percent of</u> <u>psychologists don't participate in Medicare</u>, the federal insurance system for some 65 million older or disabled Americans. (

As a result, older adults anxious about worsening health or depressed by the loss of family and friends have substantial difficulty finding professional help. Barriers to care are made more acute by <u>prejudices associated with mental illness and by ageism</u>, which leads some health professionals to minimize older adults' suffering.

Now, some relief may be at hand as legislative and regulatory changes expand Medicare's pool of behavioral health providers. <u>Beginning in January, Medicare for the first time will allow marriage and family therapists and mental health counselors to</u> <u>provide services. This cadre of more than 400,000 professionals makes up more than 40 percent of the licensed mental health</u> <u>workforce and is especially critical in rural areas.</u>

Medicare is also <u>adding up to 19 hours a week of intensive outpatient care as a benefit, improving navigation and peer-support</u> <u>services</u> for those with severe mental illness, and <u>expanding mobile crisis services</u> that can treat people in their homes or on the streets. Organizations that have advocated for years for improvements in Medicare's mental health coverage applaud the changes. "I think we are, hopefully, at a turning point where we'll start seeing <u>more access to mental health and substance use disorder</u> <u>care for older adults</u>," said Deborah Steinberg, senior health policy attorney at the Legal Action Center in D.C.

Although an estimated 1 in 4 Medicare recipients have a mental health condition, up to half don't receive treatment.

Seniors' complex needs

Older adults who seek psychiatric care tend to have more complex needs than younger adults, with more medical conditions, more disabilities, more potential side effects from medications and fewer social supports, making their care time-consuming and challenging, Trestman said.

Issue - WE NEED ACTION AND MOVEMENT TO SERVE Older Adults. The **proposal is the development of curriculum and** training on Dementia and Alzheimer's for the workforce.

- The direct care workforce is intimately involved in the care of the elderly, but there is not a specialty training or a curriculum or a training program for them in dementia and alzheimer's.
- The training would greatly benefit home-based, community-based and residential-based care.
- The training would be for: Direct care workers, certified nursing assistants, home care aides, direct support professionals, hospice aides and others who provide 80-90% of the direct hands-on care to lowans of all ages and abilities in nursing home, hospitals, group homes, homes of persons served and other settings.
- Expansion of the training to other groups would enhance and benefit care to older lowans. The expansion could be family members, friends, family caretakers, community health workers, nursing home administrators and administrative staff, occupational therapists, Certified Community Behavioral Health Clinic (CCBHC) staff, peer specialists, family specialists, and recovery coaches.
- Use collaborative start-up and ongoing funding.
- The final piece a hotline for caregivers to call when problem-solving and advice is needed.

Issue - Suicide prevention and Reduction in Opioid Deaths

Issue - Iowa is in a critical health and substance use disorder staff at all levels of expertise. Nationally, 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

Year	Suicides in U.S.		
1970	22,000		
1975	27,063		
1980	26,869		
1985	29,453		
1990	30.906		
1995	31,284		
2000	29,350		
2005	32,637		
2010	38,364		
2015	44,493		
2018	48,344		
2019	47,511		
2020	45,979		
2021	48,183		
2022	49,449		

US suicides rose steadily over the last two decades to an all-time high in 2022.

Associated Press Sept 2023

Suicide rates are **300 times higher** for individuals in the 1st week following inpatient hospitalizations & 2**00 times higher** in 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)

	1	-			-	-
Total Opioid Deaths	Year	Total Suicides	24 and under	25 thru 44	45 thru 69	70 and older
	2000	288	51	115	78	44
	2001	304	67	97	102	38
	2002	310	55	122	96	37
	2003	351	58	118	131	44
	2004	345	60	119	127	39
	2005	331	57	120	120	34
	2006	336	57	121	126	32
	2007	331	49	116	130	36
	2008	383	55	138	148	42
	2009	368	56	129	135	48
	2010	375	49	118	163	45
	2011	423	58	150	174	41
	2012	380	65	141	140	34
	2013	445	66	148	172	59
	2014	409	72	117	177	43
	2015	424	77	139	166	42
176	2016	459	68	161	186	44
201	2017	470	85	151	173	61
136	2018	495	71	170	201	53
156	2019	521	81% incre	81% increase from 2000- 2019		
208	2020	551	91% increase from 2000-2020			
258	2021	525	As of 12-31-21			
237	2022	588	As of 12-31-22			
159	2023	325	As of 8-31-23			

Opioid and Suicide Deaths in Iowa 2016-2023 Suicides in Iowa 2000-2023

TYPES OF BEDS

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**

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
* Last updated 6.28.21	GRAND TOTAL	920	494	72	125	691

Psychiatric In-patient beds in Des Moines As per the above chart- between June 2021 and November 2022, the number of Iowa acute care beds <u>have dropped</u> from 955 licensed beds to 920 and from 734 staffed beds down to 691.

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

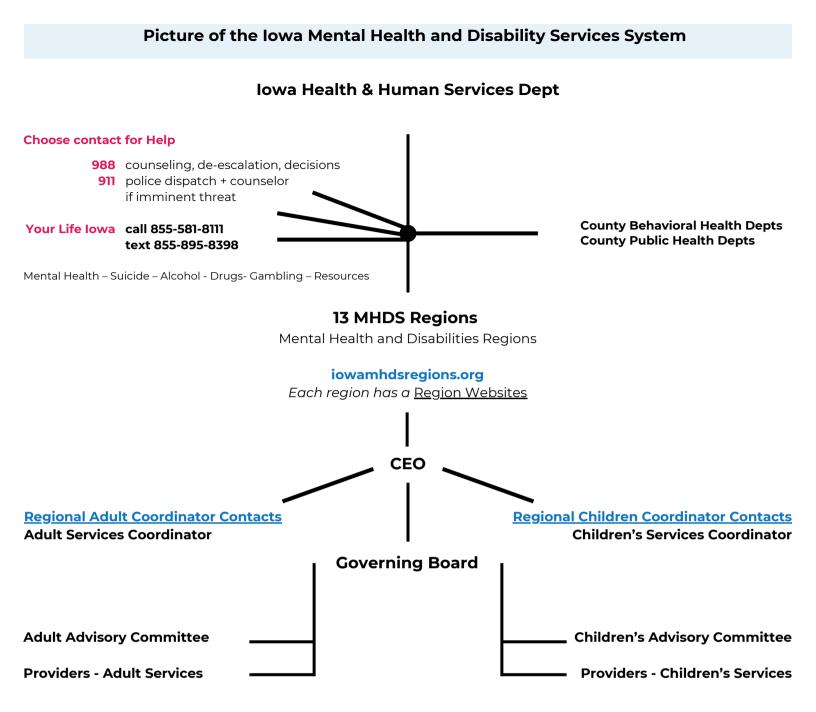
Adults w/SMI in Iowa	132,646	ls 691 beds	
Children w/ SED in Iowa	42,297	enough?	

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

Have your loved ones been boarded in the ER hallways 32 X 50 beds = 1600 acute care beds are needed according to the formula. We have 691–a shortage of 909 beds for admittance? Why has your loved one been denied?

Issues - a workforce crisis & lack of beds



The Governor's Boards & Commissions Review Committee The initial <u>recommendations</u> eliminated about 70 committees, reorganized another 47, consolidated 52, and made no changes to 88.

- The Commissions on Deaf Services, Persons with Disabilities, Status of Women, African American, Asian Pacific Islander, and Native American Affairs would be eliminated. An expanded Human Rights Commission would take on the role of these commissions.
- Under these recommendations, most boards and commissions in the Iowa Department of Health & Human Services (HHS) would be eliminated, with their work placed under a new committee structure that aligns with HHS divisions.
- The State Children's Behavioral Health System Board, the Mental Health/Disability Services Commission and the Tobacco Commission will consolidate and merge. They will likely be a subcommittee to the HHS Council. The HHS Council will be a merging of the DHS Council and the Iowa State Board of Health.

Issue: Community Integration (Glenwood settlement)

- HHS continues to work with DOJ on reaching an agreement for the ADA (Americans with Disabilities Act) and CRIPA (Civil Rights of Institutionalized Persons Act) violations
- Goal is to shift crisis systems from a mental health crisis system to a behavioral health crisis system that incorporates substance use and can seamlessly connect individuals to the services they need when they need them.
- Money Follows the Person staff continue to work with Glenwood Resource Center residents to identify community-living options and plan for and make transitions

Who's on the Executive Council overseeing realignment?

5 members - Governor, Sec. of State, State Treasurer, Sec of Ag, and State Auditor

STATE OF IOWA DEPARTMENT OF Health and Human Services

Complete realignment of State Government was passed thru SF514 reducing 37 state agencies to 16. SF514 is a 1349 page bill – 20 divisions of change.

See the Organizational Plan <u>here</u> See the Governor's Plan for Realignment <u>here</u> To read the bill – go to <u>legis.iowa.gov/docs/publications/LGE/90/SF514.pdf</u>

Prepared for 2024?

Much of the work for the January 2024 legislative session got done during the "interim", the months the Legislature is not in session (June-December). Here is a list of some of the work that has been worked on:

- Continuing the work of reorganizing state gov't
- Looking at all boards and commissions to decide if they are necessary.
- Reviewing HCBS waivers
- Developing the new public assistance verification process
- Improving state information technology to support all the changes
- Complying with the next Dept. of Justice (DOJ) ruling

HHS Alignment and State Reorganization

- Transitioning in to HHS:
 - Dept on Aging
 - Dept of Human Rights
 - Juvenile justice
 - Human Rights Commission
 - Volunteer lowa
 - Early Childhood IA
- The Behavioral Health and Disability Services Division will be divided into two divisions with the addition of aging:
 - Behavioral Health Division
 - Aging and Disability Services Division
- HMA will issue a final report in the fall with their recommendations. The recommendations will include:
- At least two proposed service delivery options
- At least two proposed funding models

What does this mean to you? You may work with an MHDS region, public health agency and an Aging Resource Center but each local office may cover a different area of the state. There are dozens of these "service areas". HHS wants to make sure these service areas are seamless so it is easy to find what you need. Does the service area matter? Does it create a barrier? These are just a couple of the questions HMA will be looking at when it makes its recommendations, which may include a single service area map (or fewer of these regions).



HMA to study Iowa Health and Human Services Delivery System

Service Delivery Alignment

HHS continues to work with Health Management Associates to study the <u>delivery of HHS programs</u> to make them less cumbersome, less confusing, and more efficient for those we serve and for our community partners.

The Vision is:

- To create consistency in access to HHS o Use the expertise and passion of HHS workforce and local partners
- Make better use of funding
- Improve how HHS works with local partners
- Better reflect the evolution of our state's resources and population

Almost 3000 lowans responded to an online stake-holder survey

- Of the 3000, almost 2300 identified as consumers of services
 7 townhalls have been held
- 7 Director's roundtables have been held with local service

providers, county system administrators, and state legislators • HMA has provided an initial report to HHS

The final report has been received by HHS but has not been

- made public recommendations will list:
- Proposed options for service delivery and funding
- Identification of Iowa Code and Iowa Administrative Rules impacted by the recommendations that may need to be revised
- Next steps:
 - Identifying things that will require legislative action
 - Defining the scope of what will be done:
 - Developing objectives across the lifespan
 - Determining outcomes to be achieve
 - 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

The following 19 statewide programs are included in the study and recommendations:

Local government public health	Integrated			
Aging and Disability Regional Centers	Provider Network			
Local public health delivered Medicaid Services	(gambling and			
Early Childhood Iowa	substance use			
Environmental Health	assistance)			
Community Partnership for Protecting Children	WIC			
Mental Health Delivery Regions	(Supplemental			
Family Planning Program	Nutrition Program for			
5 5 5	Women, Infants, and			
Certified Community Behavioral Health Centers	Children)			
Maternal and Child Health	Decat			
Emergency Preparedness Regions	(the decategorization			
Community Action Agencies	of child welfare and			
Tobacco Community Partnerships	juvenile justice			
I-SMILE (Dental Program)	funding)			
Family Developmental and Self Sufficiency Program				
Area Agencies on Aging				

Advocacy Resources

Bill Tracker Action Center Calendar & Legislative Town Halls Guide to the Iowa Legislature Advocacy Toolkit

<u>Home (iowaddcouncil.org</u> - 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: <u>https://www.legis.iowa.gov/legislators/find</u>

House Switchboard: 515.281.3221 Senate Switchboard: 515.281.3371

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

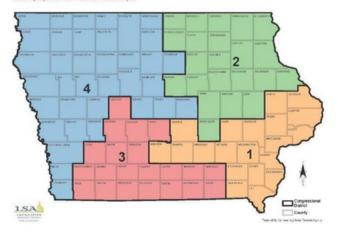
Iowa Governor Contact Form: https://governor.iowa.gov/contact-office-governor

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:
 US Senator Chuck Grasslev:
- <u>www.ernst.senate.gov</u> <u>www.grassley.senate.gov</u>
- - -----
- You are represented by one US Representative
- #2 US Rep. Ashley Hinson: hinson.house.gov
- #1 US Rep. Marianette Miller-Meeks: millermeeks.house.gov
- #3 US Rep. Zach Nunn: nunn.house.gov
- #4 US Rep. Randy Feenstra: feenstra.house.gov

IOWA CONGRESSIONAL DISTRICTS



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/

Jan. 8 – Iowa Legislative session begins – speech week Jan. 19 – Individual bill deadline Feb. 16 – First Funnel March 15 – Second Funnel April 16 – Last day of session for legislators to be paid May 16 – Gov has 30 days from end of session to sign or veto legislation

ARE YOU REGISTERED TO VOTE?

Go to the Iowa Secretary of State's website https://sos.iowa.gov/

On the home page, on the upper right side of the page - **Elections**

- <u>Request an Absentee Ballot</u>
- Am I Registered to Vote in Iowa?
- <u>Register to Vote</u>
- 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.

A primary is June 4, 2024. The general election is on November 5, 2024.

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



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Return Address Here