



April 2026 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**.

Fun fact:

The state of Iowa sends more folks to Mindspring webinars than any other school/university, for or non-profit org, healthcare system, or gov't office. We've provided 2000+ hours of training for State employees

Did you know?

There is a video of the Capitol Crawl, a 1990 protest where dozens of people with disabilities left their wheelchairs to crawl up the steps of the U.S. Capitol in an effort to urge lawmakers to pass the Americans with Disabilities Act.

[\(Disability History Museum Set to Open\)](#)



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 the 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.

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.

**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: iowacrisischat.org

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** or text 'HELP' to 233733.

If you see something suspicious that appears to involve immediate danger, please do not attempt to confront the suspect(s), and instead please call your local law enforcement agency immediately.

- **Safe At Home (SAH)** website—Newsletter sign-up is on the homepage of the website in the bottom right corner:
<https://safeathome.iowa.gov>
- **Homeland Security Investigations (HIS) Tip Line** — To Report Suspected Human Trafficking to Federal Law Enforcement: 1-866-347-2423
- **Iowa Office to Combat Human Trafficking website:** <https://stopthiowa.org>
- **Iowa Office to Combat Human Trafficking (OCHT) Human Trafficking Tip Information Reporting Form** —There is an option on this form for your information to remain anonymous with your tip submission if you wish. 1-855-614-4692 or report at

https://stateofiowa.seamlessdocs.com/f/DPS_HT_Tip_Form



Disability Rights Iowa - Established in 1984, Disability Rights Iowa is the state's designated advocacy organization and is part of the National Disability Rights Network created by Congress to protect the rights of all individuals with disabilities. The designation allows DRI access to locked facilities to check the living conditions and services being provided.

Help for Iowans with disabilities is via DRI's free advocacy and legal consultation, to help with issues like working with an employer on accommodations.

"In Iowa, about 12.5% of Iowans identify as having a disability — that's, give or take, about 400,000 Iowans — We need to make sure that all Iowans are aware of the fact that, if they have cancer or they have asthma, or they have depression, that, under federal law, all of those types of conditions are considered disabilities," Johnson said. "And they're entitled to free service from our agency to the level that we can provide with a staff of 20," Johnson said. "But before you can reach out to ask us for help, you have to first know we exist."

They've seen a real increase in the need for understanding the ADA Title I and the requirement of businesses to provide reasonable workplace accommodations. If businesses have employees that are confused, they can certainly refer to DRI as a resource. We would provide training to businesses if they're interested in learning more about the ADA and how to provide accommodations.

The goal for Iowans with disabilities is independence, as well as full access to support services and all activities in the community, and economic self-sufficiency — you can see how employment is really a big part of that.

Catherine Johnson, Ex Director cjohnson@driowa.org - 666 Walnut St, Des Moines, IA 50309 – 515-278-2502



Community Support Advocates

515-883-1776
CSA's Integrated Behavioral Health Clinic in West Des Moines is at **1516 Valley West Drive**.
Website: <https://teamcsa.org/>

Services include:

- Specializes in creative arts play therapy.
 - Crisis intervention for a family in need
 - Behavioral health services
 - Mental health services
 - Services involving family members with intellectual disabilities
 - Outpatient competency restoration
- 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.
- an Out of the Box Initiative representational library,
 - an accessibility tech center supported by Google
 - a permanent gallery Momentum Arts program, and
 - a public art installation called "Hands of Hope," which was made from individual tiles painted by 500 different community members.

Primary Health Care and Behavioral Health

Engbretsen 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, Suite103, 515-262-0854

Iowa's 99 Counties had population of 3,200,217 in 2022		
Male	49.8%	1,593,857
Female	50.2%	1,606,660
	Total	3,200,517
Population under 18 yr	22.6%	723,317
Prevalence –Children w/Serious Emotional Disturbance 42,297 4.7% from 24-25 MHBG application- pg. 135		
Population>18 and < 65	53.3%	1,705,876
Population 65 and over	18.3%	586,695
	Total	2,291,571
Prevalence –Adults>18 w/serious mental illness (SMI) 132,646 5.8% from 24-25 MHBG application – pg.135		
<i>Educational Attainment</i>		
High School degree or higher	92.8%	Median Household Income \$65,429
Bachelor's degree or higher	29.7%	
<i>Population</i>		
Urban	63.2%	Below poverty level 11.1%
Rural	36.8%	

Mindspring Family Support Group

For family members, caregivers, and loved ones of adults living with a mental health condition.

3rd Sunday of every month

2:30-4:00pm

West Des Moines Public Library-Millie
Knees Classroom

4000 Mills Civic Pkwy
West Des Moines, IA 50265

Mindspring Peer Support Group

For individuals living with a mental health condition.

2nd Saturday of every month

3:00-4:30 pm

Northside Public Library-Meeting Room
3516 5th Ave

Des Moines, IA 50313

Online Support Groups

Mindspring Online Support Group Guidelines

Dealing with Anxiety Support Group

Whether you have a diagnosable anxiety disorder or someone who occasionally struggles with overwhelm, this is a safe space for you to connect with others and share ideas and resources towards your path of healing.

- 3rd Thursday of every mo. | 7:00 pm (CST)
- Registration is required for all online support groups and you only need to register once.
- [CLICK HERE TO REGISTER](#)
- We will allow up to 12 individuals to join the group, so please arrive on time to get a spot.
- *Once we reach 12 individuals or we have started, the group space will be closed.*

Please note student observations are not allowed for any of the Mindspring support groups

Contact Alex Rohn at Mindspring if you have questions about Mindspring support groups. 515-850-1467
arohn@mindspringhealth.org

Mondays

Smoky Row

1910 Cottage Grove Ave, DsM

Nourish Women's Circle

Eating Disorders Support Group

Inner Space, 125 Keo Way, DSM

6 to 7:30 p.m.

2nd Thursday of the month

515-630-0210

EveryStep has a website to assist you. EveryStep provides medical and social services for women, children and families, adults and seniors, and communities across Iowa. EveryStep Care & Support Services include home visits, family support, parent education, and much more. EveryStep's wide variety of services provide care to tens of thousands of Iowans each year. In fact, every county of Iowa is served by at least one EveryStep program. To view a listing of these services, please download our Program Guide. Email: info@everystep.org

<https://www.everystep.org/provider-resources>

<u>ADMIN OFFICE</u>	<u>Toll-Free</u>	<u>Care & Support</u>
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<u>Services Intake</u>	800-806-9934	515-558-9948
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<u>Care & Support office</u>	<u>Hospice Referrals</u>	<u>Home</u>
<u>Care Referrals</u>		

515-288-1516	515-333-4552	515-558-9591
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EveryStep Launches Mobile "Suitcase Clinics" in Central Iowa

EveryStep has launched "Suitcase Clinics," a mobile reproductive and maternal-child health program serving Polk, Dallas, Madison, and Warren counties. Funded with \$175,000 from Molina Healthcare of Iowa, nurses provide care and education in community settings like churches, food banks, and WIC offices. Services include preconception, pregnancy, post-partum, and child health care, as well as referrals to primary care, dental care, and Medicaid enrollment.

The initiative aims to reduce barriers to care such as transportation, insurance, and language particularly for populations facing high maternal health risks, including Black women in Iowa. By bringing care directly into communities, the program hopes to improve access, support families, and reduce disparities.

Introducing a Free Training on Addiction and Brain Science from the Center of Excellence

The Center of Excellence for Behavioral Health has developed an Addiction and the Brain course for Iowa HHS Behavioral Health to share with our partners. This **free, self-paced** training explores the foundations of addiction, with a focus on how substances and behaviors affect the brain's structure and function. The course includes **six modules**, and participants will receive a certificate of completion for 4.5 hours of learning. It is open to anyone who is interested.

You can access the course on the lowacebh.org website under On-Demand Trainings, or use the **direct link**.

Iowa REACH | Health & Human Services

REACH stands for *Responsive and Excellent Care for Healthy Youth*.

On January 6, 2023, a suit *C.A. v. Garcia* (Case No. 4:23-cv-00009-SHL-HCA) was brought against the Iowa Dept of Health and Human Services on behalf of Medicaid eligible children with serious mental and behavioral health needs, which asserted that Iowa administers an inadequate mental health system that does not provide children and youth with legally required services.

Iowa REACH is a new Iowa Medicaid program that supports behavioral health services for youth across the state. The Iowa REACH Initiative Implementation Team will coordinate and oversee the court-approved agreement. Materials related to *C.A. v. Garcia* can be found at [Initiatives | Health & Human Services](#).

[Iowa REACH | Health & Human Services](#) has the full list of subcommittees along with meeting minutes, agendas, and other materials. All subcommittees are open to public participation.

In the settlement agreement –

1. Defendant will provide the following EPSDT-covered mental or behavioral health services to members of the Class who require them: (1) **Intensive Care Coordination (ICC)**, (2) **Intensive In-Home and Community Therapeutic Services (IHCTS)**, and (3) **Mobile Crisis Intervention and Stabilization Services (MCIS)**.
2. Defendant will provide **additional Waiver Services**, in conjunction with covered EPSDT services, to support members of the Class, help maintain them in their homes and communities, and **avoid higher levels of care and out-of-home placements**.
3. Defendant will utilize a **standardized assessment process** or processes, to assess putative Class Members' eligibility for the Relevant Services and to ensure consistency in access

In the amended plan, additional agreements were made:

4. Improve and develop **provider capacity** and **network adequacy** to ensure access to all necessary Relevant Services for Class Members, including through **oversight of the Managed Care Organizations (MCOs)**;
5. Develop and employ a **quality improvement** and **accountability framework** to ensure the **continued delivery and quality** of the Relevant Services
6. Develop and maintain a **public data reporting mechanism** regarding delivery of the Relevant Services

For a process that started in 2023, the services are not expected to be available until 2027 – 2028. The **HOME** project contains how the home and community-based waiver system will be reorganized.

The eligible services will be based on an assessment, but the services chosen will be limited by a maximum amount of money each client will be given.

Another limiting factor will be the condition of the state budget. Will there be **funding available** to implement the services for children and their families?

Medicaid cost containment measures are already being implemented which threaten the ability of adequate home care to be provided. It may result in movement to higher levels of care and out-of-home placements.

Hope and Opportunity in Many Environments (HOME) | Health & Human Services (iowa.gov)

The Home and Community based waiver system is being re-designed. It is anticipated 7 waivers will be reduced to 3 – children, adult and elderly. A wider range of services will be available to choose from in each category. An assessment will determine the services an individual can choose from.

Iowa HHS offers a website and where information, re-sources and updates are available. Here is [HOME Timeline Infographic \(iowa.gov\)](#) and currently Iowa HHS is in the third phase, implementation.

HOME- [Waiver redesign FAQ](#)

Power point Slides:

<https://hhs.iowa.gov/media/17852/download?inline>

RESOURCES for People of All Ages – 2 pages

Project Iowa - Project IOWA is a non-profit organization that offers support and training services to Iowans seeking better careers. We believe that everyone has something of value to offer and has the potential to improve their own lives, no matter what their circumstances or background.

Project Iowa's Executive Director is Julie Fugensuch (515)-280-1274 office@projectiowa.org M-F 9 am to 4 pm, 4801 Franklin Avenue, Room 105, DsM 50310

At Project Iowa, workforce development is about so much more than employment. It's about relationships, dignity and belonging.

When people feel seen, supported and connected, they don't just find jobs - they build futures. A strong workforce starts with strong relationships: between coaches and participants, employers and communities and people and their sense of purpose.

Project Iowa's work is built on the belief that when individuals thrive, the economy and community thrive with them. Every person who secures meaningful work contributes not only to their family's stability but to the collective strength of Central Iowa.

As leaders, employers, and neighbors, we all share a responsibility to invest in systems that build equity, opportunity, and resilience—because sustainable employment isn't just an outcome, it's the foundation of a healthy, thriving community.

Opioid Settlement Dollars – Plan for use in Polk County

As a result of national litigation surrounding pharmaceutical and related companies, Polk County is receiving opioid settlement funds to address the harms of opioid use in our community. These funds are separate from State of Iowa or Behavioral Health District-directed opioid settlement dollars and are for the benefit of people who have been harmed by the opioid epidemic in Polk County.

In accordance with the National Opioid Settlements, Polk County is allowed to allocate funds for projects related to prevention, treatment, recovery, and harm reduction. **Polk County's vision for opioid settlement funds is to invest in high-need areas with the greatest impact on people with lived experience in a transparent, intentional, and sustainable manner.** Plans for the funds, including all current funding opportunities, are posted to this webpage.

- The funds were established to ameliorate the harms of the opioid epidemic with specified health interventions like treatment, prevention, harm reduction and connections to care.
- Polk County has been paid \$11.5 million, with payments scheduled to run through FY40.
- The funds can be invested towards start-up costs for sustainable programs addressing gaps identified by the community.
- Funds recently provided to St. Vincent de Paul were used to deploy a reentry coordinator and a reentry kiosk, at the Polk County Jail.
 - Each month, the Polk Co Jail typically releases approximately 1,000 individuals who have an average length of stay of three (3) days or less.
 - Those being released are referred to the reentry coordinator who assists them by getting them connected with services- with assistance of the reentry kiosk.
- Reports whose positions were funded as a result of opioid grant funds to Bridges of Iowa and Full Circle Recovery.
- Other grantees targeting justice-involved individuals included
 - UCS Healthcare which used the funds to provide assessments and counseling services at the Fort Des Moines Correctional Facility;
 - St. Vincent de Paul who began integrating peer supports with reentry services; and
 - Rebel Healthcare who is developing a treatment curriculum based on the needs of people who are returning to Polk County after serving a term of incarceration.
- Other grantees who used the funds to target prevention, early intervention, and diversion include:
 - **FOCUSS** who offer youth crisis intervention and peer supports;
 - **Friends of Youth Justice Initiative** who offer evidence-based curriculum for pre-teens, including those in their truancy diversion program;

- **RISE Recover** who offer youth mentorship and peer coaching around employment;
 - **Community Youth Concepts** who provide evidence-based programming for youth to reduce high-risk behavior; and
 - **Steps of Hope** distributes naloxone & education.
 - In FY25, \$1.28 million was awarded through Opioid Settlement Funds. This is on top of the \$1.1 million that was already expended.
 - For FY26, \$2.76 million is available to be expended, and \$500k will go towards existing contracted grants. In both fiscal years, funds cover the cost for a full-time equivalent position.
 - Lastly, grant extension and technical assistance was provided to **Steps of Hope** for overdose prevention education and supplies; and a partnership was established with the Health Dept to expand health vending machines.
- Gabbie Ruggiero, Polk Co Behavioral Health staff member

Harm reduction vending machine at Polk County Health Department

A harm reduction vending machine has been installed outside the Polk Co Health Dept, located at 1907 Carpenter Ave. in Des Moines, to offer **free health and safety resources** to the community. The vending machine was provided by the Family Planning Council of Iowa and will be **available 24/7** to ensure access to life-saving tools and preventive health supplies.

The vending machine dispenses **Narcan (naloxone)** to reverse opioid overdoses, **emergency contraceptives, birth control, condoms, hygiene kits and gun locks, all at no cost.** No ID, payment or registration is required. Through partnering to provide free harm reduction resources, the Family Planning Council of Iowa and Polk Co Health Dept aim to improve health outcomes for individuals and the community as a whole.



"We know that **stigma, financial barriers, and accessibility challenges** often prevent people from getting the resources they need," Juliann Van Liew, Polk Co Health Dept director, said in a statement. "This vending machine is a harm reduction strategy that meets people where they are **providing free and judgment-free access to critical**

health and safety tools." For more information, click [here](#).

Central Iowa Places to Call if You Need Services

Community Mental Health Centers	
Polk Co.	Child Guidance Center – 808 5 th St. - DM – 515-244-2267
	Eyerly Ball Community MH Center , 945 19th St, Des Moines, IA 50314 515-241-0982
	Broadlawns Medical Center - 1801 Hickman Rd,- DM – 515-282-6770
	<i>Broadlawns - New Connections Co-Occurring Outpatient Services – Medical Plaza, Floor 2, 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.polkcountyiowa.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@dallascountyiowa.gov Website: hicsiowa.org
Madison Co.	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/

Next to the Life Services Center, **Global Neighbors** is a new welcome center for immigrants and refugees located at 1900 Carpenter Avenue in Des Moines. This one-stop shop will provide comprehensive services, including employment, housing, education, and transition programs with input from the community to foster successful integration into the area. The center will feature classrooms, a computer lab, clinic services, and space for ethnic organizations to provide culturally appropriate resources and build community.



National Alliance for Drug Endangered Children (DEC):

Mission: DEC teaches early identification, response, and intervention for children and families affected by substance misuse. It provides resources, training, and technical assistance.

Vision: To ensure 100% healthy, safe children, families, and communities free from the negative impact of substance misuse and drug activity.

Definition of Drug Endangered Children: Children at risk of harm due to parental or caregiver substance misuse, which affects their ability to provide a safe environment.

Children at Risk:

- o 1 in 4 children live with a parent with a substance use disorder.
- o Every 25 minutes, babies are born suffering from opioid withdrawal.
- o Children of parents with SUDs are more likely to face abuse, neglect, and develop substance use problems themselves.

Risks: Include environmental chaos, lack of supervision, violence, ingestion/exposure to drugs, human trafficking, and prenatal-postnatal effects.

Local Efforts in Iowa:

- a. County alliances like **Polk County DEC** (STAR Center), **Jasper County DEC** (Open Arms Foundation), and **Southwest Iowa DEC** (Family Resiliency Center).
- b. Free trainings, certified trainers, and conferences - **Iowa DEC Conference** on April 20, 2026, and **NADEC Conference** on May 5-7, 2026.

7. Contact Information:

Jennifer Sleiter: 515.224.3300, Jennifer.Sleiter@unitypoint.org
Nikki Romer: nromer@nationaldec.org
For more details, visit www.nationaldec.org

Polk County Life Services Center

The Polk County Life Services Center is at 1914 Carpenter Avenue in Des Moines. It is home to the **Sobering Center** which is **a safe place for an intoxicated individual to sober up.**

There is only one other Sobering Center in Iowa and it's in Iowa City. The purpose of a Sobering Center is to **divert** individuals from jail and hospital Emergency Departments. On average, each day there are 5 people booked into the Polk Co Jail with the only charge as public intoxication. The Sobering Center will provide a more therapeutic environment than a jail or ER, with the hope individuals will engage in services, though there will be no requirement to do so.

The Sobering Center is **open 24/7/365** and operated by St. Vincent de Paul who hires the personnel. The Sobering Center is staffed with **paramedics** to triage individuals upon arrival and then **EMTs** to provide the **eyes-on** to ensure sobering occurs safely. A **Medical Director** is contracted to provide clinical policies, procedures, and oversight. There are two **Community Navigators** to assist individuals who want to engage in a recovery pathway or to assist with referrals to other needed services. There is a **Site Director** to oversee the entire Life Services Center.

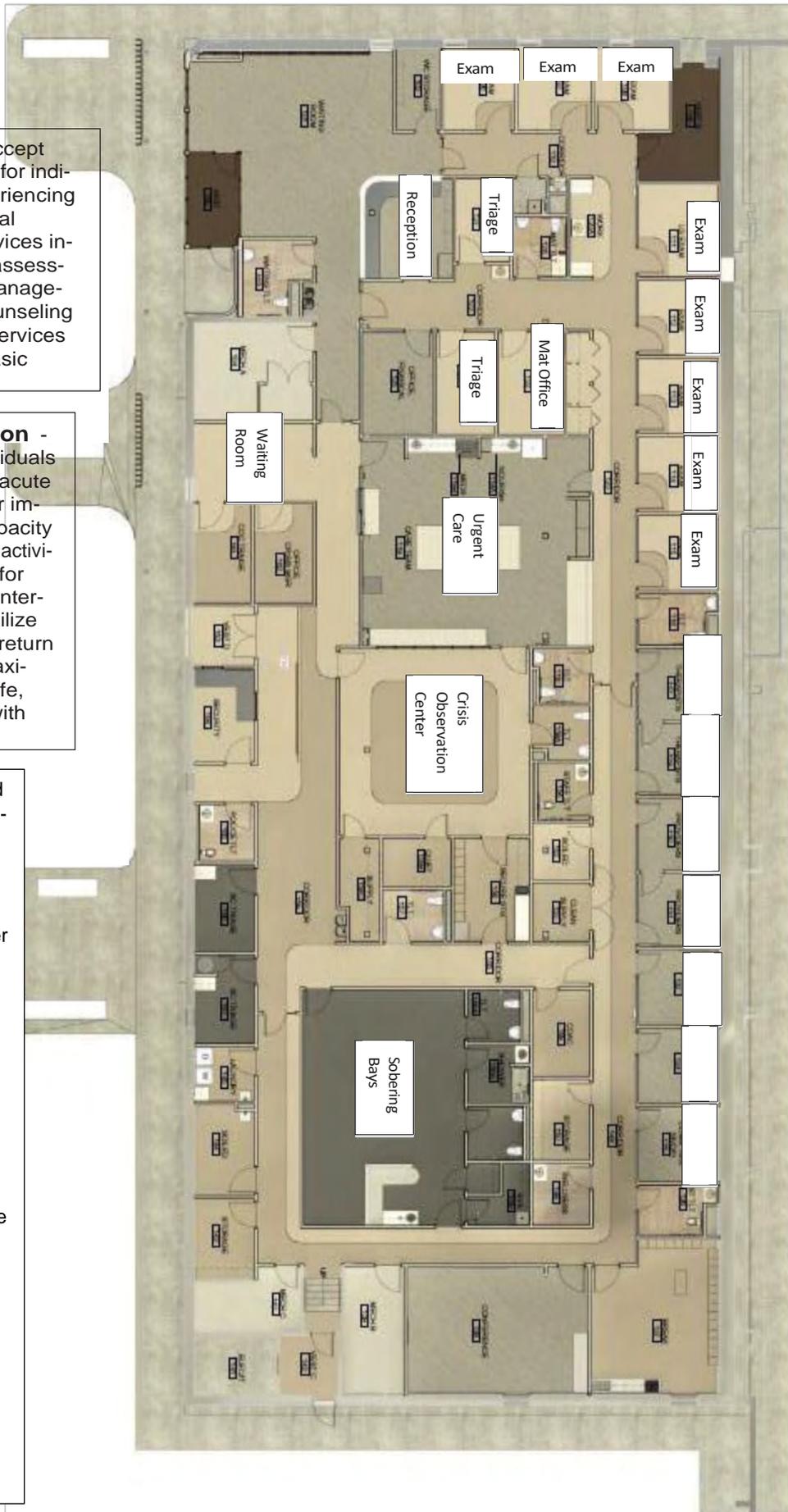
Sobering Center

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

23 hr crisis stabilization - to meet the needs of individuals who are experiencing an acute behavioral health stressor impairing the individual's capacity to cope with his/her normal activities of daily living. A place for individuals to seek crisis intervention services and stabilize them quickly so they can return to the community. Is a maximum of 23 hr stay in a safe, supportive environment with expert staff.

The Sobering Center opened on Nov 19, 2024. As of 9-25-25, 943 guests had been served. The vast majority of guests were referred by law enforcement (314). August 2025 saw the highest number of law enforcement referrals (52). Guests are also commonly referred by mobile crisis teams, as well as by local EMS units.

Overall, the Sobering Center is averaging five (5) guests per day, which is the # they originally planned for in the beginning. The goal is to increase daily referrals as the center has capacity for up to 10 guests per day. In the coming months, St. Vincent de Paul will focus on more education and information getting communicated to local law enforcement so they have a better understanding of the services offered through the Sobering Center and the Life Services



Polk County Life Services Center

1914 Carpenter Avenue

Des Moines IA 50314

**exact room assignments subject to change*



Call 515-824-5164



The Pasadena Villa Outpatient Treatment network provides treatment for adults, 18 years or older, struggling with various mental illnesses. The levels of care offered include partial hospitalization and intensive outpatient programming.

Paths to Healing

ThriveNow Recovery Centers™ combines evidence-based treatment with compassionate, whole-person care. Our proven programs provide personalized support in a safe, structured setting, guiding clients toward lasting wellness.

Medical Detox Stabilization

- Medically supervised detox ensures a safe, supportive environment to manage withdrawal symptoms and begin the recovery process with 24/7 care.

Residential Treatment

- Structured, in-house programs provide round-the-clock support, daily therapy, life skills training, and peer connection to build a strong foundation for recovery.

Medication-Assisted Treatment

- FDA-approved medications are used alongside therapy to reduce cravings, prevent relapse, and support long-term sobriety.

Levels of Care

Partial Hospitalization Program (PHP)
Meets in person five days a week for 6 hours.

Intensive Outpatient Program (IOP)
Meets in person 3-5 days a week for 3 hours per day

What We Treat

- Anxiety disorders
- Major depressive disorders
- Mood disorders
- Bipolar disorder
- Post-Traumatic Stress Disorder (PTSD)
- Personality Disorders
- Psychotic Disorders

How We Treat

Our program is firmly rooted in evidence-based treatment methods with treatment plans specific to each client's needs.

In tandem with our Social Integration Model which enables clients to put skills learned into practice with the support of their therapist, our clinical team uses multiple therapeutic modalities, including:

- Dialectical Behavior Therapy (DBT)
- Cognitive Behavioral Therapy (CBT)
- Family Therapy
- Group Therapy
- Individual Therapy
- Expressive Therapy

Payment Options

Pasadena Villa Outpatient treatment centers offer a variety of payment options, including in-network, out-of-network, and private-pay rates that may vary by state or location.

Please contact us at 515.505.7431 to learn more about the financial and insurance options available.

Admissions: 515.505.7431

odysseyoutpatient.com/des-moines

Pasadena Villa Outpatient — Des Moines
4500 Westown Parkway, Suite 120
Des Moines, IA 50266

Iowa Poison Control Center (800) 222-1222

Open 24/7/365 <https://www.iowapoinson.org/>

515-288-5699 **Special Needs Estate Planning**

Dennis Burns Phone: (515) 371-6768

dennis.burns@pasadenavilla.com

Two Brands. One Standard of Care.



Renewal Falls Recovery Center - Cedar Falls

- Restorative residential program in a private, therapeutic setting
- 24/7 structured care with licensed medical & clinical staff
- Trauma-informed, personalized plans for substance use & co-occurring mental health disorders



ThriveNow™ Recovery Centers - Pleasant Hill & Iowa City

- Full continuum: medical detox, residential, MAT
- Evidence-based therapies, relapse prevention, medication management
- Most major insurance accepted, streamlined admissions



Why It Matters to Employers & TPAs

- Integrated care model reduces relapse risk and supports lasting recovery
- Employer partnerships streamline referrals, compliance, and reporting
- Flexible programs minimize workplace disruption and support return-to-work
- Proven results: lower costs, fewer absences, stronger employee retention



Located in Bayard, Iowa offers a rural serene location that has a calming and peaceful outdoor area.

A Drug and Alcohol Treatment Center

St. Gregory utilizes the latest in brain functioning research to help you learn how to manage depression, anxiety and stress. Understanding your emotions and how to deal with them is the only way to resume a life without addiction.

- Based on Science and Research: An Evidence-Based Rehabilitation Program
- Empowerment-Based Alcohol and Substance Abuse Recovery
- Non 12-Step
- Most Commercial Insurance Plans Accepted

<https://stgregoryctr.com/>
888-724-3342

Helping Families for over 20 yrs
Programs for co-ed adults 18 years and older
Medication Assisted Treatment
Medically managed detox
Opiate detox services
Equine Therapy
Health and Wellness program
Rec Center & Sauna
Recovery Life Coaching
Strong Alumni Support and Events
Family Visitation
Permission to smoke in designated areas

IOP (Intensive Outpatient program) located at 401 Grand, WDM – 8 week program - Monday through Thursday - both morning and evening groups

Integrated Mental Health w/SUD (substance use disorder) which includes alignment with First Responders and Military Veterans

Our Tactical Recovery program

Provides trauma-informed care within a service-oriented culture, using evidence-based practices proven effective with Veterans and First Responders.



Ivory Plains Recovery Center located in Adair, Iowa, offers a scenic location to facilitate multiple pathways to recovery.

Comprehensive personalized treatment – a clinical, psychiatric, medical and holistic approach to treat the individual, not just the diagnosis.

<https://ivoryplainsrecovery.com/drug-and-alcohol-rehab/>
888-201-3281

Programs for co-ed adults 18 years and older
Medication Assisted Treatment
Medically managed detox
Opiate detox services
Unique philosophy in the principles of 12-step recovery originated by Alcoholics Anonymous
Individual and group therapy sessions
Groups on parenting in sobriety
Whole body wellness including recreation and nutrition
Full gym and outside basketball court
Recovery Life Coaching/Alumni Group
Learning life skills to address potential self-defeating behaviors and addictions
Family Visitation
Permission to smoke in designated areas

[Iowa Coalition Against Sexual Assault to dissolve and join Iowa Coalition Against Domestic Violence](#)

The boards of directors and leadership of the Iowa Coalition Against Sexual Assault and the Iowa Coalition Against Domestic Violence announced they will be moving forward as **one unified organization**. Iowa CASA’s board of directors voted to dissolve the organization Wednesday, the nonprofit announced in a social media post. Mary Ingham, executive director of Crisis Intervention Service, and Johna Sullivan, executive director of Crisis Intervention & Advocacy Center, will act as co-interim directors of Iowa **CASA** during the transition.

ICADV is a membership-based organization with a network of 25 victim service provider agencies delivering support and advocacy for survivors of domestic and sexual violence and other violent crimes in Iowa. ICADV offers training, education and technical assistance to the service providers. According to a news release, direct victim service providers for sexual assault survivors will not be affected by the transition.

“The transition positions us to increase capacity to meet the evolving needs of service providers, manage significant threats to funding for victim services, and continue to offer coordinated and reliable support to organizations to help them effectively serve survivors of sexual assault and domestic violence across Iowa,” Maria Corona, executive director of ICADV, said in a news release.

ICADV director of community engagement Lindsay Pingel said in an email that the organization is in the very early stages of considering a rebrand to reflect the change but said that sexual assault services will remain a distinct identity within the organization’s priorities.

“Most importantly, direct crisis response services to survivors of sexual violence across Iowa are still available and will not be impacted by this transition,” Pingel said. “This is an operational change that does not result in any direct victim service provider agency closures or reduce the services survivors rely on every day.” ---Business Record

Contact 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
- 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.

OR

Polk County Crisis Services

Polk County **Call 911**

If experiencing a mental health crisis

- **Self-harm or suicide attempt in last 24 hours**
- **Acute or untreated medical issue**
- **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 mental health professional)

The Mental Health Mobile Crisis Team

provides short term on-site crisis assessment and intervention for children, youth & adults experiencing a mental health crisis. The team is staffed with behavioral health specialists including registered nurses, Master's level psychologists 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 Dept
located at 1801 Hickman Rd in DsM
Phone: 515-282-2200

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

Methodist Emergency Dept
located at 1200 Pleasant St. in DsM
Phone 515-241-6213

Methodist West Emergency Dept.
located at 1660 60th St. in WDSM
Phone 515-343-1200

Mercy One Emergency Dept.
located at 1755 59th Place 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: <https://clivebehavioral.com>

The Des Moines Mobile Crisis police liaisons 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 Dept. 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

Crisis Intervention Teams

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 – not activated yet - 515-993-4567

Each city and 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.

The Pre-Petition Screener Service - A resource for Polk Co 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 Co 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 & respondents before, during, and after the petition process. The role of the Pre-Petition Screener is to gather background information from both applicants & 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. **M-F 8:30-4:30 – Polk Co Justice Center 225 5th Ave**

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 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

Polk County Resource and Referral line -515-288-0818 or thru referral by Mobile Crisis or- Hospital Emergency Room upon Hospital discharge--By calling 988 or Your Life Iowa - 855-581- 8111 - <https://yourlifeiowa.org/>

Located at Camp Sunnyside - 401 NE 66th Avenue DsM, 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's, along with supporting family. Easter Seals provides Children's Residential Crisis Stabilization Services to those **under 18 state-wide, and** adults and family **all ages statewide.**

FOCUSS Youth Crisis Observation Center

515-333-9223 – Jeff Kirschbaum Building 1, 3138 SW 9th St., Des Moines - www.focussinc.org 515-639-8376

Crisis Services in Warren County

If you have a mental health crisis in your family and 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. 911 also provides support on the telephone, day or night, for people looking for immediate help with their emotions or mental health.

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 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 the 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 in need of 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 psychotherapists and social workers. The team is activated when a law enforcement officer responding to an emergency call requests the presence of the Mobile Crisis Team. An evaluation, including a determination about the appropriate level of care needed, is completed in the field by a member of the team. The team member completing the evaluation will then make recommendations for appropriate interventions based upon the current needs of the individual in crisis. They will also provide information, education, and 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**



National Maternal Mental Health Hotline
HRSA

For Emotional Support & Resources
CALL OR TEXT 1-833-TLC-MAMA
(1-833-852-6262)

ALWAYS FREE – 24/7 – CONFIDENTIAL – 60+ LANGUAGES

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. English & Spanish!

Postpartum Support International - The Helpline, legislated by Congress and funded by HRSA, is available 24/7, 365 days/year, English and Spanish, voice (800) 944- 4773, text "help" to 800-944-4773, or text en espanol 971- 203-7773 <https://www.postpartum.net> - People in crisis should call their local emergency line.

Peer Support resources 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.

Signed Confidentiality 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

New Iowa Peer Workforce Collaborative website

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

Wellpoint's new Peer Support Inventory tracks all organizations and programs that offer Peer Support, Family Support, and Recovery Coaching statewide. It is a guide to find Peer Support resources in your local community. Click [here](#) to access the Peer Support inventory.

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)

The Only Peer Run Respite House in Iowa and 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/rhonda-house/> - 563-659-6625

- info@lifeconnectionsrecovery.org
- <https://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.***

Psychiatric Hospitals Turn Away Patients Who Need Urgent Care. The Facilities Face Few Consequences.

[Propublica 9-22-25](#)

Discharging patients who are at risk of harming themselves or others is illegal. But dozens of psychiatric hospitals aren't honoring the law — and the government isn't following up.

HHS website

<https://hhs.iowa.gov/health-prevention/mental-health/find-mental-health-providers>

Private Medicare, Medicaid plans exaggerate in-network mental health options

, report says, Tony Leys, KFF Health

News

Accredited Providers

Use the [Accredited Provider Listing](#) -

<https://hhs.iowa.gov/media/15322/download?inline>

to find information about accredited Case Management, Community Mental Health Centers, Mental Health Services, Supported Community Living and Intensive Psychiatric Rehabilitation providers.

Assertive Community Treatment (ACT)

A community-based program of comprehensive outpatient services provided by a multi-disciplinary team for individuals with a serious mental illness. Find your local [ACT Provider](#).

<https://hhs.iowa.gov/media/10116/download?inline>

Intensive Residential Service Homes (IRSH)

This means intensive, community-based services provided 24 hours per day, 7 days per week, 365 days per year to individuals with a severe and persistent mental illness who have functional impairments and may also have multi-occurring conditions. Find your local [IRSH Provider](#).

<https://hhs.iowa.gov/media/10108/download?inline>

Iowa Community Mental Health Centers (CMHC)

Use the [Iowa Community Mental Health Centers Map](#) to find a listing of service providers.

<https://hhs.iowa.gov/media/9025/download?inline>

Sub-Acute Facility-Based Services

Are a set of wrap-around services for individuals who have had or are at risk of having acute or crisis mental health symptoms, but do not require an acute inpatient level of care. Find [Iowa's subacute facility-based service providers](#).

<https://hhs.iowa.gov/media/10115/download?inline>

Recovery Community Centers (IDPH \$) – 4 funded

1 –Crush of Iowa Center in Linn County - Cedar Rapids

3 - Full Circle – handling Des Moines (Anawim and Beacon of Life), Council Bluffs, Sioux City

Iowa is experiencing a shortage of dentists who take patients with Medicaid coverage, and officials in north-west Iowa say children are especially impacted. The need for Medicaid providers is so great that a free "Mission of Mercy" clinic in Sioux City in October treated 1,000 people for free, but was forced to turn down another 1,000, who officials say exhausted all other options for care. The State Dental Association, [says his organization plans to push state lawmakers to act](#). – IPR 12-5-24

Polk County Jail Offers Inmate Opportunities Through Programs, Partnerships and Volunteers



The Polk County Jail was built for a maximum capacity of 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)
- ▶ 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** - N/P charitable organization providing 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. A 24 month program offers vocational training, peer mentorship/leadership, education and transitional services.
- ▶ **Molina Healthcare** – managed care organization gives assistance to inmates to sign up for health care.
- ▶ **EFR** – Employee and Family Resources - a 501 (c)(3) non-profit, works in communities, workplaces, and schools.
- ▶ **Jail Diversion** - serves people with mental illness by coordinating services across health, social ser-

vices, and criminal justice systems. Ultimately Jail Diversion attempts to support successful reentry into the community and prevent future arrests

- ▶ **IHHS/Child Support** – 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.
- ▶ **SafeNetRX** - 501(c)3 -a partnership between the public and non-profit sectors to provide affordable medication access-to patients in need.
- ▶ **Full Circle Recovery** – Peer recovery coaches
- ▶ **Bridges of Iowa** – a 3-phase substance use disorder and addiction recovery program. The first 2 phases are in the unlocked West Wing of the Polk Co Jail. Bridges clients in 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
- Substance abuse evaluations (House of Mercy)
- Boundaries Class
- Establishing Healthy Relationships
- Women's Health class – Planned Parenthood
- Full Chaplain Services
- Grief and Resilience class– Polk Co Crisis & Advocacy
- Jail Inmate Worker Program
- Project Iowa** – Career Readiness, wellness tools, skills interest, career assessment, career goals, decision- making/critical thinking

Future Plans

DMACC HiSET – earning *H.S. equivalency diploma*

Gamblers Addiction Class

ServSafe Certification – *online food safety*



Mobile Integrated Healthcare Program

Since April 2024, the **Des Moines Fire Dept** has had the **Mobile Integrated Healthcare Program (MIH)** to proactively address the needs of *high volume 911*

users and reduce non-emergency calls by connecting them with resources and care.

Goal: To reduce unnecessary non-emergency 911 calls and improve the lives of vulnerable residents by connecting them with appropriate healthcare services.

How it Works:

The program identifies high-volume users of the 911 system, often those with chronic medical conditions, mental health issues, or substance abuse problems. DMFD data showed **82 high-volume callers** were transported to the hospital by DMFD personnel 1450 times in 2022.

How it works (cont'd)

for an average of over 17 times per person. A team of **trained paramedics**, dressed in blue, visit these individuals in their homes or other locations to perform in-home health checks, home safety checks, assessing their needs and connecting them with resources like doctors, transportation and other support services which are underlying causes of frequent 911 calls.

The key to success is **building relationships** with residents, listening to their healthcare needs and **treating them with respect and dignity**.

The team of paramedics routinely visits local shelters and homeless encampments where they perform healthcare checks, help manage chronic conditions and learn more about the care they need.

The program has been successful in **reducing** the number of non-emergency calls and **freeing up** resources for true emergencies.

The program has also partnered with philanthropic groups to offer services like free doctor rides.

KDSM 17 – video of a team in action

<https://kds17.com/news/local/new-dmfd-mobile-integrated-healthcare-unit-reduces-number-of-calls#>

DMFD Announces New Opioid Treatment and Recovery Paramedicine Program

February 18, 2026 — Polk County residents now have a new team aiming to help people who are affected by opioid use disorder.

The Des Moines Fire Department, Polk County and Full Circle Recovery are partnering to provide the Rapid Engagement and Community Health (REACH) Program to treat, serve, and support people with opioid use disorder throughout the county.

REACH, which began serving Polk County in February, is a *new line of service* in the **Des Moines Fire Department's Mobile Integrated Healthcare Program** which since 2024 has provided proactive solutions to high-volume 911 callers, helping residents connect with appropriate levels of care for their needs.

As the first program of its kind in Iowa, the REACH program will use data from Polk County EMS providers to:

- identify individuals who have overdosed within the past 72 hours and
- follow up with the option to sign up for REACH's services and
- have medication for opioid use disorder administered,
- follow up to ensure continuity of care, and
- connect residents with recovery coaching and peer recovery support services.

Over the past three calendar years (2023 to 2025), the Des Moines Fire and Police Departments administered 1,227 doses of Narcan total.

"Facing opioid use disorder can be incredibly isolating, especially during moments of crisis," said Full Circle Recovery Executive Director Cindy West. "This program ensures people are met with **care, connection, and support** when **they need it most**. Through this community partnership, we are expanding a proven, recovery-oriented model that saves lives and strengthens our entire Polk County community."

The REACH program is funded by Polk County's Opioid settlement funds. The work in the field will be conducted by a **team of DMFD paramedics and trained recovery coaches** from Full Circle Recovery.

Referrals will be collected from overdose data provided by community partners, Police and Fire Departments in Polk County as well as self-referrals.

Polk County resident Ann Breeding, who founded the non-profit organization Steps of Hope Iowa after her son's death from an overdose in 2020, **encourages families of people with opioid use disorder** to get help from the REACH program.

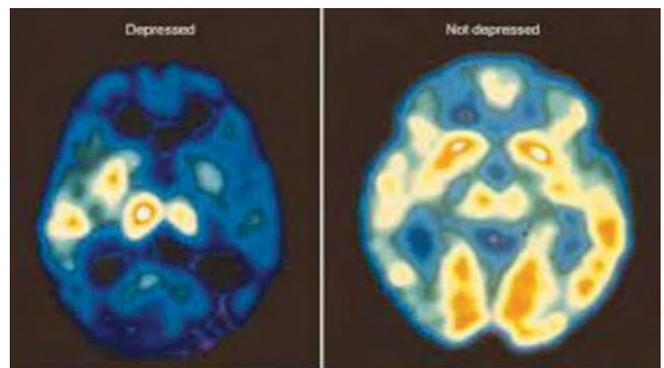
"**Meeting people where they are - and responding with compassion, resources, and support without judgment - is so important**," Breeding said. "I'm hopeful that the REACH program will result in barriers being eliminated and ultimately provide options for help to individuals and **allow families to shift from crisis to hope**."

This is a critical investment in the health and future of our community. It's all about saving lives."

If you or a loved one would like to sign up for assistance from the REACH program, contact the DMFD team at 515-850-9737 or FireMIH-Reach@dmgov.org

Depressed

Not Depressed



- Here is a brain scan from the Mayo Clinic that reminds us that not all youth or adults are showing up with adequate brain functioning.
- **Trauma** can have serious consequences to brain development in youth and brain health in adults.
- A resource to explore is ACES (adverse childhood experiences) <http://www.iowaaces360.org>
- **What are ACES? How ACES impact Iowan** <https://www.iowaaces360.org/what-are-.aces.html>

KNOW YOUR RIGHTS

EMERGENCY MEDICAL TREATMENT AND LABOR ACT (EMTALA)

EMTALA GUARANTEES ACCESS TO EMERGENCY MEDICAL SERVICES FOR INDIVIDUALS WHO PRESENT TO A MEDICARE PARTICIPATING HOSPITAL EMERGENCY DEPARTMENT REGARDLESS OF AN INDIVIDUAL'S ABILITY TO PAY

It also provides for appropriate transfers if the presenting facility is unable to provide the care or services necessary to stabilize a medical condition.

ALL INDIVIDUALS MUST BE SCREENED

All individuals who present to a hospital emergency department must be screened by Qualified Medical Personnel to determine the presence or absence of an emergency medical condition. EMTALA applies until either

- (1) the medical screening exam does not identify an emergency medical condition or
- (2) the patient is provided with stabilizing treatment and/or an appropriate transfer.

STABILIZING TREATMENT MUST BE PROVIDED

Medicare participating hospitals must make sure the patient is provided with stabilizing treatment (*within the capabilities of the hospital's staff and facilities*) before they can initiate a transfer to another hospital or medical facility or before they can discharge the patient.

NO DELAY IN EXAMINATION AND TREATMENT

Medicare participating hospitals may not delay providing an appropriate medical screening examination or stabilizing medical treatment for any reason, including to ask about an individual's method of payment or health insurance status.

FOUR REQUIREMENTS FOR APPROPRIATE TRANSFER

A patient with an emergency medical condition may only be transferred when these four requirements are met:

- 1) The transferring hospital provides the medical treatment, within its capacity, to minimize the medical risks (and in the case of a woman in labor, the medical risks of the fetus as well).
- 2) The receiving medical facility has available space and qualified personnel for the treatment and agrees to accept the transfer.
- 3) The transferring hospital sends all medical records related to the emergency condition that are available at the time of the transfer and any other records not yet available as soon as practicable.
- 4) The patient is transferred using appropriate personnel and transportation, including the use of necessary and medically appropriate life support measures during the transfer.

Anyone can file an **EMTALA complaint** with the [State Survey Agency](#). The State Survey Agency will investigate the issue and, when appropriate, verify corrective action is taken to ensure the hospital is in compliance with EMTALA. Visit the Quality, Safety and Education Portal (QSEP) to view an [EMTALA overview video](#) at qsep.cms.gov https://qsep.cms.gov/pubs/CourseMenu.aspx?cid=0CMSEMTALA_MicroTraining

Please Note:

The Emergency Medical Treatment and Labor Act (EMTALA) provides that any individual who presents to a covered hospital's emergency department and requests examination or treatment will be provided an appropriate medical screening examination to determine if an emergency medical condition exists. If an emergency medical condition is found to exist, the hospital must offer either stabilizing treatment or an appropriate transfer to another hospital that has the capabilities to provide stabilizing treatment. Emergency medical conditions can include reproductive health-related conditions. In circumstances in which the appropriate stabilizing treatment is care that could fall under a definition of abortion, **the hospital is required to offer that stabilizing treatment irrespective of any directly conflicting state laws**. For additional information, see CMS' guidance:

<https://www.cms.gov/files/document/qso-22-22-hospitals.pdf>

Please note:

Pursuant to the preliminary injunction in Texas v. Becerra, No. 5:22-CV-185-H (N.D. Tex.), HHS **may not enforce the following interpretations** contained in the July 11, 2022 CMS guidance (and the corresponding letter sent the same day by HHS Secretary Becerra):

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** dept?*

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

On [August 15, 2025](#), the Iowa Department of Health and Human Services (HHS) announced its intent to award Contracts to **Delta Dental** of Iowa and **DentaQuest USA Insurance Company** to provide dental care for Iowa Medicaid Members through the Dental Wellness Plan and Hawki Program. The new contracts will take effect July 1, 2026.

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

Consult with an attorney for legal advice on the following information on POA's

Use of a Power of Attorney (POA)

A **medical** power of attorney, also known as a durable power of attorney for health care, is a legal document that allows you to designate someone to make healthcare decisions on your behalf if you are unable to do so yourself. This person, known as your agent or proxy, can make decisions about your medical care, including consenting to or refusing treatments, choosing healthcare providers and accessing your medical records.

Here's a more detailed explanation:

Key Aspects of a Medical Power of Attorney:

- **Designation of an Agent:** You choose someone you trust to act as your healthcare agent.
- **Scope of Authority:** Your agent can make decisions related to your medical treatment, including consenting to or refusing treatments, choosing healthcare providers, and accessing your medical information.
- **When it Takes Effect:** The medical power of attorney typically goes into effect when you are no longer able to make decisions for yourself due to illness, injury, or incapacity.
- **Legal Requirements:** The document must be properly executed, often requiring signatures before a notary public or witnesses.
- **Importance of Communication:** It's crucial to discuss your wishes and preferences with your agent so they can make informed decisions on your behalf.

Why Use a Medical Power of Attorney?

- **Peace of Mind:** It ensures that your healthcare decisions will be made by someone you trust if you become unable to make them yourself.
- **Respect for Wishes:** It helps ensure your medical preferences are respected, even if you can't communicate them.
- **Decision-Making Clarity:** It provides a clear framework for your agent to navigate complex medical decisions.

A **financial** power of attorney (POA) is a legal document that allows you to appoint someone to manage your finances and property on your behalf. This can be useful if you become incapacitated, are traveling, or simply need help managing your finances.

Key aspects of a financial POA:

- **Authority:** The person you've appointed can make financial decisions on your behalf, such as paying bills, managing bank accounts, making investments, and selling property.
- **Purpose:** It provides a way to ensure your finances are managed even if you are unable to do so yourself.
- **Types:** There are different types of POAs, including general, limited, durable each with specific features and effects.
- **Legal Requirements:** To be valid, a financial POA usually needs to be signed, notarized, and may require witnesses, depending on the state.
- **Revocation:** You can revoke a POA at any time by executing a written revocation.

Guardianship and Conservatorship

Consult the People's Law Library of Iowa

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

On the **home page**, click on "guardianship and conservatorship" – on the **next page** - there are 11 research topics, each in a fact sheet form to provide detail on each topic.

At the bottom of the page are 4 free videos to watch – each is 8-10 minutes long - *The videos are intended for lay people and not lawyers.*

Videos 1 and 2 are on guardianships

Videos 3 and 4 are on conservatorships

Office of the Public Guardian

<https://hhs.iowa.gov/adult-protective-services/office-public-guardian>

- The Office of Public Guardian (formerly known as the Office of Substitute Decision Maker) will only be appointed by the court as the guardian or conservator of last resort if there is no one else who could serve as a guardian or conservator and the person's needs cannot be met with less restrictive alternatives than guardianship or conservatorship. The Office of Public Guardian offers five free online training modules.

Iowa awarded \$209 million for first year of federal rural health program

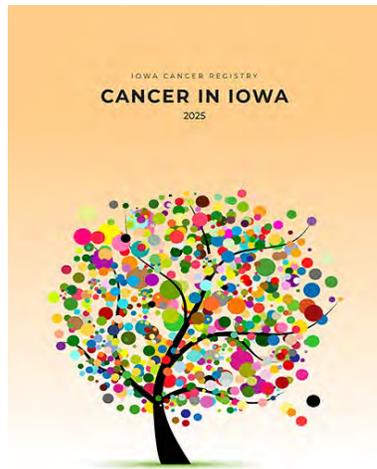
(12-30-25 – Business Record)
Iowa Gov. Kim Reynolds and the Iowa Department of Health and Human Services announced Iowa has been awarded funding through the Rural Health Transformation Program, a federal initiative managed by the Centers for Medicare and Medicaid Services. Iowa's proposal, [Healthy Hometowns](#), which aims to strengthen health care in rural communities, will receive \$209 million for the first year of implementation.

Healthy Hometowns includes five key initiatives:

- **Hometown connections:** Build partnerships to expand health care options in rural areas.
- **Combat cancer:** A statewide effort to improve cancer prevention, treatment and outcomes.
- **Communities of care:** Support projects that bring different types of providers together under one roof.
- **Health information exchange:** Make health records accessible across Iowa so patients can get care wherever they are.
- **Community care mobile:** Invest in telehealth and mobile health care programs, including high-risk maternal transport

Iowa Has the Highest Rate of Cancer - What is Happening to Address It? --- Gazette

Iowa has the second-highest rate of new cancer diagnoses in the country, which is the focus of the **Cancer in Iowa: 99 Counties Project**. - U. of Iowa



Find the report at <https://shri.public-health.uiowa.edu/cancer-data/reports/iowa-cancer-reports/>

Many causes of cancer are being examined –

The rate of new lung cancer cases is **61.2** and **significantly higher** than the national rate of 53.6. Iowa ranks **39th** among all states.

- The smoking rate in Iowa is **14.7%** and **significantly higher** than the national rate of 12.9%. It ranks **30th** among all states.
- **Binge drinking and alcohol use** is a risk factor. **Iowa leads the nation** in binge drinking at a rate of 22.5%. Iowa remains the state with the highest proportion of adults engaging in excessive drinking.
- **Tobacco use** is the leading risk factor for lung cancer. **Smoking** and **secondhand smoke** both have been shown to cause lung cancer.
- Iowa has high levels of **radon**. Test your basements for radon. Radon is a naturally occurring gas that can have a big impact on indoor air quality and your health. **Take steps to reduce your risk** if radon levels in your home are too high.

There are also **environmental concerns** which have been linked to cancer. The major one being **water quality**.

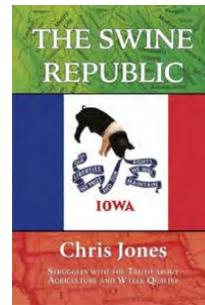
Articles linking toxic water to our cancer problem -

1. Iowa's great cancer mystery: Is the land making young people sick? [Washington Post 10-27-25](https://www.washingtonpost.com/health/iowa-cancer-mystery-2025-03-03/) - In Iowa, young cancer patients are making the small state a bellwether of a generational reckoning.
2. America's Big Agriculture Problem is Getting Worse - Axios/Bloomberg – 19 minutes
<https://www.youtube.com/watch?v=9KXOO3gK5wo>
3. Is Big Ag to Blame for Iowa's Drinking Water Crisis? Environmental Working Group
https://www.youtube.com/watch?v=ATU_toNqfBw&t=3s - 5 minutes – the New Lede
<https://www.thenewlede.org/2025/09/watch-iowas-water-cancer-crisis/>
4. **New Republic** Of Corn and Cancer: Iowa's Deadly Water Crisis
5. Bloomberg News: [Why Iowa Chooses Not to Clean Up Its Polluted Water](https://www.bloomberg.com/news/articles/2025-03-03/iowa-chooses-not-to-clean-up-its-polluted-water)

Recorded webinar: *From Fields to the Gulf: How Agriculture Shapes the Mississippi River*. Dr. Chris Jones shared valuable

insights and calls to actions—sparking a thoughtful conversation about sustainable agriculture and our river.

<https://www.youtube.com/watch?v=Jamq-NCLbll&t=2s>



Book recommendation:

The Swine Republic: Struggles with the Truth about Agriculture and Water Quality
Author: Dr. Chris Jones, a research engineer

Award: Named to one of the Library of Congress's "**Great Reads**" lists.
69 essays - around 400 pages

The story that precipitated the **Central Iowa Water Quality Study**: Des Moines Water Works (DMWW) is experiencing problems with high nitrate levels in its drinking water, primarily caused by agricultural runoff containing fertilizers and manure, which significantly strains its treatment capacity and has led to mandatory lawn watering bans for residents.

Central Iowa Water Quality Study

<https://harkinstitute.drake.edu/what-we-do/health/>

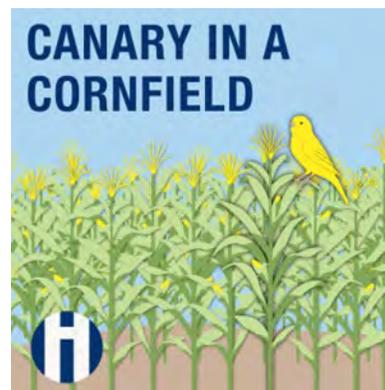
Clean water is fundamental to public health and environmental sustainability and is increasingly under threat from climate change and other human-caused risks. Community-based initiatives that protect and improve water quality have been shown to have lasting, positive impacts on both human and environmental health. Furthermore, programs that engage communities in hands-on water quality improvement and conservation can foster environmental stewardship that benefits current and future generations.

The Harkin Center event highlighted and synthesized the progress being made around the country in protecting and improving water quality through community engagement, environmental education, watershed protection, water conservation initiatives, and innovative water quality monitoring programs. Between in-person attendance and virtual attendance, the Harkin event had almost 1000 attendees.

You can view the recording of the meeting at:

<https://harkinstitute.drake.edu/2025/03/03/11929/>

Many organizations are involved in showing the dangerous quality of our water and its effects on people.



Canary In A Cornfield is a podcast (through Spotify) from The Harkin Institute for Public Policy & Citizen Engagement, that explores how the policies that shape our food and farming systems impact our health, our communities and our future. Key **Central Iowa Water Quality Study** documents are: **Executive Summary** (5 pages) -

https://www.polkcountyiowa.gov/media/tywbfnjc/ciswra-currents-of-change-final-executive-summary_jun272025.pdf

Research Study (227 pages) -

https://www.polkcountyiowa.gov/media/lxlchbz/ciswra-currents-of-change-final-scientific-assessment-of-source-water-research-report_jun272025.pdf

Inpatient Psychiatric Beds in Iowa – Updated January 2026

Inpatient Psychiatric Bed Program -Updated January 2026

Name	County	Licensed Beds	Staffed Adult Beds	Staffed Older Adult Beds	Staffed Child Beds	Total Staffed Beds
Allen Hospital	Black Hawk	21	21	0	0	21
Broadlawns Medical Center	Polk	44	44	0	0	44
CHI Health Mercy Hospital	Pottawattamie	38	22	0	15	37
Clive Behavioral Health	Polk	134	60	0	28	88
Eagle View	Scott	72	44	0	28	72
Finley Hospital	Dubuque	9	0	9	0	9
Fort Madison Community Hospital	Lee	12	12	0	0	12
Genesis Medical Center- Davenport	Scott	36	28	0	8	36
Great River Medical Center	Des Moines	8	8	0	0	8
Iowa Lutheran Hospital	Polk	68	24	12	14	50
Jennie Edmundson Hospital	Pottawattamie	29	24	0	0	24
Mary Greeley Medical Center	Story	24	18	0	0	18
Mercy Medical Center- Cedar Rapids	Linn	20	20	0	0	20
MercyOne Medical Center- Dubuque	Dubuque	20	16	0	4	20
Mercy Medical Center- North Iowa	Cerro Gordo	35	24	0	0	24
MercyOne Siouxland Medical Center	Woodbury	14	6	0	0	6
MercyOne Medical Center- Waterloo	Black Hawk	20	16	0	4	20
Ottumwa Regional Health Center	Wapello	14	14	0	0	14
Spencer Municipal Hospital	Clay	14	14	0	0	14
St. Anthony Regional Hospital	Carroll	11	6	0	0	6
St. Luke's Methodist Hospital	Linn	72	19	9	14	42
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		817	512	30	130	672
MHI-Cherokee	Cherokee	36	36	0	0	36
MHI-Independence	Buchanan	56	20	0	36	56
Mental Health Institute Total		92	56	0	36	92
GRAND TOTAL		909	568	30	166	764

In **2026**, there are presently **23 hospitals** in Iowa with inpatient mental health beds and **2 mental health institutes**. In **2021**, there were **26 hospitals** in Iowa with inpatient mental health beds and **2 mental health institutes**.

# of licensed beds		# of staffed beds							
2021	2026	2017	2018	2019	2020	2021	2025	2026	
828	817	651	647	654	620	616	667	672	hospital beds
MHI's									
92	92	96	96	96	96	96	92	92	MHI beds (0 geriatric, 56 adult, 36 children)
920	909	747	743	750	716	712	759	764	Total beds

As per the above chart- between June 2021 and January 2026, the number of Iowa acute care beds **have dropped** from 920 licensed beds to 909 and staffed beds have **gone up** from 712 staffed beds to 764

See [Psychiatric Bed Supply Need PerCapita - https://www.tac.org/research-weekly-two-new-studies-on-psychiatric-bed-number-targets/](https://www.tac.org/research-weekly-two-new-studies-on-psychiatric-bed-number-targets/)

— recommendation 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 – 32 X 50 beds =1600 beds recommended
 Iowa has 764 staffed beds

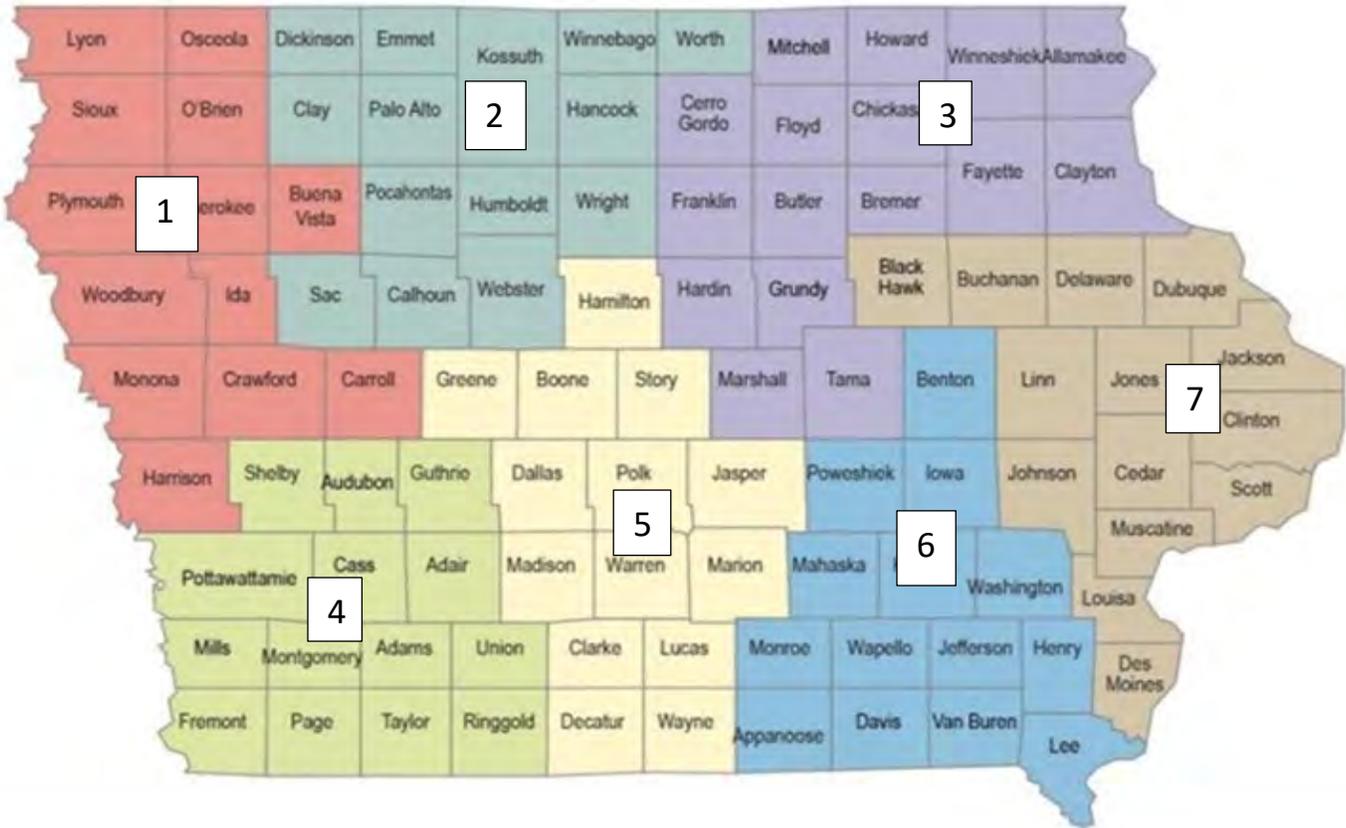
A shortage of 836 staffed acute care mental health inpatient beds.
The 2026 legislative session has bills in motion to double the MHI beds (92) and build subacute beds.

In 2024, the United States witnessed a **significant rise in suicide rates**, reaching levels not seen since **1941** according to the **USN**. The age-adjusted suicide rate rose to 14.7 deaths per 100,000 individuals, surpassing the 2022 rate of 14.2.

This marks a concerning 30% increase over the past two decades.
 Notably, the number of suicide deaths in 2024 exceeded 49,300, indicating a **persistent upward trend**.
 Go to <https://northamericancommunityhub.com/us-suicide-rates-reach-record-highs/> for more information

Construction workers have one of the highest suicide rates of any major industry in the United States. 1-8-26 - NYTimes

Behavioral Health Districts



Continuous Change in the Iowa Behavioral Health System

In 2023, the Governor initiated a State Government Re-Alignment where 37 state departments were reduced to 16.

The alignment of Iowa's Health and Human Services (HHS) is rooted in that comprehensive initiative aimed at integrating and improving access and service delivery across the state.

Effective July 1, 2023, the Iowa Depts of **Public Health** (IDPH) and **Human Services** (DHS) merged into the newly formed **Iowa Dept. of Health and Human Services**.

This consolidation also integrated the Iowa Depts of:

- Aging,
 - Human Rights,
 - Early Childhood Iowa,
 - the Iowa Child Advocacy Board, and
 - Volunteer Iowa,
- creating a unified HHS department designed to streamline services and enhance efficiency.

The next step has been taken to streamline services. Behavioral health service system alignment activities involve:

- the organization of **7 behavioral health districts**, (*instead of 13 mental health regions and 19 integrated provider networks*)
- the procurement of **behavioral health administrative service organizations (BH-ASOs)**, and
- the formation of local advisory councils.

On 8-6-24, Iowa's health department announced the boundaries of seven behavioral health districts. See the map above.

Next, the state hired one nonprofit to oversee all districts. It is called a Behavioral Health **Administrative Service Organization (ASO)**. The contract was awarded to **Iowa Primary Care Association**.

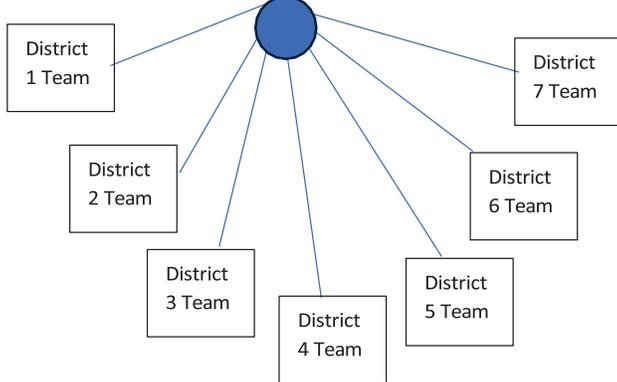
2025-2027 Behavioral Health Service System Statewide Plan
<https://hhs.iowa.gov/media/15525/download?inline>

The Iowa Primary Care Association (IPCA)

Administrative Service Organization (ASO) will be funded by braiding state & federal funding – statewide staffing model

Will have Central Functions at IPCA office
i.e. Administrative Functions, Subject Matter Experts, and Data Analytics

Which will be Connected to Local District teams who will perform **System Navigation**

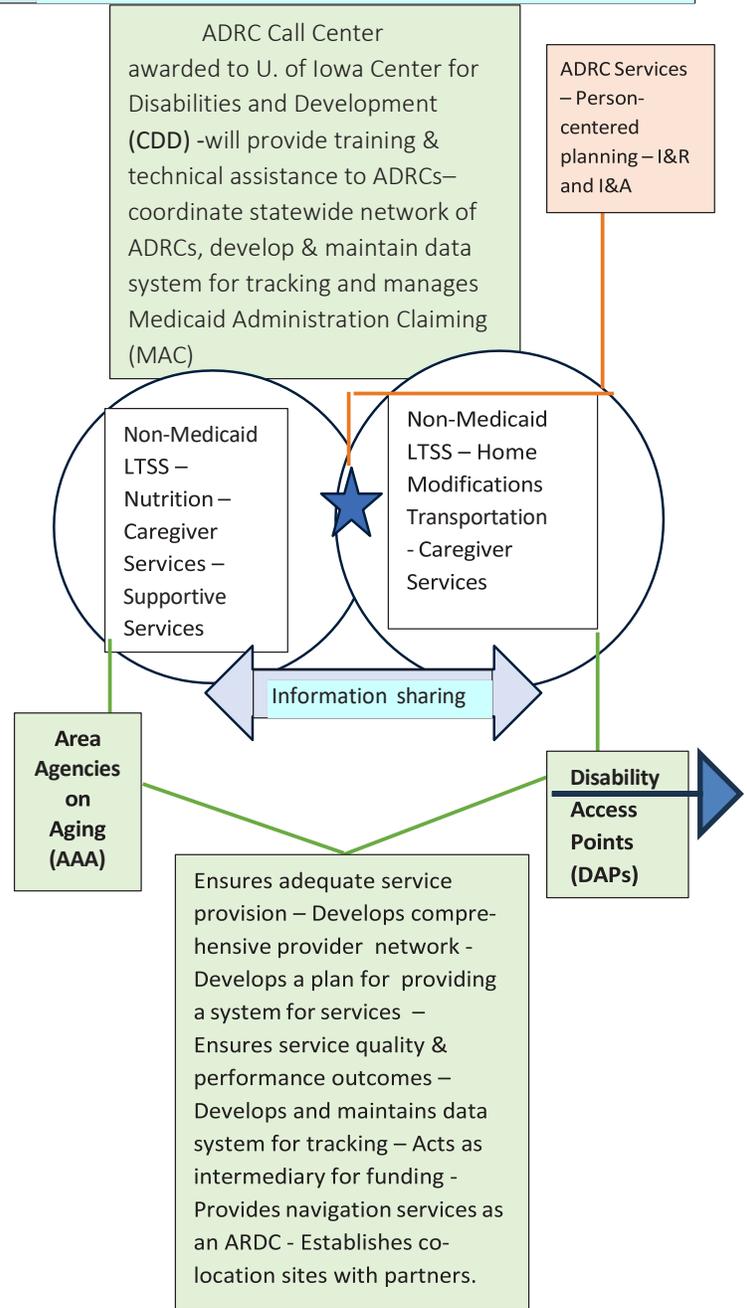


Current funding for mental health and substance use disorder treatment will be **combined into one** behavioral health fund controlled by IHHS.

The new behavioral health system started **7-1-25**.

Location of Behavioral Health Alignment Rules New 441 – New Title XVIII – Behavioral Health Services	
Chapter 300	Definitions
Chapter 301	Eligibility
Chapter 302	Administrative Services Organizations (ASO)
Chapter 303	Reserved
Chapter 304	Behavioral Health District Advisory Councils
Chapter 305	Advocate Services
Chapter 306 - 309	Reserved
Chapter 310	Central Data Repository
Disability Services Administrative Rules Rescind Chapter 441-25, Disability Services Management New 441 – Title XVII – Aging and Disability Services	
Chapter 221	Disability Services Definitions
Chapter 222	Disability Service Advisory Councils
Chapter 223	Disability Services
Chapter 224	Aging & Disability Resource Centers (ADRCs)
Chapter 229	Data Collection

Coordinated Aging & Disability Services Network



Acronyms

ADRC – Aging and Disability Resource Center, is a single point of entry for information and assistance for older adults, people with disabilities, and their families, helping them navigate long-term services and supports.

LTSS – Long term services and supports

I&R – Information and referral system to help older adults, people with disabilities and caregivers connect to needed services in their communities.

I&A – Information and assistance program provides a one call destination to address the needs of older adults and adults living with disabilities.

Why system navigation is important to the newly designed behavioral health system. . .

System navigation is designed to cast a wide net and "catch" people at various places in our communities. It provides easily accessible, low-barrier guidance and warm hand-offs. It covers a wide array of needs across the life-span but also can act as an early intervention for many individuals who need "upstream" help. We want to connect people to care in all stages of need, which may include before they are in crisis, before they have a diagnosis, or before they have entered a particular system or program.

All Iowans are welcome to utilize system navigation including individuals, family members, caregivers, providers, schools, hospitals, law enforcement, community agencies, peer organizations, help lines, food banks, shelters, and churches. There are no fees and no income or insurance requirements.

How do you access it?

Iowans may reach out through **Your Life Iowa** by phone (855) 581-8111; Text 855-895-8398 and healthcare professionals and community partners can call our **direct Provider Line** at (515) 505-8988 to coordinate directly with Iowa PCA's Behavioral Health System Navigators.

System Navigation is available Monday-Friday from 8 am-4:30 p.m. All after-hour requests are responded to no later than 24 business hours. Several sites are also in development to offer in-person support.

DAP system navigators are intended for individuals with disabilities and long-term behavioral health needs. They will likely provide longer-term care coordination. *See the next page – page 22 – for more information and a map.*

[Request a presentation](#) from the Iowa PCA Behavioral Health Services team - or let us know about an event where we can help spread the word about Your Life Iowa and System Navigation services.

Iowa Primary Care Association awarded NIH grant to build fairness-aware AI/ML model for community health centers – Business Record 2-5-26

The Iowa Primary Care Association was recently awarded a **\$523,750 National Institute of Health AIM-AHEAD grant for year one** of a projected two-year project, to **develop, train and pilot** a "fairness-aware" artificial intelligence/machine learning model with the goal of improved health outcomes for patients served by Iowa's community health centers. The Iowa Primary Care Association was **one of six awardees** out of more than 70 applicants throughout the U.S. "The NIH AIM-AHEAD grant will enable us to develop advanced tools for community health centers so they can more quickly and effectively care for patients with medically complex, high-risk conditions," said Aaron Todd, CEO of the Iowa Primary Care Association

The IPCA is a nonprofit association that supports the state's **14 community health center** organizations and their **110 locations** through advocacy, workforce development, spec-

ialized training and technological services. Iowa's nonprofit community health centers offer a safety net of crucial primary care services to Iowans, regardless of their insurance status or ability to pay for services. This includes coordinated, comprehensive medical, dental, behavioral health and pharmacy services.

Patients of community health centers often face complex, co-occurring conditions such as diabetes, hypertension, cardiovascular disease, depression, anxiety and substance use disorders. The NIH grant will enable the IPCA and its partners to develop, train and ultimately integrate AI/ML models that act as workhorses in community health care centers' electronic health records systems to swiftly recognize patients at risk of experiencing both chronic medical conditions and behavioral health concerns – and quickly connect those patients to comprehensive care and proactive support.

Iowa Primary Care Association Expands Virtual Mental Health Services for Youth

The Iowa Primary Care Association (Iowa PCA) announced **expanded access to virtual mental health services for Iowa youth, including students in rural and underserved areas**, following its role as the Administrative Services Organization for Iowa's redesigned Behavioral Health Service System beginning July 1, 2025.

Two school-based virtual care programs, Classroom Clinic and Hazel Health, are being supported to increase access to behavioral health services for children where local capacity is limited. The programs provide **telehealth-based therapy and mental health services within school settings**, including districts that lack adequate on-site providers. Services are available regardless of students' insurance status.

State officials report that the percentage of Iowa youth experiencing behavioral health conditions has **increased** from approximately **20% to 40% over the past three yrs.** Iowa PCA and the Iowa Dept of Health and Human Services indicated the **virtual services are intended to complement**, rather than replace, local providers by addressing immediate access needs while allowing community-based systems to focus on ongoing care.

Through support from the **Wellmark Foundation**, an additional **\$5 million in grant funding** has been made available to eligible rural Iowa schools to support sustainable youth mental and behavioral health programs. **Classroom Clinic** is expected to serve more than **1,000 students** across nearly **60 Iowa school districts** in the coming year, with **Hazel Health expanding** virtual therapy services **statewide**.

State and program leaders emphasized that the initiative is designed to improve access to care for children in communities with limited behavioral health resources, particularly rural areas where provider shortages remain a challenge. **Click [HERE](#) to learn more.**

District 2

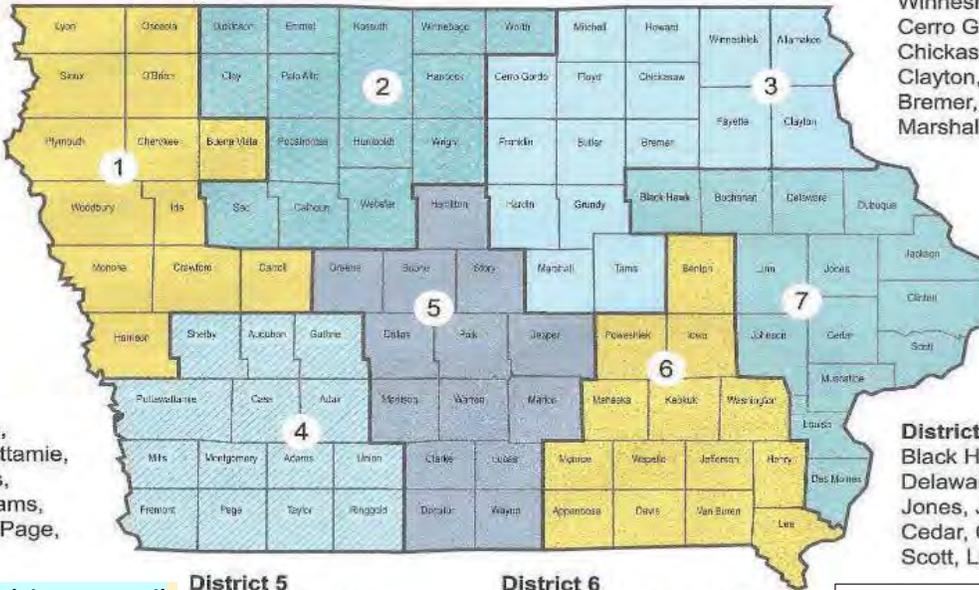
Dickinson, Emmet, Kossuth, Winnebago, Worth, Clay, Palo Alto, Hancock, Pocahontas, Humboldt, Wright, Sac, Calhoun, Webster

District 3

Mitchell, Howard, Winneshiek, Allamakee, Cerro Gordo, Floyd, Chickasaw, Clayton, Franklin, Butler, Bremer, Hardin, Grundy, Marshall, Tama

District 1

Lyon, Osceola, Sioux, O'Brien, Plymouth, Cherokee, Buena Vista, Woodbury, Ida, Monona, Crawford, Carroll, Harrison



District 4

Shelby, Audubon, Guthrie, Pottawattamie, Cass, Adair, Mills, Montgomery, Adams, Union, Fremont, Page, Taylor, Ringgold

District 5

Hamilton, Greene, Boone, Story, Dallas, Polk, Jasper, Madison, Warren, Marion, Clarke, Lucas, Decatur, Wayne

District 6

Benton, Poweshiek, Iowa, Mahaska, Keokuk, Washington, Monroe, Wapello, Jefferson, Henry, Appanoose, Davis, VanBuren, Lee

District 7

Black Hawk, Buchanan, Delaware, Dubuque, Linn, Jones, Jackson, Johnson, Cedar, Clinton, Muscatine, Scott, Louisa, Des Moines

Each district will have an **advisory council** made up of local providers, elected officials, and other partners to identify opportunities, tackle challenges, and advise the district Disability Access Point (DAP). [Access here – meeting recordings & presentation slides](#)

DAP's will work closely with a **Statewide ADRC Technical Assistance and Call Center – Iowa's University Center for Excellence in Developmental Disabilities (UCEDD)** has been awarded the TA and Call Center contract.

➔ On the previous page, it references Disability Access Points (DAPs) as part of the service system for persons with disabilities.

- The non-profits approved to be a DAP are
- District 1 - Pottawattamie County
 - District 2 - Central Iowa Community Services
 - District 3 - Central Iowa Community Services
 - District 4 - Pottawattamie County
 - District 5 - Polk County Behavioral Health
 - District 6 - Central Iowa Community Services
 - District 7 - MHDS of East Central Iowa

More information can be found at: <https://hhs.iowa.gov/initiatives/system-alignment/iowas-disability-services-system>

DAPs serve as ADRC member organizations as defined in rule 441—224.1.

These DAPs will play a crucial role in ensuring individuals with disabilities and their caregivers have streamlined access to the support and services they need.

The new system is designed to enhance coordination, simplify service navigation, and improve overall accessibility to disability-related resources.

“Disability access point” or “DAP” means a local organization designated by the department to serve as the primary access points for people with disabilities and their caregivers.

Disability Access Points will be responsible for providing person-centered assistance, ensuring that individuals receive accurate guidance necessary to make informed decisions about their services and support. This includes offering information and referral services, options counseling and personalized support to help individuals understand and access available services.

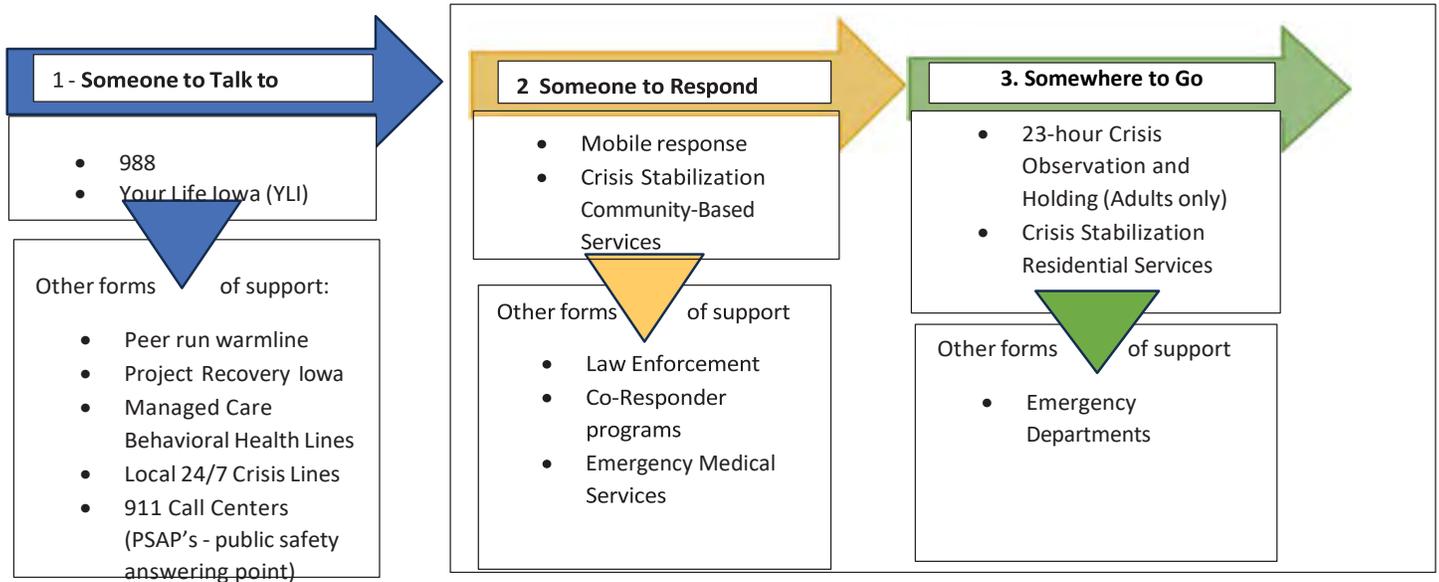
Transforming Iowa's Behavioral Health Crisis Continuum of Care System

Iowa HHS engaged Health Management Associates, Inc., to assess Iowa's crisis continuum of care and make recommendations to strengthen the system's design, service delivery, funding, sustainability and, most importantly, individual experiences and outcomes.

One significant initiative, the launch of 988, has propelled the state's efforts to ensure it has a comprehensive crisis system (inclusive of mental health and substance use) that is fully aligned with national best practices and equipped to meet the needs of Iowans.

SAMHSA's National Guidelines for Behavioral Health Crisis Care 2 describes three core pillars of a comprehensive and effective crisis continuum:

1. **Someone to talk to,**
2. **Someone to respond and**
3. **Someplace to go**



SOMEONE TO TALK TO - Best Practices and Iowa Gaps

Minimum Expectations to Operate 24/7 Regional Crisis Call Service		
Operate every moment every day 24/7/365	✓	Met
Staffed w/ clinicians overseeing triage& team	✓	Met
Answer every call & coordinate overflow	✓	Met
Assess risk of suicide w/ each call	✓	Met
Connect individuals to facility care and outpatient appointments w/warm hand-offs	✓	Met
Coordinate connection to mobile crisis teams		GAP
Implement caller ID functioning		GAP
Implement GPS to dispatch MCT's		GAP

SOMEONE TO RESPOND

Best practices and Iowa Gaps

Minimum Expectations to Operate a Mobile Crisis Team Service		
Include licensed/credentialed clinician capable to assessing the needs of individuals		GAP
Respond where the person is (home, work, etc,)	✓	met
Connect individuals to facility-based care as needed via warm hand-offs	✓	met
Serve individuals with MH conditions and SUD		GAP
Delivery by multidisciplinary team		GAP
Incorporate peers		GAP
Respond without law enforcement unless special circumstances warrant inclusion		GAP
Implement real-time GPS technology in partnership with the region's crisis call center hub		GAP
Schedule outpatient follow-up appointments via a warm hand-off	✓	met
Follow-up crisis stabilization services and support provided by the MCT		GAP

Expanding eligible qualified staff permitted to conduct a Crisis assessment would positively impact workforce issues.

EMS is a highly volunteer, unmandated service in Iowa.

SOME PLACE TO GO – Best Practices and Iowa Gaps

Minimum Expectations to Operate Crisis Receiving & Stabilization		
Accept all referrals		GAP
Not require medical clearance prior to admission		GAP
Design services to address MH and SUD crisis issues		GAP
Employ capacity to assess & deliver care for minor physical health needs	✓	
Be staffed at all times (24/7/365)	✓	
Offer walk-in & first responder drop-off options	✓	
Screen for suicide risk & complete risk assessments	✓	
Screen for violence risk and complete more comprehensive violence risk assessments	✓	
Offer a dedicated first responder drop-off area		GAP

Continued – minimum expectations to Operate Crisis Receiving and Stabilization Services	
Accept referrals 90% of time with a no rejection policy for first responders	GAP
Function as a 24 hr or less crisis receiving and stabilization facility	✓
Incorporate some form of intensive support beds into a partner program	✓
Include beds within the real-time regional bed registry system operated by the crisis call center hub	GAP
Coordinate connection to ongoing care	✓

A **key component** of building an integrated behavioral health service system is the establishment of a Medicaid demonstration program for **Certified Community Behavioral Health Clinics (CCBHCs)**.

Iowa was one of 10 states selected to join a new cohort of states into the CCBHC Medicaid Demonstration Program. The Demonstration is a 4 year program that provides states with sustainable funding to assist them in expanding access to mental health and substance use services.

- CCBHCs are specially designed clinics that provide a comprehensive range of mental health and substance use disorder services.
- CCBHCs are required to serve anyone who walks through their doors, regardless of age, diagnosis or insurance status.
- CCBHCs receive a specialized prospective payment system (PPS) rate methodology for Medicaid payment.
- States receive an enhanced federal match for CCBHC services.
- CCBHCs must meet 113 federal standards in addition to state certification criteria in the following six areas to achieve CCBHC designation.
 - Staffing
 - Accessibility
 - Care Coordination
 - Service Scope
 - Quality/Reporting
 - Organizational Authority
- **Nine Required Services**
 - Screening, Assessment and Diagnosis
 - Comprehensive outpatient behavioral health across the entire life cycle
 - Family/Patient centered care planning
 - Case management
 - Peer and family support
 - Psychiatric rehabilitation
 - Medical screening and monitoring
 - Services for the armed forces and veterans
 - Mobile crisis

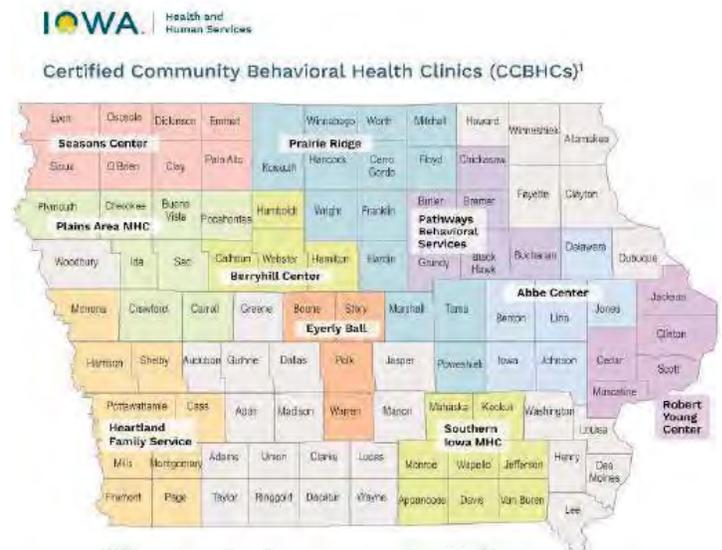
- A CCBHC can use a Designated Collaborating Organization (DCO) to provide up to 49% of the required service encounters.
- Iowa CCBHC's must DCO with the State Sanctioned mobile crisis provider for the counties in their catchment area.

Technical assistance and training continue for 10 CCBHC's which cover 71 counties. More CCBHC's will be needed to cover all 99 counties in Iowa.

The CCBHC program began July 1, 2025 along with the other features of the new behavioral health system.

<https://hhs.iowa.gov/health-prevention/mental-health/certified-community-behavioral-health-clinics>

The CCBHC map as of 11-26-24



New study shows how your brain changes at four key ages: 9,32,66 and 83 – [Washington Post 12-9-25](#)

ASK Resource Center www.askresource.org

1-800-450-8667

facebook.com/AskResourceCenter | youtube.com/askresource

View the ASK Resource Center brochure [here](#).

ASK Resource Center is proud to serve as Iowa's federally funded Parent Training and Information Center (PTI) working to empower individuals with disabilities and their families through advocacy, training, resources, and support. From understanding Functional Behavior Assessments to navigating IEPs, our webinar archive covers a wide range of topics to help families and professionals alike. [Click here](#)

Need Support? We're Here to Help! Navigating your child's IEP, IFSP, Medicaid, Health Plan, or Behavior Plan can feel overwhelming—but **you don't have to do it alone**. Our Family Support Specialists are here to listen, guide, and empower you with the resources you need.

Critical Situation Cards – Informational Sheet for Ordering

**Communicating with Someone in Crisis
Who Has a Psychiatric Illness**

DO DO DO DO DO DO DO DO DO DO

SLOW DOWN
GIVE THEM SPACE
 Don't make them feel trapped

BE CALM. Express support and concern.
SPEAK SLOWLY AND SOFTLY.

USE SHORT, SIMPLE SENTENCES.
AVOID sudden or quick movements.

BE HELPFUL. Respond to basic needs.
 Be low key, "We are all here to help."

GIVE FIRM, CLEAR DIRECTIONS;
 One person should talk to the subject.

RESPOND TO DELUSIONS or HALLUCINATIONS by talking about the person's feelings rather than what he or she is saying.

LISTEN to their story.

EXPLAIN POLICY, especially if handcuffed.

Is Someone at Risk for Suicide?

→ Recognize the signs of emotional suffering

→ Express concern, offer support and listen nonjudgmentally

→ Ask the question directly, in a private setting and stay calm:

- Are you having thoughts of suicide?
- Are you thinking of killing yourself?

If the answer is yes, ask:

- Have you decided how you are going to kill yourself?
- Have you decided when you would do it?
- Have you collected the things you need to carry out your plan?

→ Care enough to keep the person safe.

- Do not leave them alone
- Do not use guilt or threats to stop suicide, such as:
 - "You will go to hell" or "You will ruin other people's lives if you die by suicide!"
 - Calmly listen. Don't agree to keep it a secret.

→ Text or call a number for extra support—get help now
 Text: 745741 Call: 1-800-273-8255 - Lifeline
 Call 911 for transport to professional help

**COMPASSIONATE
COMMUNICATION
CARD**

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

Education | Support | Advocacy

DO DON'T DON'T DON'T DON'T DON'T

TAKE CONTROL if you don't have to.

ARGUE or reason with psychotic thinking.

STARE at the subject.

CONFUSE THE SUBJECT.
 One person should interact with the subject.
 Others should keep their distance.
 Ask casual observers to leave.
 Follow through with directions or commands.

TOUCH the subject unless necessary.
 For people with mental illnesses it may cause fear and lead to violence.

SHOUT.

GIVE THEM MULTIPLE CHOICES.
 This can increase the subject's confusion.

WHISPER, JOKE OR LAUGH.

DECEIVE the subject. Dishonesty increases fear and suspicion; the subject will likely remember it in any subsequent contact.

DON'T ARREST A PERSON FOR MENTALLY ILL BEHAVIOR NOT CRIMINAL IN NATURE.

JOIN into behavior related to the person's mental illness

If a person has to be restrained,
DON'T HOGTIE.
 Immediately raise him/her from prone into sitting position, monitor vital signs, and call for medical aid.

! Suicide Warning Signs

- ✓ Talking about wanting to die or to kill oneself
- ✓ Writing notes or poems about death
- ✓ Looking for a way to kill oneself, such as searching online or buying a gun
- ✓ Talking about feeling hopeless or having no reason to live
- ✓ Talking about feeling trapped or in unbearable pain
- ✓ Talking about being a burden to others
- ✓ Increasing use of alcohol or drugs
- ✓ Deterioration in performance and daily life roles
- ✓ Acting anxious or agitated; behaving recklessly
- ✓ Sleeping too little or too much
- ✓ Withdrawing or feeling isolated, change in relationships
- ✓ Showing rage or talking about seeking revenge
- ✓ Displaying extreme mood swings or sudden change in personality
- ✓ Overt signs of depression (neglect of appearance, self-mutilation, crying, giving away items, visiting or calling people to say good-bye, etc.)

Risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss or change.

Guard Your Temper
No nagging, yelling, arguing
 Focus on the person you know and love

**PROVIDE REASSURANCE
GENEROUSLY
AND OFTEN**

"I love you, and I care."
 "You're not alone in this."
 "I'm sorry you're in so much pain."
 "I'm always willing to listen."
 "I'll be your friend no matter what."
 "This will pass, and we can ride it out together."
 "You are important to me."
 "When this is all over, I'll still be here."

**Do's and Don'ts Cards
– Communicating With
Someone in a Mental
Health Crisis**

**Suicide Prevention
Cards**
 Cards are available in
English and Spanish

**Compassionate
Communication Cards**
 Cards are available in
English and Spanish

Critical situation cards are for sale from Mindspring Mental Health. Go to the following location to order: [View Our Crisis Guides & Cards - Mindspring \(mindspringhealth.org\)](http://www.mindspringhealth.org)

You will be working with Mike Larkin
 – Phone and Text: 515-577-3750
mlarkin@americanbus.com

Suicide and Opioid Deaths – Opioid and Suicide Deaths 2016-2025

Suicides in Iowa 2000-2025

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 outpatient 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
2023	49,300	2024 - 48,800e 2025 - TBD	176	2014	409	72	117	177	43
			201	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	548	As of 12-31-24			
				2025	526	As of 12-31-25 report			

Location	Adult	Youth	Geriatric	Total
Iowa Lutheran	24	14	12	50
Broadlawns	44			44
VA Hospital	10			10
Clive Behavioral	50	32		82
Total	128	46	12	186

Staffed Beds in Des Moines

<https://hhs.iowa.gov/programs/programs-and-services/substance-use-disorder>

Iowa HHS administers **Carematch**, the hospital bed tracking system for inpatient psychiatric services. **CareMatch** allows hospitals to update bed availability. The expectation is that updates are entered twice daily between 12:00:01 AM and 9:59:59 AM and a second update must be entered between 8:00:00 PM and 11:59:59 PM each day.

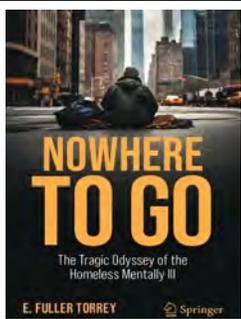
The free book is available to read and/or download via the link here: https://go.tac.org/e/976233/book-10-1007-978-3-031-84685-4/7jgyq/539577090/h/xhFF-lwTGSW8H9wXBGbiQp8EzZqcV6Y7kltN4_4DBKw

Deinstitutionalization has been politically an **equal opportunity disaster**. The emptying of the hospitals took place over 35 years under 4 Republican and 3 Democratic administrations. Since then, 3 more Republican and 3 more Democratic administrations have failed to correct the mistakes. The last 2 chapters of the book – **“Nowhere to Go”** tells them how to do so.

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.”

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**.



For more information on Carematch, contact:
Karlee.Otto@hhs.iowa.gov

When it was originally published in 1988, the book was said to be **the definitive account of why deinstitutionalization failed, why the community mental health center movement failed, and why there are so many severely mentally ill individuals among the homeless and incarcerated**. The *San Francisco Examiner* said it was “a historical hit piece on the horrors of deinstitutionalization.” *Newsweek* called it “one of the most scathing indictments yet of the deinstitutionalization effort”. And, according to the *Washington Post*, “Nowhere is a portrait of the battered mental patient more vividly drawn than in **Nowhere to Go**”.



Traumatic Brain Injury (TBI) is a chronic health condition, defined as "a condition that lasts one year or more and requires ongoing medical attention and/or limits activities of daily living.

Mortality – Individuals with moderate-severe traumatic brain injuries have a life expectancy reduction of 7 yr. (e) We are now aware that individuals with mild TBI have a reduction in life expectancy with a 47% increase in 5 year mortality and an increased incidence of death from neurodegenerative disease.

Neurodegenerative Disease – a TBI may cause or accelerate neurodegenerative disease. A large study of veterans with both civilian-type and combat related injuries showed a significant increase in the chance of dementia with rising risk associated with increasing TBI severity.

Chronic Traumatic Encephalopathy – CTE is a pathologic diagnosis – **only officially made at autopsy**. Parkinsonism and subsequent dementia occur more frequently in individuals with a pathologic diagnosis of CTE.

In a survey of 729 participants, those with a history of playing organized football had higher odds of having Parkinson disease compared with participants in other sports. Longer duration and a higher level of play were associated with increased incidence of Parkinson disease.

Unfortunately, the risk of developing CTE is not just limited to American football players. In a study of 152 deceased contact sports participants, CTE was diagnosed in 63% of those studies, with 60 individuals diagnosed with mild CTE. Brain donors who had CTE were more likely to be older and 71% were men who played amateur sports; 1 woman played collegiate soccer. Cognitive and neurobehavioral symptoms are frequent among all brain donors and **suicide was the most common cause of death**.

Sleep – In a study of roughly 200,000 veterans, after adjustment for demographics, education, income and medical and psychiatric conditions, those who had a TBI were 41% more likely to develop a sleep disorder than those who did not have a TBI.

Etiology and Current Research – An important recent discovery is that we now know that individuals with chronic TBI have significantly lower circulating concentrations of numerous amino acids, which are the

building blocks of protein and brain neurotransmitters. This pattern is consistent with the concept that **TBI induces a chronic state**. Because these essential amino acids are not getting absorbed from the gut, essentially, the brain and body are starving for their nutrients.

Concluding Thoughts–It is now readily accepted that a **brain injury is not a static event and is disease causative as well as disease accelerative**. Although we clearly have a long way to go, we are on the path to put together the many pieces of the puzzle that make up a TBI.

Traumatic Brain Injury and Mental Illness

Traumatic brain injury symptoms often manifest in a similar way to symptoms of mental illness and/or behavioral health disorder. One of the differences between treatment of mental illness and traumatic brain injury is whether medications will offer any relief or alteration of symptoms.

Instead of ruling out traumatic brain injury at the initial onset of symptoms, a person is more likely to be subjected to an array of medications over an extended period of time to try to correct the situation. When these medication efforts fail and multiple treatment placements have failed – a diagnosis may be made through a combination of neurological and physical exams, imaging tests like CT and MRI scans, and the Glasgow Coma Scale to assess mental status

An earlier intervention to determine whether a traumatic brain injury is involved, could save considerable dollars and an earlier time for the person to be in effective treatment.

Resources

What Makes Brain Injury a Big Deal Anyway? A power-point presentation **Excellent** - National Assn of State Head Injury Administrators – includes information on a *Professional Guidebook – Strategies for Managing Brain Injury Challenges in Adults* <https://hhs.iowa.gov/media/17115/download?inline>

Go to:

<https://hhs.iowa.gov/programs/programs-and-services/brain-injury-program> - there are explanations which will assist you and a screening tool.

The Brain Injury Alliance of Iowa is invaluable in these situations and can help problem-solve with you. 855-444-6443 or email info@biaia.org

Dept. of Veterans Affairs - Traumatic Brain Injury

<https://www.publichealth.va.gov/exposures/traumatic-brain-injury.asp> - keep reading through the material even if your loved one was not in the military. They may have information which can help you understand and/or what your loved one may be facing in rehab.

The National Center for PTSD - <https://www.ptsd.va.gov/> - tap into their knowledge base.

Behavior Changes After Traumatic Brain Injury

An outstanding program in brain injury rehabilitation is **Community Neuro-Rehab** in Madrid, Iowa. The Executive Director is Tom Brown 515-288-8222. They work with family members, too. The website is:

<https://communityneurorehab.com/> - look through the entire website to see their mission and services offered.

Advocacy Resources

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

Sign up for Infonet newsletter and Capitol Chat
Bill Tracker - Action Center
Legislative Town Hall information
Guide to the Iowa Legislature and more

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 and 1 representative

- US Senator Joni Ernst: (202) 224-3254
www.ernst.senate.gov
- US Senator Chuck Grassley: (202) 224-3744
www.grassley.senate.gov

Representative Marianne Miller-Meeks
(1st Congressional District) (202) 225-6576
<https://millermeeks.house.gov/contact/offices>

Representative Ashley Hinson
(2nd Congressional District)- (202) 225-2911
https://hinson.house.gov/zip_authentication?form=/contact

Representative Zach Nunn
(3rd Congressional District) - (202) 225-5476
<https://nunn.house.gov/contact/offices/>

Representative Randy Feenstra
(4th Congressional District) (202) 225-3193
<https://feenstra.house.gov/contact/offices>

In the state legislature:

You can **watch committee meetings and subcommittee meetings**. Just go to "[Today in the Senate](#)" or "[Today in the House](#)." They will include the zoom (Senate) or WebEx (House) links to the meetings.

- The public is **never** allowed to speak at committee meetings.
- The public is **always** allowed to speak at subcommittee meetings.
- In the **House**, you can only speak if you are physically present at the Capitol. The **Senate** allows both in-person and online comments from the public.

Non-partisan sites information:

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

Congressional Research Service

<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.

Workforce shortages, facility closures straining Iowa's long-term care system, ombudsman warns

[Cedar Rapids Gazette:](#)

Iowa's long-term care system remains under mounting pressure from **workforce shortages, high turnover** and a **wave of facility closures** that have left *vulnerable residents traumatized and at risk*, according to a new report from the Iowa Office of the State Long-Term Care Ombudsman.

The office's Federal Fiscal Year 2024 annual report, delivered to Gov. Kim Reynolds and state lawmakers late last month, documents persistent **staffing instability**, growing reliance on temporary agency workers and a sharp uptick in **nursing home and assisted-living closures** that the ombudsman says **demand stronger oversight and clearer accountability** from facility owners.

During the fiscal year, which ended Sept. 30, 2024, the ombudsman's office resolved 1,086 complaints and closed 654 cases, completed 1,509 on-site visits across 415 facilities and responded to emergency closures that required rapid response and resident transfers. The report shows **complaints have climbed steadily in recent years, rising from 653 in federal fiscal year 2021 to 1,086 in 2024.**

America's aging prison population is posing challenges for states

Iowa Capital Dispatch, 9-30-25

America's prison population is growing older at a pace that some experts say is **unsustainable**. As of 2022, the latest year with available data, people 55 and over made up nearly **1 in 6 prisoners** — a fourfold increase since 2000 — and their numbers are projected to **keep rising**, Stateline reports.



511 E. 6th St., Des Moines, Iowa 50309

We are here. With you.