



July 2025 Resource and Advocacy Booklet

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

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



Crisis Phone numbers and Text numbers

National Text Crisis Line

<http://www.crisistextline.org/>

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

You can also chat with the 988 Suicide and Crisis Lifeline at 988lifeline.org. For every person that dies by suicide, more than 250 think seriously about it but do not die. It is possible to prevent suicide and save lives by connecting at-risk individuals to support in 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, 24hrs/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://stophtiowa.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



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.

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

<https://www.everystep.org/files/images/annualReportImage/ProgramGuide.pdf> or

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

– hotline: 515-558-9946.

515-288-5699 Special Needs Estate Planning – Dennis Burns Phone: (515) 371-6768
dennis.burns@prudential.com

Primary Health Care and Behavioral Health locations

Engelbrechtsen Clinic, 2353 SE 14th St., DsM – 515-248-5100

The Outreach Project, 1200 University, Ste 105, 515-248-1500

Eastside Center, 3509 E. 29th St., 515-248-1600

Primary Health Care Pharmacy – 1200 University, Suite 103, 515-262-0854

Iowa Poison Control Center (800) 222-1222 – open 24/7/365 - <https://www.iowapoisson.org/>



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.

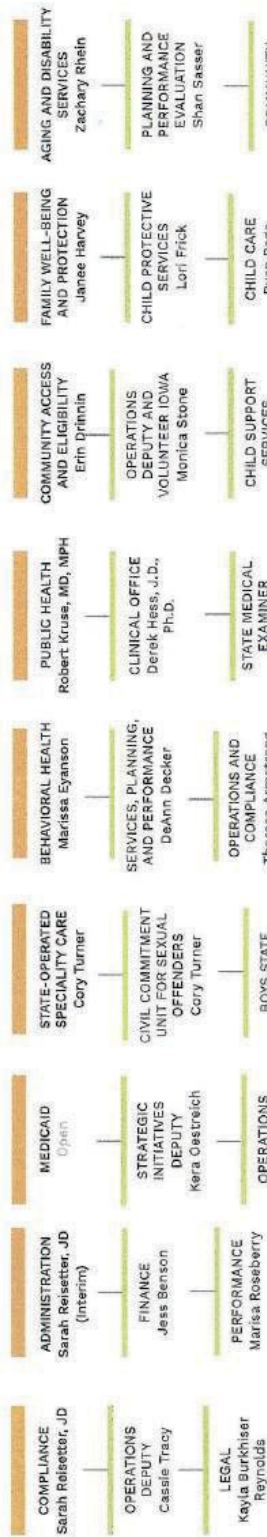
Catherine Johnson, Executive Director
cjohnson@driowa.org - 666 Walnut St, Des Moines, IA 50309
 – 515-278-2502

Kelly Garcia
Director

Sarah Ekstrand
Chief of Staff

EXTERNAL RELATIONS

- Communications, Alex Murphy
- Government Relations, Carrie Malone



Organizational chart for
Iowa Health & Human Services

**Polk
County
Life
Services
Center**

**1914
Carpenter
Avenue**

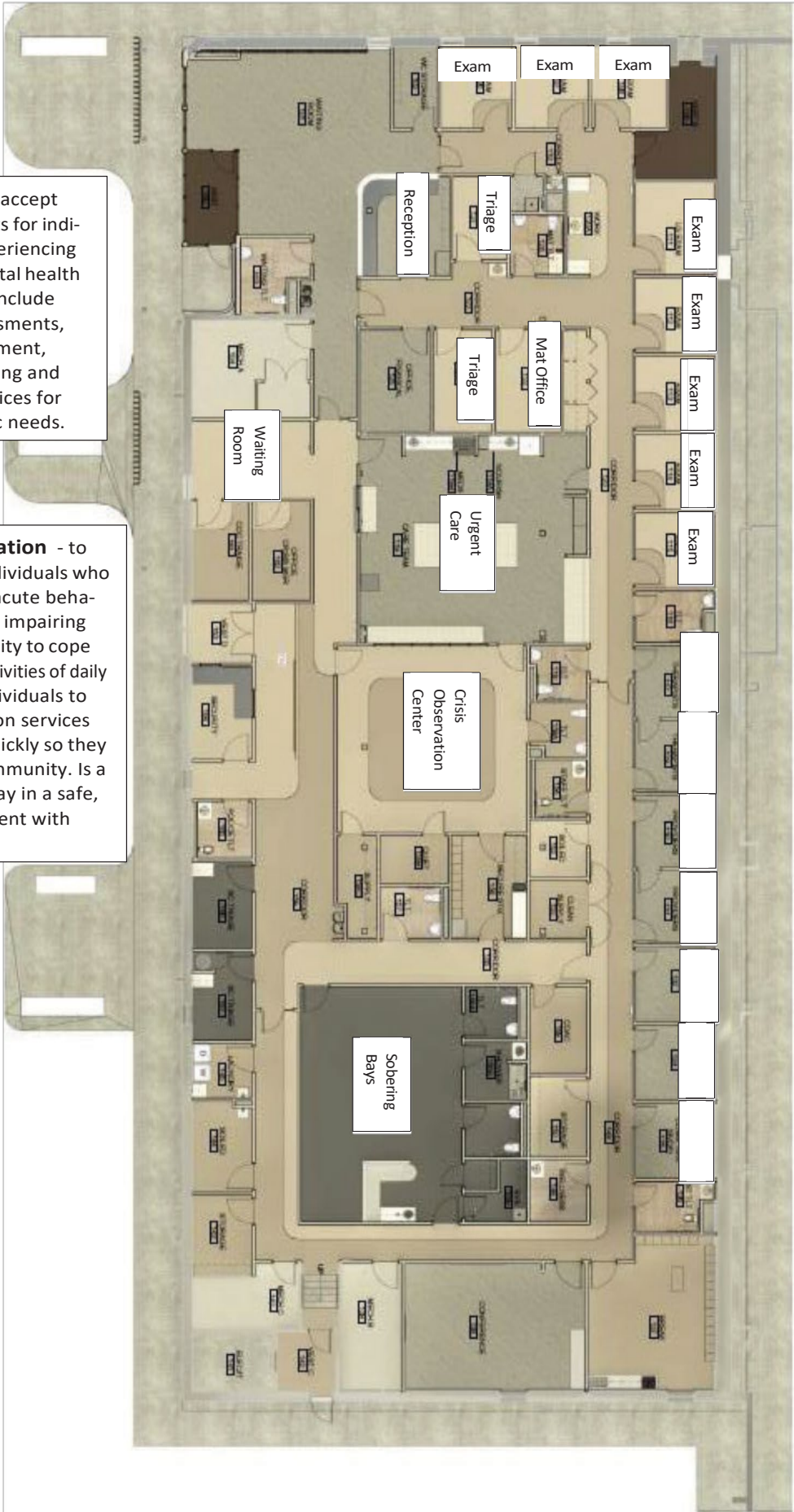
**Des
Moines
IA
50314**

**exact room
assignments
subject to
change*

**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.



Contacting 988

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

Crisis Services in Polk County

Polk County - Experiencing a mental health crisis?
Call 911

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

The Mental Health Mobile Crisis Team provides short term on-site crisis assessment and intervention for children, youth and adults experiencing a mental health crisis. The team is staffed with behavioral health specialists including registered nurses, Master's level psychotherapists 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 Pl in WDSM.
Phone: 515-358-8280

The Clive Behavioral Health Hospital Clive

Behavioral Health Intake & Assessment Center –
accessed by calling 1- 844-680- 0504.

Website at: <https://clivebehavioral.com>

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

For assistance 24 hours a day, call 515.282.5752

USE WESTCOM 515-222-3321

FOR CRISIS INTERVENTION TEAMS in any of the following communities

Waukee – started crisis team 1-1-22

Urbandale – started crisis team 2-1-23

Clive – started crisis team 1-1-23

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

Norwalk – not activated yet

Dallas County Sheriff's office – 515-993-4567
Not activated yet

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

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 and respondents before, during, and after the petition process. The role of the Pre-Petition Screener is to gather background information from both applicants and respondents and help determine if another path to treatment may be preferable. In the event that a judge denies a petition, the screener is available to discuss appropriate next steps and help make connections with available resources. **M-F 8:30-4:30 – Polk Co Justice Center 225 5th Ave 515-286-3772**

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 · 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 • Des Moines, IA 50313 - Crisis Stabilization offers support to children, adults and their families recovering from crisis. The five-day program will introduce skills to assist the individual in managing future crisis's, along with supporting family. Easter Seals provides Children's Residential Crisis Stabilization Services to those **under 18 statewide**, and adults and family **all ages statewide**.

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-a- year, in English and Spanish, voice (800) 944-4773, text “help” to 800-944-4773, or text en espanol 971-203-7773 <https://www.postpartum.net> - *The PSI helpline does not handle emergencies. People in crisis should call their local emergency line.*

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/>

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/rhondas-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.*

Substance abuse providers

<https://hhs.iowa.gov/behavioral-health/substance-use-disorder> - Iowa HHS licenses and monitors approximately 100 substance use disorder and problem gambling treatment programs. Staff assist programs through the licensure process and help Iowans find the appropriate treatment, as well as respond to and resolve complaints received against substance use disorder and problem gambling treatment programs.

Mental health/behavioral health providers

<https://hhs.iowa.gov/find-service> - there is an accredited provider listing to view and/or download.

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

<https://hhs.iowa.gov/behavioral-health> - there is a map which can be downloaded.

72 Federally Qualified Health Centers (FQHC) - are primary care clinics that provide healthcare services to underserved communities and may be used for Medicaid in Iowa. Some examples of FQHCs include community health centers, migrant health centers, and health centers for residents of public housing. FQHCs may offer preventive services, same-day billing, co- insurance waivers, care management services, and communication technology-based services.

You can apply for Iowa Medicaid online at the HHS Benefits Portal or by filling out a paper application and turning it into your local HHS office. You can contact Medicaid in Iowa by calling (800) 338-8366 Monday through Friday, 8 AM–5 PM.

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



ThriveNow Recovery is located at 6132 NE 12th Ave Pleasant Hill, IA 50327 - A state-of-the-art facility dedicated to addressing the urgent need for comprehensive addiction treatment. Medical detox stabilization services, residential treatment services and medication assisted

treatment services offered. [Website:](#)

<https://thrivenowrc.com/locations/>

Call: 515-824-5154 Email Us: info@thrivenowrc.com

Another facility has opened in Iowa City.

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) and can help some people to sustain recovery.*)
- ▶ Full pharmacy
- ▶ Adam Walsh program – provide HIV medications
- ▶ Corrections Mental Health Injectable Programs
- ▶ Polk County Health Department programs and services

Services and Partnerships with Police Community

Support Organizations

- ▶ **St. Vincent DePaul** - *a non-profit charitable organization providing personal assistance with food, clothing, educational and job training and other services to people facing economic, emotional or spiritual crises.*
- ▶ **Primary Health Care** – Homeless Outreach
- ▶ **Eyerly Ball** – mental health therapy
- ▶ **VA Representatives** – Federal and County level
- ▶ **Harvest Academy** – *Harvest Academy is a 501(c)(3) non-profit organization that allows men who have dealt with incarceration, homelessness and/or substance abuse to change their life, free of charge. This is a 24-month program that offers vocational training, peer mentorship/leadership, education and transitional services.*
- ▶ **Molina Healthcare** – *A managed care organization giving assistance with signing inmates up with health care needs.*
- ▶ **EFR** – Employee and Family Resources - *a 501 (c)(3) non-profit, works in communities, work- places, and schools delivering mental health and substance abuse*

services through its Employee Assistance, Student Assistance, Counseling, Substance Abuse, and Prevention Programs EFR's services range from prevention of substance abuse, brief intervention when people need it, to outpatient treatment of mental health and substance use disorders.

- ▶ **Jail Diversion** - serves people with mental illness by coordinating services across health, social services, and criminal justice systems. Ultimately, Jail Diversion attempts to support successful reentry into the community and prevent future arrests (along with other crisis events and emergency services).
- ▶ **IHHS/Child Support** – *opportunity to resolve child support issues.*
- ▶ **Pre-trial release** - *provides supervision to people who are charged with crimes but are allowed to stay out of county jails while awaiting trial. The program aims to help them avoid a new arrest and ensure they'll appear for their court appearances. It offers defendants charged with lower-level crimes a chance to continue working and have access to counseling, substance abuse services and other resources.*
- ▶ **SafeNetRX** - *501(c)3 - a partnership between the public and non-profit sectors to provide affordable medication access to patients in need. This partnership led innovations in drug donation, charitable pharmacy, and the care for populations with unique pharmacy needs.*
- ▶ **Full Circle Recovery** – *Peer recovery coaches*
- ▶ **Bridges of Iowa** – *a 3 phase substance use disorder and addiction recovery program. The first 2 phases are located in the unlocked West Wing of the Polk Co Jail. Bridges clients at the West Wing are not incarcerated.*

Programs Available to all inmates

AA Group Meetings
 NA Group Meetings
 Financial Education
 Re-Entry Introductory Class
 Substance Abuse Class and Individual Meetings
 Boundaries Class
 Establishing Healthy Relationships
 Women's Health class – Planned Parenthood
 Full Chaplain Services
 Grief and Resilience class – Polk 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

DMACCHiSET program – *earning high school equivalency diploma*

Gamblers Addiction Class
Global Neighbors—Polk Co Family Youth Services
Immigrant Resources
ServSafe Certification Program—*online food safety program*

Mobile Integrated Healthcare Program



The Des Moines Fire Department (DMFD) has launched a Mobile Integrated Healthcare (MIH) program to proactively address the **needs of high-volume 911 users** and **reduce non-emergency calls** by connecting them with resources and care, [according to the](#)

[City of Des Moines](#).

Here's a more detailed look at the program:

- **Goal:**
To reduce un-necessary 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 alone for an average of over 17 times per person.
 - A team of trained paramedics, dressed in blue, visits 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, other underlying 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 learning more about the care they need.
- **Impact:**
 - The program has been successful in reducing the number of non-emergency calls and freeing up resources for true emergencies.
 - The team has made over 80 successful in-home visits and serves high-volume emergency room and 911

system users.

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

Additional Information:

- The program launched in April 2024.

Update: 1-9-25 - Usually calls increase from year to year.

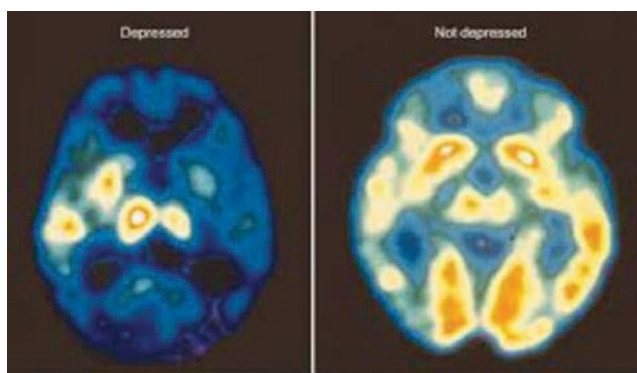
A majority of DMFD's calls for service each year are EMS-related calls and in 2024, those calls flattened and declined by one in 2024, making up 62% of the department's responses. Fire Chief John TeKippe attributes the flattening of that growth in EMS calls to a new Mobile Integrated Healthcare program that came because of firefighter-led department planning.

"The Mobile Integrated Healthcare program is a direct result of strategic planning conversations with our firefighters who shared ideas and strategies that have helped us serve most vulnerable members of our community in new ways," Chief TeKippe said. "This program has allowed us to proactively manage the health of some of our heaviest 911 users and get them the care they need without resorting to emergency services."

- The Des Moines Fire Department is the largest and busiest fire-based emergency medical service in Iowa.
- The fire department responded to over 31,000 calls in 2021, with roughly 70% involving Emergency Medical Services – or 21,700.
- In 2024, the # of EMS calls was 20,979. Progress is being made.
- The Des Moines Fire Department is the largest and busiest fire-based emergency medical service in Iowa.
- All firefighters hired since 2002 are required to obtain Paramedic certifications.

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>

You Have Rights in an Emergency Room

It's the Law.

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

You have these protections:

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

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

This law prevents any Hospital Emergency Department that receives Medicare funds (which includes most U.S. hospitals) from refusing to treat patients.

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

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

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

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

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

This means an emergency hospital department must:

1. Give you an appropriate medical screening exam.

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

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

2. Treat you until your condition is stable.

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

3. Transfer you if necessary.

The hospital must offer to provide an appropriate transfer to a hospital that has the staff and facilities available to stabilize your emergency medical condition.

Watch a video about EMTALA

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

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

Learn how to file an EMTALA complaint.

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

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

[Texas hospital that discharged woman with doomed pregnancy violated the law, a federal inquiry finds](#)

6-4-25 Associated Press

Excerpt: A Texas hospital that repeatedly sent [a woman who was bleeding and in pain](#) home without ending her nonviable, life-threatening pregnancy violated the law, according to a newly released federal investigation.

The government's findings, which have not been previously reported, were a small victory for 36-year-old Kyleigh Thurman, who ultimately lost part of her reproductive system after being discharged without any help from her hometown emergency room for her dangerous ectopic pregnancy.

Excerpt: The Centers for Medicare and Medicaid Services, the federal agency responsible for enforcing the law and inspecting hospitals, [announced](#) on Tuesday it would revoke the Biden-era guidance around emergency abortions. CMS administrator Dr. Mehmet Oz said in a social media post on Wednesday that the revocation of the policy would not prevent pregnant women from getting treatment in medical emergencies.

"The Biden Administration created confusion, but EMTALA is clear and the law has not changed: **women will receive care for miscarriage, ectopic pregnancy, and medical emergencies in all fifty states—this has not and will never change** in the Trump Administration," Oz wrote, using the acronyms for the Emergency Medical Treatment and Labor Act. [Read entire article.](#)

Infonet News

To find the entire article, go to <https://www.iowaddcouncil.org/newsletter> to find the Spring Issue 5-29-25. *It is incredibly informative and complete with details we need to know for advocacy purposes.*

Everything Everywhere All at Once If you feel like there is a lot to take action on these days, that's by design. The Administration has publicly said it is using a "Flood the Zone" strategy. "Flood the Zone" means doing a lot of things all at once so that people can't focus on or advocate for any one thing. It's like making so much noise that people can't hear what really matters. By making a lot of rule changes, signing dozens of executive orders, and pushing the limits on what is legal all at the same time, it becomes really hard for advocates and the public to be heard.

Across the country, disability services and civil rights protections are facing serious threats at the federal level. From proposed funding cuts to court challenges that could roll back decades of progress, it is a critical time to stay informed, organize, and take action.

This issue focuses on **what you need to know—and what you can do**. We hope this makes it a bit easier to focus on the things that matter most to you. An outline of contents follows:

Carlyn's Corner

Education: Section 504 Protections Under Attack

Why This Matters

Education: Eliminating the U.S. Dept. of Education

Why This Matters

Education: Special Education Funding at Risk

Why This Matters

Bottom line for Education

Medicaid: Federal HHS Changes Could Hurt Disability Services

Medicaid: Congress Working on Big Changes

Action Alert

Time for Action - What Can You Do?

[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

Lung Cancer Rates in Iowa

- 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, placing it in the **below average tier**.

Tobacco Use:

- The smoking rate in Iowa is **14.7%** and **significantly higher** than the national rate of 12.9%.
- It ranks **30th** among all states, placing it in the **below average tier**.

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.

[Learn more about radon](#)

Iowa's 99 counties have population of 3,200,517 (e) in 2022		
Male	49.8%	1,593,857
Female	50.2%	1,606,660
	Total	3,200,517
Population under 18 years	22.6%	723,317
Prevalence - Children w/Serious Emotional Disturbance (SE) 42,297 4.7% (from 24-25 MHBG application – pg 135)		
Population > 18 and < 65	53.3%	1,705,876
Populations 65 and over	18.3%	585,695
	Total	2,291,571
Prevalence of Adults >18 w/Serious Mental Illness (SMI) 132,646 5.8%* (from 24-25 MHBG application – pg 135)		
<i>Educational Attainment</i>		
High School degree or higher	92.8%	
Bachelor's degree or higher	29.7%	
		Civilian veterans 5.7%
<i>Population location</i>		
Urban	63.2%	
Rural	36.8%	
Median Household Income	\$65,429	
Individuals below poverty level	11.1%	

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.

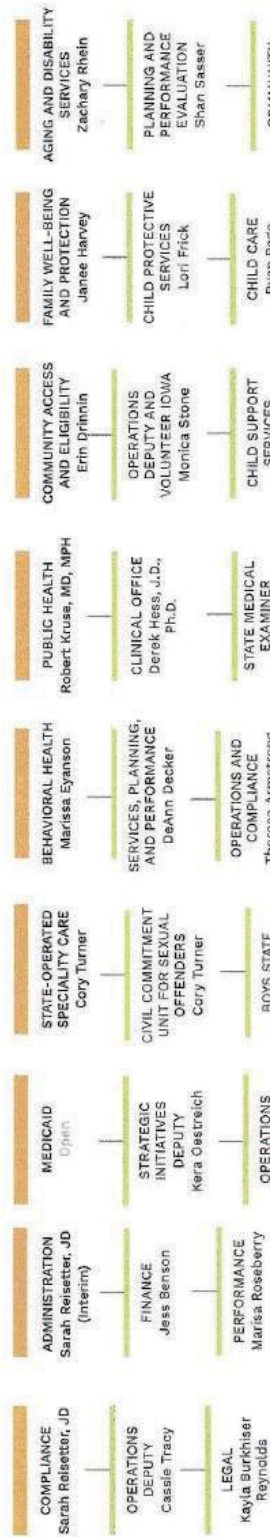
The Office of Public Guardian offers five free online training modules.

Kelly Garcia
Director

Sarah Ekstrand
Chief of Staff

EXTERNAL RELATIONS

- > Communications, Alex Murphy
- > Government Relations, Carrie Malone



Organizational chart for
Iowa Health & Human Services

Inpatient Psychiatric Bed Program -Updated February 2025

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	100	50	0	32	82
Eagle View	Scott	72	44	0	28	72
Finley Hospital	Dubuque	9	0	6	0	6
Genesis Medical Center- Davenport	Scott	36	28	0	8	36
Great River Medical Center	Des Moines	20	20	0	0	20
Iowa Lutheran Hospital	Polk	68	24	12	14	50
Jennie Edmundson Hospital Behavioral Health	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 and Nursing Home	Carroll	11	6	0	0	6
St. Luke's Methodist Hospital	Linn	72	19	13	14	46
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		783	502	31	134	667
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		875	558	31	170	759

In **2025**, there are presently **22 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	2025	2017	2018	2019	2020	2021	2025	
828	783	651	647	654	620	616	667	hospital beds
MHI's								
92	92	96	96	96	96	96	92	MHI beds (0 geriatric beds, 56 adult beds, 36 children beds)
920	875	747	743	750	716	712	759	Total beds

As per the above chart- between June 2021 and February 2025, the number of Iowa acute care beds **have dropped** from 920 licensed beds to 875 and staffed beds have **gone up** from **712 staffed beds to 759**

See [PsychiatricBed 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 - 32X 50 beds = 1600 beds recommended - Iowa has 759 staffed beds

A shortage of 841 staffed acute care mental health inpatient beds.

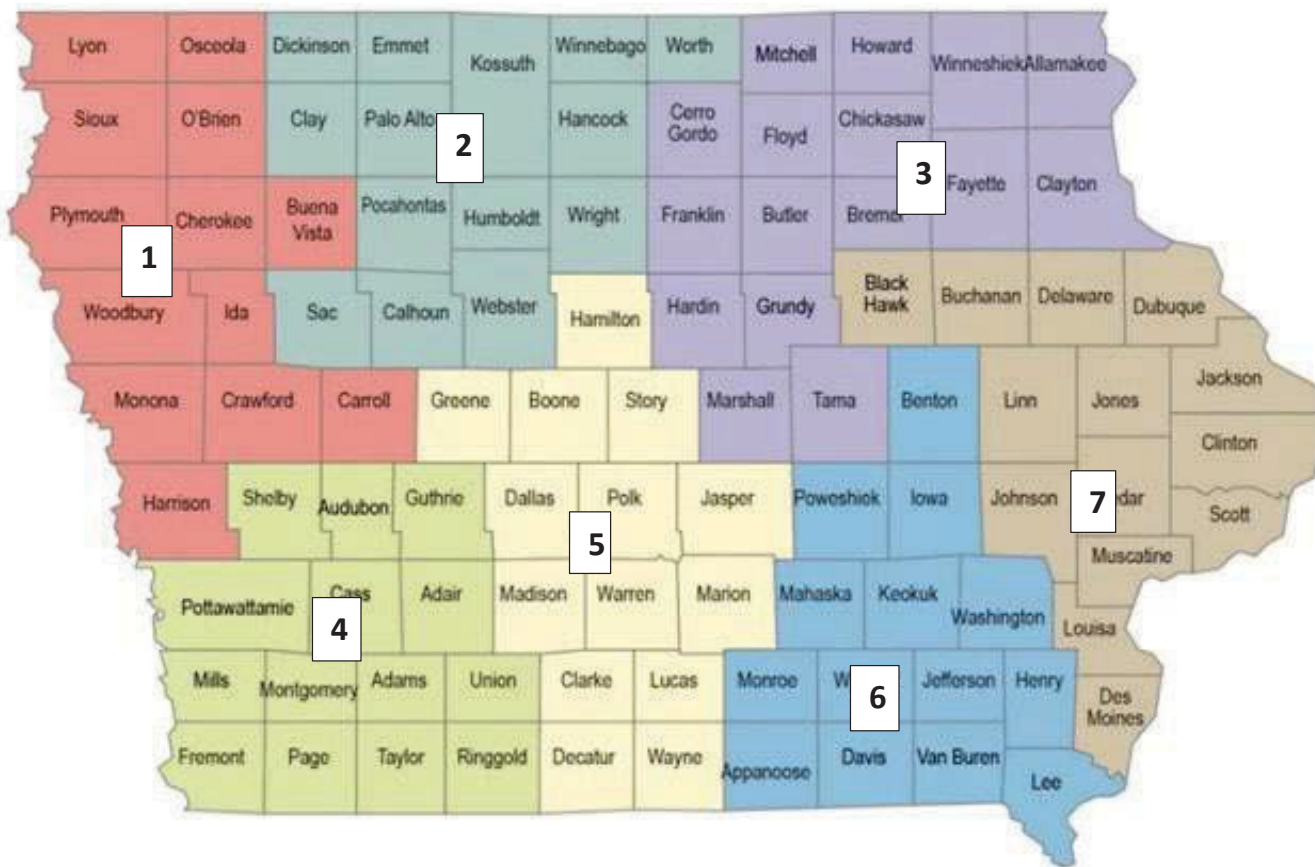
In 2024, the United States witnessed a **significant rise in suicide rates**, reaching levels not seen since **1941** according to the [USN](#). The age-adjusted suicide rate rose to 14.7 deaths per 100,000 individuals, surpassing the 2022 rate of 14.2.

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

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 Organizations** (ASO). The contract was awarded to Iowa Primary Care Association.

The Winter 2025 **State Behavioral Health Plan** draft is available for comment at:

<https://hhs.iowa.gov/media/15525/download?inline>

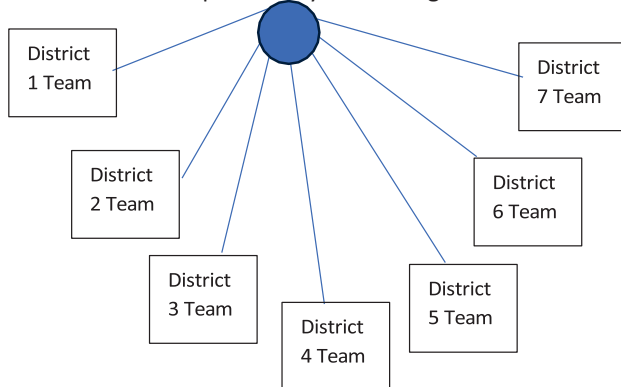
The Iowa Primary Care Association (IPCA)

Administrative Service Organization (ASO)

will be funded by braiding state and 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

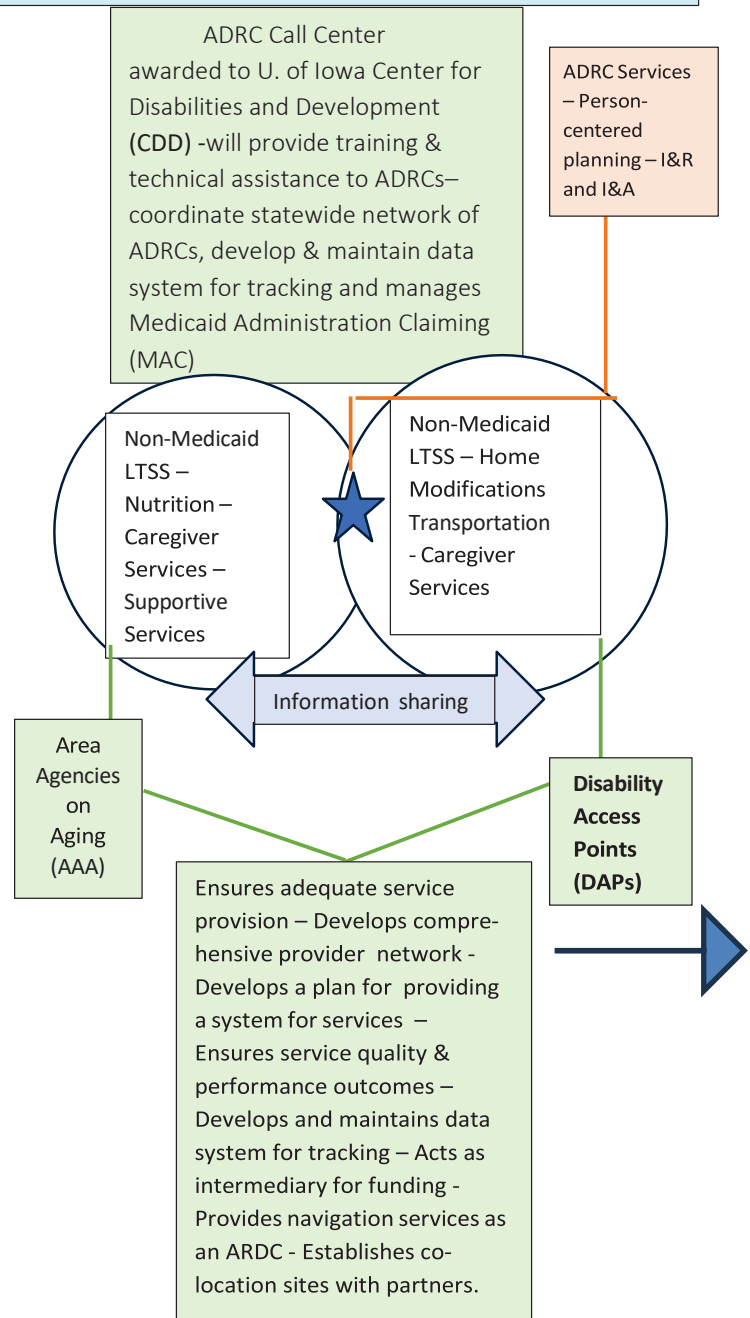


Current funding for mental health and substance use disorder treatment will be **combined into one** behavioral health fund controlled by IHHS.

The new behavioral health system is targeted to start **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



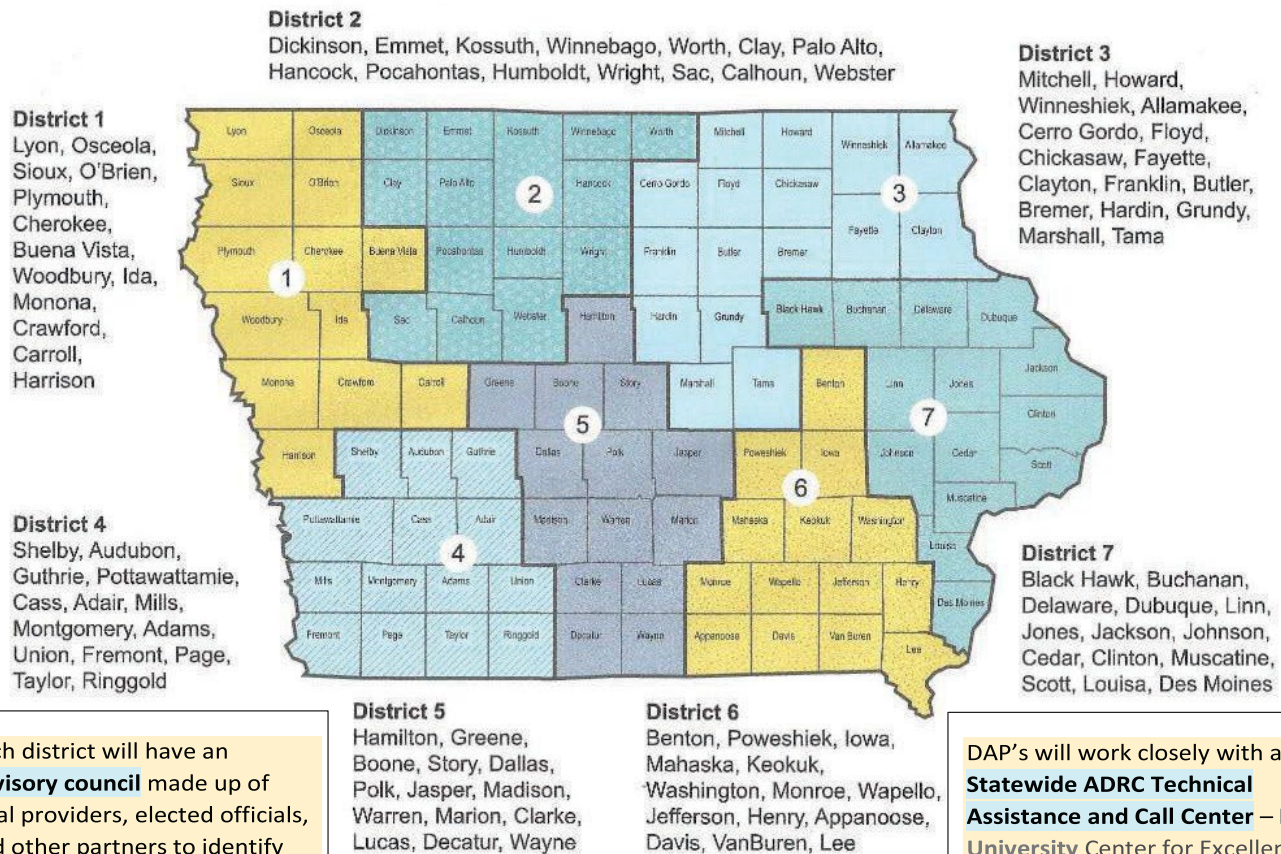
Acronyms

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.



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).

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 that 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

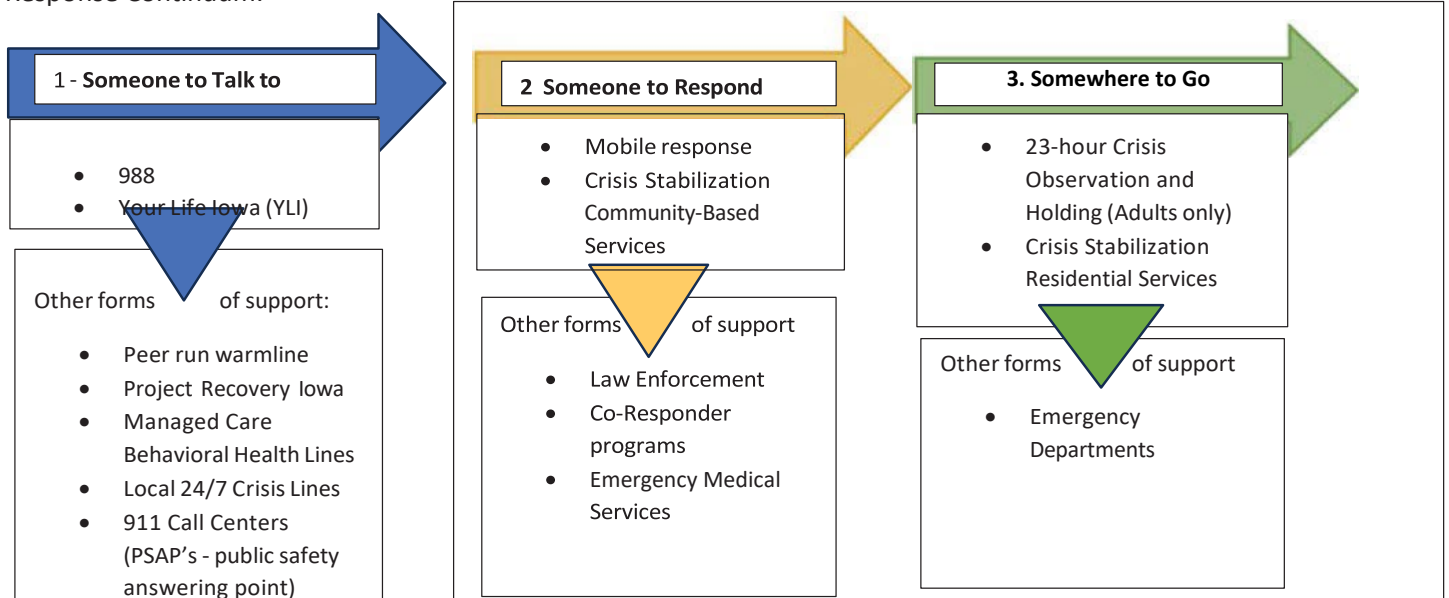
Sept. 27, 2024 – Iowa HHS engaged Health Management Associates, Inc., to assess **Iowa's crisis continuum of care** and make recommendations to strengthen the system's design, service delivery, funding and sustainability and, most importantly, individual experiences and outcomes.

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**

3 Some Place to Go Iowa's Current Behavioral Health Crisis Response Continuum:



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.

SOMEONE TO TALK TO - Best Practices and Iowa Gaps SOME PLACE TO GO – 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

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.

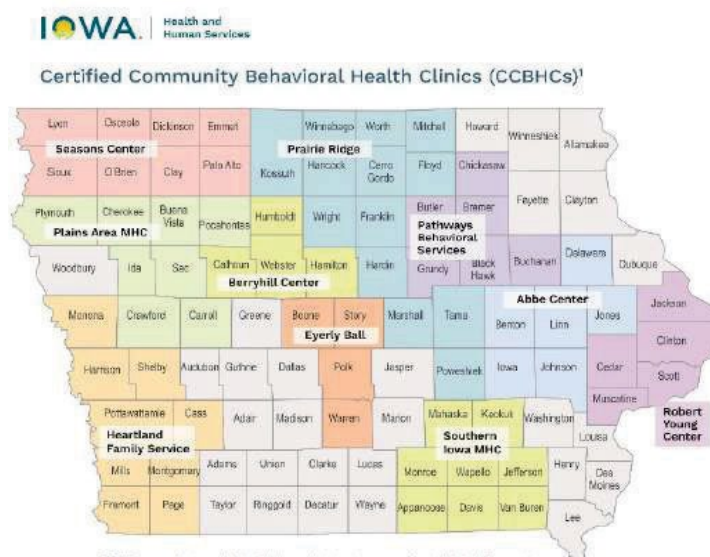
- CCBHCs are specially designed clinics that provide a comprehensive range of mental health and substance use disorder services.
- CCBHCs are required to serve anyone who walks through their doors, regardless of age, diagnosis or insurance status.
- CCBHCs receive a specialized prospective payment system (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 will begin July 1, 2025 along with the other features of the new behavioral health system.

The CCBHC map as of 11-26-24



The Medicaid Request for Proposal for **dental services** was awarded to **Delta Dental of Iowa's Delta Quest USA Insurance Co.** Services began summer of 2024.

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

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

SLOW DOWN
Don't make them feel trapped

GIVE THEM SPACE
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: 741741 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

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 in behavior related to the person's mental illness

If a person has to be restrained,
DON'T HOSTILE.
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://View Our Crisis Guides & Cards - Mindspring (mindspringhealth.org))

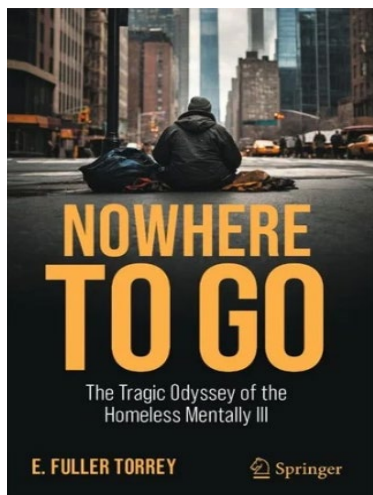
Prices to go up by 3.5% on July 15
You will be working with Mike Larkin –
Phone and Text: 515-577-3750
mlarkin@americanbus.com

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	Total Opioid Deaths	Year	Total Suicides	24 and under	25 thru 44	45 thru 69	70 and older
1970	22,000	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.							
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 - 49,500e	176	2014	409	72	117	177	43
			201	2015	424	77	139	166	42
			136	2016	459	68	161	186	44
			156	2017	470	85	151	173	61
			208	2018	495	71	170	201	53
			258	2019	521	81% increase from 2000- 2019			
			237	2020	551	91% increase from 2000-2020			
			238	2021	525	As of 12-31-21			
			157	2022	550	As of 12-31-22			
			43	2023	509	As of 12-31-23			
				2024	548	As of 12-31-24			
				2025	150	As of 4-30-25			

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



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 deinstitution-

alization.” *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*”.

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

Today, 70 years after we started emptying the state mental hospitals, there are approximately

- 218,000 severely mentally ill individuals who are homeless,
- 108,000 in our local jails, and
- 156,000 in our state and federal prisons.

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 two chapters of the book 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**.



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 rate 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.

A Note of Assistance to a Friend Who Asked for Help

Traumatic Brain Injury

Your son's reactions may be a result of **traumatic brain injury** which could account for not remembering things correctly and accusing you of things which are inaccurate. The shot to his head would likely be the cause. Traumatic brain injury symptoms often appear similar to the symptoms of mental illness. One of the differences between treatment of mental illness and traumatic brain injury is whether medications will offer any relief or correction of symptoms.

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 and/or your son. 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 son was not in the military. They may have information which can help you understand and/or what your son may be facing in rehab.

Mayo Clinic - Traumatic brain injury

- <https://www.mayoclinic.org/diseases-conditions/traumatic-brain-injury/symptoms-causes/syc-20378557>

Diagnosis and treatment

- <https://www.mayoclinic.org/diseases-conditions/traumatic-brain-injury/diagnosis-treatment/drc-20378561>

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. The website is: <https://communityneurorehab.com/> - look through the entire website to see their mission and services offered. They work with family members, too.

Post Traumatic Stress Disorder

My friend - you should get an evaluation to see if you are dealing with PTSD and how to cope with it. These resources could be helpful for your son and other family members, too.

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

Mayo Clinic

There has been extensive research on PTSD for a multitude of situations and includes assistance for family members.

Advocacy Resources

[Infonet](#) [Bill Tracker](#) [Action Center](#) [Calendar & Legislative](#)
[Town Halls](#)

[Guide to the Iowa Legislature](#)

IDD Council website

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

Capitol Chats

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,

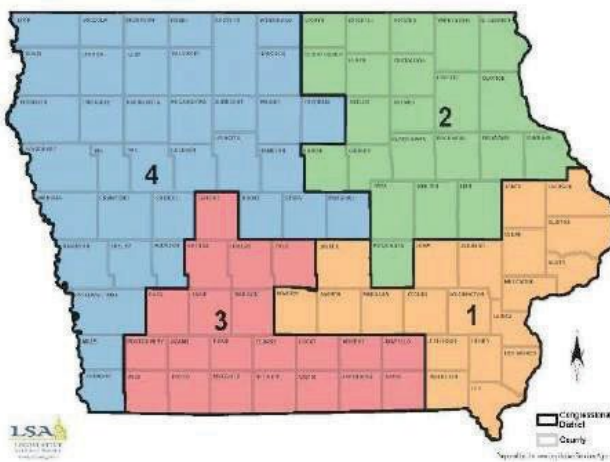
- US Senator Joni Ernst: (202) 224-3254

www.ernst.senate.gov

- US Senator Chuck Grassley: (202) 224-3744

www.grassley.senate.gov

IOWA CONGRESSIONAL DISTRICTS
Revised in cooperation with the Iowa Legislative Services Bureau, 11/2019



You are represented by one US Representative

- #2 - US Rep. Ashley Hinson: hinson.house.gov (202) 225-2911

- #1 - US Rep. Marianne Miller-Meeks: (202) 225-6576

millermeeks.house.gov

- #3 - US Rep. Zach Nunn: nunn.house.gov (202) 225-5476

- #4 - US Rep. Randy Feenstra: (202) 225-4426

feenstra.house.gov

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.

The Polk County Election Office is moving

[Des Moines Register](#): The Polk County Election Office is moving to a new headquarters on Des Moines' north side. The office could relocate as soon as late summer to the county-owned River Place at 2309 Euclid Ave. from its current 120 Second Ave. location. County officials say the River Place building will offer more parking and space for voters and is located along a bus stop and near the trail system.

Prof. Josephine Gittler of the U. of Iowa College of Law has championed the need for stronger **civic education** thru her leadership of the [Alliance for Civic Education of Iowa](#) (ACE) and passage of SF269 to improve civic literacy across the state. On Iowa PBS [Iowa Press](#), the breadth of efforts was explained:

- FY 26-27 – HS students required to pass the US citizenship test
- Civic education for K-12, colleges and universities
- Summer fellowship programs for civics teachers
- Creation of HS Civics competitions
- Civic engagement & education resource statewide clearinghouse.

Recent national data highlight the urgency of ACE's mission:

- Only 36% of adults can name all three branches of gov't.
- 95% cannot name all five First Amendment rights.
- 88% of 8th graders scored below proficient on the national civics assessment.
- A majority of young adults report being unprepared to research candidates and vote.
- Two-thirds of young adults say they fear for the future of American democracy.



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

We are here. With you.