



mindspring

MENTAL HEALTH ALLIANCE

September 2023



**Take your time reading the newsletter.
It's not meant to be read quickly or at one time.**

If you are reading a hard copy of this newsletter – to access the links for more information, go to the electronic copy of the newsletter at [Newsletter Sign Up - Mindspring Mental Health Alliance \(mindspringhealth.org\)](https://www.Mindspringhealth.org) – please convert to an email newsletter

Mindspring Mental Health Alliance
511 E. 6th St., Suite B, DM 50309
(in DM Historic East Village)
515-850-1467

<https://www.Mindspringhealth.org>

Community Impact Officer–Michele Keenan
mkeen@mindspringhealth.org
Director of Special Initiatives– Kristi Kerner
kkerner@mindspringhealth.org
Program Director – Alex Rohn
ARohn@mindspringhealth.org
Development Director – Francis Boggus

Community Education Classes for anyone and everyone

Over 60 community classes are **free** and information can be found at our website [Upcoming Webinars & Events - Mindspring \(mindspringhealth.org\)](https://www.Mindspringhealth.org)

“Workplace Mental Health Webinars”

Call 515-850-1467 if you have questions (a cost involved)
mkeen@mindspringhealth.com

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Please support our fundraiser so we can continue to empower community members with education, advocacy and support!



Golf teams sold out!

\$400 per foursome includes 2 carts, 18 holes, and lunch on the course.

Registration at 9:00 am and shotgun start at 10 am.

Go to our [website](https://www.Mindspringhealth.org) for all details and easy registration.

Call Kristi with any questions!
515-850-1467

Friday, September 22, 2023

Mindspring Annual Benefit Golf tournament.

Terrace Hill Golf Course, 8700 NE 46th Avenue, Altoona

Sponsorships and Donations of any size are Welcome!

\$15,000 Masters Sponsor	\$2,000 Champion Sponsor
\$10,000 Major Sponsor	\$1,500 Putting Green Sponsor
\$ 5,000 Classic Sponsor	\$1,000 Driving Range Sponsor
\$ 3,000 Tour Sponsor	\$ 500 Amateur Sponsor
	\$250 Spectator Sponsor
	\$200 Family Sponsor

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Inpatient Psychiatric Bed Program - November 2022

Name	County	Licensed Beds	Staffed Adult Beds	Staffed Older Adult Beds	Staffed Child Beds	Total Staffed Beds
Allen Hospital	Black Hawk	24	21	0	0	21
Broadlawns Medical Center	Polk	44	44	0	0	44
Buena Vista Regional Medical Center	Buena Vista	10	0	10	0	10
CHI Health Mercy Hospital*	Pottawattamie	38	21	0	16	37
Clive Behavioral Health	Polk	100	20	0	14	34
EagleView	Scott	72	36	0	0	36
Finley Hospital	Dubuque	9	0	9	0	9
Genesis Medical Center - Davenport	Scott	39	28	0	8	36
Great River Medical Center*	Des Moines	8	8	0	0	8
Iowa Lutheran Hospital	Polk	68	24	12	12	48
Jennie Edmundson Hospital Behavioral Health	Pottawattamie	29	24	0	0	24
Mary Greeley Medical Center	Story	19	18	0	0	18
Mercy Medical Center - Cedar Rapids	Linn	20	10	0	0	10
MercyOne Medical Center - Cedar Falls	Black Hawk	15	0	15	0	15
MercyOne Medical Center - Clinton	Clinton	14	7	0	0	7
MercyOne Medical Center - Dubuque	Dubuque	20	16	0	4	20
MercyOne Medical Center - North Iowa	Cerro Gordo	45	24	0	10	34
MercyOne Medical Center - Sioux City	Woodbury	20	7	3	0	10
MercyOne Medical Center - Waterloo	Black Hawk	20	16	0	4	20
Ottumwa Regional Health Center	Wapello	14	0	14	0	14
Spencer Municipal Hospital	Clay	15	10	0	0	10
St. Anthony Regional Hospital and Nursing Home	Carroll	11	11	0	0	11
St. Luke's Methodist Hospital	Linn	72	13	9	14	36
St. Luke's Regional Medical Center	Woodbury	14	14	0	0	14
University of Iowa Hospitals and Clinics	Johnson	88	58	0	15	73
Community Hospital Total		828	430	72	97	599
Cherokee Mental Health Institute	Cherokee	36	24	0	12	36
Independence Mental Health Institute	Buchanan	56	40	0	16	56
Mental Health Institute Total		92	64	0	28	92
* Last updated 6.28.21						
GRAND TOTAL		920	494	72	125	691

4.2% of Iowa's population has severe mental illness or approximately 134,000 people

Iowa 2020 Census total population is 3,190,369 X .042 = 133,996

The large chart above reflects 'staffed' beds. There is a greater number of 'licensed' beds. Finding qualified staff is the key to opening more inpatient beds.

The VA hospital in Des Moines has 10 inpatient psychiatric beds.
The VA hospital in Iowa City has 15 inpatient psychiatric beds.

Psych Acute Care Beds in Des Moines

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

See [Psychiatric Bed Supply Need Per Capita](#).

— 40 to 60 beds per 100,000 people – let's use 50 beds/100,000
3.19 million Iowa population divided by 100,000 = 31.9

31.9 X 50 beds = 1595 acute care beds are needed

We have 691 – a shortage of 904 beds.

As per the above chart- between June 2021 and November 2022, the number of Iowa acute care beds **have dropped** from 955 licensed beds to 920 and from 734 staffed beds down to 691.

References

McBain, R.K., et al. (2022, January). [Adult psychiatric bed capacity, need, and shortage estimates in California—2021](#). RAND Corporation.

Mundt, A.P. et al. (2022, January). [Minimum and optimal numbers of psychiatric beds: Expert consensus using a Delphia process](#). *Molecular Psychiatry*.

Office of Research and Public Affairs. (2016). [Psychiatric bed supply need per capita](#). Treatment Advocacy Center.

Torrey, E. F., et al. (2008). [The shortage of public hospital beds for mentally ill persons](#). Treatment Advocacy Center.

Healthcare Exchange Open Enrollment

Iowans may preview plan options at [healthcare.gov](#). Open enrollment will start November 2023. *16.3 million people signed up during the 2023 ACA open enrollment – a 13% increase over the previous year.*

Kicked off Medicaid?– go to <https://hhs.iowa.gov/ime/unwind> - DHHS Unwinding website

There is a free program to help you figure out insurance options. New rules and rates for ACA marketplace health insurance.
Most can get a plan for \$10 or less/month Even high earners now qualify for financial assistance.

Contact: [IOWANAVIGATOR.COM](#) 877-474-NAVI

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Covid 19 - By the Numbers– As of date shown -2020 - 2023

	2020 April 20	Dec 2020	Dec 20 2021	December 2022	April 2023
# of Iowa cases reported	3159	274,982	601,531	1,016,767	
# of Iowa deaths Covid 19	79	3745	7680	10,343	No report
# of suicides	194	551	525	588	
# of opioid deaths		208	250	228	
# of Covid cases reported nationally	986,596	19,278,006	50,773,620	100,160,501	104,445,294
# of Covid deaths nationally	56,164	336,683	806,273	1,094,727	1,129,573

"We can rapidly pivot," Dr. Amy Patterson with the NIH explained. A failing treatment can be dropped without ending the entire trial and "if something promising comes on the horizon, we can plug it in."

The flexibility could be key, according to Dr. Anthony Komaroff, a Harvard researcher who isn't involved with the NIH program but has long studied a similarly mysterious disorder known as chronic fatigue syndrome or ME/CFS.

Komaroff also said that he understands people's frustration over the wait for these treatment trials, but believes NIH appropriately waited "until some clues came in about the underlying biology," adding: "You've got to have targets."

105 million people contracted Covid – between 10 and 30% have long term covid or 21 million (e)

Brain Fog and Other Long Covid Symptoms are the Focus of New Small Treatment Studies

Associated Press

The National Institutes of Health is beginning a handful of studies to test possible treatments for long COVID, an anxiously awaited step in U.S. efforts against the mysterious condition that afflicts millions.

The announcement from the NIH's \$1.15B [RECOVER](#) project comes amid frustration from patients who've struggled for months or even years with sometimes-disabling health problems — with no proven treatments and only a smattering of rigorous studies to test potential ones.

Dr. Ziyad Al-Aly of Washington University in St. Louis, who isn't involved with NIH's project but whose own research [highlighted long COVID's toll](#). Getting answers is critical, he added, because "there's a lot of people out there exploiting patients' vulnerability with unproven therapies."

Scientists don't yet know what causes long COVID, the catchall term for about 200 widely varying symptoms. Between 10% and 30% of people are estimated to have experienced some form of long COVID after recovering from a coronavirus infection, a risk that has dropped somewhat since early in the pandemic.

So far the RECOVER initiative has tracked 24,000 patients in observational studies to help define the most common and burdensome symptoms — findings that now are shaping multipronged treatment trials.

The first two trials will look at:

- Whether taking over 25 days the antiviral drug Paxlovid could ease long COVID
- Treatments for "brain fog" and other cognitive problems with cognitive training programs and with a medical device that electrically stimulates brain circuits

Three additional studies will open in the coming months.

- One will test treatments for sleep problems.
- The other will target problems with the autonomic nervous system — which controls unconscious functions like breathing and heartbeat — including the disorder called POTS.
- A more controversial study of exercise intolerance and fatigue also is planned,

The trials are enrolling 300 to 900 adult participants for now but have the potential to grow. Unlike typical experiments that test one treatment at a time, these more flexible "platform studies" will let NIH add additional potential therapies on a rolling basis.

The Clarinda Mental Health Institute and the Mt. Pleasant Mental Health Institute were closed by the Governor in 2015.

The Independence PMIC for children was closed in 2016 by the Governor.

The entire Clarinda MHI campus is now controlled by the Dept. of Corrections — they have a 795 bed prison and a 147 bed minimum security unit.

The entire Mt. Pleasant MHI campus is now controlled by the Dept. of Corrections — they have a 914 bed prison at the Mt. Pleasant MHI.

The Glenwood Resource Center for ID/DD persons has been scheduled to close July 2024.

Recovery Community Centers

Anawim and the Beacon of Life have combined their efforts to receive funding from the Iowa Dept. of Public Health to become one of four Recovery Community Centers in Iowa.

Recovery Community Centers (IDPH \$) — 4 funded

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

3 - **Full Circle** — handling Dsm (Anawim and Beacon of Life), Council Bluffs, Sioux City

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

<https://yourlifeiowa.org/mental-health/cmhc>

Federally Qualified Health Centers (FQHC) - a reimbursement designation from HHS - community-based organizations that provide comprehensive primary care and preventive care, including health, oral, and mental health/substance abuse services to persons of all ages, regardless of their ability to pay or health insurance status.

<https://carelistings.com/find/federally-qualified-health-centers/iowa>

Crisis residential beds are residential settings that de-escalate and stabilize an individual experiencing a mental health crisis. Stays can be for 3-5 days.

Residential beds which have stays longer than 3 to 5 days are called **transitional** beds

Other types of beds available

8 residential care facilities (RCF) for persons w/MI — 135 beds

3 intermediate care facilities (ICF) for persons w/MI — 109 beds

Certified Community Behavioral Health Clinics (CCBHC)

In March 2023, Iowa was awarded a one-year \$1M CCBHC Planning Grant by the Substance Abuse and Mental Health Services Administration (SAMHSA) — one of 15 states.

CCBHCs are specially designed clinics that provide a comprehensive range of mental health and substance use services.

CCBHCs serve anyone regardless of diagnosis or insurance status and

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meet certification criteria. CCBHCs provide or coordinate the majority **nine core services** consisting of crisis mental health services including 24-hour mobile crisis teams, emergency crisis intervention, and crisis stabilization; screening, assessment, and diagnosis; patient-centered treatment planning or similar processes; outpatient mental health and substance use services; outpatient clinical primary care screening and monitoring of key health indicators and health risk; targeted case management; psychiatric rehabilitation services; peer support, counseling, and family support services, and intensive community-based mental health care for members of the armed forces and veterans.

HHS is currently working on a CCBHC Planning Grant to apply to be part of the CCBHC Demonstration in March 2024. The Demonstration is a 4-year program that includes enhanced federal funding for CCBHCs certified in Iowa. More information can be found at [Transforming Behavioral Healthcare in Iowa: CCBHC Planning Grant | Iowa Department of Health and Human Services](#). Email questions or feed-back to: lowaCCBHC@dhs.state.ia.us. Stakeholder Engagement Committee has been formed and meets monthly. These meetings are open to the public. Focus groups will meet across the state.

The state would be divided into catchment areas aligned with regional need/access to care patterns. Each CCBHC selected through a procurement process would serve as the lead coordinator of services and will be expected fill gaps in the behavioral health continuum of services in the geographical area they serve.

Community Mental Health Centers	
Polk Co.	Child Guidance Center – 808 5 th St. - DM – 515-244-2267
	Eyerly Ball Community MH Center, 1301 Center St., - DM - 515-241-0982
	Eyerly Ball Community MH Center 945 19 th St.- DM - 515-241-0982
	Broadlawns Medical Center- 1801 Hickman Rd,- DM – 515-282-6770
	Broadlawns - New Connections Co-Occurring Outpatient Services – Medical Plaza, 2 nd Floor, 1761 Hickman Road - DM - 515-282-6610
Dallas Co	Southwest Iowa Mental Health Center 410 12th Street, Perry, IA 50220 P515) 642-1023 F515) 334-4076 <i>Adel area patients should call the Perry number to be scheduled.</i>
Madison Co	Crossroads Behavioral Health Services 102 West Summit Street, Winterset – 515-462-3105
County Community Mental Health Services	
Polk Co.	Polk Co. Mental Health and Disabilities Dept. 515-286-3570 Director Annie Uetz https://www.polkcountyia.gov/behavioral- health-disability-services/
Warren Co.	Central Iowa Community Services https://www.cicsmhds.org 1007 S. Jefferson Way, Indianola, IA 50125 515-961-1068 email: mentalhealth@warrencountyia.org https://warrencountyia.org/mentalhealth
Dallas Co.	Heart of Iowa Community Services 25747 N Avenue, Suite D, Adel, IA 50003 515-993-5872 Toll free: 877-286-3227 E-mail: dccs@dallascountyia.gov Website: hicsiowa.org
Madison Co.	Central Iowa Community Services https://www.cicsmhds.org Madison County Service Coordinator 112 N. John Wayne Drive, Winterset, Iowa 50273 515-493-1453 https://madisoncounty.iowa.gov/offices/community =services/

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 hours a day, 7 days a week, every day of the year at **1-888-373-7888**.

Veteran Toolkit to Prevent Suicide can be downloaded from:<https://www.va.gov/nace/docs/myVAoutreachToolkitPreventi ngVeteranSuicidelsEveryonesBusiness.pdf>

Crisis Phone numbers and Text numbers

National Text Crisis Line

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

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

You can also chat with the 988 Suicide and Crisis Lifeline at 988lifeline.org.

For every person that dies by suicide, more than 250 think seriously about it but do not die. It is possible to prevent suicide and save lives by connecting at-risk individuals to support in their area. If you are thinking of hurting yourself, tell someone who can help. If you cannot talk to your parents, your spouse, a sibling -find someone else: another relative, a friend, or someone at a health clinic.

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 children and adults.

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 Talkline: (800) 246-7743

See page 7 for
more info on 911
and 988

YSS Launches AFFIRM Therapy

YSS introduced AFFIRM, a new affirmative therapy group for LGBTQ+ youth. The group is open to teenagers 14-18 who identify as LGBTQ+ and/or are questioning their gender or sexual orientation. Participants meet virtually each week to learn how to manage stress, enhance coping skills, make healthy choices and build a community of support.

[Read more](#)

UCS Healthcare Offers Free Transgender Support Group - Open to

all transgender, queer, non-binary, gender non-confirming individuals. Whether you're just beginning your journey or somewhere beyond, please join! Allies in direct support of transgender members welcome. Meetings held weekly at UCS Healthcare. Guest speakers on special topics once per month. For transgenderdesmoines@gmail.com

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

From the Trevor Project

[How to Signal You're an Ally in a Hostile Environment >](#)

[Creating Safer Spaces in Schools for LGBTQ Youth >](#)

[Friends & Family Support Systems for LGBTQ Youth >](#)

[Suicide Risk Factors >](#)

Transgender in Iowa: Know Your Rights by ACLU.

[Here](#) is online content. [Here](#) is a link to a printer-friendly pdf of a trifold brochure.

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Primary Health Care and Behavioral Health

Engbretsen Clinic, 2353 SE 14th St. – DM - 515-248-1400

The Outreach Project, 1200 University, Suite 105 –515-248-1500

East Side Center, 3509 East 29th St. –DM – 515- 248-1600

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



Care & Support Services | Interpretation | Hospice
Home Care | Community Health & Wellness
Grief & Loss

Visit everystep.org/program guide for a current list of programs and services -An easy to read chart for qualifications for Medicaid or Hawki? **EveryStep** has a great website to assist you!

Community Providers

Mind and Spirit Counseling Center

www.mindspiritcenter.org

8553 Urbandale Avenue, Urbandale 515-274-4006

Accepts all insurances, sliding scale for fees.

On-site psychiatrist, PA and counseling staff

Free Mental Health Counseling in Spanish and English at the Library at Grace United Methodist Church Wednesdays – 2 to 6 PM

For an Appointment: Por favor contacte a Alicia Krpan, at 515-274-4006 ext. 143 – or –

House of Mercy (Co-occurring treatment, residential for women)

1409 Clark Street, Des Moines (515) 643-6500

Mercy One House of Mercy provides mental health counseling and psychiatric services



UCS Healthcare delivers comprehensive and integrated health care services. Our Des Moines office offers medical, behavioral health diagnosis and treatment including mental health therapy,

psychiatric services, substance use disorder therapy and medication assisted treatment. We have offices in Ankeny and Knoxville that offer therapy and medication assisted treatment as well. We accept most insurance plans and Medicare/Medicaid (service specific) and we can also provide some services on a sliding fee scale. Spanish speaking assessments and therapy services available. Find out more at UCShealthcare.com or call 515-280-3860 or ucsinformation@ucsdsm.org

ucsinformation@ucsdsm.org

African-American Community Providers

Thriving Family Counseling Services – 2213 Grand Avenue, DM 50312 – Phone: 515-808-2900 <https://thrivingfamilieservices.com>

Aspire Counseling Center – 3520 Beaver Avenue, Suite D DM 50310 515-333-8003

Urban Dreams – 601 Forest, Avenue, DM 50314

Outpatient Substance abuse treatment and OWI services

Mental Health and Treatment Services 515-288-4742

<https://urbandreams.org/programs/admin@urbandreams.org>

ForWard Consulting, LLC – Breann Ward, CEO and therapist, 4309 University Ave., DsM – 515-410-1716 -

<http://moveforward2day.com>



Amani Community Services

Amani CS started in 2014 by three African Americans who saw the need for culturally specific services in their community. Services are free, confidential and provided statewide. No referral needed. Anyone can call and make an appointment.

It is a domestic violence and sexual assault agency providing culturally specific services to African Americans in Iowa.

Services provided: individual counseling, support groups, medical, legal and housing advocacy, outreach, prevention and teen and children programming.

Waterloo (319) 232-5660

Cedar Rapids (319) 804-0741

Davenport (563) 564-5392

Des Moines (515) 991-4589

24 hour after care line: 1 (888) 983-2533

Culturally specific services are designed to meet the needs of communities that are unserved and underserved. Services are culturally focused; values, behaviors, expectations, norms and worldview of the cultural community are present at every level of service delivery. Amani Community Services is funded by VOCA funds and grants.

Support Groups

Mindspring Family Support Group

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

- 3rd Sunday of every month
- 2:30-4 pm
- Location: Eyerly Ball - Center Street Location (*This is NOT the location by the Freeway/Smokey Row*) 1301 Center Street Des Moines, IA 50309
- No registration required.

Mindspring Parent Support Group

For caregivers of children under the age 18 with a mental health condition

- 1st Sunday of every month
 - Sunday October 1st
 - Sunday November 5th
 - Sunday December 3rd
- 2-3:30 pm
- Location: Urbandale Public Library- Conference Room
- No registration required

Mindspring Peer Support Group

For individuals living with a mental health condition

- 2nd Saturday of every month
 - Saturday October 14th
 - Saturday November 11th
 - Saturday December 9th
- 3-4:30 pm
- Location: Forest Ave Public Library-Conference Room
- No registration required

Thursdays - Addiction recovery (all-inclusive addiction) group in person and Facebook live every Thursday at 7pm. In person – at West Des Moines Open Bible 1100 Ashworth Road. An LGBTQ+ support group meeting will start in July.

Our Facebook group page

<https://www.facebook.com/groups/306310047070015/>

Website-Sobersoldierz.com

cjbscoffee17@icloud.com

Contact person: Christina Gist-515-778-2015

www.weareherewithyou.com and www.mindspringhealth.org

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For Foster parents, as per the Ask Resource Center
Foster Squad support group:

<https://www.fostersquad.org>

Support group locator provided by the
"Iowa Foster and Adoptive Parents Association":
http://www.ifapa.org/support/support_group_locator.asp

Post Adoption Support Group

Lutheran Church of Hope, 925 Jordan Creek Parkway,
West Des Moines, Iowa

Meetings: In person monthly the on the second Tuesday from 6 pm to 8
pm. Contact: Michelle Johnson at 515-710-3047 or

mijohnson@fouroaks.org

Note: childcare for all ages is provided – please RSVP

Alcoholics Anonymous

Lutheran Church of Hope, 925 Jordan Creek Parkway,
West Des Moines, Iowa

Meetings: In person meetings are held **Mondays** at 12:00 pm;
Saturdays at 9:00 am, and **Sundays** at 5:00 pm. (size is limited)
AA membership is open to all those who desire to do something about
his or her drinking problem. The primary purpose of AA is to carry the
message of recovery to the person seeking help. AA can serve as a
source of personal experience and be an ongoing support system for
recovering alcoholics.

Al-Anon and Alateen

Lutheran Church of Hope, 925 Jordan Creek Parkway,
West Des Moines, Iowa

Meetings: In person meetings are held **Sundays** at 5:00 to 6:00 pm.
Group size is limited.

Al-Anon is a fellowship of relatives and friends of those struggling with
alcohol who share experiences, strength and hope. Alateen participants
may choose to attend online Al-Anon if they are not able to attend the
in-person group on Sundays at 5:00 p.m.

Gamblers Support Group

Lutheran Church of Hope, 925 Jordan Creek Parkway,
West Des Moines, Iowa

Meetings: In person meetings are held **Sundays** at 6:30 pm. This pro-
gram is based on recovery for compulsive gamblers, debtors/spenders
and anyone who seeks recovery from their addictions. Meetings empha-
size a solution rather than the problem.

Parents of Addicted Loved Ones

Lutheran Church of Hope, 925 Jordan Creek Parkway,
West Des Moines, Iowa

Meetings: In person meetings are held **Mondays** at 6:30 to 8 pm -
Parents of Addicted Loved Ones is a support group of parents helping
parents. They meet every week to offer education and support, at no
cost, for parents who are dealing with a son or daughter battling addic-
tion. PAL can also help spouses who have a partner with addiction
issues. PAL is especially helpful for parents and spouses, but all other
sober family members and friends (age 18 and older) are welcome at
the meetings.

Dementia Support Group

Lutheran Church of Hope, 925 Jordan Creek Parkway, WDM
Meetings: In person meetings are held the **fourth Tuesday** of the
month from 6:30 to 8:00 pm Being a caregiver to a loved one with
dementia is hard, but having others to support you can help.

Dementia, Alzheimer's Caregiver Support

The Alzheimer's Association offers many free resources to caregivers,
including the 24/7 help line (800-272-3900), local support groups, and
education programs and information on its website – alz.org/iowa –
which offers tips on daily care, information on legal and financial
planning, the stages of the disease, and more. Resources from the
IDPH [Alzheimer's Disease & Related Dementias Program](#) can be
found at this link.

Alzheimer's Virtual Support Groups in Iowa

[Events | Alzheimer's Association](#)

https://www.alz.org/events/event_search?etid=2&cid=08zip=50325

Grief Support Group

EveryStep Grief & Loss Services, 1821 Grand Ave., WDM

Contact: Des Moines at 515-333-5810 or

West Des Moines at 515-223-4847

Support groups are hosted at EveryStep locations in eight Iowa
communities. EveryStep Grief & Loss Services' bereavement counse-
lors are available to meet with families or visit by phone. Their support
groups and services are available to anyone. To learn what services are
available in your area, call the EveryStep office near you

Brain Injury Alliance On-line support groups

Register at: <https://biai.memberclicks.net/support-groups>

Weekly meetings: 3-4:30 pm

Postpartum Support International

has been awarded a landmark contract to operate the **first-ever**
Maternal Mental Health Helpline by the U.S. Health Resources and
Services Administration (HRSA). The **Helpline**, legislated by Congress
and funded by HRSA, is available 24/7, 365 days-a-year, in English and
Spanish, voice (800) 944-4773, text "help" to 800-944-4773, or text en
espanol 971-203-7773. <https://www.postpartum.net> - The PSI helpline
does not handle emergencies. People in crisis should call their local
emergency line.

Maternal Mental Health Hotline

HRSA launched the Maternal Mental Health Hotline, a new, confiden-
tial, toll-free hotline for expecting and new moms experiencing mental
health challenges. Moms can call or text 1-833-9-HELP4MOMS
(1-833-943-5746) and connect with counselors for mental health
support. This resource is available in English and Spanish!

What is the leading cause of death for new mothers?

In the postpartum period, often during the time when new parents are
out of the hospital and beyond the traditional six- or eight-week post-
pregnancy visit, cardiomyopathy (weakened heart muscle) and mental
health conditions (including substance use and suicide) are identified as
leading causes. **Did you know? 1 in 7 mothers and fathers suffer
from postpartum depression**

Suicide Support Group

Coping After Suicide, Polk County Crisis and Advocacy Services
525 SW 5th, Suite H, Des Moines, IA 50309

Meetings: In person the **second Thursday** of each month from 6:00 to
7:30 pm, and the **last Saturday** of the month from 9 to 10:30 pm.

Contact Person: Kate Gilmor at 515-286-2029 or

kgilmor@co.polk.ia.us Note: no fee

Addiction Recovery for Veterans

West Des Moines Open Bible, 1100 Ashworth Road
West Des Moines, IA 50265

Meetings: In person **every Thursday** 7 to 8:00pm
Sober Soldierz is an addiction recovery group. Each week is an open
discussion format with an overview topic.

Note: Childcare is provided.

Virtual Statewide Brain Injury Support Group

Every Thursday of the month

Location: Zoom – Register [HERE](#)

Time: 3p-4:30p

Contact: Allison Andrews - [515-400-6456](tel:515-400-6456) or aandrews@biaia.org

Facebook (Private) - Iowa Brain Injury Family Caregivers Support Group

The Brain Injury Alliance of Iowa's Iowa Brain Injury Caregivers
Support Group is a private, welcoming, supportive place for brain injury
caregivers - spouses, significant others, parents, siblings, friends, etc. -
to come together to receive helpful information and resources as well as
to connect and receive peer support and encouragement from
individuals with shared, unique experiences. Contact [855-444-
6443](tel:855-444-6443) or info@biaia.org Support Group [page](#).

www.weareherewithyou.com and www.mindspringhealth.org

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Life Connections Virtual Recovery Center

Virtual Recovery Center

- Join for **General** Virtual Wellness any time 4 pm-10 pm M-F or 12 pm - 6 pm on the weekends.
 - Confidentiality and Agreements required for **all** virtual wellness groups <https://lifeconnectionsrecovery.org/virtual-group-confidentiality-agreements/>
 - **Special** virtual wellness groups include:
 - Anxiety support group
 - Anger Management group
 - Life wellness/self-care group
 - WRAP/Wellness Toolbox group
 - Wellness center phone: 563-206-1447
 - Wellness center manager: ta@lifeconnectionsrecovery.org
- 5:30-6:30 Mon-Fri
12:30-1:30 weekends
- <https://lifeconnectionsrecovery.org/services/virtual-wellness-recovery/>

Peer Support resources available statewide

Abbe Statewide Warm Line

A Peer Support Specialist is always available by phone, 365/24/7. On demand, no scheduled appointments.

844-775-9276

The Only Peer Run Respite House in Iowa

- Rhonda's House Peer-run Respite
 - Guests receive recovery support from trained and caring peer staff members for up to 7 days in a home-like environment.
 - Located in DeWitt-available to anyone throughout the state.
 - <https://lifeconnectionsrecovery.org/services/rhondas-house/>
 - 563-659-6625 info@lifeconnectionsrecovery.org
 - *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.*
 - <https://lifeconnectionsrecovery.org/>

New Iowa Peer Workforce Collaborative website

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

Orchard Place "Parent Café"

Contact mdiawara@orchardplace.org 515-608-2042 for locations and dates

Orchard Place Autism Caregiver Support Group "Spectrum Circle"

In-Person Location: 620 8th St., Des Moines – 10 am to 11 am
Look for a new meeting date in October!

Virtual meetings are on the same date – 12 pm to 1 pm
No childcare offered at this time

Contact coconner@orchardplace.org for questions and to **RSVP** ahead of time



resiliency within a safe and uplifting community.

What does it do? It helps people cope, create and rebuild in positive, healthy ways.



A new art show will be on Oct. 6 from 5 to 8 pm. at Mainframe Studios – 900 Keosauqua Way, Des Moines.

Who does it benefit? Anyone who identifies as having a mental health diagnosis or disability in Central Iowa can attend for free 515-883-1776 www.teamcsa.org

What is Momentum? Momentum is a creative, supported art studio and gallery where people learn and practice positive coping tools and create art while building their own

Contacting 988

- Individuals using a phone with an Iowa area code will be connected to an Iowa Center
- Note: The following options are given before reaching an Iowa Center:

- 1: Veterans Crisis Line
- 2: Spanish speaker
- 3: Specialized LGBTQ+ support for youth (**new**)

■ If Iowa's 988 Centers are unavailable, the contact will be routed to the 988 national backup network

■ Callers should remain on the line.

■ The 988 national backup centers have the capability to route individuals back to Iowa 988 Centers if needed

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.

Crisis Services in Polk County



The Mental Health Mobile Crisis Team

- 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 on every mental health call to 9-1-1.** 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.

Polk County

Experiencing an emergency mental health crisis?

Call 911

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

www.weareherewithyou.com and www.mindspringhealth.org

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For non-emergency mental health needs for ADULTS

Call 988 or 515-288-0818

or go to

Adults: Crisis Observation Center, Broadlawns
1801 Hickman Rd., Des Moines, IA
Phone: 515-282-5742



The 23 Hour Crisis Observation Center for Adults

Is intended to meet the needs of individuals who are experiencing an acute behavioral health stressor that impairs the individual's capacity to cope with his/her normal activities of daily living. The goal of the Crisis Observation Center is to offer a place for individuals to seek crisis intervention services and stabilize them quickly so they can return to the community. The length of stay is up to 23 hours. Services offered include a nursing assessment, care/service coordination, crisis intervention therapy, and access to a psychiatric prescriber if needed. Staff include registered nurses, Master's level psychotherapists, psychiatric technicians, and care/service. These services are offered in a safe and supportive environment. **Crisis Observation Center is open 24/7. Located at Broadlawns Hospital- Phone: 515-282-5742**

Psychiatric Urgent Care Clinic for Adults:

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

Broadlawns located at 1801 Hickman Rd in DSM – West Entrance). Hours are 9am-7pm, Monday through Friday. Serves ages 18 and older. Phone: 515-282-5742 – see the map on previous page.

Broadlawns Crisis Team:

Provides comprehensive emergency mental health services including assessment, triage, crisis intervention, and discharge planning. Services are available by phone or in person through our Emergency Department. In addition to being the initial contact to the Inpatient Psychiatric Unit, the crisis team assists clients in finding the programs and services that are the most appropriate for their needs.

For assistance 24 hours a day, call 515.282.5752

The police liaisons for the Mobile Crisis team are:

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

Psychiatric Urgent Care Clinic for Children/All Ages:

Services include, but are not limited to Mental health services, Psychiatric evaluation and assessment, Addiction medicine, Crisis services and Community resources. Onsite coordination for additional interventions will be coordinated with Eyerly Ball Community Mental Health Services, Orchard Place Integrated Health Program and other behavioral health agencies in central Iowa.

UnityPoint Health located at 1250 East 9th Street in DSM. Hours Mon-Thurs 9 AM to 7 PM, Fridays 9AM to 5PM. Serves all ages. Phone: 515-263-2632

Children: Behavioral Health Urgent Care

1250 E. 9th St., Des Moines, IA

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

Phone: 515-263-2632

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

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

Children's Stabilization Center - Easter Seals Iowa

Polk County Resource and Referral line - 515-288-0818 or through referral by: • Mobile Crisis • Hospital Emergency Room upon Hospital discharge • By calling 988 or Your Life Iowa 855-581-8111 - [Website](#)

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 individuals in managing future crisis, along with supporting family. Easter Seals IA provides Children's Residential Crisis Stabilization Services to those under 18 statewide, as well as all ages Community-based Crisis Stabilization Services in the Greater Des Moines Metro Area.

The Pre-Petition Screener Service

A resource for Polk County residents who want to file a petition for involuntary behavioral health services through the Clerk of Court. The Clerk of Court offers the filers the Polk County Resource and Referral Line with a private room to make the call before filing. The screener is a mental health professional who is available to assist applicants and respondents before, during, and after the petition process. The role of the Pre-Petition Screener is to gather back-ground information from both applicants and respondents and help determine if another path toward treatment may be preferable. In the event that a judge denies a petition, the screener is available to discuss appropriate next steps and help make connections with available resources.

The Pre-Petition Screener is available without an appointment Monday-Friday 8:30am to 4:30pm.

Located at the Polk County Justice Center (222 5th Ave in DSM) Phone: 515-336-0599 (direct line) or 515-282-5742 (main office)

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 Department located at 1801 Hickman Rd in DSM. Phone: 515-282-2200

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

Methodist Emergency Department located at 1200 Pleasant St. in DSM. Phone 515-241-6213

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

MercyOne Emergency Department located at 1111 6th Ave in DSM. Phone: 515-247-3211

MercyOne Emergency Department located at 1755 59th PI in WDSM. Phone: 515-358-8280

The Clive Behavioral Health Hospital

Clive Behavioral Health Intake & Assessment Center – accessed by calling 1- 844-680-0504. Website at: <https://clivebehavioral.com>

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July 1, 2022 - **Waukee** Police use a Mental Health Crisis Team as part of a pilot program. Jan. 1, 2023 **Urbandale** started using a mental health Crisis Team - a uniquely equipped car with a specially trained officer and an intervention specialist will answer mental health calls. Similar efforts are to be activated in Clive, West Des Moines, Norwalk and the Dallas County Sheriff's office.

Crisis Services in **Dallas County**

Mobile Crisis Response Team: If you have a mental health crisis in your family and are in need of emergency 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 psycho-therapists and social workers. The team is activated when a law enforcement officer responding to an emergency call requests the presence of the Mobile Crisis Team. An evaluation, including a determination about the appropriate level of care needed, is completed in the field by a member of the team. The team member completing the evaluation will then make recommendations for appropriate interventions based upon the current needs of the individual in crisis. They will also provide information, education, and potential linkage to community resources.

Safe Harbor Crisis Line: 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

Crisis Services in **Warren County**

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

Mobile Crisis Response: Teams of professionals provide 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. This line also provides support on the telephone, day or night, for people looking for immediate help with their emotions or mental health.
To access mobile crisis response, call the Your Life Iowa Crisis line 24/7 at 855-581-8111

Crisis Services in **Madison County**

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

Mobile Crisis Response: Teams of professionals provide 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.

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

**WORDS MATTER.
MENTAL ILLNESS.
BRAIN HEALTH.**

Help us spread the right words. brainhealth-now.org



Remnants of Project Recovery services

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

Iowa Warm line (through the Abbe Center) - 844-775-WARM (9276) - Provides confidential access to peer counseling and can connect people with services

Iowa Concern Hotline (for rural and ag assistance) – [800-447-1985](tel:800-447-1985) - confidential access to stress counselors

Social media - **Connection Points:** Facebook, Instagram, Twitter, Discord and You Tube

We will be offering training and to set up this for an agency or workplace, people can contact me until we have a system in place. khyatt@dhs.state.ia.us 515-601-7899

Major changes at the state level

STATE OF IOWA DEPARTMENT OF

Health AND Human

SERVICES

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

See the Organizational Plan [here](#)

See the Governor's Plan for Realignment [here](#)

To read the bill – go to

<https://www.legis.iowa.gov/docs/publications/LGE/90/SF514.pdf>

Bills signed by the Governor went into effect on 7-1-23.

The 2023 Interim: Time to Prepare for 2024

Iowa Infonet

Iowa's legislature meets for about four months each year to decide how to spend money and make changes to Iowa law. That's not a lot of time. Much of the work gets done during the "interim", the months the Legislature is not in session (June-December).

We are now in the interim. Here is a list of some of the work that will be going on this interim:

- Continuing the work of reorganizing state government.
- Looking at all boards and commissions to decide if they are necessary.
- Reviewing HCBS waivers
- Developing the new public assistance verification process
- Improving state information technology to support all the changes going on
- Complying with the next Dept. of Justice (DOJ) ruling
- Looking at HHS service regions to see if there is a need for a single regional map for all HHS services.

www.weareherewithyou.com and www.mindspringhealth.org

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Picture of the Iowa Mental Health and Disability Services

Iowa Health & Human Services Dept.

Choose contact for Help

988 -counseling, de-escalation, decisions

911 –police dispatch + counselor
if imminent threat

Your Life Iowa call **855-581-8111**

text 855-895-8398

Mental Health – Suicide – Alcohol - Drugs

Gambling – Resources

13 MHDS Regions

*Mental Health and
Disabilities Regions*

<https://www.iowamhdsregions.org>

CEO

Each region has a [Region Websites](#)

Regional Adult Coordinator Contacts

Adult Services Coordinator

Governing Board

Regional Children Coordinator Contacts

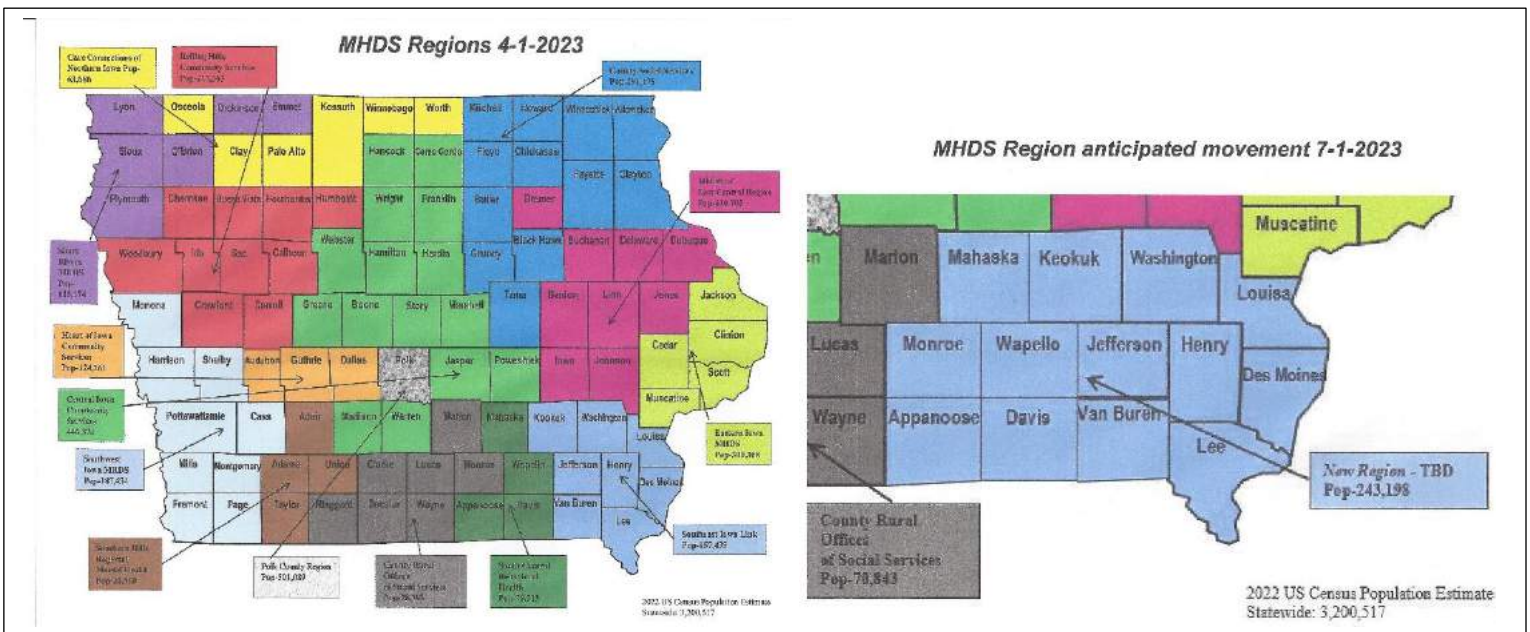
Children's Services Coordinator

Adult Advisory Committee

**Providers
Adult Services**

Children's Advisory Committee

Providers
Children's Services



www.weareherewithyou.com and www.mindspringhealth.org

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The number of MHDS regions dropped from 14 to 13 on July 1, 2023, when 2 regions combined. See previous page

The new MHDS Region will be named “MH Agency of SE Iowa” and is located in the SE corner of the state.

MHDS Regions began operations on July 1, 2014, and provided the following:

- Local access to uniformly defined services
- Regional administrative structure
- Statewide standards
- Counties joined operations & funds through the 28E process
- Currently 14 MHDS Regions, soon will be thirteen
- Population ranges from 28,850 to 610,705*
- Intensive Mental Health and Crisis services added in 2018
- Children’s Mental Health System core services added in 2019
- Regions were previously funded by a county property tax levy
- Beginning with SFY 22, funding began to shift to 100% State funding.
- SFY 23: \$121 million State General Fund appropriation.
- Payment for services for eligible persons when payment thru the medical assistance program (Medicaid) or another third-party payment is **not available**.

Regions website: <https://www.iowamhdsregions.org>

MHDS Regions & AEA website:

<https://iowaeeamentalhealth.org>

1-11-23 MH and Disability Services **Regions** Study Report

<https://www.legis.iowa.gov/docs/publications/DF/1366508.pdf>

Website links:

[Administrative Rules](#)

[Crisis Services Maps](#)

[Region Websites](#)

[Regional Policies & Procedures](#)

[Regional Annual Reports](#)

[Regional Adult Coordinator Contacts](#)

[Regional Children Coordinator Contacts](#)

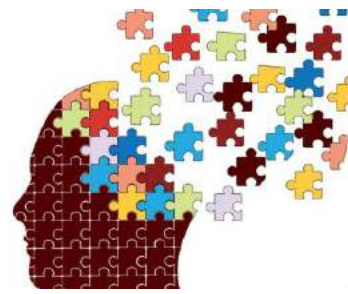
Other changes have been made to Region operations through various legislation.

Mental Health and Disability Services Regions will now be required to have more community members on their boards. County Supervisors will be limited to 49% of the board. A majority of the members will now be providers, persons served, families, courts, schools & law enforcement.

Regions are also required to provide a new service called community-based competency restoration. This allows a person found not able to go to trial to receive services in their community. The person does not need to wait for an opening in one of the state’s two mental health institutions.

HHS Alignment and State Reorganization

- Will be changes to HHS with programs coming into HHS and leaving HHS
- Transitioning in:
 - Dept on Aging
 - Dept of Human Rights
 - Juvenile justice
 - Human Rights Commission
 - Volunteer Iowa
 - Early Childhood IA
 - Foster Care Review Board
- The Behavioral Health and Disability Services Division will be divided into two divisions with the addition of aging:
 - Behavioral Health Division
 - Aging and Disability Services Division



More Change is Coming!!

HMA to study Iowa Health and Human Services Delivery System

Iowa Infonet

The IA Dept. of Health & Human Services (HHS) has hired **Health Management Associates (HMA)** to study the delivery system of HHS programs across the state. This is one those important reviews taking place during the interim.

“How Iowans access Health and Human Services is different in almost every county,” explained Director Kelly Garcia. “With 95 different administrative systems, there are inconsistencies that make it difficult for Iowans to navigate services and burden-some for local governments to administer the programs.”

During the Covid 19 pandemic, it was a major challenge to navigate the multiple layers of decision-makers for every program at the state, regional, county, and sometimes, at the city level. “These challenges result in significant inefficiencies that can delay getting necessary funding, resources and other supports to people on the front-line providing services to Iowans. This assessment aims to understand these systems and provide solutions to improve them.”

The assessment will study why the current systems are structured the way they are and the historical context of such decisions. The study will also examine existing operational capabilities and gaps and the funding and resource models that drive the current systems.

Throughout the assessment, HMA will engage with stakeholders to gather input which will be used to form the final recommendations. You can see the progress on the website – hhs.iowa.gov/service-delivery-alignment-assessment-project

HHS hopes the assessment will help the agency more clearly understand the linkages that currently exist between systems and current Medicaid programs, who the primary beneficiaries are, who the decision-makers involved in each system are and how to better connect the services to the Iowans who need them. Program areas include:

- Local public health agencies
- Environmental health
- I-Smile (dental program)
- Women, Infants, Children (WIC)
- Maternal and Child Health
- Family Planning
- Tobacco Community Partnerships
- Decategorization projects (DECAT)

(See next page for rest of article)

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(continued from previous page)

- Community Partnership for Protecting Children
- Certified Community Behavioral Health Centers (CCBHC)
- MHDS Service Regions
- Integrated Provider Network
- Aging and Disability Resource Centers
- Area Agencies on Aging
- Early Childhood Iowa Regions
- Community Action Agencies
- Emergency Preparedness Regions
- Local Public Health – Delivered Medicaid Services

HMA will issue a final report in the fall with their recommendations. The recommendations will include:

- At least two proposed service delivery options
- At least two proposed funding models

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

Suicides in Iowa 2000-2023

Opioid and Suicide Deaths in Iowa 2016-2023

<https://idph.iowa.gov/substance-abuse/substance-use-and-problem-gambling-data-reporting/in-the-know-common-data-reports>

Total Opioid Deaths	Year	Total Suicides	24 and under	25 thru 44	45 thru 69	70 and older
	2000	288	51	115	78	44
	2001	304	67	97	102	38
	2002	310	55	122	96	37
	2003	351	58	118	131	44
	2004	345	60	119	127	39
	2005	331	57	120	120	34
	2006	336	57	121	126	32
	2007	331	49	116	130	36
	2008	383	55	138	148	42
	2009	368	56	129	135	48
	2010	375	49	118	163	45
	2011	423	58	150	174	41
	2012	380	65	141	140	34
	2013	445	66	148	172	59
	2014	409	72	117	177	43
	2015	424	77	139	166	42
176	2016	459	68	161	186	44
201	2017	470	85	151	173	61
136	2018	495	71	170	201	53
156	2019	521	81% increase from 2000- 2019			
208	2020	551	91% increase from 2000-2020			
258	2021	525	As of 12-31-21			
237	2022	588	As of 12-31-22			
95	2023	234	As of 6-30-23			

Advocate Resources

[Bill Tracker](#)

[Action Center](#)

[Calendar & Legislative Town Halls](#)

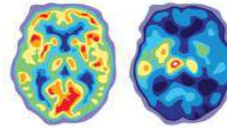
[Guide to the Iowa Legislature](#)

[Advocacy Toolkit](#)

New website location for IDD Council – which includes the Iowa Infonet newsletter and legislative information.

[Home \(iowaddcouncil.org\)](http://iowaddcouncil.org)

NOT DEPRESSED DEPRESSED



THE BRAIN CAN GET SICK TOO!

brainhealth-now.org



The Statistics Corner

In the nation, Iowa is:

- **51st** for # of mental health institute beds (2023)
- **45th** for mental health workforce availability (2023)
- **47th** for # of psychiatrists
- **46th** for # of psychologists

In 2022, the % of abused children under the age of 5 in Iowa was 46.5%.

Nationally, firearms were involved in 4,733 child and teen deaths in 2021, according to [a report](#) from the Kaiser Family Foundation. CDC [data](#) from 2022 indicate that firearms continued to be the number one factor in child and teen deaths for the third year in a row.

The U.S. has by far the highest child and teen firearm mortality rate among similarly large and wealthy OECD Nations. Firearm mortality rate per 100,000 for children and teens ages 1-19 years, U.S. (2021) is 6.0 – the next highest is Canada at 0.6.

States with the most gun laws still have much higher child and teen firearm death rates than Canada. Firearm mortality rate per 100,000 children and teens ages 1-19 years, by number of state firearm laws in the U.S. (2021) is 4.3. Canada's is 0.6.

The U.S. is the only country among Its Peers In which there are more gun deaths than cancer or motor vehicles deaths among children and teens.

Zoom in: An average of 47 people died from gun violence in Polk County each year between 2016 and 2020, according to data from the Polk Co Health Dept and DHS.

[Suicide accounted for nearly two-thirds of those deaths.](#)

A third of Iowa's 99 counties are maternity care deserts, meaning they have no OB-GYNs and no birthing hospitals or birthing centers, according to a new report by the nonprofit [March of Dimes](#).

The Des Moines Police Department's Crisis Advocacy Response Effort (C.A.R.E) successfully responded to 1500 calls in the last year.

Nearly **42%** of Iowa's nursing home facilities have a shortage of nurses and aides. That's almost double the national average of **22%**, according to the Centers for Medicare & Medicaid Services.

Over the past 13 months, **26** Iowa nursing homes have closed. ----
Iowa Capital Dispatch

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New Ellipsis apartments open door for young people to live successful lives

Business Record

Young people who are part of Ellipsis' residential program will soon be moving into apartments that will help them learn how to live independently as they transition into adulthood.

Ellipsis, the new organization that resulted from the [2021 merger of](#) Youth Homes of Mid-America and Youth Emergency Services and Shelter, is building 12 efficiency-style apartments on the second floor of its building on 11th Street on Des Moines' south side.

The \$2.1 million project is funded through federal American Rescue Plan Act money allocated by Gov. Kim Reynolds and funds from the estate of a donor.

Those who will be living in the apartments are between the ages of 16½ and 21 who are already part of Ellipsis' Park Avenue facility. They have entered the system through the Iowa Department of Health and Human Services or have been court-ordered into the system.

In the Park Avenue facility, residents have small bedrooms and share bathrooms and common areas. In the new facility on 11th Street, each 500-square-foot apartment will have its own bathroom, bedroom and kitchen. The only shared amenity will be the laundry area.

The goal, Ellipsis CEO Chris Koepplin said, is to better prepare young people to be independent as adults.

"They are going to be future employees in our community," she said. "We're trying to make sure these kids can be successful adults and contributing members of society. We want them to go work at Principal and Nationwide and have really successful experiences and raise their families in ways so their kids don't enter the same system."

The classroom, music, art and conference room areas that once occupied the second floor were relocated to the first floor of the building. Demolition of those spaces on the second floor ended last week and framing work for the apartments is under way.

Each apartment will be fully furnished and have everything, including technology, that the residents will need to be successful, Koepplin said.

The facility is also on a Des Moines Area Transit Authority bus line, making it easier for the residents to get to school and work, she said.

Koepplin said the apartments will serve a need where a tremendous gap in services exists in Iowa.

"I would argue that since COVID, there have been providers closing beds across the state," she said. "The whole continuum of care is kids might be in shelter, group care beds, group foster care, and they might be in residential space, and all those beds in the state are always full."

There are about 400 young people in shelter and group care in Iowa.

"These beds tend to be really filled up so kids are really struggling to get to the right place to get what they need," Koepplin said. "There's room for growth across those programs."

There are only two other providers in Iowa that provide independent living services such as those Ellipsis will provide with the new apartments, she said.

No new funding for beds was included in the new HHS contract that starts July 1.

"So that's frustrating and sad and scary for the kids who are instead sitting in detention or in a hospital or sitting somewhere in the community where we don't know where they're at," Koepplin said.

If facilities like the ones operated by Ellipsis, which has six other independent living beds in its system, aren't available, many young people would end up homeless or incarcerated, she said.

"We've seen some really awful stories in the past about what happens to some of the kids," Koepplin said. "It's a huge safety net issue. How do you prepare them so they know how to have a job and they know how to take care of a fine or find a home or all those kinds of things."

Ellipsis also has a campus in Johnston, and Koepplin said there is room for possible expansion there, too.

She said the goal is to get the new apartments, designed by Slingshot Architecture, ready to move into by the end of 2023.

"For our kids, the thing that this adds, besides their own space that they can feel good about and feel proud of, is space where they can have people around," Koepplin said. "Right now, when you're sharing common spaces it's not ideal to invite a friend over or have a supportive adult come over and hang out with you. We want them to be able to do that in their own space."

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I've learned that people forget what you said, people will forget what you did, but people will never forget how you made them feel.

----- Maya Angelou



Mental Health After TBI or Concussion: Recovery Is Possible

CognitiveFX

Mild or severe traumatic brain injury (concussion and TBI) can cause upsetting [changes](#) to your mental health. Brain injury can worsen pre-existing mental illness or cause new symptoms — such as anxiety, depression, mood swings, anger, post-traumatic stress disorder (PTSD), and more.

Don't give up hope.

There are good treatment programs that can help you recover. 83% of the patients seen at our post-concussion treatment clinic report changes in mood or personality after their injury. Many of them describe similar post-injury frustrations and feelings, such as:

“Am I a bad parent because I don’t have positive feelings for my kids anymore?”

“I can’t control my temper. One wrong word and I just lose it.”

“I don’t have any hope for the future. I feel like I’ll never be myself again.”

“One time I dropped a dish and it shattered. I stared at it but I couldn’t bring myself to do anything, so I went back to bed and cried.”

It’s heartbreaking. Many patients feel guilty for the way they act and feel. They don’t understand why they’re thinking and saying the things they do. Many of them, like attorney [Anthony Loubet](#), were never warned by their doctors that their mental health could change drastically after their brain injury.

While [previous](#) mental health struggles are risk factors for post-injury mental illness, you don’t have to have had emotional symptoms before your injury to develop them after.

Mental health changes after brain injury are extremely common: you aren’t crazy and shouldn’t blame yourself for emotional turbulence. Neurorehabilitation, combined with cognitive behavioral therapy or another form of talk therapy if needed, can significantly improve your post-injury mental health.

The key is to treat the brain injury **first**, then focus on any persistent mental difficulties. Treating the root cause makes it much easier to overcome these problems with continued therapy and healthy habits at home.

What Causes Mental Illness After Traumatic Brain Injury?

Traumatic brain injury can cause temporary or long-lasting mental illness or emotional symptoms. Often, these symptoms result from a combination of post-injury dysfunction in the way the brain communicates, post-injury stress on the autonomic nervous system, and the brain’s natural reaction to physical and emotional trauma.

Mental illnesses are conditions that affect a person’s thinking, feeling, mood or behavior, such as depression, anxiety, bipolar disorder, or schizophrenia. Such conditions may be occasional or long-lasting (chronic) and affect someone’s ability to relate to others and function each day. (Centers for Disease Control and Prevention at [CDC.gov](#))

So how does a head injury change how you feel and think? It starts with the physiological changes caused by brain injury. At the most basic level, even a mild traumatic brain injury can disrupt the relationship between neurons and the [blood vessels](#) that supply them with the right amount of nutrients at the right time, a process known as [neurovascular coupling](#).

Dysfunctional neurovascular coupling results in hypoactive brain regions (areas that don’t do their fair share of the work).

Surrounding regions might try to take on that work, but they can’t do it as efficiently. Overall, this dynamic exhausts the brain far more quickly than healthy functioning.

But this dysfunction isn’t structural. Think of it like looking through the window of a business. The building’s intact, everyone has computers, and all the employees seem busy. All the physical components you need for the business are present, just like your brain is physically intact (unless you suffered [structural brain damage from a severe TBI](#)).

But just because all the parts are there doesn’t mean they are working well together. That business could be failing because the software they use is buggy or the employees don’t do their work on time. In a similar way, **the brain can look fine on the outside but struggle to function correctly long after your initial injury.**

These changes in your brain following injury can contribute directly to mental health issues. However, some of your emotional symptoms may be secondary, e.g., caused by some of the other symptoms of a concussion. Some concussion symptoms that may affect your mental health include:

- Sensory sensitivity (to [light](#), noise, crowds, and so forth)
- [Headaches](#)
- Feeling overwhelmed (which happens because your brain simply can’t process everything it used to before your injury)
- [Sleep problems](#) (including poor sleep quality, trouble falling asleep, sleep apnea, and more)
- Cognitive impairment (such as difficulty following conversations, poor executive function, [struggling to pay attention](#), [worse short-term memory](#), difficulty with word-finding, and [brain fog](#) — all persistent symptoms that are very frustrating to experience)

- [Fatigue](#)
- [Hormone dysregulation](#)

In addition, any TBI, mild or not, can [affect](#) your autonomic nervous system (ANS). The autonomic nervous system reaches throughout the body into every organ system. It's responsible for many automatic processes — like your heart rate and breathing — and controls your “fight or flight” and “rest and digest” response.

[After a concussion, your ANS may become skewed toward “fight or flight.”](#) When that happens, it can also contribute to certain mental health problems such as anxiety and PTSD. To recap, mental health struggles after a head injury are often neuropsychological, a combination of physical and emotional factors, including:

- Physiological changes in your brain.
- Your brain's natural reaction to trauma.
- Symptoms such as poor sleep that exacerbate mental symptoms.
- Dysregulation of your autonomic nervous system.

What Mental Health Struggles Can a Concussion or Severe TBI Cause?

The highest prevalence mental health [struggles](#) caused by a brain injury include:

- depression,
- anxiety,
- PTSD, and
- a slew of emotional changes (which patients and their family often refer to as personality changes).

If you suffered from any of these emotional symptoms or mental illnesses before your injury, you have an increased risk of them coming back or worsening after the injury. Patients with a history of psychiatric disorders often need a combination of talk therapy and treatment for their acquired brain injury in order to make the best recovery.

If you haven't suffered from any of these issues before, you might make a faster recovery than if they were pre-existing issues, but each person's recovery journey is different. Taking longer to heal does not mean that there is something especially wrong with you.

To learn more about why patients experience depression after a brain injury and how it's treated by neuropsychiatric health professionals, [read our patient's guide to post-concussion depression.](#)

To learn more about why patients experience anxiety after a brain injury and how it's treated, [read our patient's guide to post-concussion anxiety.](#)

To learn more about why patients experience PTSD after head trauma and how it's treated, [read our patient's guide to post-concussion PTSD.](#)

To learn more about why TBI patients experience emotional changes after a brain injury and how they're treated, read our [patient's guide to post-concussion personality changes.](#)

Treatment approaches for mental health struggles after brain injury include:

- medication,

- neurorehabilitation,
- psychotherapy (especially cognitive behavioral therapy),
- and lifestyle changes.

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Special report: Child and Adolescent Psychiatry

Psychiatric Times
Mental health needs, including emergency department visits and [suicide rates](#) among

youths, have skyrocketed in the US, but access to treatment remains inadequate.

Before the COVID-19 pandemic, approximately half of the children with mental health needs in the US were not receiving treatment from a mental health professional.¹ The pandemic exacerbated this crisis by further decreasing access to treatment and increasing psychosocial risk factors such as family unemployment, social isolation, and increased family stress.²

Consequently, a **National Emergency in Children's Mental Health was declared** in a joint communication by the American Academy of Pediatrics, the American Academy of Child & Adolescent Psychiatry (AACAP), and the Children's Hospital Association.³

Families cannot find mental health care for their loved ones; psychiatrists experience an insatiable need for their services; emergency departments are overrun by youths in crisis and waiting for an inpatient bed for days, if not weeks—many would argue that the mental health system needs to be fixed. But the key questions are: How do we fix it? And where do we start?

We need a roadmap to forge a path forward as we address the many gaps in our mental health system for youths. One useful framework for conceptualizing the strengths and weaknesses of the system for youths is the Systems of Care (SOC) framework. The SOC framework has evolved since its inception in the 1980s and has 3 components or elements:

- (1) an array of services and supports,
- (2) an infrastructure to fulfill these functions, and
- (3) a philosophy about how these services should be provided.⁵

TABLE 1. Array of Services and Supports in Comprehensive SOC⁴

Home- and community-based treatment and support services screening	Residential interventions	Promotion, prevention, and early intervention	Specialized services for youths and young adults in transition age	Specialized services for young children and their families
<ul style="list-style-type: none"> ■ Screening, assessment, and diagnosis ■ Outpatient therapy and/or medication management (video/audio) ■ Outpatient substance use treatment and/or medication-assisted treatment ■ Intensive care coordination (eg, using Wraparound) ■ Intensive in-home mental health treatment ■ Mobile crisis response and stabilization ■ Parent and youth peer support ■ Intensive outpatient and day treatment ■ Adjunctive and wellness therapies and/or social and recreational services ■ Flex funds 	<ul style="list-style-type: none"> ■ Treatment in family homes ■ Therapeutic group homes ■ Residential treatment services ■ Inpatient hospital services ■ Residential crisis and stabilization services ■ Inpatient medical detoxification ■ Residential substance use interventions (including residential services for parents and children) 	<ul style="list-style-type: none"> ■ Mental health promotion interventions ■ Prevention interventions ■ Screening for mental health and substance use conditions, early intervention ■ School-based promotion, prevention, and early intervention 	<ul style="list-style-type: none"> ■ Supported education and employment ■ Supported housing ■ Youth and young adult peer support ■ Specialized care coordination (including a focus on life and self-determination skills) ■ Wellness services (eg, exercise, meditation) 	<ul style="list-style-type: none"> ■ Early childhood screening assessment, and diagnosis ■ Family navigation ■ Home visits ■ Parent-child therapies ■ Parenting groups ■ Infant and early childhood mental health consultation ■ Therapeutic nursery ■ Therapeutic day care

Array of Comprehensive Services in SOC

The array of services in the SOC framework goes beyond the traditional (and currently available) array of services. For many communities, mental health services are limited to standard clinic-based outpatient psychiatric services and an inadequate number of inpatient psychiatric beds.

A comprehensive array of services for youths includes options that better address the individual needs of patients and their families and can provide services in the least-restrictive natural environment (eg, homes or/and locations closer to home), targeting the individual's strengths (**Table 1**).⁴

Community-based services in settings “where youths are,” such as schools, pediatrician offices, and homes, can have a positive effect on youth and family well-being. In addition, other familiar organizations and individuals (eg, faith-based systems, neighbors) in the community offer an additional positive support system.

Restrictive settings, [inpatient psychiatric hospitalization](#) and residential treatment, are an important part of the continuum of care, but complementary robust home and community services also are required to reduce the extended need for restrictive settings and to reduce recidivism.

When youths are discharged from these restrictive settings, they find it difficult to assimilate into their original environment or may experience the same environmental factors that exacerbate their function, leading to further placement in restrictive settings, and the cycle continues.

Caregivers of youths in serious emotional distress often are stressed and perceive that they are out of alternatives and may consider placing the youths in a restrictive setting. Physicians should educate families about services to support placement in the least restrictive environment.

Examples of home- and community-based services that can supplement more traditional services arrays include

- mobile crisis response and stabilization services (MRSS),
- intensive in-home mental health treatment services,
- parent and youth peer support,
- respite care,
- flex funds (funding mechanisms to purchase nonrecurring goods not covered by other financing sources), and
- therapeutic foster care.

Specific therapeutic processes and models closely aligned with SOC principles are described below.

Infrastructure

A large workforce network delivers an array of System of Care (SOC) services, including psychiatrists, primary care physicians, paraprofessionals, peer support staff, and local agency/organization staff. A national shortage of professionals to address the mental health needs of youths has been well documented.

There is a significant shortage of child and adolescent psychiatrists and other professionals, with 70% of counties in the US having no child and adolescent psychiatrists.⁶ The needs are further reflected by the fact that there are only 14 child & adolescent psychiatrists per 100,000 children in the US.⁷

Philosophy of SOC

The SOC framework is founded on core values and guiding principles,⁴ including:

- family-driven,
- youth-centered,
- community-based, and
- culturally and linguistically competent systems and services.

Mental health equity is a key guiding principle to underscore, given the increasing awareness of major disparities in access and outcomes for many minoritized youths. Attention to these

principles requires resources and effort through education and data monitoring.

Specific Service Models or Processes

Several specific models of care or processes are particularly aligned with SOC principles and deserve further elaboration.

Care Coordination and Wraparound

Care coordination is an important element of youth mental health care, without which youths receive fragmented care and no system keeps another system abreast of progress. Wraparound is an intensive and well-structured process with youths and families at the center.

The wraparound process has 4 steps:

- (1) engagement,
- (2) plan development,
- (3) implementation and monitoring, and
- (4) transition.

The wraparound/intensive care coordinator (or facilitator) engages with the youth, family, and family's friends and community members, such as family/youth peer support partners, to create a wraparound workforce or team.

The youth and family at the center lead and decide their goals from their perspective. This stage is also called plan development or individualized plan development phase.

The wraparound workforce then takes necessary actions to support and implement the plan devised by the youth and family. The youth and family's individualized plan is monitored and amended frequently.

MRSS (Mobile Crisis Response and Stabilization Service)

MRSS is designed to diffuse the emergent situation and assist the family when the youth is experiencing a mental health crisis. The overarching goal of MRSS is to prevent overutilization of the [emergency department](#) and other acute care settings, including inpatient hospitalization. These services typically involve therapeutic responses in a crisis, which can be delivered through a face-to-face, telephonic, or video consultation with a clinician.

The crisis team provides the stabilization intervention in the youth's natural environment or wherever the event occurred (home, school, or other settings). After crisis intervention, the MRSS team follows up with the family and youth to evaluate the need for additional services and builds those connections.

Intensive In-Home Mental Health Treatment Services

In-home mental health services are comprehensive interventions involving:

- parent management training,
- family therapy,
- individual and family skill building, and
- care coordination.

These services improve child and family interaction and functionality, ultimately reflecting on the youth's well-being. These services also aim to prevent outside-home placement to inpatient psychiatric hospitals or residential treatment programs.

In-home mental health treatment services are available in several states, and child psychiatrists should be aware of their state and/or county-level contacts to refer patients. Given the flexibility in delivering these services, youths can receive these services at home, school, and community. The use of telepsychiatry services has increasingly taken the place of face-to-face interventions.

Parent and Youth Peer Support

Peer support includes a range of activities and interactions with individuals with similar experiences who have recovered from a mental health condition.

Peer support workers share their knowledge of what works and what does not through their experience, but they do not replace therapists, case managers, or other treatment team members. Through peer interaction, youths and their family members develop treatment goals and build ideas for self-empowerment. In some states, peer support is covered through Medicaid. Peer support can be particularly helpful in promoting treatment engagement.

Flex Funds

Flex funds are state (or grant) funding mechanisms commonly used to purchase nonrecurring goods not covered by other financing sources, such as housing, utilities, grocery, and transportation. The funds are intended to maintain access to primary and emergency health care services and improve the quality of services.

TABLE 2. Guiding Principles in the SOC Framework⁴

Comprehensive array of services and support	Care coordination
Individualized, strengths-based services and support	Health-mental health integration
Evidence based practices and practices-based evidence	Developmentally appropriate services and supports
Trauma informed	Public health approach
Least restrictive natural environment	Mental health equity
Partnerships with families and youths	Data to review and accountability
Interagency collaboration	Rights protection and advocacy

Respite Care

Respite care provides short-term relief for primary caregivers or parents, giving youths a place to stay in a safe and supportive environment. Such arrangements help relieve parent [burnout](#) and reenergize parents who are caring for a child in serious emotional distress. It can be arranged for an afternoon, several days, or even weeks. Respite care can be provided at home, with another family, or in a foster or group home.

Service Intensity Needs Assessment

Tools to assess the range of services needed for a particular youth are key to effectively targeting the most appropriate services for children and adolescents with mental health needs. Two service intensity assessment tools that were built on the SOC approach can help determine the level of needed service intensity:

- (1) the Child and Adolescent Service Intensity Instrument (CASII) for children and adolescents aged 6 to 18 years, and
- (2) the Early Childhood Service Intensity Instrument (ECSII)⁹ for children 5 years or younger.

Training on SOC Framework and Practice

Given the usefulness of the SOC framework in assessing the strengths and weaknesses of the mental health system, psychiatrists need to be familiar with this model. Several resources comprehensively describe SOC principles.^{4,5} AACAP has developed tools to aid trainees in child psychiatry in developing core competencies specific to working in SOC, including a Training Toolkit for Systems-Based Practice. In addition to this toolkit, AACAP has provided several resources for psychiatrists, including training modules for the CASII and ECSII service intensity instruments.

Concluding Thoughts

In summary, how do we fix a “broken system?” Although understanding the SOC framework does not fix the mental health system for youths in the United States, it does help structure a to-do list.

As leaders in the mental health system, psychiatrists can benefit from a framework that guides our direction and action steps. Youths and families need access to the comprehensive mental health service array beyond the traditional service models.

The system needs to include an adequate infrastructure, not only a sufficient workforce but a workforce coordinating and communicating with one another.

Lastly, there must be a process to monitor and assess adherence to specific values and principles, such as mental health equity, including family and youth voices, and the goal of least restrictive settings.

The SOC framework helps psychiatrists, as leaders within the systems where we work, assess the needs of our current service array while remaining grounded in important values and principles so that any system we build promotes important ideals such as equity, respect, and dignity of youths and families.

NOTE: Iowa has Systems of Care (SOC) projects – there are 4 – small projects. The ideal situation would be to have SOC’s statewide.U.I

The System of Care projects in Iowa are:

1. **Community Circle of Care** – 10 counties in eastern Iowa through U. of Iowa Child Health Specialty Clinics – began in 2006 with federal grant funds which ended in 2012. Est. 120 kids per year
2. **Four Oaks Systems of Care** in Linn and Cerro Gordo counties - began in 2012- est. 75 kids per year
3. **Central Iowa System of Care** – Orchard Place – Polk and Warren counties – began in 2008- est. 50 kids per year
4. **Tanager Place System of Care** – Linn and surrounding counties – began in 2012 – est. 30 kids per year
- 5.. **Orchard Place**–Dallas & Madison counties–funded 2022
6. **Ellipsis** – funded in 2022-ended their contract 6-30-23

All systems of care funding now comes from state approps.

Regents approve U of I acquisition request for Mercy Hospital of Iowa City

[Iowa Capital Dispatch:](#) The University of Iowa will move ahead with plans to purchase Mercy Hospital of Iowa City after receiving approval from the state Board of Regents. The hospital filed for bankruptcy and announced the plan for acquisition early Monday. Regents approved the university’s request to purchase the hospital with a bid of at least \$20 million. Mercy’s property, equipment, inventory, hospital employees, supplies and active business operations are included in the proposed sale.

U.S. Suicides Hit an All Time High in 2022

Associated Press

NEW YORK (AP) — About 49,500 people took their own lives last year in the U.S., the highest number ever, according to new government data posted Thursday.

The Centers for Disease Control and Prevention, which [posted the numbers](#), has not yet calculated a suicide rate for the year, but available data suggests suicides are more common in the U.S. than at any time since the dawn of World War II.

“There’s something wrong. The number should not be going up,” said Christina Wilbur, a 45-year-old Florida woman whose son shot himself to death last year.

“My son should not have died,” she said. “I know it’s complicated, I really do. But we have to be able to do something. Something that we’re not doing. Because whatever we’re doing right now is not helping.”

US suicides rose steadily over last two decades

Year	Total # suicides in U.S.
1970	22,000
1975	27,063
1980	26,869
1985	29,453
1990	30,906
1995	31,284
2000	29,350
2005	32,637
2010	38,364
2015	44,493
2018	48,344
2019	47,511
2020	45,979
2021	48,183
2022	49,449

A recent Johns Hopkins University [analysis](#) used preliminary 2022 data to calculate that the nation's overall gun suicide rate rose last year to an all-time high. For the first time, the gun suicide rate among Black teens surpassed the rate among white teens, the researchers found.

"I don't know if you can talk about suicide without talking about firearms," Harkavy-Friedman said.

U.S. suicides steadily rose from the early 2000s until 2018, when the national rate hit its highest level since 1941. That year saw about 48,300 suicide deaths — or 14.2 for every 100,000 Americans.

The rate fell slightly in 2019. It dropped again in 2020, during the first year of the COVID-19 pandemic. Some experts [tied that to a phenomenon](#) seen in the early stages of wars and natural disasters, when people pull together and support each other.

But in 2021, suicides rose 4%. Last year, according to the new data, the number jumped by more than 1,000, to 49,449 — about a 3% increase vs. the year before. The provisional data comes from U.S. death certificates and is considered almost complete, but it may change slightly as death information is reviewed in the months ahead.

The largest increases were seen in older adults. Deaths rose nearly 7% in people ages 45 to 64, and more than 8% in people 65 and older. White men, in particular, have very high rates, the CDC said.

Many middle-aged and elderly people experience problems like losing a job or losing a spouse, and it's important to reduce stigma and other obstacles to them getting assistance, said Dr. Debra Houry, the CDC's chief medical officer.

Suicides in adults ages 25 to 44 grew about 1%. The new data indicates that suicide became the second leading cause of death in that age group in 2022, up from No. 4 in 2021.

Despite the grim statistics, some say there is reason for optimism. A national crisis line [launched](#) a year ago, meaning anyone in the U.S. can dial [988](#) to reach mental health specialists.

The CDC is expanding a suicide program to fund more prevention work in different communities. And there's growing awareness of the issue and that it's OK to ask for help, health officials say.

There was a more than 8% drop in suicides in people ages 10 to 24 in 2022. That may be due to increased attention to youth mental health issues and a push for schools and others to focus on the problem, CDC officials said.

But even the smaller number masks tragedy for families.

Christina Wilbur lost her 21-year-old son, Cale, on June 16 last year. He died in her home in Land O' Lakes, Florida.

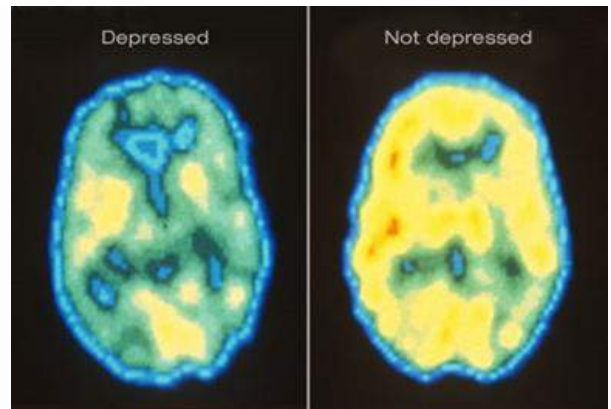
Cale Wilbur had lost two friends and an uncle to suicide and had been dealing with depression. On that horrible morning, he and his mother were having an argument. She had confronted him about his drug use, his mother said. She left his bedroom and when she returned he had a gun. "I was begging him not to, and to calm down," she said. "It looked like he relaxed for a second, but then he killed himself."

She describes her life since as a black hole of emptiness and sorrow and had found it hard to talk to friends or even family about Cale.

"There's just this huge 6-foot-2 hole, everywhere," she said. "Everything reminds me of what's missing."

It's hard to find professionals to help, and those that are around can be expensive, she said. She turned to support groups, including an organization called Alliance of Hope for Suicide Loss Survivors that operates a 24/7 online forum.

"There's nothing like being with people who get it," she said.



Online, 'unalive' means death or suicide. Experts say it might help kids discuss those things.

Associated Press

When Emily Litman was in middle school, kids whose parents grounded them would blithely lament: "I just want to die." Now she's a middle school teacher in New Jersey, and when her students' phones and TikTok access are taken away, their out-loud whining has a 21st-century digital twist: "I feel so unalive."

Litman, 46, teaches English as a second language to students in Jersey City. Her students don't use — and perhaps have never even heard — English words like "suicide." But they know "unalive."

"These are kids who've had to learn English and are now learning TikTolish," Litman says.

"Unalive" refers to death by suicide or homicide. It can function as adjective or verb and joins similar phrasing — like "mascara," to mean sexual assault — coined by social media users as a workaround to fool algorithms on sites and apps that censor posts containing discussion of explicit or violent content.

Language has always evolved. New words have always popped up. Teenagers have often led the way. But the internet and on-line life pave the way for it to happen more quickly.

In this case, words created within a digital setting to evade rules are now jumping the fences from virtual spaces into real ones and permeating spoken language, especially among young people.

Beyond being interesting linguistic footnotes, the terms suggest ways that kids can safely discuss and understand serious matters while using a vocabulary that science — and the adults in their lives — might see as too casual or dangerously naive.

Yes



We are currently seeking volunteers to facilitate support groups. Ideal candidates will have lived mental health experiences and/or work or study in the mental health sector.

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988 in Iowa
 Connie Fanselow

The 988 Suicide and Crisis Lifeline celebrated its first anniversary on July 16, 2023. Some of the year one successes were:

- 31,002 Iowa contacts (65% calls, 21% chats, and 15% texts) during the first year
- with 80% of those calls answered by Iowa centers with an answer rate of 89%. The goal is 90%.
- It was noted that 98% of calls were resolved by the trained 988 counselor, with the other 2% needing further intervention (911 or Mobile Response).
- The 988 Mobile Response Warm Handoff Guidelines were developed and implemented on December 1, 2022.
- All mobile response teams are participating in warm handoffs.
- The 911/988 Pilot Project has been initiated and is in progress.
- All 911 dispatchers in the three participating counties (Black Hawk, Muscatine, and Johnson) have been trained in identifying situations where the individual would benefit from 988 crisis services and how to transfer calls.
- Black Hawk and Muscatine counties started transfers June 27th and Johnson County started July 5th. There have been no transfers to date.
- Next steps for 988 include
 - a major marketing campaign including a partnership with the major universities in Iowa that will include marketing at sporting events;
 - expansion of 911/988 pilot project; strengthening the connection between 988 and crisis services statewide as well as
 - coordination between 988 crisis services and certified community behavioral health clinics (CCBHC).

Mindspring hosts free mental health education webinars, helping community members understand:

How mental health affects thinking & behavior
Why mental health is as important as physical health
Treatment options and effectiveness
How to navigate the system and access care
How to develop and practice healthy coping mechanisms

\$150
WEBINAR
SPONSORSHIP

\$250
PREMIUM WEBINAR
SPONSORSHIP

\$150 WEBINAR SPONSORSHIP

Sponsor acknowledgment with family name or logo during webinar (750-1000 attendees per live event)

Sponsor acknowledgment in all event promotions (approximately 150,000 recipients)

All contributions are tax-deductible

\$250 PREMIUM WEBINAR SPONSORSHIP

Sponsor acknowledgment with family name or logo during webinar (750-1000 attendees per live event)

Sponsor acknowledgment in all event promotions (approximately 150,000 recipients)

Sponsor acknowledgment in webinar follow-up communication with a message from the sponsor, including website links & promotional codes (2,000+ recipients)

All contributions are tax-deductible

INFO@MINDSPRINGHEALTH.ORG

Sponsored webinars support the costs of these events so we can continue to provide these critical services to everyone who needs them, regardless of their financial resources.



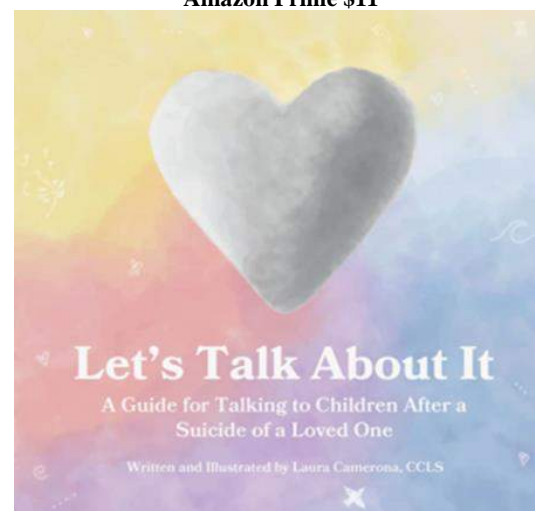
Mindspring has an Apparel Shop with an assortment of choices in short sleeve, long-sleeve shirts, hooded sweatshirts, jackets... and more [Shop here!](#)

This book gives adults the words to talk to kids after the death of a loved one by suicide.

Honest and simple explanations help children make sense of what has happened. Supportive phrases and suggestions in this book can help children find coping skills, people to talk to, and words to describe their feelings.

This book gives families the words to use after loss. It can be used as a tool in therapy or with grief groups.

Available for purchase through Amazon Prime \$11



MindSpring Mental Health Alliance
511 E. 6th St., Suite B
Des Moines, Iowa 50309

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CALENDAR OF EVENTS

Wed., Nov 8 - Mindspring Board Meeting
September Bd meeting will be Golf set-up
Jan, Mar, May, July, Sept., Nov
Location: 511 E. 6th St., Suite B, DM
4:30 to 6 PM

Community Impact Officer- Michele Keenan
515-850-1467

mkeen@mindspringhealth.org

Director of Special Projects –

Kristi Kerner 515-850-1467

kkerner@mindspringhealth.org

Program Director -Alex Rohn 515-850-1467

arohn@mindspringhealth.org

Development Director - Francis Boggus

-----Mindspring Board of Directors-----

President Matt Connolly 515-975-9600

Past President Ashley Adams

Vice-Pres Mike Webster

Treasurer – Matt Pick 515-222-2377

Secretary – Staci Burr

Board members

Teresa Bomhoff tbomhoff@mchsi.com

Mitch Smith

Ian Fitzsimmons

Brock Milligan

Jessica Haggerty

Kristin Kuykendall

*If you are interested in Board membership –
Please become involved with one of our
committees first. Contact the Director of Special
Projects to discuss what committees we have. –*

We See You. We Accept You. We've Got You.

<https://www.mindspringhealth.org>

Facebook: @mindspringinfo

Instagram: @mindspringinfo

Twitter: @mindspringinfo

TikTok: @mindspringinfo

**How can you help individuals with mental
illness and their families?**

Volunteer – Join a committee!!

Advocacy and Outreach, Governance,

Membership, Education & Support,

Fundraising and Finance

Tax Deductible Donations

Who do you contact at Mindspring?

Contact: Community Impact Officer -

Michele Keenan- 515-850-1467

mkeen@mindspringhealth.org

Regarding: Community Education, Webinars and
Workplace Mental Health Education Webinars, any
other educational activities, Program funding,
Marketing, requests for information and resources,
Legal

Contact: Director of Special Initiatives –

Kristi Kerner kkerner@mindspringhealth.org 515-
850-1467

Regarding: Fundraising, Financials, Social
media, Website, Marketing, Newsletter, Mindspring
Presentations, resource tables, requests for
information and resources

**The 2023 Golf
Tournament will be
Friday,
Sept 22, 2023**

Ways to Donate to MindSpring

-- Cash, Check

-- Credit/Debit Card on-line at
'Donate' on our website

--Through Employee Giving
programs or Direct Donation
programs such as United Way
-- MindSpring Endow Iowa Fund

Facebook – MindSpring has
been granted verified N/P
status and can now solicit
donations.

In estate planning,
designating a donation to
Mindspring can be made in
your will.

www.weareherewithyou.com and www.mindspringhealth.org
You Are Not Alone. The Illness is Not Your Fault. Never Give Up Hope.

