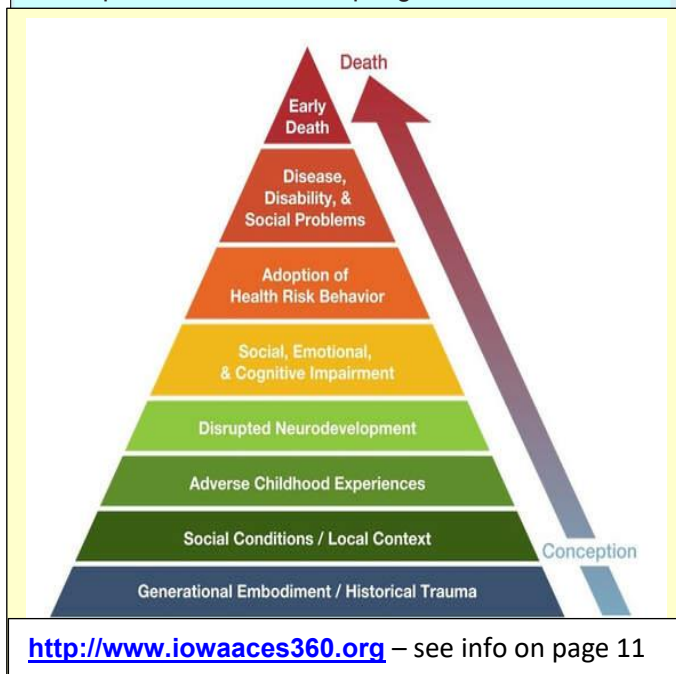




**NOTICE:** The Mindspring Resource and Advocacy Booklet will be distributed quarterly.

- 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](https://www.facebook.com/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](https://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.

## October 2025 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](https://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](https://stateofiowa.seamlessdocs.com/f/DPS_HT_Tip_Form)



### Community Support Advocates

515-883-1776

CSA's Integrated Behavioral Health Clinic in West Des Moines is at **1516 Valley West Drive.**

Website: <https://teamcsa.org/>

#### Services include:

- Specializes in creative arts play therapy.
  - Crisis intervention for a family in need
  - Behavioral health services
  - Mental health services
  - Services involving family members with intellectual disabilities
  - Outpatient competency restoration
- Services offered:** Didactic Education, Psychiatry, Medication management, Therapy, Service Coordination
- Participant requirements:** non-violent, eligible for pre-trial release, has a mental disorder/illness, difficulty appreciating their charge, understanding proceedings, and/or assisting in their defense.
- an Out of the Box Initiative representational library,
  - an accessibility tech center supported by Google
  - a permanent gallery Momentum Arts program, and
  - a public art installation called "Hands of Hope," which was made from individual tiles painted by 500 different community members.

**EveryStep** has a website to assist you. For a current list of programs and services, go to:  
<https://www.everystep.org/files/images/annualReportImage/ProgramGuide.pdf> or  
<https://www.everystep.org/provider-resources>  
– hotline: 515-558-9946.

### Primary Health Care and Behavioral Health locations

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

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



### Disability Rights Iowa - Established in 1984,

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

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

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

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

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

Catherine Johnson, Executive Director  
[cjohnson@drilwa.org](mailto:cjohnson@drilwa.org) - 666 Walnut St, Des Moines, IA 50309 – 515-278-2502

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

## Central Iowa Places to Call if You Need Services

Community Mental Health Centers	
Polk Co.	<b>Child Guidance Center</b> – 808 5 <sup>th</sup> St. - DM – 515-244-2267 <b>Eyerly Ball Community MH Center</b> , 945 19th St, Des Moines, IA 50314 515-241-0982 <b>Broadlawns Medical Center</b> - 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> <b>410 12th Street, Perry, IA 50220</b> <b>P 515) 642-1023 F 515) 334-4076</b> <i>Adel area patients should call the Perry number to be scheduled.</i>
Madison Co	<b>Crossroads Behavioral Health Services</b> 102 West Summit Street, Winterset – 515-462-3105
County Community Mental Health Services	
Polk Co.	<b>Polk Co. Mental Health and Disabilities Dept.</b> 515-286-3570 Director Annie Uetz <a href="https://www.polkcountyiowa.gov/behavioral-health-disability-services/">https://www.polkcountyiowa.gov/behavioral-health-disability-services/</a>
Warren Co.	<b>Central Iowa Community Services</b> <a href="https://www.cicsmhds.org">https://www.cicsmhds.org</a> 1007 S. Jefferson Way, Indianola, IA 50125 515-961-1068 email: <a href="mailto:mentalhealth@warrencountyia.org">mentalhealth@warrencountyia.org</a> <a href="https://warrencountyia.org/mentalhealth">https://warrencountyia.org/mentalhealth</a>
Dallas Co.	<b>Heart of Iowa Community Services</b> 25747 N Avenue, Suite D, Adel, IA 50003 515-993-5872 Toll free: 877-286-3227 E-mail: <a href="mailto:dccs@dallascountyiowa.gov">dccs@dallascountyiowa.gov</a> Website: <a href="http://hicsiowa.org">hicsiowa.org</a>
Madison Co.	<a href="https://www.cicsmhds.org">https://www.cicsmhds.org</a> Madison County Service Coordinator 112 N. John Wayne Drive, Winterset, Iowa 50273 515-493-1453 <a href="https://madisoncounty.iowa.gov/offices/community-services/">https://madisoncounty.iowa.gov/offices/community-services/</a>

**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, opening in 2025. 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.



## Harm reduction vending machine at Polk County Health Department

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

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

"We know that **stigma, financial barriers, and accessibility challenges** often prevent people from getting the resources they need," Juliann Van Liew, Polk Co Health Dept director, said in a statement. "This vending machine is a harm reduction strategy that meets people where they are, **providing free and judgment-free access to critical health and safety tools.**" For more information, click [here](#).

## Polk County Life Services Center

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

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

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

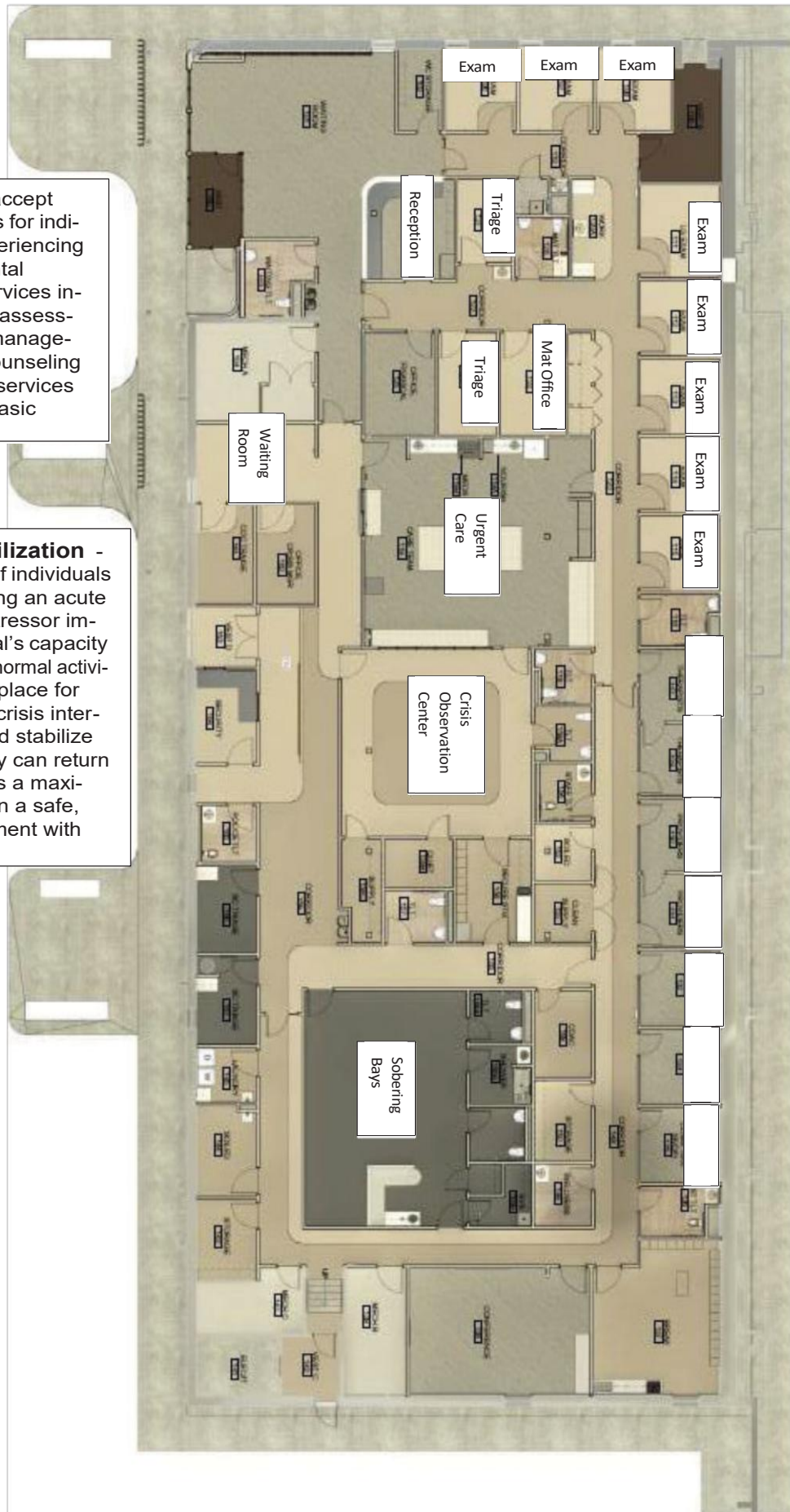
—Polk County Behavioral Health & Disability Services



## Sobering Center

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

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



## Polk County Life Services Center

1914 Carpenter Avenue

Des Moines IA 50314

*\*exact room assignments subject to change*

## 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](https://odysseyoutpatient.com/des-moines)

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

A **Treatment Advocacy Center (TAC)** newsletter with anosognosia webinar links, National AOT Symposium, personal story, impact on Medicaid cuts, and more.  
[https://www.tac.org/wp-content/uploads/2025/09/TAC\\_CatalystNewsletter\\_Summer2025.pdf](https://www.tac.org/wp-content/uploads/2025/09/TAC_CatalystNewsletter_Summer2025.pdf)

## Two Brands. One Standard of Care.



### ThriveNow™ Recovery Centers - Pleasant Hill & Iowa City

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



### Renewal Falls Recovery Center - Cedar Falls

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



## Why It Matters to Employers & TPAs

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



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

#### A Drug and Alcohol Treatment Center

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

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

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

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

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

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

#### Our Tactical Recovery program

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

St Gregory is honored to partner with the Dept of Veteran Affairs Community Care Network and PsychArmor.

Services include detox, residential treatment, and intensive outpatient programs for mental health and addiction.



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

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

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

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

#### **Harkin Institute announces 2025 symposium on long-term care and retirement security**

The Harkin Institute will host the 2025 Harkin Retirement Security Symposium: **Inclusive Long-Term Care Policies and Supports** on **Oct. 16** in Washington, D.C. The day-long conference will convene policymakers, researchers and advocacy organizations working on long-term care policy.

The program includes discussions on **federal, state and workplace policies supporting caregivers, caregiving experiences, and their impact on retirement security**, as well as **other resources to support caregivers and their families**. The program will also discuss a variety of policy options to address the economic burden of at-home care on families. The event will be held at KFF's Barbara Jordan Conference Center and **via virtual livestream**. For more information, visit the Harkin Institute [website](#). The **virtual option** to attend will be at **-0- cost to participants**.



## 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 and adults experiencing a mental health crisis. The team is staffed with behavioral health specialists including registered nurses, Master's level psychotherapists and social workers. Upon consultation between dispatchers and a social worker – it is decided whether the team needs to be activated. An evaluation, including a determination about the appropriate level of care needed, is completed in the field by a member of the team. The team member completing the evaluation will then make recommendations for appropriate interventions based upon the current needs of the individual in crisis. They will also provide information, education, and potential linkage to community resources.

**Emergency Room:** When a loved one is experiencing a mental health crisis, they have a plan to act on their suicidal, homicidal or self-harm thoughts, and you feel as if you have tried all other avenues and the current environment is unsafe, it is time to utilize an emergency room. The emergency room is used to stabilize a patient and transition them to the next appropriate treatment option.

**Broadlawns Emergency Dept**

**located at 1801 Hickman Rd in DSM**

**Phone: 515-282-2200**

**Lutheran Emergency Dept**

**located at 700 E. University Ave in DSM.**

**Phone: 515-263-5120**

**Methodist Emergency Dept**

**located at 1200 Pleasant St. in DSM.**

**Phone 515-241-6213**

**Methodist West Emergency Dept.**

**located at 1660 60<sup>th</sup> St. in WDSM**

**Phone 515-343-1200**

**Mercy One Emergency Dept.**

**located at 1755 59<sup>th</sup> Place in WDSM**

**Phone: 515-358-8280**

**The Clive Behavioral Health Hospital, Clive**

*Behavioral Health Intake & Assessment Center -*

*accessed by calling 1-844-680-0504*

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

**The Des Moines Mobile Crisis police liaisons team:**

Officer Lorna Garcia (day shift)

**O:** 515-283-4988 **C:** 515-205-3821

Officer Sean O'Neill (night shift 4-midnight M-F) cell  
515-300-4644

**Broadlawns Crisis Team:** Provides comprehensive emergency mental health services including assessment, triage, crisis intervention, and discharge planning. Services are available by phone or in person through our Emergency Dept. In addition to being the initial contact to the Inpatient Psychiatric Unit, the crisis team assists clients in finding the programs and services that are the most appropriate for their needs. **For assistance 24 hours a day, call 515.282.5752**

**USE WESTCOM DISPATCH 515-222-3321**

**FOR CRISIS INTERVENTION TEAMS in any of the following communities**

**Waukee – started crisis team 1-1-22**

**Urbandale – started crisis team 2-1-23**

**Clive – started crisis team 1-1-23**

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

**Norwalk – not activated yet**

**Dallas County Sheriff's office – 515-993-4567**

**Not activated yet**

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

**The Pre-Petition Screener Service** - A resource for Polk Co residents who want to file a petition for involuntary behavioral health services through the Clerk of Court. The Clerk of Court offers the filers the Polk Co Resource and Referral Line with a private room to make the call before filing. The screener is a mental health professional who is available to assist applicants & 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 5<sup>th</sup> Ave 5**

## Children: Behavioral Health Urgent Care

1250 E. 9<sup>th</sup> St., Des Moines, IA

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

Phone: 515-263-2632

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

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

## Children's Stabilization Center Easter Seals

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

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

## Crisis Services in Warren County

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

**Mobile Crisis Response:** Teams of professionals provide on-site, face-to-face mental health services for an individual or family experiencing a mental health crisis. They can respond wherever the crisis is occurring—in an individual's home, the community, or other locations where an individual lives, works, attends school, or socializes. 911 also provides support on the telephone, day or night, for people looking for immediate help with their emotions or mental health. **Call Your Life Iowa Crisis line 24/7 at 855-581-8111.**

## Crisis Services in Madison County

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

**Mobile Crisis Response:** Teams of professionals provide on- site, face-to-face mental health services for an individual or family experiencing a mental health crisis. They can respond wherever the crisis is occurring—in an individual's home, the community, or other locations where t h e 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>  
- The PSI helpline does not handle emergencies. People in crisis should call their local emergency line.

## Peer Support resources statewide

### Life Connections Virtual Recovery Center

Join for **General** Virtual Wellness any time  
4 pm-10 pm M-F or 12 pm - 6 pm on the weekends.

Signed Confidentiality Agreements required for **all**  
virtual wellness groups  
<https://lifeconnectionsrecovery.org/virtual-group-confidentiality-agreements/>

**Special** virtual wellness groups include:

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

**New Iowa Peer Workforce Collaborative website**  
<https://iowapeersupport.sites.uiowa.edu/>

### Abbe Statewide Warm Line

A Peer Support Specialist is always available by phone, 365/24/7. On demand, no scheduled appointments.  
[844-775-9276](tel:844-775-9276)

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

#### Rhonda's House Peer-run Respite

- Guests receive recovery support from trained and caring peer staff members for up to 7 days in a home-like environment.
- Located in DeWitt-available to anyone throughout the state.

<https://lifeconnectionsrecovery.org/services/rhonda-s-house/> - 563-659-6625

- [info@lifeconnectionsrecovery.org](mailto:info@lifeconnectionsrecovery.org)
- <https://lifeconnectionsrecovery.org/>
- The United States Substance Abuse and Mental Health Services Administration (SAMHSA) has recognized peer-delivered respite services for individuals experiencing a psychiatric crisis as an evidence-based practice.*

### 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 City

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



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

### Medical and mental health services in the jail:

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

### Services and Partnerships with Police Community Support Organizations

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

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

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

### Programs Available to all inmates

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

### Future Plans

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

**Gamblers Addiction Class**

**ServSafe Certification** Program – *online food safety*

## Mobile Integrated Healthcare Program



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

### Goal:

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

### How it works:

- The program identifies high-volume users of the 911 system, often those with chronic medical conditions, mental health issues, or substance abuse problems.
- DMFD data showed 82 high-volume callers were transported to the hospital by DMFD personnel 1450 times in 2022 alone for an average of over 17 times per person.
- A team of trained paramedics, dressed in blue, visits these individuals in their homes or other locations to perform in-home health checks, home safety checks, assessing their needs and connecting them with resources like doctors, transportation, other support services which are underlying causes of frequent 911 calls.
- The key to success is building relationships with residents, listening to their healthcare needs and treating them with respect and dignity.
- The team of paramedics routinely visits local shelters and homeless encampments where they perform healthcare checks, help manage chronic conditions and learn more about the care they need.

### Impact:

- The program has been successful in reducing the number of non-emergency calls and freeing up resources for true emergencies.
- The team has made over 80 successful in-home visits and serves high-volume emergency room and 911 system users.
- The program has also partnered with philanthropic groups to offer services like free doctor rides.

### Additional Information:

- The program launched in April 2024.

KDSM 17 – video of a team in action

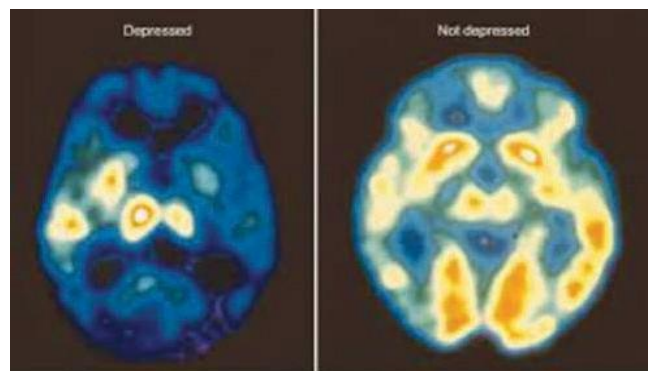
<https://kds17.com/news/local/new-dmfd-mobile-integrated-healthcare-unit-reduces-number-of-calls#>

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

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

Depressed

Not Depressed



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

► As the number of ACEs an individual experienced increases, so does the likelihood of adopting risky behaviors, having poor health and mental health, struggling in school and at work.

**2024 ACES report** - Understanding how our experiences impact our health and well-being is an important foundation for creating the conditions that help families thrive. Our 2024 report, while including information related to the **original 10 ACEs** and related health impact, goes beyond traditional ACEs data and focuses on a broader set of childhood experiences and health and well-being indicators. While ACEs related data remains core to much of the data analysis, **we must look at broader indicators to fully consider the health and well-being of Iowa's kids and families.** The relationship between childhood experiences, social conditions, the history of our ancestors, and local context is complex, yet this level of understanding is necessary to improve the lives of Iowans.



## KNOW YOUR RIGHTS

### EMERGENCY MEDICAL TREATMENT AND LABOR ACT (EMTALA)

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

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

#### ALL INDIVIDUALS MUST BE SCREENED

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

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

#### STABILIZING TREATMENT MUST BE PROVIDED

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

#### NO DELAY IN EXAMINATION AND TREATMENT

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

#### FOUR REQUIREMENTS FOR APPROPRIATE TRANSFER

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

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

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

#### Please Note:

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

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

#### Please note:

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

- (1) HHS may not enforce the Guidance and Letter's interpretation that Texas abortion laws are preempted by EMTALA; and
- (2) HHS may not enforce the Guidance and Letter's interpretation of EMTALA — both as to when an abortion is required and EMTALA's effect on state laws governing abortion — within the State of Texas or against the members of the American Association of Pro Life Obstetricians and Gynecologists (AAPLOG) and the Christian Medical and Dental Association (CMDA).

#### 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

## Infonet News

In the last quarterly newsletter, much of the Infonet information came from the spring issue of 5-29-25. We will be repeating some of the information since circumstances change often, decisions change often and threats are not carried out, etc., etc., etc.

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

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

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

### **Education: Section 504 Protections**

#### **Why This Matters**

Section 504 of the Rehabilitation Act remains a vital civil rights law prohibiting disability discrimination, with its authority recently strengthened by a final rule issued in May 2024, which clarifies protections in areas like medical treatment and ensures accessibility for web content and mobile apps.

Section 504 covers all parts of society that get money from the United States govt. Section 504 and its rules are very important, especially in education and healthcare. Here are some ways that Section 504 and its rules help us:

- *Schools must include students with disabilities and help them learn.*
- *Doctors and schools must have sign language interpreters for people who are Deaf and Hard of Hearing who sign. Videos must have captions.*
- *Doctors must give clear information to disabled people. This includes people with intellectual and developmental disabilities.*
- *Websites for schools and hospitals must work for people who are blind and low vision.*
- *Doctors and hospitals cannot stop helping someone because they have a disability.*

- Doctors and hospitals must have tools and machines that work for wheelchair users. This includes machines that check for cancer.

On July 29, 2025, the 17 states and HHS filed a [Joint Status Report](https://dredf.org/wpcontent/uploads/2025/01/2025.07.29-Joint-Status-Report-ACCESSIBLE.pdf) asking the court to continue the pause in the case. HHS said in the report that they "plan to release additional details regarding rulemaking plans related to Section 504 in the near future."

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

#### **Why This Matters**

Without funding and staff, the US Dept of Education cannot do its job and make sure students with disabilities have access to "fair and appropriate public education." That's often called "**FAPE**." Schools may delay services, freeze hiring, or cut programs that support inclusive education. Families may see longer wait times for evaluations, reduced access to inclusion supports, increased placements in separate classrooms or schools, inconsistent enforcement of IEP services, and lack of access to services like speech, occupational, and physical therapy. Some rural districts, in particular, are struggling to find and keep qualified special educators. Without strong federal pressure or accountability, students with disabilities may fall behind. This will make it harder for them to work and live independently when they are adults.

### **Education: Special Education Funding at Risk**

#### **Why This Matters**

Budget cuts to special education services would mean fewer resources for classrooms, therapists, and support personnel. Following the Individuals with Disabilities Education Act (IDEA) depends on funding from Congress. Schools are already operating with flat or reduced funding due to the "continuing resolutions" that have funded our federal gov't over the past decade.

Cuts to vocational rehabilitation services are also possible (it is in the US Dept of Education's budget). Iowa's vocational rehabilitation program gets most of its funding from the federal government. These services put people with disabilities to work through job development and training, starting with transition programs in high school.

**Bottom line for Education:** These changes could make it harder for students with disabilities to get the support and equal access they are legally promised.

### **Medicaid: Federal HHS Changes Could Hurt Disability Services**

Medicaid cuts resulting from the 2025 Budget Reconciliation Act are raising fears among Americans with disabilities who depend on the program to **live indepen-**

**dently.** For people with disabilities, Medicaid is far more than traditional health care. It covers supports that private insurance and Medicare do not, including personal care attendants, nursing services, respite for family caregivers, supported employment, housing-related services, transportation and therapies for children and adults. Budget cuts will affect the ability to have home health aides, home and community-based services, home improvements for accessibility, caregiving, medical equipment such as wheelchairs, and other services. States could place further restrictions on who qualifies for coverage, cover fewer hours of care or lower pay for home health workers.

The states are facing intensive fiscal pressure. They each have to come up Medicaid cuts to balance their own budget. So cutting reimbursements to providers and hospitals might happen – less providers will be available and hospitals could close. States could also limit enrollment or reduce spending limits on existing enrollees.

Any reductions could affect disabled people’s ability to live with loved ones, go to school, hold jobs, enjoy public activities and contribute to their communities.

**Medicaid: Congress Working on Big Changes**  
Signed into law July 4, 2025 - The federal "One Big Beautiful Bill Act" introduces new work requirements, more frequent renewals, and potential eligibility restrictions for some immigrants starting in 2026–2028. The most significant change is the **new federal work requirement**, referred to in the law as a “community engagement requirement.” Most people who receive Medicaid will need to spend at least 80 hours a month working, volunteering, or in school.

**Lowers the federal Medicaid match rate.** The Federal government currently pays 90% of the cost for this population. Lowering this match rate would mean Iowa taxpayers would pick up the extra cost (or end the program). Iowa’s regular match rate is just over 64%, so the impact on our state budget would be dramatic.

**Requires up to \$35 as copay for services.** Currently IAHPW members do not have copays.

**Adds more frequent eligibility checks.** Many advocates wonder how this will save money, since it increases administrative costs. Right now, states must check eligibility every 12 months. The bill **requires checks every six months**, beginning October 1, 2027. More frequent checks may increase Medicaid “churn” (losing coverage then reapplying within a year), which reduces access to care, adds to enrollees’ paperwork hassles, and increases administrative costs for state Medicaid agencies, health plans, and providers.

In Iowa, nearly 20% of the state’s population relies on Medicaid, including over 80,000 Iowans with disabilities.

**Action Alert – What Can You Do?**  
All four of Iowa’s US Representatives voted for the bill, which passed by only one vote (215-214). **There is still time for changes** - the US Senate must agree to these changes before the bill heads to the President’s desk.

**The time to advocate is now!**  
Contact Senator Grassley and Senator Ernst to share your story about what Medicaid means to you.

Senator Joni Ernst (202) 224-3254  
<https://www.ernst.senate.gov/contact>

Senator Chuck Grassley (202) 224-3744  
<https://www.grassley.senate.gov/contact>

Let state legislators know what Medicaid means to you. You can take action on this issue at:  
<https://www.iowaddcouncil.org/take-action-center>

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

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



**On Medicaid?** – these companies make the decisions on what to pay, how much to pay, and when to pay – which one of the 3 is your MCO?

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

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

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

### Use of a Power of Attorney (POA)

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

Here's a more detailed explanation:

#### Key Aspects of a Medical Power of Attorney:

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

#### Why Use a Medical Power of Attorney?

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

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

#### Key aspects of a financial POA:

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

#### Guardianship and Conservatorship

Consult the People's Law Library of Iowa

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

On the **home page**, click on "guardianship and conservatorship – on the **next page** -

there are 11 research topics, each in a fact sheet form to provide detail on each topic.

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

*Videos 1 and 2 are on guardianships  
Videos 3 and 4 are on conservatorships.*

#### Office of the Public Guardian

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

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

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

## 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

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, placing it in the **below average tier**.
- The smoking rate in Iowa is **14.7%** and **significantly higher** than the national rate of 12.9%.
- It ranks **30th** among all states, placing it in the **below average tier**.
- Binge drinking and alcohol use is a risk factor. Iowa leads the nation in binge drinking at a rate of 22.5%. This rate has slightly decreased over the last decade by 0.07%, but Iowa remains the state with the highest proportion of adults engaging in excessive drinking.
- Tobacco use is the leading risk factor for lung cancer. Smoking and secondhand smoke both have been shown to cause lung cancer.
- Iowa has high levels of radon. Test your basements for radon. Radon is a naturally occurring gas that can have a big impact on indoor air quality and your health. Take steps to reduce your risk if radon levels in your home are too high.

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

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. The excessive nitrates, often exceeding the EPA's [10 milligrams per liter](#) (mg/L) standard, are particularly concentrated in the [Raccoon](#) and Des Moines rivers, requiring the use of all nitrate removal tankers daily and forcing DMWW to operate its Fleur Drive facility at maximum capacity for extended periods. Health concerns also exist, with potential links to cancer and adverse pregnancy outcomes, especially for vulnerable populations. DMWW is exploring both immediate solutions, like reducing water use and investing in more advanced treatment technology, and long-term strategies

The Harkin Institute hosted the initial presentation of the

### **Central Iowa Water Quality Study.**

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

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

This event highlighted and synthesized the progress being made around the country in protecting and improving water quality through community engagement, environmental education, watershed protection, water conservation initiatives, and innovative water quality monitoring programs.

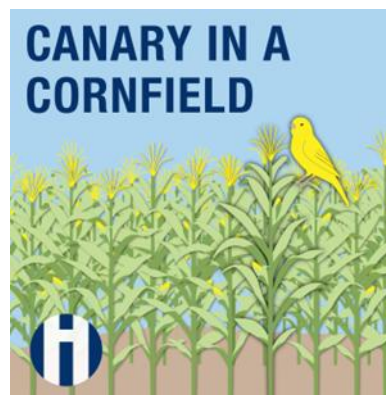
Between in person attendance and virtual attendance, the Harkin event had almost 1000 attendees.

You can view the recording of the meeting at:

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

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

- Center for Rural Affairs
- Iowa Watershed Management Authorities
- Driftless Water Defenders
- Environmental Law & Policy Center
- Grassroots Organizing Western Wisconsin (GROWW)
- Iowa Environmental Council
- Iowa Water Watch
- Iowa Wildlife Federation
- and more



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

are: **Executive Summary** (5 pages) -

[https://www.polkcountyiowa.gov/media/tywbfnjc/ciswra-currents-of-change\\_final-executive-summary\\_jun272025.pdf](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](https://www.polkcountyiowa.gov/media/lixlchbz/ciswra-currents-of-change_final-scientific-assessment-of-source-water-research-report_jun272025.pdf)

## Inpatient Psychiatric Bed Program -Updated February 2025

Name	County	Licensed Beds	Staffed Adult Beds	Staffed Older Adult Beds	Staffed Child Beds	Total Staffed Beds
Allen Hospital	Black Hawk	21	21	0	0	21
Broadlawns Medical Center	Polk	44	44	0	0	44
CHI Health Mercy Hospital	Pottawattamie	38	22	0	15	37
Clive Behavioral Health	Polk	100	50	0	32	82
Eagle View	Scott	72	44	0	28	72
Finley Hospital	Dubuque	9	0	6	0	6
Genesis Medical Center- Davenport	Scott	36	28	0	8	36
Great River Medical Center	Des Moines	20	20	0	0	20
Iowa Lutheran Hospital	Polk	68	24	12	14	50
Jennie Edmundson Hospital Behavioral Health	Pottawattamie	29	24	0	0	24
Mary Greeley Medical Center	Story	24	18	0	0	18
Mercy Medical Center- Cedar Rapids	Linn	20	20	0	0	20
MercyOne Medical Center- Dubuque	Dubuque	20	16	0	4	20
Mercy Medical Center- North Iowa	Cerro Gordo	35	24	0	0	24
MercyOne- Siouxland Medical Center	Woodbury	14	6	0	0	6
MercyOne Medical Center-Waterloo	Black Hawk	20	16	0	4	20
Ottumwa Regional Health Center	Wapello	14	14	0	0	14
Spencer Municipal Hospital	Clay	14	14	0	0	14
St. Anthony Regional Hospital and Nursing Home	Carroll	11	6	0	0	6
St. Luke's Methodist Hospital	Linn	72	19	13	14	46
St. Luke's Regional Medical Center	Woodbury	14	14	0	0	14
University of Iowa Hospitals and Clinics	Johnson	88	58	0	15	73
<b>Community Hospital Total</b>		<b>783</b>	<b>502</b>	<b>31</b>	<b>134</b>	<b>667</b>
MHI-Cherokee	Cherokee	36	36	0	0	36
MHI-Independence	Buchanan	56	20	0	36	56
<b>Mental Health Institute Total</b>		<b>92</b>	<b>56</b>	<b>0</b>	<b>36</b>	<b>92</b>

In **2025**, there are presently **22 hospitals** in Iowa with inpatient mental health beds and **2 mental health institutes**.  
In **2021**, there were **26 hospitals** in Iowa with inpatient mental health beds and **2 mental health institutes**.

# of licensed beds		# of staffed beds						
2021	2025	2017	2018	2019	2020	2021	2025	
828	783	651	647	654	620	616	667	hospital beds
MHI's								
92	92	96	96	96	96	96	92	MHI beds (0 geriatric beds, 56 adult beds, 36 children beds)
920	875	747	743	750	716	712	759	Total beds

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

See **PsychiatricBed Supply Need PerCapita**- <https://www.tac.org/research-weekly-two-new-studies-on-psychiatric-bed-number-targets/>

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

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

**This marks a concerning 30% increase over the past two decades.**

Notably, the number of suicide deaths in 2024 exceeded 49,300, indicating a **persistent upward trend**.

Go to <https://northamericancommunityhub.com/us-suicide-rates-reach-record-highs/> for more information



## Behavioral Health Districts



### Continuous change in the Iowa Behavioral Health system

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

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

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

This consolidation also integrated the Iowa Depts of:

- Aging,
- Human Rights,
- Early Childhood Iowa,
- the Iowa Child Advocacy Board, and
- Volunteer Iowa,

creating a unified HHS department designed to streamline services and enhance efficiency.

### The next step has been taken to streamline services.

Behavioral health service system alignment activities involve:

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

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

See the map above.

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

**2025-2027 Behavioral Health Service System Statewide Plan**

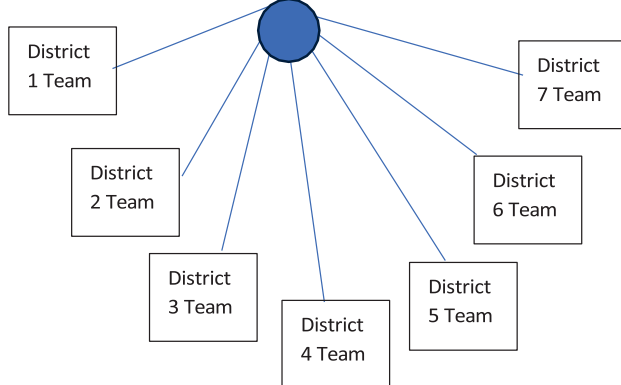
<https://hhs.iowa.gov/media/15525/download?inline>

## The Iowa Primary Care Association (IPCA)

**Administrative Service Organization (ASO)**  
will be funded by braiding state and federal funding  
Statewide Staffing Model

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

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

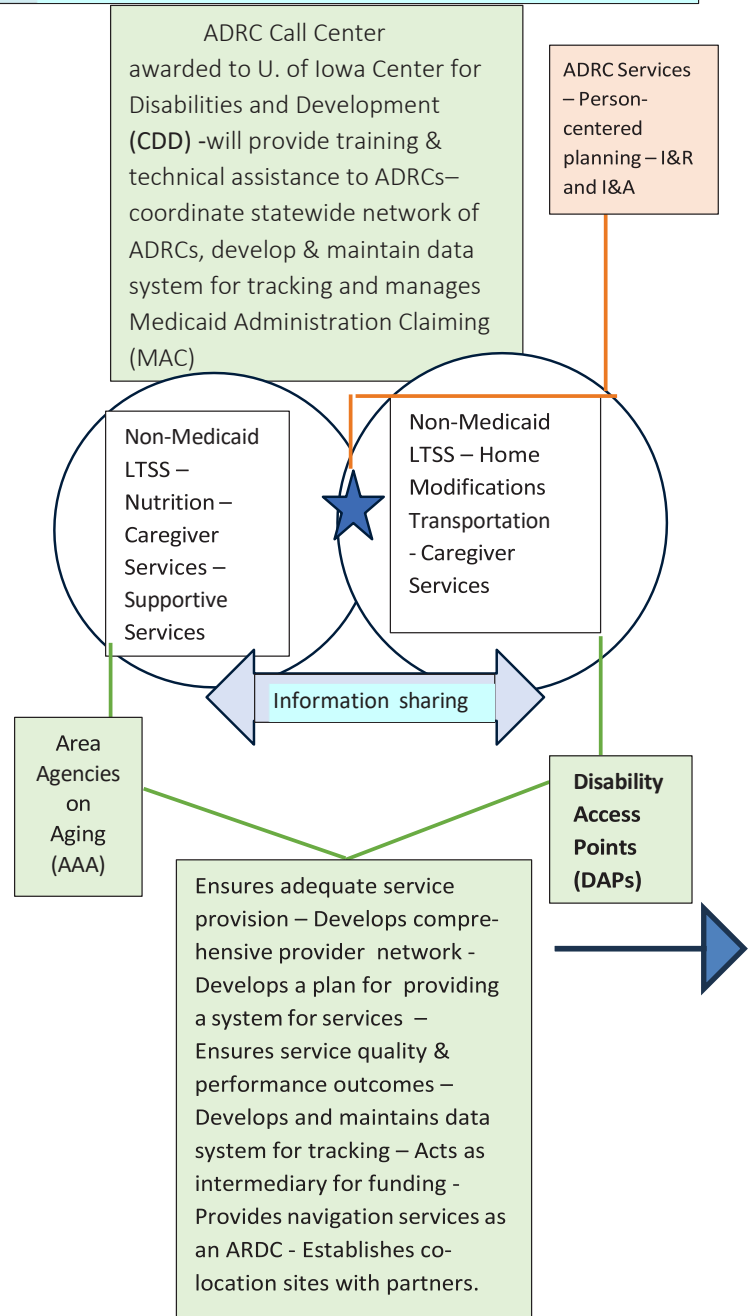


Current funding for mental health and substance use disorder treatment will be **combined into one** behavioral health fund controlled by IHHS.

The new behavioral health system is targeted to start **7-1-25**.

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

## Coordinated Aging & Disability Services Network



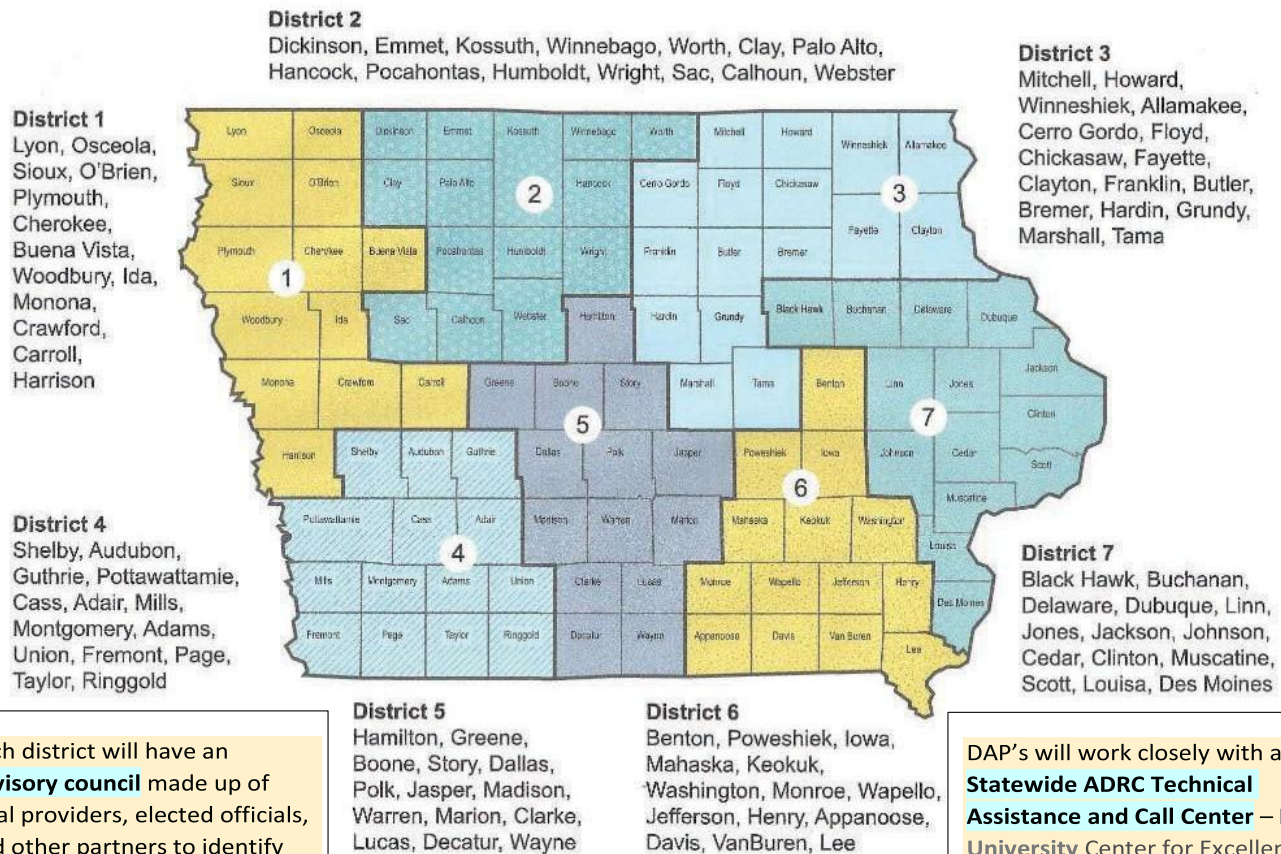
### Acronyms

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

**LTSS** – Long term services and supports

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

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



Each district will have an **advisory council** made up of local providers, elected officials, and other partners to identify opportunities, tackle challenges, and advise the district Disability Access Point (DAP).

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

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

The non-profits approved to be a DAP are

- District 1 - Pottawattamie County
- District 2- Central Iowa Community Services
- District 3 - Central Iowa Community Services
- District 4 - Pottawattamie County
- District 5 - Polk County Behavioral Health
- District 6 - Central Iowa Community Services
- District 7 - MHDS of East Central Iowa

More information can be found at:

<https://hhs.iowa.gov/initiatives/system-alignment/iowas-disability-services-system>

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

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

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

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

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



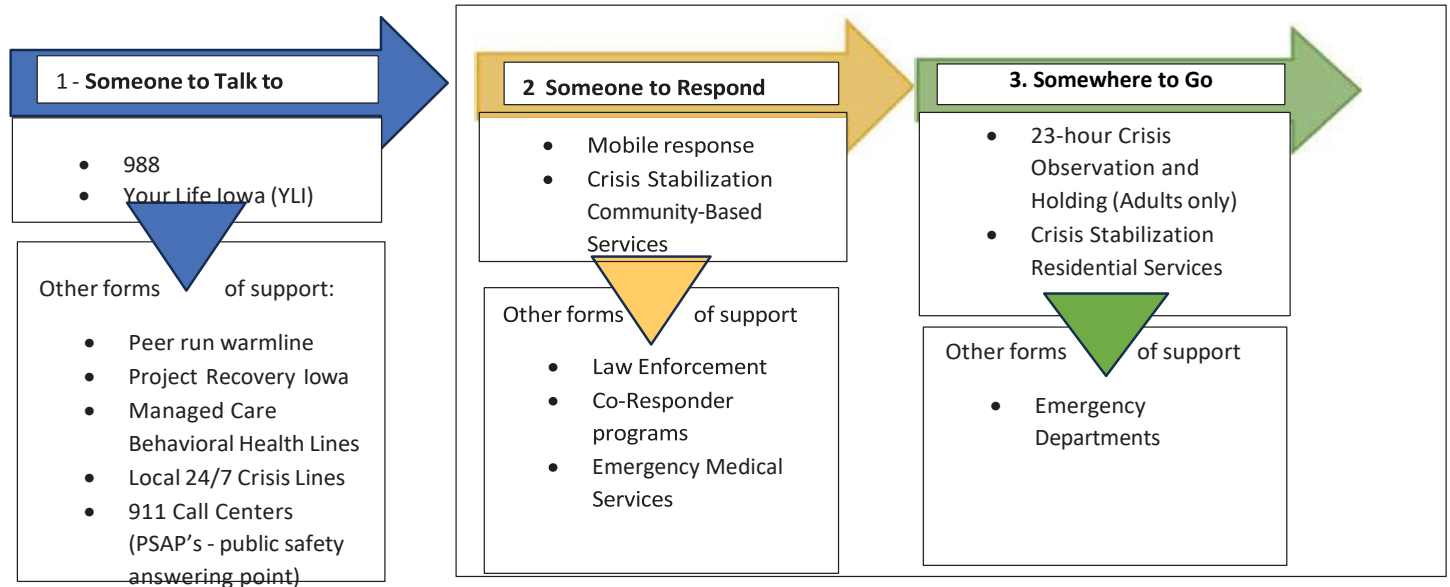
## Transforming Iowa's Behavioral Health Crisis Continuum of Care System

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	<b>GAP</b>
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	<b>GAP</b>
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

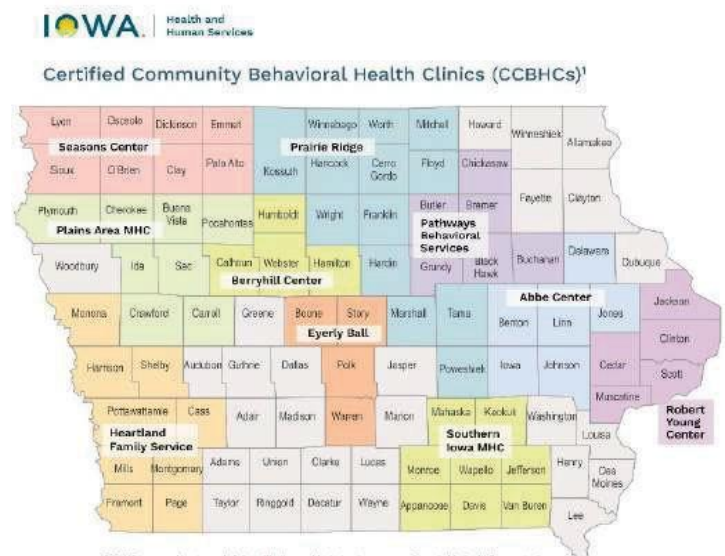
- A CCBHC can use a Designated Collaborating Organization (DCO) to provide up to 49% of the required service encounters.
- Iowa CCBHC's must DCO with the State Sanctioned mobile crisis provider for the counties in their catchment area.

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



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

**ASK Resource Center** [www.askresource.org](http://www.askresource.org) 1-800-450-8667

[facebook.com/AskResourceCenter](https://facebook.com/AskResourceCenter) | [youtube.com/askresource](https://youtube.com/askresource)

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

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

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



## Critical Situation Cards – Informational Sheet for Ordering

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

**SLOW DOWN**  
Don't make them feel trapped

**GIVE THEM SPACE**  
BE CALM. Express support and concern.

**SPEAK SLOWLY AND SOFTLY.**

**USE SHORT, SIMPLE SENTENCES.**

**AVOID** sudden or quick movements.

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

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

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

**LISTEN** to their story.

**EXPLAIN POLICY,** especially if handcuffed.

**Is Someone at Risk for Suicide?**

- Recognize the signs of emotional suffering
- Express concern, offer support and listen nonjudgmentally
- Ask the question directly, in a private setting and stay calm:
  - Are you having thoughts of suicide?
  - Are you thinking of killing yourself?
- If the answer is yes, ask:
  - Have you decided how you are going to kill yourself?
  - Have you decided when you would do it?
  - Have you collected the things you need to carry out your plan?
- Care enough to keep the person safe.
  - Do not leave them alone
  - Do not use guilt or threats to stop suicide, such as:
    - "You will go to hell" or "You will ruin other people's lives if you die by suicide!"
  - Calmly listen. Don't agree to keep it a secret.
- Text or call a number for extra support—get help now  
Text: 741741 Call: 1-800-273-8255 - Lifeline  
Call 911 for transport to professional help

**COMPASSIONATE COMMUNICATION CARD**

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

*Education/Support/Advocacy*

**TAKE CONTROL** if you don't have to.  
**ARGUE** or reason with psychotic thinking.  
**STARE** at the subject.  
**CONFUSE THE SUBJECT.**  
One person should interact with the subject.  
Others should keep their distance.  
Ask casual observers to leave.  
Follow through with directions or commands.

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

**SHOUT.**

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

**WHISPER, JOKE OR LAUGH.**

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

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

**JOIN** into behavior related to the person's mental illness

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

**Suicide Warning Signs**

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

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

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

**PROVIDE REASSURANCE GENEROUSLY AND OFTEN**

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

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

**Suicide Prevention Cards**

Cards are available in English and Spanish

**Compassionate Communication Cards**

Cards are available in English and Spanish

## Critical situation cards are for sale

from Mindspring Mental Health. Go to the following location to order: [View Our Crisis Guides & Cards - Mindspring \(mindspringhealth.org\)](https://www.mindspringhealth.org)

Prices to go up by 3.5% on July 15, 2025  
You will be working with Mike Larkin  
– Phone and Text: 515-577-3750  
[mlarkin@americanbus.com](mailto:mlarkin@americanbus.com)

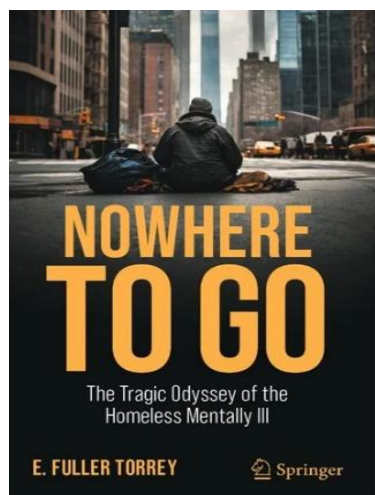


## Suicide and Opioid Deaths – Opioid and Suicide Deaths 2016-2025

### Suicides in Iowa 2000-2025

Year	Suicides in U.S.	US suicides rose steadily over last two decades to an all-time high in 2022 – Associated Press Sept 2023	Total Opioid Deaths	Year	Total Suicides	24 and under	25 thru 44	45 thru 69	70 and older
1970	22,000	Suicide rates are <b>300 times higher</b> for individuals in the 1 <sup>st</sup> week following an inpatient hospitalization & <b>200 times higher</b> the 1st month. The need for both out-patient and inpatient care teams to focus on managing suicidality for individuals making transitions of care is vital to client life and well-being (Chung et al., 2019) The need for both outpatient and inpatient care teams to focus on managing suicidality for individuals making transitions of care is vital to client life and well-being.							
1975	27,063			2000	288	51	115	78	44
1980	26,869			2001	304	67	97	102	38
1985	29,453			2002	310	55	122	96	37
1990	30,906			2003	351	58	118	131	44
1995	31,284			2004	345	60	119	127	39
2000	29,350			2005	331	57	120	120	34
2005	32,637			2006	336	57	121	126	32
2010	38,364			2007	331	49	116	130	36
2015	44,493			2008	383	55	138	148	42
2018	48,344			2009	368	56	129	135	48
2019	47,511			2010	375	49	118	163	45
2020	45,979			2011	423	58	150	174	41
2021	48,183			2012	380	65	141	140	34
2022	49,449			2013	445	66	148	172	59
2023	49,300	2024 - 49,500e	176	2014	409	72	117	177	43
			201	2015	424	77	139	166	42
				2016	459	68	161	186	44
				2017	470	85	151	173	61
				2018	495	71	170	201	53
				2019	521	81% increase from 2000- 2019			
				2020	551	91% increase from 2000-2020			
				2021	525	As of 12-31-21			
				2022	550	As of 12-31-22			
				2023	509	As of 12-31-23			
				2024	548	As of 12-31-24			
				2025	305	As of 9-4-25 report (7 mo of data)			

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



When it was originally published in 1988, the book was said to be **the definitive account of why deinstitutionalization failed, why the community mental health center movement failed, and why there are so many severely mentally ill individuals among the homeless and incarcerated.** The *San Francisco Examiner* said it was “a historical hit piece on the horrors of deinstitutionalization.” *Newsweek* called

it “one of the most scathing indictments yet of the deinstitutionalization effort”. And, according to the *Washington Post*, “Nowhere is a portrait of the battered mental patient more vividly drawn than in *Nowhere to Go*”.

**The free book is available to read and/or download via the link here.** [https://go.tac.org/e/976233/book-10-1007-978-3-031-84685-4/7jgyq/539577090/h/xhFF-lwTGSW8H9wXBGbiQp8EzZqcV6Y7kItN4\\_4DBKw](https://go.tac.org/e/976233/book-10-1007-978-3-031-84685-4/7jgyq/539577090/h/xhFF-lwTGSW8H9wXBGbiQp8EzZqcV6Y7kItN4_4DBKw)

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

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

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

**As defined by the U.S. National Institute on Drug Abuse (NIDA) alcohol use disorder (AUD) is a medical condition characterized by an impaired ability to stop or control alcohol use despite adverse social, occupational, or health consequences.**

“It encompasses the conditions that some people refer to as alcohol abuse, alcohol dependence, alcohol addiction, and the colloquial term, alcoholism.”

Now widely regarded a brain disorder, AUD can be mild, moderate, or severe. Research is steadily revealing how alcohol misuse causes changes in the brain that tend both to perpetuate AUD and make those who suffer **vulnerable to relapse**.



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

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

**Neurodegenerative Disease** – a TBI may cause or accelerate neurodegenerative disease. A large study of veterans with both civilian-type and combat related 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**

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](mailto: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 son may be facing in rehab.

### **Mayo Clinic - Traumatic brain injury**

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

### **Diagnosis and treatment**

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

**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

[Infonet Bill Tracker Action Center Calendar & Legislative Town Halls](#)  
[Guide to the Iowa Legislature](#)  
IDD Council website  
<https://www.iowaddcouncil.org/>  
Capitol Chats

**Let your state representative and senator hear from you!** Call, email, text, or write them. Meet with them at the Iowa Capitol or agree to meet at another location.

Find your state senator, representative and other elected officials:

<https://www.legis.iowa.gov/legislators/find>

House Switchboard: 515.281.3221

Senate Switchboard: 515.281.3371

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

Iowa Governor Contact Form:

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

Iowa Capitol mailing address:

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

You are represented by 2 US Senators,

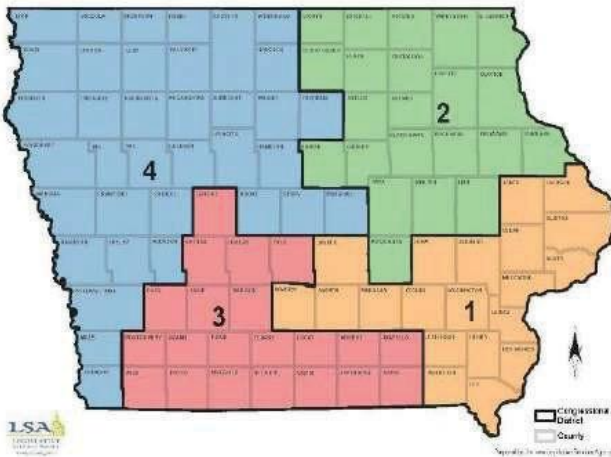
- US Senator Joni Ernst: (202) 224-3254

[www.ernst.senate.gov](http://www.ernst.senate.gov)

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

[www.grassley.senate.gov](http://www.grassley.senate.gov)

IOWA CONGRESSIONAL DISTRICTS  
(Map is subject to change without notice. Districts are subject to change.)



You are represented by one US Representative

- #2 - US Rep. Ashley Hinson: [hinson.house.gov](http://hinson.house.gov) (202) 225-2911
- #1 - US Rep. Marianne Miller-Meeks: (202) 225-6976  
[millermeeks.house.gov](http://millermeeks.house.gov)
- #3 - US Rep. Zach Nunn: [nunn.house.gov](http://nunn.house.gov) (202) 225-5476
- #4 - US Rep. Randy Feenstra: (202) 225-4426 [feenstra.house.gov](http://feenstra.house.gov)

## Non-partisan sites information:

<https://crsreports.congress.gov/> Congressional Research Service

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

You can find information on state and federal candidates state and federal congressional persons, state and federal officeholders at

<https://justfacts.votesmart.org/>

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

Federal candidates campaign donors are now found at

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

## ARE YOU REGISTERED TO VOTE?

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

On the home page, go to the task bar - **Elections**

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

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

The **Polk County Election Office** has moved to the county-owned Polk County River Place at 2309 Euclid Ave. The Elections office location inside the building will not be easy for persons with mobility issues to reach. See the Des Register article at: [https://www.desmoinesregister.com/story/news/politics/elections/2025/09/04/polk-county-election-office-moves-to-new-space-des-moines/85938981007/?utm\\_source=ActiveCampaign&utm\\_medium=email&utm\\_content=Business%20Record%20Daily%20AM%209%204%2025&utm\\_campaign=%5BTEMPLATE%5D%20Business%20Record%20Thursday%20AM%20Daily%20%28Copy%29](https://www.desmoinesregister.com/story/news/politics/elections/2025/09/04/polk-county-election-office-moves-to-new-space-des-moines/85938981007/?utm_source=ActiveCampaign&utm_medium=email&utm_content=Business%20Record%20Daily%20AM%209%204%2025&utm_campaign=%5BTEMPLATE%5D%20Business%20Record%20Thursday%20AM%20Daily%20%28Copy%29)

**IOWA ECONOMY LAGGING:** A new study by State Policy Reports shows Iowa last in the nation in Economic Momentum. The same study shows Iowa ranked 50th in the country in a change of Personal Income. Iowa also ranks near the bottom in employment growth. 1-16-25

Wallet hub 6-5-25 ranking -

- **Worst State Economy (2025):** Iowa's economy is ranked as the worst in the nation by WalletHub, placing 51st overall. This ranking considers factors such as economic activity, economic health, and innovation potential. According to the study, Iowa ranks 51st in economic activity, 48th in economic health, and 29th for innovation potential.
- **States With the Best & Worst School Systems (2025)** Iowa's public school system is ranked 23rd overall, based on WalletHub's comparison of states across factors including quality, safety, funding, class size, and instructor credentials.





## MENTAL HEALTH IN THE WORKPLACE

A series of accessible and affordable workshops specifically designed to assist employers with mental health education, outreach and how to support the mental well-being of their employees.

Stress, anxiety, and burnout aren't just personal challenges—they're silent productivity killers. **Americans face stress levels that are 20% higher than the global average,** leading to burnout and disengagement, costing a staggering **\$80 to \$100 billion in lost productivity** every year due to untreated mental health conditions.

Investing in mental health isn't just about supporting employees—it's a smart business decision. A healthier workforce leads to increased productivity, higher retention rates, and a positive company culture that attracts top talent. Let's build a workplace where mental health thrives.

**For every \$1 invested in mental health education, employers see a \$10 return through improved health and productivity.**



For more information or to book a webinar, please contact [info@mindspringhealth.org](mailto:info@mindspringhealth.org).

### Why Choose Mindspring?

- Expert-Led Webinars
- Boost Productivity
- Create a Positive Culture

### What You'll Get

- Workshops & Webinars
- Strategies for Success
- Long-Term Impact

### Topics include:

- Managing Stress & Preventing Burnout

- Self-Care and Workplace Wellness

- Understanding Motivation & Procrastination

- Communication & Problem-Solving Skills

**Mindspring empowers individuals to take care of their mental wellbeing and supports those around them.**



511 E. 6<sup>th</sup> St., Des Moines, Iowa 50309

We are here. With you.