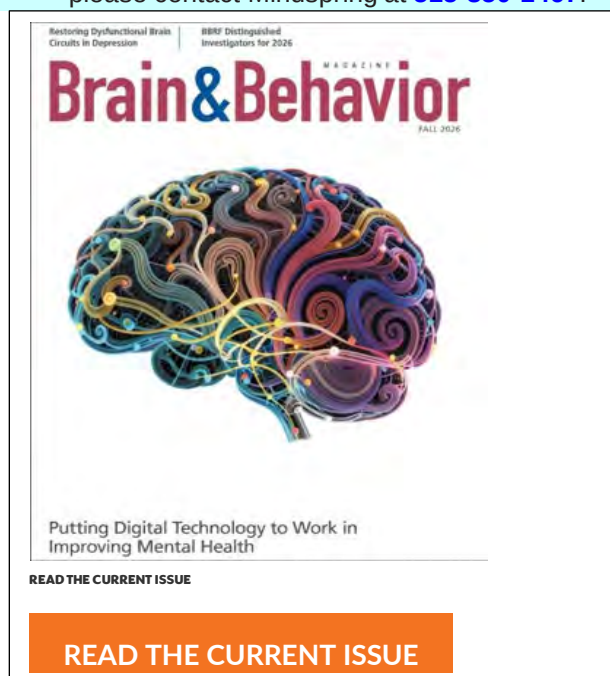




NOTICE: The Mindspring Resource and Advocacy Booklet will be distributed quarterly.

- 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.

2026 October Resource and Advocacy Booklet

988 and 911

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

Alcohol, Drugs, Gambling and Suicide Prevention Lifeline

Available 24/7.

Your Life Iowa <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.

There is a need for understanding the ADA Title I and the requirement of businesses to provide reasonable workplace accommodations. We could 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

Primary Health Care and Behavioral Health

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



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

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. 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>
<u>Services Intake</u>		
515-274-3400	800-806-9934	515-558-9948

<u>Care & Support</u>	<u>Hospice Referrals</u>	<u>Home Care Referrals</u>
515-288-1516	515-333-4552	515-558-9591

EveryStep Launches Mobile Central Iowa "Suitcase Clinics"

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, postpartum, 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.

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*

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

arohn@mindspringhealth.org

bipolar d/o support group

info <https://basedsm.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

Iowa REACH | Health & Human Services

On January 6, 2023, a suit *C.A. v. Garcia* (Case No. 4:23-cv-00009-SHL-HCA) was brought against the Iowa Department 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.

The Iowa REACH Initiative Implementation Team will coordinate and oversee the court-approved agreement in *C.A. v. Garcia* (Case No. 4:23-cv-00009SHL-HCA). The Consumer Steering Committee and subcommittees will guide key components of the initiative to ensure progress on its commitments. Materials related to *C.A. v. Garcia* can be found at [Initiatives | Health & Human Services](#).

Iowa REACH is made up of subcommittees that meet regularly to address a range of issues related to healthcare equity, access, and system improvements. [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.

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

The redesign of the Home and Community Based Service (HCBS) Waiver system from 7 waivers to 3.

Implementation Timeline

- Enhanced waitlist support and launch of a digital portal (October 2026)
- Reduced administrative burden through biannual waiver assessments (1-1-27)
- Implementation of a uniform HCBS fee schedule (1-1-27)
- Addition of new services within existing waivers (1-1-27)
- Work on standardized person-centered service plan templates, residential redesign and individualized budgets and consolidation of existing waivers from seven to three is ongoing and we will provide consistent progress updates.

HOME Infographic -

<https://hhs.iowa.gov/media/13850/download?inline>

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. They 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

Opioid Use Disorder Treatment Across Iowa

The Iowa Poison Control Center's **Iowa Buprenorphine Education, Access, and Consultation Network** (I-BEACON) is providing Iowa healthcare professionals with 24/7, no-cost clinical consultation to support the initiation of buprenorphine for patients with opioid use disorder.

The statewide program offers real-time guidance on treatment initiation, dosing, patient assessment, and follow-up, serving providers in emergency departments, primary care clinics, urgent care settings, hospitals, behavioral health programs, and substance use treatment programs.

Designed with the needs of **both rural and urban providers** in mind, I-BEACON aims to reduce barriers to evidence-based treatment and expand access to medication for opioid use disorder across Iowa.

The program also works to strengthen connections between treatment initiation and ongoing care by developing a statewide network of providers able to offer medication management, counseling, and behavioral health services.

I-BEACON is supported through funding from the Iowa Dept of Health and Human Services and Iowa's Opioid Settlement Fund, allowing consultation, education, and resources to be provided at **no cost to Iowa healthcare providers**.

Providers who have questions about initiating buprenorphine or connecting patients with continued treatment can access the I-BEACON consultation line through the Iowa Poison Control Center by calling 1-800-222-1222. Learn more about I-BEACON [HERE](#).

Mobile Clinic Expands Addiction Care in Rural Iowa

A University of Iowa Health Care mobile clinic is expanding access to addiction treatment and recovery services for rural Iowans. The clinic offers medications for opioid use disorder, behavioral health support, and connections to ongoing care, helping reduce barriers caused by distance and limited provider availability. UIHC reports that the clinic is already reaching communities with significant needs, strengthening access to evidence-based treatment closer to home.

----HHS Rural Health Highlights

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.
- 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:
 - o who offer youth crisis intervention and peer supports;
 - o **Friends of Youth Justice Initiative** who offer evidence based curriculum for pre-teens, including those in their truancy diversion program;
 - o **RISE Recover** who offer youth mentorship and peer coaching around employment;
 - o **Community Youth Concepts** who provide evidence-based programming for youth to reduce high-risk behavior; and
 - o **Steps of Hope** distributes naloxone and 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 \$500,000 will go toward 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

Iowa Poison Control Center (800) 222-1222

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

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

Dennis Burns Phone: (515) 371-6768

dennis.burns@prudential.com

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 Family Planning Council of Iowa and Polk Co Health Dept aim to improve health outcomes for individuals and the community as a whole.

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.

"We know that **stigma, financial barriers and accessibility** challenges often prevent people from getting the resources they need," Juliann Van Liew, Polk Co. Health 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](#).



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:

- 1 in 4 children live with a parent with a substance use disorder.
- Every 25 minutes, babies are born suffering from opioid withdrawal.
- 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:

County alliances like **Polk County DEC** (STAR Center), **Jasper County DEC** (Open Arms Foundation), and **Southwest Iowa DEC** (Family Resiliency Center).

Free trainings, certified trainers, and conferences.

Contact Information:

Jennifer Sleiter: 515.224.3300,

Jennifer.Sleiter@unitypoint.org

Nikki Romer: nromer@nationaldec.org

For more details, visit www.nationaldec.org



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.

1-888-201-3281

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

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

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.polkcountyia.gov/behavioral-health-disability-services/
Warren Co.	Central Iowa Community Services https://www.cicsmhds.org 1007 S. Jefferson Way, Indianola, IA 50125 515-961-1068 email: mentalhealth@warrencountyia.org https://warrencountyia.org/mentalhealth
Dallas Co.	Heart of Iowa Community Services 25747 N Avenue, Suite D, Adel, IA 50003 515-993-5872 Toll free: 877-286-3227 E-mail: dccs@dallascountyia.gov Website: hicsiowa.org
Madison Co.	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.



State of Iowa Olmstead Plan 2026-2031–36 pg.

<https://hhs.iowa.gov/media/18419/download?inline>

Executive Summary

“Delivering on the promise. Iowans with disabilities are living, learning, working, and enjoying life in the most integrated setting of their choice.”

What is the Olmstead Plan?

An Olmstead Plan is a government plan to make sure people with disabilities can live, work, and receive services in the community. The plan shows what the state is currently doing to offer services in inclusive, community-based settings, as well as laying out clear steps for the future to increase opportunities for people to live in the most integrated setting where they can participate in the community as much as possible.

Olmstead Guiding Principles:

The following principles serve as foundation for Iowa's 2026-2031 Olmstead Plan:

- Iowans with disabilities have the same basic human rights, options, and control over their lives as any non-disabled citizen.
- Iowans with disabilities have the right to access information, education, and experiences that foster their ability to make informed choices, with respect to dignity of risk.
- Iowans with disabilities are given an opportunity to access competitive, integrated employment opportunities based on individual interests.
- Iowans with disabilities have the right to live and be supported in the community and setting of their choice, with opportunities for productive and meaningful participation in the community.
- Iowans with disabilities have opportunities to develop meaningful personal relationships.
- Iowans with disabilities have the right to autonomy and are the experts of their own lives.

The Olmstead Plan supports the state's efforts to provide a system of services and community-based support to people with disabilities in compliance with Title II of the American Disabilities Act (ADA) and the Olmstead Decision.

State of Iowa Olmstead Plan Summary 2026-2031 – 12 pages

<https://hhs.iowa.gov/media/18424/download?inline>

Location of Olmstead Plan information on the HHS website

<https://hhs.iowa.gov/family-community/community-integration/olmstead-plan>

Polk County Life Services Center

The Polk County Life Services Center is at 1914 Carpenter Ave in Des Moines. It is the **Sobering Center which is a safe place for an intoxicated individual to sober up**. There is only one other Sobering Center in Iowa City. The purpose of the Sobering Center is to divert individuals from jail and hospital Emergency Depts.

On average, each day there are 5 people booked into the Polk Co Jail with the charge of 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 **EMTs** to provide the eyes-on to ensure sobering occurs safely. A **Medical Director** provides clinical policies, procedures and oversight. **2 Community Navigators** assist those who want to engage in a recovery pathway or assist with referrals. A **Site Director** oversees the entire 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 hour stay in a safe, supportive environment with expert staff.

The Sobering Center opened on 11-19-24. As of 11-30-25, about 1400 people have received help. 90% came from DsM – vast majority low-income and large portion homeless. About 8-10% repeat visitors. The center cares for people 18 and older, the oldest person served was 74. About 1/3 dropped off by police, fire or medics. Remaining have mostly checked in themselves or by a family member or friend. Almost every patient has alcohol in their system, but the center is largely seeing a mix of drugs, including fentanyl, which causes severe addiction issues.

The urgent care and crisis observation center have seen more than double the patients than the sobering center – 3573. The urgent care clinic focuses on on-demand psychiatric needs, while the crisis observation center provides short-term intensive support for people who are going thru a mental health crisis. 28% of patients seen in the first year were non-white.

Estimated savings \$3.2M in ER visits. \$74,000 in jail fees and about 35,000 hours for police. Staff can provide bus tickets, call United Way for transportation or connect people with Lyft, Uber or Yellow Cab Co. rather than release people back into the neighborhood.



A visit to a sobering center does not go on a person's criminal record. Visitors are getting a diversion opportunity. They're getting that second chance to get connected to resources.

Polk County Life Services Center

1914 Carpenter Avenue

Des Moines IA 50314

**exact room assignments subject to change*



Call 515-824-5154

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.



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.

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



<https://stgregoryctr.com/>

888-724-3342

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

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 – Mon-Thurs – AM, PM groups

Integrated Mental Health w/SUD (substance use disorder)

-alignment with First Responders and Military Veterans

Our Tactical Recovery program-trauma-informed care for
vets and First Responders

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

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

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

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

Healing Prairie Farm Youth Shelter and Youth Crisis

Stabilization is located close to Iowa City.

Sarah Nelson is CEO of CommUnity Crisis Services.

Emma Nelson is the Program Coordinator.

<https://builtbycommunity.org/healing-prairie-farm/>

The Youth Shelter serves youth from 12 to 17 years old. Stays are up to 21 days. There is Peer Support available at the farm.

The Youth Crisis Stabilization program serves youth from 10 to 17 years old. Stays are from 3 to 10 days. Youth Crisis Stabilization is not treatment. There are only 5 providers that offer Crisis Stabilization for youth statewide. Offers a safe space to get away from stressors and focus on skills building. Supports include equine therapy, anger management, animal therapy and emotional regulation.

Exclusionary criteria include a history of arson, animal abuse, concerning sexualized behavior and certain violent behavior.

Having one trusted adult is important for youth. Private insurance doesn't cover services. Reimbursements are thru the State Safety Net Management Information System and Medicaid. Will do aftercare when a person leaves Healing Prairie Farm.

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**

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 - <https://lifeconnectionsrecovery.org/>
Life Connections supports individuals who are experiencing Mental Health and Substance addiction issues and who want to work on their recovery goals and situations before getting into a crisis situation. Life Connections is a peer run, peer owned organization.

Rhonda's House – Peer Run Respite - Residents receive recovery support from trained and caring peer staff members who have also experienced mental health challenges. They share successful strategies for regaining and maintaining wellness. 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.

Call or make a reservation to go through our screening process. Phone: 563-659-1171- Location: DeWitt, Iowa
info@lifeconnectionsrecovery.org

Wellness Center – A place where individuals experiencing Mental Health issues can work on their recovery with trained Peer Support Specialists. Staff have many of the same lived experiences as our guests and serve as models of recovery. The Wellness Center serves all individuals whether or not they can pay. Location: 1663 Lincoln Way, Clinton, IA 52743 563-206-1447 – info@lifeconnectionsrecovery.org
Services offered:

- Promoting whole health
- Wellness Recovery Action Planning (WRAP)
- Trauma informed care
- Step down services
- Workshops and webinars

The Wellness Recovery Center is for individuals 18 and older who are recovering from a mental health issue who are look-

ing for a place to go for social activities, group discussions, one on one conversations, or a place to be among others who understand. Wellness groups meet any time 4pm-10pm Mon thru Friday or [Join Virtually](#).

Monday – Peer Support and Sharing Group

Tuesday – Life Skills and Wellness Groups

Wednesday – 12 Step

Thursday – Trauma Recovery group

Friday – Creative Expressions group

Virtual Wellness – 563-659-6625

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](#) for the Peer Support inventory.

Abbe Statewide Warm Line

A Peer Support Specialist is always available by phone, 365/24/7.

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

On demand, no scheduled appointments.

HHS website

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

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 Cit



POLK COUNTY SHERIFF'S OFFICE

Polk County, Iowa

**In Partnership with I.G.N.I.T.E.—
National Sheriffs' Association**

Date: September 01, 2026

To: Polk County Community Partners, Employers, and Residents

Re: Launch of the I.G.N.I.T.E. Partnership with the Polk County Sheriff's Office

Sheriff Kevin J. Schneider is proud to announce that the Polk County Sheriff's Office will launch. I.G.N.I.T.E — Inmate Growth Naturally and Intentionally Through Education — a national initiative of the National Sheriffs' Association. At its core, I.G.N.I.T.E. is a public safety initiative: it is an opportunity to change the culture of incarceration in Polk County by restoring value, hope, and purpose to individuals in our custody, so they return to our community ready to contribute rather than reoffend.

A safer Polk County starts with what happens inside our jail. The overwhelming majority of people who enter the Polk County Jail will be released back into our neighborhoods, workplaces, and schools. The question our community faces is not whether they come home — it's what condition they're in when they do.

I.G.N.I.T.E. exists to make sure the answer is: better prepared, better supported, and far less likely to reoffend.

Nationally, **I.G.N.I.T.E.** now operates in 40 jails across 18 states, and the results are well documented. Independent research conducted by economists at Harvard, Brown and the U. of Michigan found that even one month of participation drives a 25 percent reduction in weekly misconduct and meaningfully lowers recidivism, while generating more than \$7,000 in social cost savings/participant within the first year.

Locally, the impact is direct: the substantial majority of individuals held in the Polk County Jail, ninety percent (90%) return to our community. Every person who leaves better

educated, credentialed, and job-ready is a Polk County taxpayer dollar protected, a future victim spared, and a family kept whole.

Fewer repeat offenses mean fewer victims, lighter case-loads for our courts and law enforcement, and a jail environment that is calmer and safer for both residents and our deputies. I.G.N.I.T.E. is a merit-based initiative that incentivizes participants to complete education and job training so

we can connect returning citizens with local employers before they walk out our doors — replacing the idle time and instability that often lead back to crime with structure, accountability and a plan.

This initiative was built to change not only outcomes, but the stigma that follows a citizen returning home after incarceration. To do that well, we need our community's help. We are seeking volunteers, partners, and sponsors who can offer instruction, mentorship, certification, or in-kind support in areas including:

- GED / High School Diploma Completion
- Adult Enrichment Education
- Employment Opportunities and Employer Partnerships
- Understanding Mental Health
- Addiction Education
- Skilled Trades Virtual Reality Training
- Employment Counseling
- Financial Literacy
- ServSafe Certification
- Career Readiness
- Parenting Classes
- Commercial Driver's License (CDL) Training
- Religious Services and Counseling

This list is a starting point, not a limit — every educational and job-training opportunity will be considered.

A safer Polk County jail, a stronger local workforce, and fewer returns to custody all depend on the same thing: giving people the tools to succeed before they walk out our doors. We are asking our community to help us build that path.

If you or someone you know is interested in partnering with the Polk County Sheriff's Office to support I.G.N.I.T.E., please contact Sheriff Kevin Schneider at polkcounty.sheriff@polkcountyiowa.gov at your earliest convenience.

Respectfully,
Kevin J. Schneider
Sheriff, Polk County, Iowa

I.G.N.I.T.E. ® — Inmate Growth Naturally and Intentionally Through Education | National Sheriffs' Association

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 voluntary action.**

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 ER by DMFD personnel **1450 times in 2022** 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 health care 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://kdsml7.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 hrs
- 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.

"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.

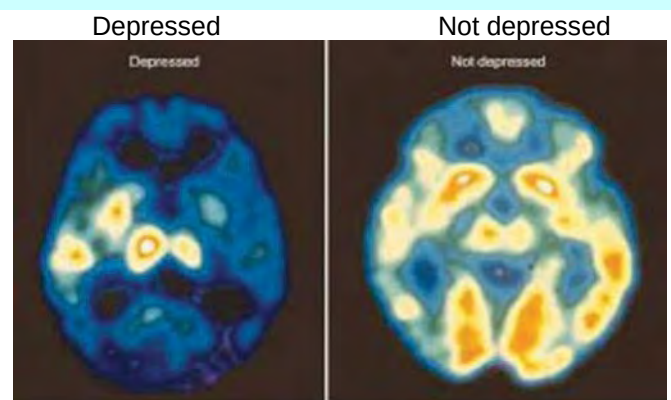
Polk County resident Ann Breeding, who founded the non-profit organization Steps of Hope Iowa after her son's death from an overdose in 2020, **encourages families of people with opioid use disorder** to get help from the REACH program.

"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

An article on the program can be found [here](#).



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.

ACES – Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood before the age of 18.



What Are the Types of ACEs?

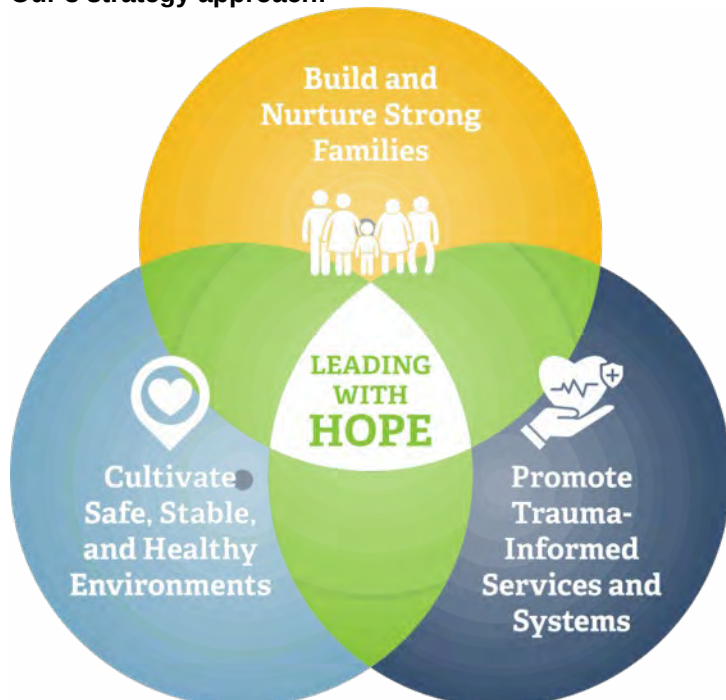
The original [CDC and Kaiser Permanente ACE Study](#) groups ACEs into *three main categories*: abuse, neglect, and household dysfunction.

- **Abuse:** Emotional, physical, and sexual abuse.
- **Neglect:** Emotional and physical neglect.
- **Household Dysfunction:** Growing up with domestic violence, substance use problems, mental health conditions, parental separation or divorce, or an incarcerated household member.

How ACEs Affect Health

- **Toxic Stress:** Ongoing trauma keeps the body's stress response turned on high, which can damage developing brain and bodily systems.
- **Long-Term Risks:** Higher ACE scores increase the risk of chronic health conditions like heart disease, depression, and substance use in adulthood.
- **Prevention:** Safe, stable, and nurturing relationships and environments can prevent ACEs and help protect children from long-term harm.

Our 3 strategy approach:



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 asking 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 & medical risks of the fetus as well)
- 2) The **receiving** medical facility has available space & 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 & 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.

More information on the next page . . .

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 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>

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 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

CDC Data: Pregnancy-related Deaths Due to Mental Health Conditions are Rising

According to the U.S. Centers for Disease Control -mental health conditions (*including suicide and accidental overdose*) are the leading cause of death for pregnant and postpartum women, accounting for 28% of pregnancy-related deaths.

Over 85% of pregnancy-related deaths were deemed preventable. [See the Data](#)

Hotlines & Helplines: Where Moms Can Get Support

There are general crisis and specialized hotlines and helplines ready and available to help mothers and others experiencing maternal mental health conditions. Please note them and share with your patients and clients.

[National Maternal Mental Health Hotline](#)

Free, confidential, 24/7 support specifically for mothers and others experiencing maternal mental health conditions. This hotline is staffed by trained counselors who connect help-seekers with support and resources. Anyone can contact the Hotline via call, text, or chat in English or Spanish. Translation is available in over 60 languages. 1-833-TLC-MAMA or **1-833-852-6262**

[Suicide and Crisis Lifeline](#)

Free, 24/7 crisis lifeline. Call or text 988.

[Postpartum Support International \(PSI\)](#)

PSI is the leading organization providing free resources and support to pregnant and postpartum parents, including:

- Online support groups
- Support navigators and lived experience specialists
- Provider directory
- List of intensive treatment programs

Fact Sheet: Suicide and Maternal Mental Health

Mental health conditions (including suicide and accidental overdose) account for nearly 28% of pregnancy-related deaths, making them the leading cause of death for pregnant and postpartum women.

This evidence-based fact sheet produced by the Maternal Mental Health Leadership Alliance covers key facts, statistics and data sources behind this public health crisis affecting pregnant and postpartum women in the U.S.

[Download FACT Sheet](#)

Educational Script: Educate Patients About Maternal Mental Health Conditions

Healthcare providers need an easy way to raise awareness about maternal mental health conditions and share resources with their patients at regularly scheduled appointments:

*"Mental health conditions are the most common complication of pregnancy and childbirth, impacting 1 in 5 pregnant or postpartum people. These conditions are not your fault, and they do not make you a bad person. I'm going to be with you each time I see you how you are doing. If you need help, you can reach out to me and you can also contact the National Maternal Mental Health Hotline: **1-833-TLC-MAMA** and Postpartum Support International at **postpartum.net***

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, 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 - 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.

IA awarded \$209M for 1st year of federal rural health program

Iowa Gov. Kim Reynolds and the Iowa HHS 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](#) aims to strengthen health care in rural communities, will receive \$209 million for the first year of implementation.

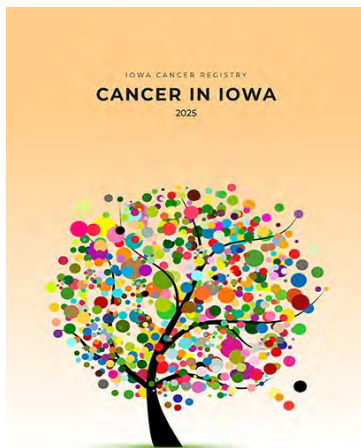
The Rural Health Transformation Program was authorized by the spending bill passed in Congress. The program is set to allocate \$50 billion to states between 2026 and 2030 and is meant to help offset the estimated \$137 billion decline in rural Medicaid spending over the next 10 years, according to KFF.

Healthy Hometowns includes five key initiatives:

- **Hometown connections:** Build partnerships to expand health care options in rural areas - hub-and-spoke networks of care, with investments in telehealth, specialized medical equipment, provider recruitment and retention, efficient space utilization, limited funds to support care for uninsured Iowans.
--[School-Based services in Iowa](#)
---[RFP for Rural Residency program for internal medicine or OB-GYN](#)
- **Combat cancer:** Increasing access to cancer screening, forming cancer-specific Health Hubs - upgrading equipment for screening and treatment, supportive care for families impacted by cancer and supporting studies and analyses by academic partners. Address lung cancer prevention through radon testing and mitigation, breast cancer by paying for mammograms and follow-up breast MRIs, colorectal cancer through FIT tests and follow-up colonoscopies, skin cancer through telehealth and new equipment, and prostate cancer through routine screening methods.
- **Communities of care:** Support projects that bring different types of providers together under one roof.
--[Communities of Care Co-location](#)
- **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 **toxic water quality**.

Articles linking toxic water to our cancer problem -

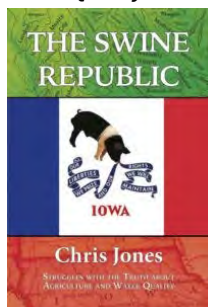
1. Iowa's great cancer mystery: Is the land making young people sick? [Washington Post 10-27-25](#) - In Iowa, young cancer patients are making the small state a bellwether of a generational reckoning.
2. America's Big Agriculture Problem is Getting Worse - Axios/Bloomberg – 19 minutes
<https://www.youtube.com/watch?v=9KXOO3gK5wo>
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](#)

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-NCLbII&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

Melanoma cases in Iowa are **up 169%** since 1992 – IPR, 5.14.26

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

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/lixlchbz/ciswra-currents-of-change-final-scientific-assessment-of-source-water-research-report-jun272025.pdf>

The Harkin Institute hosted the event which released and explained the **Central Iowa Water Quality Study**. Between in-person attendance and virtual attendance, the Harkin event had around 1000 attendees. You can view the recording of the meeting at: <https://harkininstitute.drake.edu/2025/03/03/11929/> Many organizations were 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.

A second study was done by John Norris.

"Iowa's water crisis—Nothing will Change if Nothing Changes" – 31 pages

<https://harkininstitute.drake.edu/wp-content/uploads/sites/103/2026/03/Iowas-Water-Quality-Crisis-Policy-Recommendations.pdf>

Priority 1: Public Health & Water Quality Monitoring & Data Transparency

Priority 2: Nutrient Standards, CAFO Siting, Density, and Manure Management

Priority 3: Drainage and Tile Discharge Accountability

Priority 4: Fund Research to Support Changes for Iowa Agriculture and Public Health

Priority 5: Watershed Governance and Agency Capacity

Priority 6: Enforcement, Penalties, and Compliance

Priority 7: Fund the Iowa Water and Land Legacy (IWLL) Using the Originally Proposed Trust Fund Formula

Priority 8: Funding and Polluter-Pays Mechanisms

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

Iowa has 119 hospitals.

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**

The new Methodist Jennie Edmundson mental health facility in western Iowa aims to help address a statewide shortage of mental health services. The 96-bed behavioral health hospital is set to open in mid-June in Council Bluffs.

See **PsychiatricBed Supply Need PerCapita**. - <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. Adding the Jennie Edmundson Council Bluffs facility, will **reduce the shortage of beds from 836 to 740**.

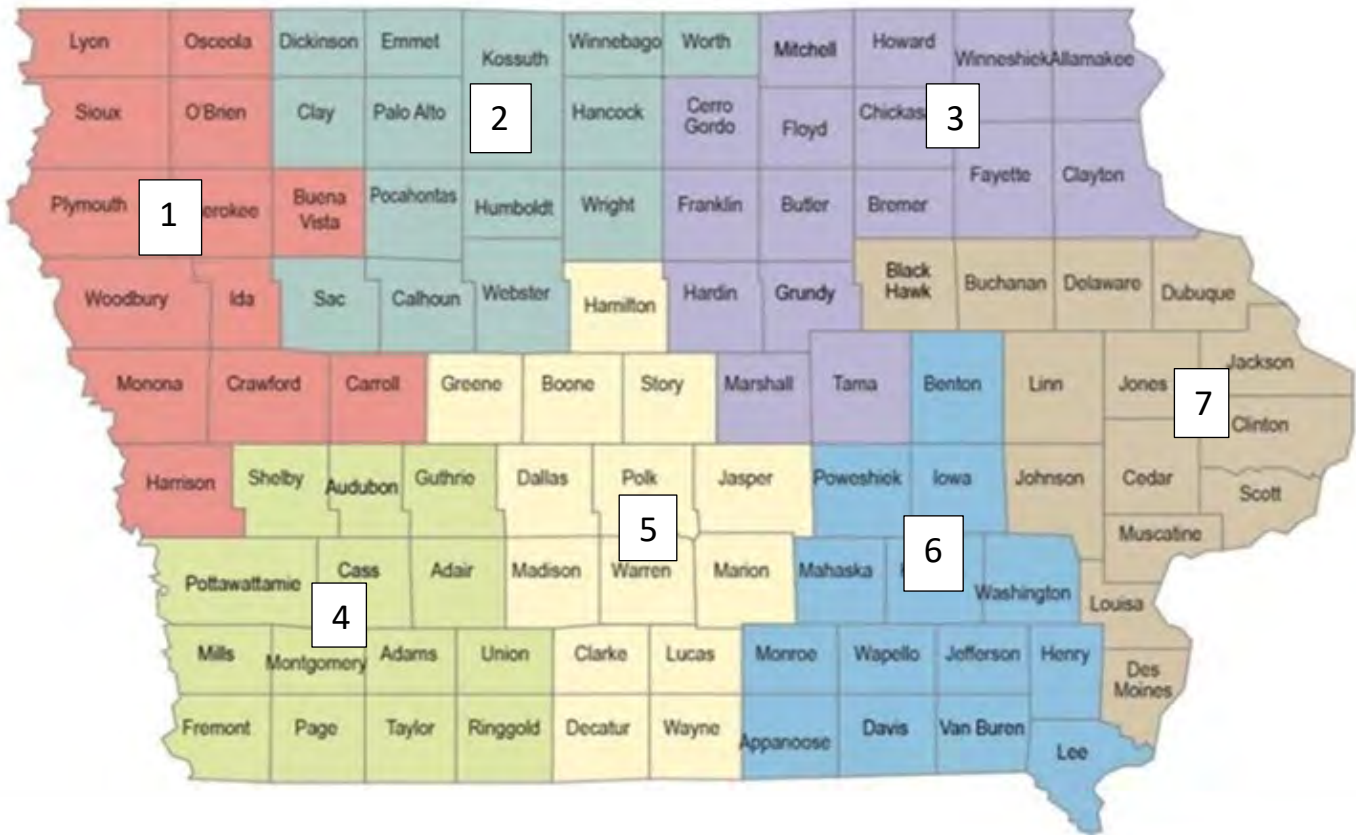
In 2024, the United States witnessed a **significant rise in suicide rates**, reaching levels not seen since **1941** according to the **USN**. The age-adjusted suicide rate rose to 14.7 deaths per 100,000 individuals, surpassing the 2022 rate of 14.2.

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

2025-2027 Behavioral Health Service System Statewide Plan

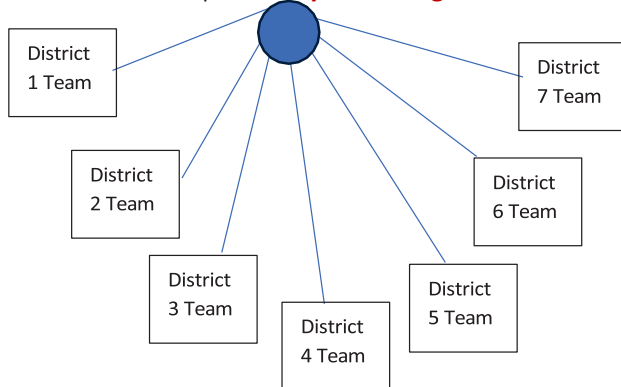
<https://hhs.iowa.gov/media/15525/download?inline>

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**

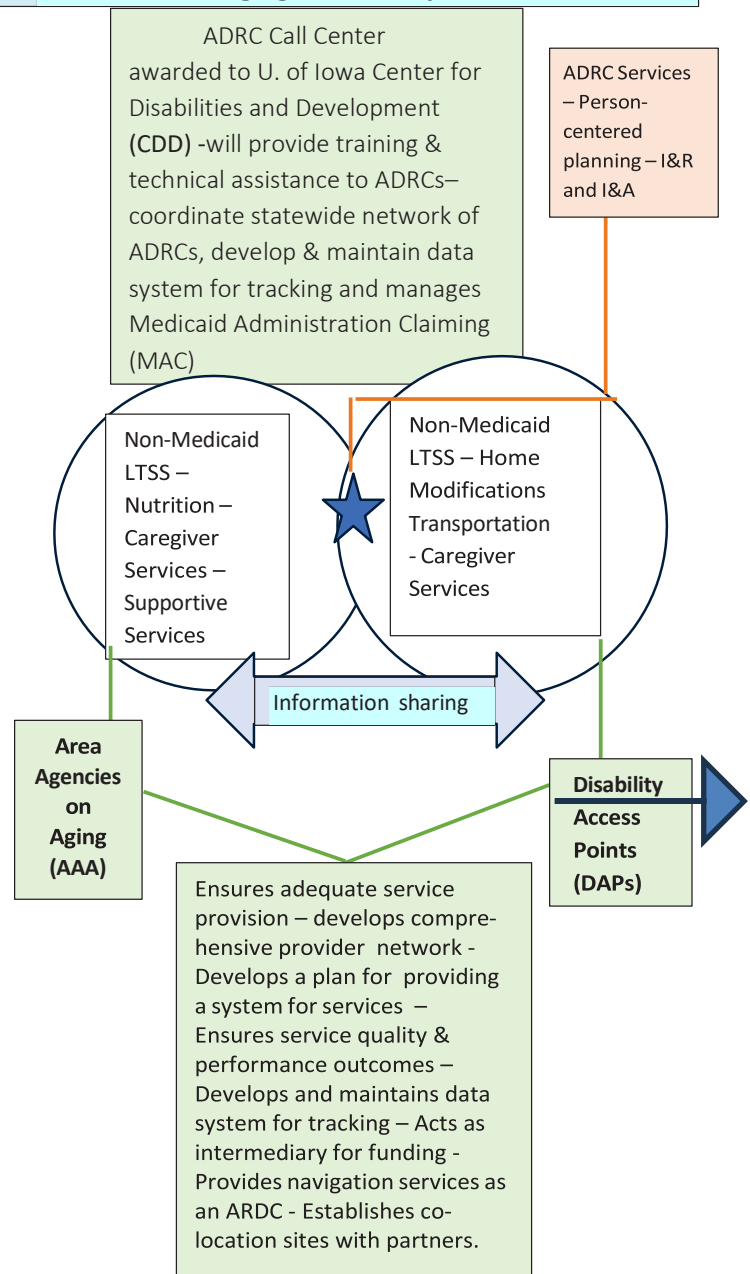


Current funding for mental health and substance use
disorder treatment will be **combined into one** behavioral
health fund controlled by IHHS.

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.

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 **24 community health center** organizations and their **110 locations** through advocacy, workforce development, specialized 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.

SF2474: The Dept of Education will survey all public K-12 schools to determine if they have:

- 1) adopted a cardiac emergency response plan
- 2) if they have automatic electronic defibrillators and
- 3) where in each school those AED's are located.

Legislators will use this information to determine if a grant program is needed to encourage schools to purchase more AED's in the 2027 legislative session.

District 2

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

District 1

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

District 3

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

District 4

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

District 5

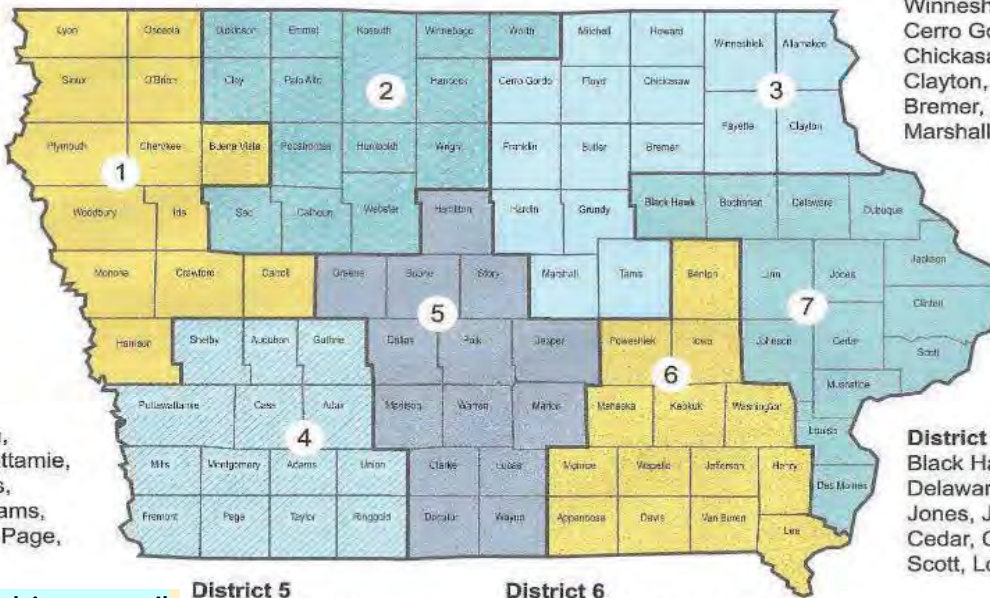
Hamilton, Greene,
Boone, Story, Dallas,
Polk, Jasper, Madison,
Warren, Marion, Clarke,
Lucas, Decatur, Wayne

District 6

Benton, Poweshiek, Iowa,
Mahaska, Keokuk,
Washington, Monroe, Wapello,
Jefferson, Henry, Appanoose,
Davis, Van Buren, 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.

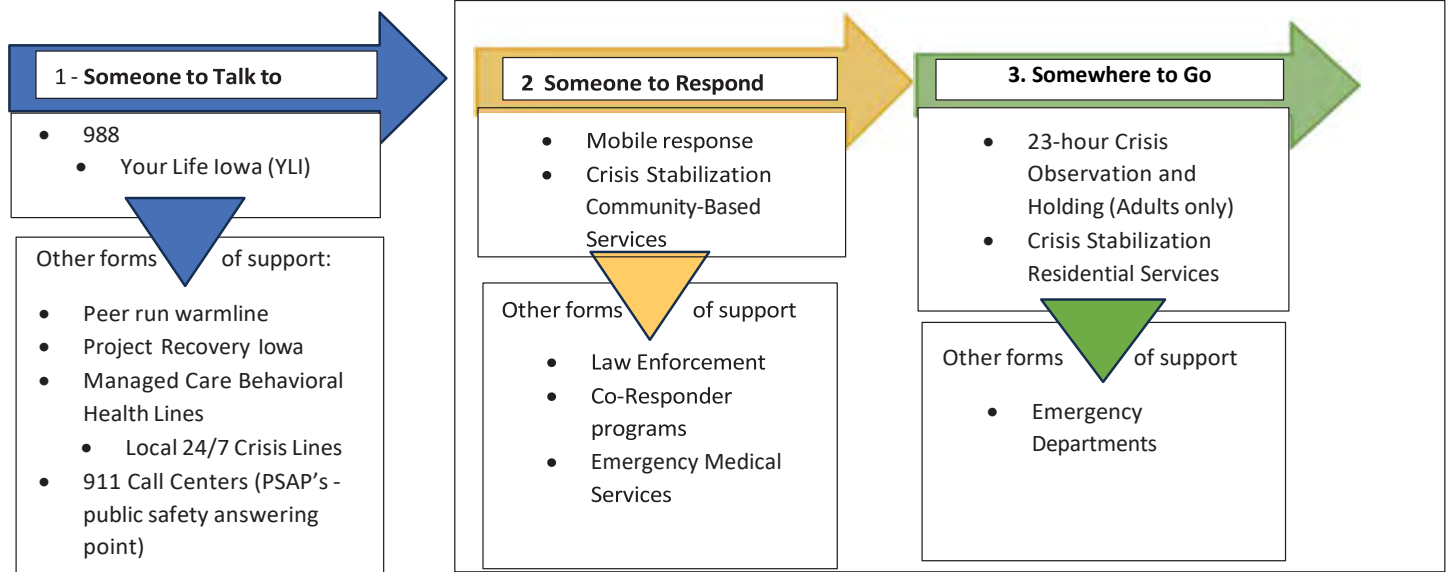
Transforming Iowa's Behavioral Health Crisis Continuum of Care System

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

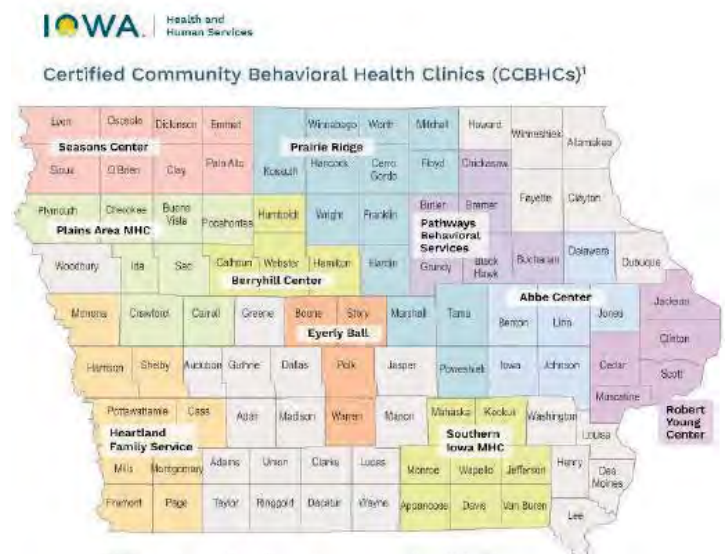
- A CCBHC can use a Designated Collaborating Organization (DCO) to provide up to 49% of the required service encounters.
- Iowa CCBHC's must DCO with the State Sanctioned mobile crisis provider for the counties in their catchment area.

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



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
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: 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

DO'S AND DON'TS

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 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://ViewOurCrisisGuides&Cards-Mindspring.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			Total Opioid Deaths			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
				2014	409		72	117	177	43			
				2015	424		77	139	166	42			
2023	49,300	2024 – 48,824	2025 - pending	176	2016	459		68	161	186	44		
				201	2017	470		85	151	173	61		
Location	Adult	Youth	Geriatric	Total	136	2018	495		71	170	201	53	
Iowa Lutheran	24	14	12	50	156	2019	521	81% increase from 2000- 2019					
Broadlawns	44			44	208	2020	551	91% increase from 2000-2020					
VA Hospital	10			10	258	2021	525	As of 12-31-21					
Clive Behavioral	50	32		82	237	2022	550	As of 12-31-22					
Total	128	46	12	186	238	2023	509	As of 12-31-23					
Staffed Beds in Des Moines					157	2024	548	As of 12-31-24					
					113	2025	554	As of 12-31-25 report					
					75	2026	289	As of 7-31-26					

<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.

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

Legislative news –

SF 369 became effective on July 1, 2025. The civics test is to be administered beginning with the 2026–27 school year and program year. Students must correctly answer at least 60% of the multiple-choice questions from the 100-question USCIS naturalization test.

Students can take and retake the exam as many times as necessary to pass, and schools are barred from charging any administration fees.

The mandate officially applies to the graduating class beginning in the **2026–27 school year**. The test will be offered annually across grades 9 through 12.

The League of Women Voters has a Citizen's Handbook which contains training material for the test. Fall 2026 Citizen's Handbook classes will be needed for seniors to prepare and pass the test to graduate.

HF2783, the Education budget, includes language that requires all three state universities mandate three credits each of American History and American Government courses as part of their undergraduate general education requirements (effective 7-1-28)

- 1) The Center for Intellectual Freedom is in Iowa City and is funded with a state legislative appropriation.
- 2) Cyclone Civics has been created at ISU and has stated its nonpartisan status. Costs to establish the new dept will be absorbed by ISU.
- 3) The Center for Civic Education has been created at UNI and has received a U.S. Dept. of Education \$1.22 million grant.

Considerable staff hiring will be needed to handle the numbers of students who will need to take the new required classes.



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>

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.**

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/>

The Mid-term election is Tuesday, Nov. 3

ARE YOU REGISTERED TO VOTE?

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

Iowa Secretary of State's

<https://sos.iowa.gov/elections-voting>

- [Am I Registered to Vote in Iowa?](#)
- [Register to Vote](#)
- [Request an Absentee Ballot](#)
- [Track Your Absentee Ballot](#)
- [Find Your Precinct/Polling Place](#)
- [Other topics](#)

Wed., Oct. 14: Early voting begins at county auditor offices (you complete an absentee ballot at county auditor's office)

Mon., Oct. 19 – Last day to submit absentee ballot request to county auditor.

Mon., Nov. 2 – Early voting ends

Tues., Nov. 3 – General election. Absentee ballots must be received by 8 p.m. by the county auditor

Introducing The Mindspring Collective

The Collective is our community of monthly donors who feel strongly in the power of showing individuals they are not alone in their mental health journey. This group shows up for our community in the most significant way, fueling our work so we can reach even more people in need of hope, healing, and support.

[Join the Collective Here](#)

Our New Podcast -

The Stories of Mindspring Mental Health Alliance

Real stories. Honest conversations.

Powerful reminders that you are not alone. Through lived experiences and meaningful dialogue, our podcast brings mental health into the open, helping to break down stigma and create connection.

[Listen Now](#)



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

We are here. With you.