July is MINORITY MENTAL HEALTH AWARENESS MONTH

Bebe Moore Campbell, who died in 2006, was an accomplished author, advocate, cofounder of NAMI Urban Los Angeles and national spokesperson. She received NAMI’s 2003 Outstanding Media Award for Literature for the children’s book “Sometimes My Mommy Gets Angry,” a story about a girl who learns how to cope with her mother’s bipolar disorder. In 2005, her novel “72-Hour Hold” focused on an adult daughter and her family’s experience with the onset of mental illness. It helped educate Americans that the struggle is not just with the illness, but with the health care system as well.

Campbell advocated for mental health education and support among individuals with mental illness and their families. National Minority Mental Health Awareness Month was created in her honor to carry out the goal of creating mental health awareness and eliminating stigma among diverse communities.

Mental health conditions do not discriminate based on race, color, gender or identity. Anyone can experience the challenges of mental illness regardless of their background. However, a person’s culture and identity can make access to mental health treatment much more difficult.

See pages 12-15 for more information.

Our 2020 Fundraiser will be on Friday, Sept. 25
The 5th Annual NAMI GDM Tournament 
at Toad Valley Golf Course, Pleasant Hill

4-person best shot-$340 team entry fee
or $85 per person
Maximum of 36 teams
Lunch provided

$200 – Family sponsor
$250 – Spectator sponsor
$500 – Amateur sponsor
$1000 – Driving range sponsor
$1500 – Putting green sponsor
$2000 – Tour Sponsor
Also levels at $3000, $5000, $10,000 and $15,000

Donations of any amount will be appreciated.

For questions or additional information, call 850-1467 or email
golf@namigdm.org. More information is forthcoming.

In the current social distancing environment, we are hoping to have people change from receiving their newsletter by mail to email. Please send your email to: director@namigdm.org or go to our website www.namigdm.org – on the home page – enter your email to subscribe to the newsletter.
4.2% of Iowa’s population has severe mental illness or approximately 139,595 people  
(3.17 million (2019) X .042)  

Acute Care Psychiatric Hospital Beds Available in the Des Moines Area  
* 16 adult psych beds closed due to staff shortages & repairs

<table>
<thead>
<tr>
<th>Location</th>
<th>Adult</th>
<th>Children &amp; Youth</th>
<th>Geriatric</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td>Mercy</td>
<td>18</td>
<td>16</td>
<td></td>
<td>34</td>
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<tr>
<td>Iowa Lutheran</td>
<td>40</td>
<td>24</td>
<td></td>
<td>68</td>
</tr>
<tr>
<td>Broadlawns</td>
<td>44</td>
<td></td>
<td></td>
<td>44</td>
</tr>
<tr>
<td>VA Hospital</td>
<td>10</td>
<td></td>
<td></td>
<td>10</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>442</strong></td>
<td><strong>32</strong></td>
<td><strong>12</strong></td>
<td><strong>456</strong></td>
</tr>
</tbody>
</table>

The number of acute care psychiatric beds statewide

<table>
<thead>
<tr>
<th>Mental Health Institutes (MHI)</th>
<th>Total # of beds</th>
<th># adult beds</th>
<th># child &amp; youth beds</th>
<th>Geriatric beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Independence</td>
<td>60</td>
<td>40</td>
<td>20</td>
<td></td>
</tr>
<tr>
<td>Cherokee MHI</td>
<td>36</td>
<td>24</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>Total MHI beds</td>
<td>96</td>
<td>64</td>
<td>32</td>
<td></td>
</tr>
<tr>
<td>Staffed Hospital Beds Statewide</td>
<td>654 638</td>
<td>455 439</td>
<td>113 86</td>
<td></td>
</tr>
<tr>
<td><strong>Total Staffed Beds</strong></td>
<td><strong>750 734</strong></td>
<td>519 503</td>
<td>145 86</td>
<td></td>
</tr>
<tr>
<td><strong>Total Licensed Beds</strong></td>
<td><strong>802</strong></td>
<td></td>
<td></td>
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</tbody>
</table>

Clarinda MHI closed by Gov in 2015  
Mt. Pleasant MHI closed by Gov in 2015
Independence PMIC (children’s) beds closed by Governor 2016

In the nation, Iowa is:  
- 50th for # of mental health institute beds  
- 45th for mental health workforce availability (2018)  
- 47th for # of psychiatrists  
- 46th for # of psychologists

Find a complete list of substance abuse providers at: https://idph.iowa.gov/substance-abuse/treatment

In the current health environment, access to mental health services has changed dramatically.

It all starts with a phone call to a provider to set up arrangements for services.

Most providers are providing services through telehealth – in other words, through a computer screen or phone. Hopefully you have access to this technology.

The need for mental health services has increased exponentially. Our situation prior to covid 19 was extremely serious and now it is critical.

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

<table>
<thead>
<tr>
<th></th>
<th>April 20</th>
<th>May 20</th>
<th>June 20</th>
<th>July 20</th>
</tr>
</thead>
<tbody>
<tr>
<td># of Iowa cases</td>
<td>3159</td>
<td>15,534</td>
<td>25,424</td>
<td></td>
</tr>
<tr>
<td># of Iowa deaths</td>
<td></td>
<td>79</td>
<td>383</td>
<td>681</td>
</tr>
<tr>
<td>% of Iowa people tested</td>
<td></td>
<td>.8%</td>
<td>3.5%</td>
<td>7.9%</td>
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<tr>
<td>Total population of Iowa 3,170,000 (2019)</td>
<td></td>
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</tr>
</tbody>
</table>

United Way 211: Dial 211, text ZIP code to 898211 or visit 211iowa.org  
CICIL: #CICILServes COVID-19 Hotline: (866) 44-CICIL  
Trans Lifeline: (877) 565-8860  
LGBT National Youth Talkline: (800) 246-7743  
LGBT National Talkline: (888) 843-4564  
Broadlawns 24/7 Crisis Team: (515) 282-5752  
Your Life Iowa Help Line: (855) 581-8111  
Suicide Prevention Lifeline: 1-800-273-8255  
Online Mental Health Crisis Chat: iowacrisisschat.org  
MercyOne Des Moines Behavioral Health Clinic: 515-643-9030  
Prelude Behavioral Services (substance treatment): 515-262-034

See Psychiatric Bed Supply Need Per Capita.  
Iowa beds needed 31 X 50 = 1550 (50 beds per 100,000 pop.)  
Iowa sits at 24 beds per 100,000.

654 638 hospital beds + 96 Mental Health Institute beds = 750 638 total hospital and MHI acute care beds

Add 10 VA beds in Des Moines and 15 VA beds in Iowa City = 775 total acute care beds in Iowa

Add 51 crisis observation beds developed by regions  
Add 85 crisis residential beds developed by regions  
Add 15 subacute beds  
Add 72 bed new psychiatric hospital in SE Iowa (spring 2020)  
Add 12 beds proposed to be built in Mason City (2019)  
Add proposed 100 bed hospital by Mercy Des Moines in Clive  
Add 64 beds for youth, the rest 36 for adults, downtown beds switch to all for adults (Nov 2020)

Equals a proposed new total of 1110. (shortage of 440 remains, unless we count only acute care beds – then the total beds are 959 and the shortage is 591 beds)

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

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

www.namigdm.org  
Find help. Find Hope
Parent educators will continue to offer the same friendly service - now available evening and weekend hours to help parents make informed choices about the care of their children.

855-CHILD-01
Sat: 8:00 a.m. to 12:00 p.m.
M/W: 7:00 a.m. to 7:00 p.m.
T/Th/Fr: 8:00 a.m. to 4:30 p.m.

New Statewide Parent Referral Line

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

http://iowahousingsearch.org/
A free resource to help you find a rental home/apartment that fits your needs and budget

Crisis Phone numbers and Text numbers

National Text Crisis Line
http://www.crisistextline.org/
National Suicide Prevention Lifeline
1-800-273-8255
For every person that dies by suicide, more than 250 think seriously about it but do not die. It is possible to pre-vent 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. Or, call the National Suicide Prevention Lifeline at (800) 273-8255) http://ok2talk.org/

Veteran Suicide Prevention Lifeline
1-800-273-8255 – press 1  Text to: 838255

Veteran Toolkit to Prevent Suicide can be downloaded from:https://www.va.gov/nace/docs/myVAoutreachToolkitPreventingVeteranSuicidesEveryonesBusiness.pdf

Support groups are not listed in this issue of our newsletter – most, if not all, are not meeting in person due to social distancing requirements. Meeting virtually makes confidentiality difficult.

Community Resources

Polk County Mental Health Services
Polk County River Place – 2309 Euclid Avenue, DM – 243-4545
www.pchsia.org

Central Iowa Community Services
1007 S. Jefferson, Indianapolis, IA 50125
515-961-1068 email: mentalhealth@warrencountyia.org
http://www.warrencountyia.org/mental_health.shtml

Dallas County Mental Health Services
25747 N Avenue, Suite D, Adel, IA 50003 515-993-5869
Toll free: 877-286-3227 E-mail: dccs@dallascountyiowa.org
http://www.co.dallas.ia.us/department-services/community-services

Madison County Mental Health Services
209 East Madison, Winterset, IA 50273 515-462-2931
http://www.madisoncoia.us/REFERENCES/Offices/index.htm

Polk County Community Mental Health Centers
Child Guidance Center – 808 5th Ave – 244-2267
Eyerly Ball Community MH Center 1301 Center St. – 243-5181

Broadlawns Medical Center – 1801 Hickman Road – 282-6770
New Connections Co-Occurring Outpatient Services – 282-6610
Eyerly Ball Golden Circle – 945 19th St. – 241-0982

Dallas County Mental Health Services
Safe Harbor Center, 2111 Greene St., Adel Main office is at 610 10th St. in Perry 50220. Ph 515-465-7541. Fax 515-465-7636. Adel area patients should call the Perry number to be scheduled. We have an ARNP and therapists in Adel. and a Psychiatrist – Dr. Fialkow–who comes to Perry.

Madison County Mental Health Center
Crossroads Behavioral Health Services
102 West Summit Street – 515-462-3105

Primary Health Care & Behavioral Health

Engebretsen Clinic, 2353 SE 14th St. – 248-1400
The Outreach Project, 1200 University, Suite 105 – 248-1500
East Side Center, 3509 East 29th St. – 248-1600
Primary Health Care Pharmacy; 1200 Univ., Suite 103 262-0854

Iowa Lutheran Hospital – psychiatric acute care units & outpatient services-700 E. University, Des Moines
Emergency Services: 515-263-5120
Adult services: 515-263-5249 Children’s services: 515-263-5153
Adolescent services: 515-263-2368
Powell Chemical Dependency Center 515-263-2424
https://www.unitypoint.org/desmoines/services.aspx
choose "behavioral and mental health"

Mercy Medical Center (Hospital) – psychiatric acute care for children, adolescents and adults
1111 6th Avenue, Des Moines

Mercy Help Center 515-271-6111 or toll free 800-595-4959
Mercy First Step (co-occurring disorder treatment)

Optimae Behavioral Health - and Home Health Services
515-243-3525 – 600 E. Court Avenue 515-277-0134

Des Moines Pastoral Counseling Center
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 –
Contact Nathan Delange, LISW, at 515-577-0190

www.namigdm.org
Find help. Find Hope
If you have an emergency, always CALL 9-1-1

**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 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 appro-priate level of care needed, is completed in the field by a mem- ber of the team. The team member completing the evaluation will then make recommendations for appropriate interventions based upon the current needs of the individual in crisis. They will also provide information, education, and potential linkage to community resources.

**Emergency Calls:** 911  
**Non-Emergency Calls:** 515-283-4811

Be clear with the dispatcher what the situation is, that it is a mental health crisis, and request the Polk County Mobile Crisis Response Team to assist. In response to your phone call, the first people to arrive at the situation will be police officers. Officers will determine if it is a mental health related issue and maintain safety at the scene. Officers make a request through dispatch if the Mobile Crisis Team is needed. Mobile Crisis only takes referrals from law enforcement.

The police liaison to the Mobile Crisis Team is Officer Lorna Garcia. Her hours are 8 to 4 Mon-Fri - phone is 205-3821.

**Psychiatric Urgent Care Clinic for Adults:** The Broadlawns Psychiatric Urgent Care will accept walk-in appointments for individuals 18 years of age or older 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. Those individuals in urgent need will continue to be able to access services and stay in the Crisis Observation Center up to 23 hours.

**Clinic hours are Monday through Friday from 9 am to 7 pm.**  
**Located at Broadlawns Hospital (1801 Hickman Rd in DSM – West Entrance)**  
**Phone:** 515-282-5742

**The Crisis Observation Center:** 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. **Phone:** 515-282-5742  
**Crisis Observation Center is open 24/7.**  
**Located at Broadlawns Hospital (1801 Hickman Rd in DSM – West Entrance)** - See map for new location

**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 Pre-Petition Screener Service**  
**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 screener is a mental health professional who is available to assist applicants and respondents before, during, and after the petition process. The role of the Pre-Petition Screener is to gather background information from both applicants and respondents, and help determine if another path 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 Avenue in DSM)**  
**Phone:** 515-336-0599 (direct line) or 515-282-5742 (main office)

**Broadlawns Community Access** 515-282-6770

**Mercy Medical Center:** Mercy Behavioral Health provides hope and help for individuals struggling with mental health illness and substance abuse problems.

The mental health and substance abuse programs are available to help people of all ages and include emergent/urgent assessments, crisis management support, professional consultations and referrals. Access to treatment is available 24 hours a day, seven days a week by calling the Mercy Help Center at 515-271-6111 or toll free 800-595-4959

**Located at 1111 6th Ave in DSM**  
**Phone:** 515-271-6111

**Unity Point-Iowa Lutheran Hospital:** A continuum of mental health services and treatment to meet the needs of children and adults via psychiatric acute care units & outpatient services.

**Located at 700 East University Ave in DSM**  
**Emergency Services:** 515-263-5120  
**Adult Services:** 515-263-5249  
**Adolescent Services 515-263-2368**  
**Children’s Services:** 515-263-5153  
**Powell Chemical Dependency Center:** 515-263-2424

**www.namigdm.org**  
**Find help. Find Hope**
a new behavioral health urgent care clinic in central Iowa to provide services to individuals who are needing mental health services, psychiatric evaluation and assessment, addiction medicine, crisis services and community resources.

The new UnityPoint Health – Behavioral Health Urgent Care will be open 10 a.m. to 8 p.m., 7 days a week and is located at 1250 East 9th Street in Des Moines. This location will serve patients of all ages.

Patients younger than 18 years of age must have a guardian with them.

“We know this clinic will fit an immediate need and our team of experts is ready to connect patients with all of our resources,” said Kevin Carroll, Vice President of Behavioral Health at UnityPoint Health – Des Moines. “Residents of central Iowa with mental health or substance abuse issues can now get immediate, walk-in help seven days a week. This will be a tremendous new resource for parents, schools, employers and our community.”

Services provided at the new Behavioral Health Urgent Care will include receiving an initial assessment from a licensed mental health clinician and then being connected to appropriate interventions. Additional interventions could include but are not limited to:

- Inpatient psychiatric admission
- On-site coordination to Eyerly Ball Community Mental Health Services and Orchard Place Child Guidance Center
- Connection to other community resources for basic needs

Patients are advised to utilize the Emergency Room instead of the Urgent Care Clinic if:

- they are needing immediate medical attention (i.e. open or fresh wounds),
- are a minor who does not have a guardian to sign a consent to treat,
- demonstrating aggressive behavior or having a crisis outside of the hours listed above.

For all other behavioral health, psychiatric and addiction related care, patients should access the new Behavioral Health Urgent Care.

Crisis Services in Dallas County

24/7 Crisis Line – 1-844-428-3878

Mobile Crisis Response Team: Provides short term crisis assessment and intervention to individuals of all ages who are experiencing a mental health crisis. Individuals are assessed regardless of insurance status.

The Mobile Crisis team can be contacted though 911 or local law enforcement dispatch offices. Tell the dispatcher that the situation is a mental health crisis and you need the Mobile Response Crisis Team to assist.

In response to your phone call, the first people to arrive will be law enforcement officers. Officers will determine if it is a mental health related issue and maintain safety at the scene. Officers make a request through dispatch if it is determined the Mobile Crisis Unit is needed.

For assistance 24 hours a day, call 911 or the local law enforcement dispatch office

Covers Dallas, Guthrie, Greene and Audubon Counties

Hope Wellness Center: A safe place where individuals who are experiencing a mental health crisis can voluntarily access crisis intervention services.

Hope Wellness Center is open 24/7

Located at 706 Cedar Avenue in Woodward

Phone: 515-438-2331

Hope Wellness Center Transitional Living Services:

Provides short term (2-3 month) housing for individuals coming out of a placement or hospitalization who need to redevelop skills needed to be successful in the community. Individuals who are living with mental health conditions or disabilities will be paired with a variety of service providers to assist them to reach their highest levels of independence.

Phone: 515-438-2331

Crisis Services in Warren County

For emergency situations always call 911

Website:
http://cicsmhds.org/services/crisis-services/

24/7 Crisis Line: 1-844-258-8858

Provides support on the telephone, day or night, for people looking for immediate help with their emotions or mental health.

Monday through Friday – 9 AM to 3 PM you can also chat one to one on-line at www.Foundation2CrisisChat.org or by texting 800-332-4224, All contacts are confidential.

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.

To access mobile crisis response, call the Central Iowa Crisis line 24/7 at 844-258-8858

Warren County Community Services Director – Betsy Stursma - 515-961-1059 betsy.stursma@cicsmhds.org The main phone number is 515-961-1068.

There is a booklet - “Mental Health Resources in Warren County”.

Crisis Services in Madison County

For emergency situations always call 911.

Website:
http://www.madisoncoia.us/offices/comservices/index.htm

For more information about the CICS Mental Health and Disability Services Region, go to: http://cicsmhds.org/

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.

To access mobile crisis response, call the Central Iowa Crisis line 24/7 at 844-258-8858
Navigating a Mental Health Crisis
To download a copy, go to www.namigdm.org, click on "Get Help" – the manual is the first item on the page.

Circle of Care: A Guidebook for Mental Health Caregivers
– go to www.namigdm.org
Click on "Get Help",
Click on Guidebook for MH Caregivers
and download a copy

Starting the Conversation: College and Your Mental Health
– go to www.namigdm.org
Click on "Resources",
Click on “School Resources”
Download a copy

NAMI Basics OnDemand
NAMI Basics OnDemand was developed to create an informational offering that was geared toward the unique needs of parents and other family caregivers facing the challenges of mental health conditions with their children. It is available online 24/7.

NAMI Basics OnDemand is free and helps parents and caregivers:

- Develop confidence and stamina to support their child with compassion.
- Learn about the impact mental health conditions can have on the entire family.
- Learn about different types of mental health care professionals, available treatment options and therapies.
- Prepare for crisis situations, and understand how to navigate the public mental health care, school and juvenile justice systems.
- The importance of self-care.

Register for NAMI Basics OnDemand - https://publiccourseapi.nami.org/Learner/Login?ReturnUrl=%2F

Amazon Smiles
Remember, if you want Amazon to donate to National Alliance On Mental Illness of Greater Des Moines, you need to start each shopping session at the URL http://smile.amazon.com/ch/42-1333379. You need to select a charitable organization to receive donations from eligible purchases before you begin shopping. They will remember your selection, and then every eligible purchase you make at smile.amazon.com will result in a donation.

Choose: National Alliance on Mental Illness of Greater Des Moines

NAMI Online Course Helps People Who May Have PTSD - click here or https://www.nami.org/Learn-More/Mental-Health-Conditions/Posttraumatic-Stress-Disorder/Overview

NAMI has a short course about post-traumatic stress disorder (PTSD). PTSD can happen to anyone, and it affects 3.5% (7.7 million) of the adult population in the United States.

The online course was created for service members and veterans, but is also helpful for anyone who has experienced a traumatic life event. This program provides a safe, confidential way for you to explore whether you’d like to talk to a professional.

“This course is not meant to give you a diagnosis, but to provide you with a safe way to explore your treatment options,” says a person from the program. “Use it as a way to think about your experiences, compare them to the experiences of others, and figure out if you’d like to learn more. This information will also give you an idea of the treatments available, in case you decide you’d like to talk with a professional as your next step.”

Census Deadlines Delayed, Count Continues
In April, it was reported over 70 million households had responded to date, representing over 48% of all households in America. The Census Bureau has delayed the beginning of field operations due to COVID-19; however, households are still encouraged to respond as soon as possible:

- By questionnaire (paper – mail) https://2020census.gov/en/ways-to-respond/responding-by-mail.html
- The window for field data collection and self-response has been extended to October 31, 2020.
In 2010 - A new Iowa Plan for Mental Health and Disabilities was being assembled by the Mental Health and Disabilities Division (within DHS) with input from the citizens of Iowa. One of the critical pieces to put together the plan was to look back and assemble the history of mental health care. The document was prepared by Bob Bacon when he was Director of the Center for Disabilities - U. of IA.

This article will give a selected portion of the significant occurrences at the state level and division level. More detail can be found in the entire document. The website location of the document is listed at the end of this article.

1842 – Passage of an Iowa “Poor Law” leads to the system of county homes. Counties assumed responsibility for the public costs of services to people with mental illness and mental retardation who could not be or simply were not receiving assistance within the family home.

1861 – Construction of the first Asylum for the Insane in Mt. Pleasant, county funded and supported by farming and livestock operations on campus. The asylum model provides food, shelter, regular routines, and work activities.

1873 – The Independence Mental Health Institute is opened.

1876 – The Iowa Asylum for Feeble-Minded Children is built in Glenwood.

1888 – Clarinda Mental Health Institute is opened.

1898 – State Board of Control assumes general oversight of all state charitable and correctional institutions including county homes serving “the insane.” Funding for operations becomes an even greater issue, and attitudes shift about whether mental illness can actually be treated.

1902 – Cherokee Mental Health Institute is opened.

1939: Respected UI speech expert tests a theory on the cause of stuttering by exerting psychological pressure on 10 young orphans.

1940’s
(1) Iowa’s 99 counties develop county homes—an acceptable outplacement opportunity for MH patients.
(2) Growth of psychiatric practices in Iowa. Some psychiatrists begin to treat patients in their offices.
(3) The first hospital psychiatric unit opens in 1946.
(4) The population of the MHI’s begins a 20-year decline of 36.6%.
(5) Service needs of returning WWII vets spur growth in the fields of psychology and social work.

1950’s – Community mental health centers begin to appear in urban areas—almost entirely funded by counties, unlike the State-funded CMHCs springing up elsewhere in the country. Hospitals are setting up outpatient clinics. Iowa Legislature also begins to provide funding for mental health professionals at the MHI’s.

1963: Iowa Mental Health Authority (at the time, the Dept of Psychiatry at the University of Iowa) initiates a federally funded, two year multi-stakeholder planning process to create a vision for mental health services in Iowa. In 1965 – a Mental Health Planning in Iowa1965 report is released, with a lengthy series of recommendations from the two year planning process.

1965 - Iowa Board of Social Welfare assumes responsibility for Medicaid. The entitlement to institutionally based services has a profound and lasting impact on Iowa’s disability service system.

1968 – SF 739 begins the consolidation of mental health and disability services by creating a single Dept. of Social Services that also includes the former Board of Social Welfare. The new Department of Social Services is given responsibility for supervision of “state institutions,”—including the mental health institutes and corrections.

1970’s – Large scale deinstitutionalization occurs for Mental Health Institute and State Hospital School residents, leading to significant declines in their populations. In Iowa as elsewhere in the U.S., funds did not follow people to the community, creating a high risk of poverty, homelessness and criminalization.

1977 – Department of Corrections (DOC) eases the overcrowding of the Anamosa State Penitentiary by opening the Mt. Pleasant Correctional Facility on the Mt. Pleasant MH campus.

1980 – DOC opens the Clarinda Correctional Facility, a 120 bed medium security prison to serve offenders with chemically dependent and special needs, on the campus of the Clarinda MHI.

1981 – DOC and the Department of Social Services “switch” buildings on the Mt. Pleasant campus, resulting in an expansion of the prison to 550 beds, and the movement of the MHI to its current location. On both the Mt. Pleasant and Clarinda campuses, large numbers of personnel are shared between the mental health and correctional sites on campus.

1982 - The Division of Mental Health and Developmental Disabilities is established by combining the former Division of Mental Health Resources, Mental Health Authority, Developmental Disabilities program staff, and State Mental Health Advisory Council. A 15-member Mental Health and Mental Retardation Commission is established to advise the Division Director.

1983 – The Dept of Social Services becomes the Department of Human Services. Responsibility for correctional institutions transfers to the new Dept. of Corrections (DOC).

1987 – The Mental Health Planning Council is established responding to federal requirements (Mental Health Systems Act) to oversee and advise on the mental health block grant.

1991 – Substance abuse program established at Mt. Pleasant MHI, initially with 92 beds (now 50).

1992 –
(1) A legislatively created MI/MR/DD/BI Service Delivery Restructuring Task Force recommends that DHS develop a five year plan to close, or realign to other purposes, two MHI’s and one State Hospital School. The plan should ensure that community services are in place prior to any closure, and that until that time the quality of institutional services continues to be a priority.
(2) Due to revenue shortfalls, an across-the-board State budget cut of 4.8% is imposed. Among other effects on services, 142 (17.9%) of all operational MHI beds are cut. All geropsychiatric beds are consolidated to Clarinda, and all substance abuse beds at Mt. Pleasant.
(3) “The Mental Health and Developmental Disabilities Commission” is established to advise the administrator of the Division of Mental Health and Developmental Disabilities, the Human Services Council, and the Governor.

1994 - HF 2430 defined state payments to counties for services to mandatory populations. Iowa Consortium for Mental Health is established and funded through mental health block grant, with the goal of providing a public-academic liaison, linking DHS with universities.

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1995 – SF 69 creates county MH and DD services funds, caps them at 1993 expenditure levels (later, 1995) less property tax relief received, and deletes supplemental levy authority. Creates Property Tax Relief Fund and establishes a distribution formula.

1998 – Legislator funds establishment of a Psychiatric Medical Institution for Children (PMIC) at Independence MHI to serve young people with serious MI in a less restrictive setting. The PMIC is intended to limit admissions to young people from the Cherokee MHI, the Juvenile Home in Toledo, and the acute care programs at Independence. HF 2545 The “Risk Pool” is created.

1999 –
(1) IME creates the Medicaid for Employed Persons with Disabilities (MEPD) program option in response to the federal Ticket to Work - Work Incentives Improvement Act. HF 664 stipulates that County Management Plans no longer need be revised annually but remain in effect until amended. A Strategic Plan is to be submitted to DHS every 3 years for informational purposes only. An Annual Review is also to be submitted.

(2) Cherokee MHI starts the Physician Assistant/Advanced Registered Nurse Practitioner post-graduate psychiatry training program with a Federal grant. When the funds were exhausted, Cherokee re-established the program in 2005, out of the MHI’s operating budget. The Legislature has appropriated funding since 2007. The one-year residency (for 1, perhaps 2 people) provides educational and clinical training to Physician Assistant’s and ARNPs to help alleviate the psychiatry shortage in rural Iowa.

2001 – HF 760 provides for aggressive implementation of the rehabilitation State Plan option for people with chronic mental illness. HF 732 reduces Allowed Growth Allocation for FY 02 by $18 million; the community services block grant is included in the allocation formula.

2002 – The Legislature, facing a significant fiscal crisis, reduces appropriations for state agencies.

2002 – 2007 The State operates without an MHDS Division. The state Mental Health Authority and disability program staff are reduced and placed in other divisions. State resources dedicated to mental health decline.

2006 – As a result of legislation allowing families to access mental health services without relinquishing custody of their child, DHS (1) gains approval to implement a HCBS Waiver for children with serious emotional disorders, allowing families to receive intensive home and community-based services for their child - a critical step to meeting needs of children with mental health disorders in their own home and community; (2) makes changes in access to Psychiatric Medical Institutions for Children (PMIC), allowing children to receive this service without the need for their family to relinquish custody; (3) implements Remedial services through Medicaid, further increasing the array of home and community-based services available to Medicaid eligible children with mental health disorders.

The MHDS Division is re-established with legislative appropriations for FY 2007, allowing the hiring of additional Division staff, including a Division Director and Adult and Children’s Bureau Chiefs.

2009 - In the wake of the nationwide recession, the Legislature uses federal stimulus funds to avoid cuts in Medicaid and to try to mitigate cuts in county-funded services. Nevertheless, lower appropriations and a 10% cut for FY2010 impacts mental health and disability services (e.g., a waiting list for State Payment Program services).

2010 – FY 2011 budget cuts continue reducing MHDS staff, and staff and beds at all four mental health institutes. Inadequate funding of the mental health system causes county waiting lists for services, state payment program waiting lists, and home and community-based waiver system waiting lists.

Open access to mental health medications in the Medicaid program is revoked and a preferred drug list is established. Pharmaceutical companies must agree to a rebate on cost with the State of Iowa for their medications to be placed on the preferred drug list. While present Medicaid users are grandfathered in, new Medicaid users are subject to a “fail first” policy.

To view the entire document, go to: https://www.namigdm.org/documents/resources/1History_Iowa_MHDS_Iowa_FederalNatio_A03A193C26357.pdf
The report is no longer available on the DHS website.

And the story continues -

The Redesign of the Adult Mental Health System

The vision - it would take 5-7 years to complete
As documented by NAMI GDM editor

2011 – the “Vision” Year
2012 – the “Framework and Timeline” Year
2013 - the “Funding” Year
2014 – the “Regionalism” Year
2015 – the “Building – Part 1” Year
2016 – the “Building – Part 2” Year

2011 Legislative session – bipartisan
the “Vision” year – Year 1

- $25 million to reduce waiting lists
- SF 525 – outlines the process to undertake redesign of the mental health system
- 6 Workgroups met during the summer and fall to establish the VISION of what a redesigned system would look like
- Each workgroup provided recommendations in a report
- Holistic treatment, state oversight and standards, regional management, local services

2012 Legislative session - bipartisan
the “Framework and Timeline” year – Year 2

- SF 2312 – judicial bill – required mental illness training for law enforcement
- SF 2315 – redesign bill – outlined the FRAMEWORK and TIMELINE for a redesigned mental health system based on workgroup recommendations
- 6 Workgroups met to put more details on the framework of SF 2315
- State assumed payment of Medicaid services 7-1-12
- Disputed billings with counties prior to July 1, 2011 are forgiven
- $47.28 per capita basis for consistent county mental dollars across the state

2013 Legislative session – the “Funding” year – Year 3

- Version of MEDICAID EXPANSION approved- Iowa Wellness Plan, Marketplace Choice plan
- Recommendations from 6 workgroups introduced in various pieces of legislation
- Counties required to pay remaining outstanding Medicaid bills
- Equalization funds of $30 million appropriated – but initially only 12 counties receive payments, 32 counties can’t access since they still owe old Medicaid bills and 10 counties in NE Iowa have a separate agreement
- Transition funds of $11.6 million distributed to 26 counties
- Governor vetoes a second transition fund of $13 million in risk pool funds approved by legislature (counties now in financial d
Governor vetoes $8.7M approved by legislature to delete HCBS waiting lists.
Governor vetoes Mental health advocate office and funding
1 Crisis stabilization project begins
DHS provides technical assistance to counties for regional development
$47.28 per capita county levy stays
Medicaid Integrated health home projects implemented in 5 counties
Legal settlement changes to county of residence effective 7-1-13
MHI’s required to provide co-occurring services effective 7-1-13
New eligibility rules for non-Medicaid services effective 7-1-13
Core service administrative rules approved
Counties now identified into 15 Regions
Federal 1115 waivers - Iowa Wellness plan and Marketplace Choice plan developed –approved for implementation

2014 Legislative session – the “Regionalism” year – Year 4
The 15 regions are now developing the regional organization and documents to be ready to start operations 7-1-14.
  o Governing Board
  o Annual service and budget plan
  o Regional governance agreement by counties
  o Policies and procedures manual
  o Regional advisory committee
  o Accounting system and financial management
  o Chief Executive officer and staff
$47.28 county levy stays till 6-30-16
Medicaid Integrated health home projects statewide by 7-1-14
Iowa Health and Wellness Plan sign-up begins as well as Iowa Insurance Exchange – by end of fiscal year 100,000 enrolled
Regionalism administrative rules completed
Autism program administrative rules completed
Crisis services administrative rules in process by DHS
Sub-acute administrative rules in process by DIA
Bed availability tracking system funds vetoed by Governor
Standardized functional assessments implemented for ID, MI

2015 Legislative Year – the “Building – Part 1” Year – Year 5
Crisis Stabilization administrative rules finalized
Sub-acute Care administrative rules finalized
Persons involuntarily committed can be admitted to a sub-acute care facility
  The number of allowable sub-acute beds in Iowa is raised from 50 to 75
Acute care bed availability tracking system bill approved and funded
Mental health advocate bill passed for uniformity of duties – advocates are county employees
Each insurance company implements the same 2 page prior authorization medication form
SA/MH Interstate contract law passed - allows counties or regions to contract with a public or private entity in a bordering state to provide substance abuse or mental health treatment for persons being civilly committed on a voluntary or involuntary basis.
Iowa ABLE Savings Plan Trust created. The trust will be administered by the State Treasurer. $250,000 allocation SF 490
Directs IDPH to work with DHS to provide appropriate substance abuse treatment services at the Eldora Training School in the wake of reduced federal funding for such purposes.
Directed DHS to submit an application to CMS/SAMHSA for the certified behavioral health clinics 2 year pilot program in collaboration with other partners.

(cont'd) 2015 Legislative Year – the “Building – Part 1” Year – Year 5
Long term funding formula disregarded in FY 15– equalization funds not authorized (loss of $30 million to regions)
Freezes MHDS per capita levy rates at FY 15 levels (no more than $47.28 per capita)
Eliminates the Medicaid offset
$2 million for 1 region who does not have the 25% carryover for meeting bills till new income received 10-1-15
$2 million appropriation to Broadlawns (part of a multi-year commitment)
$571,000 funds to expand the 1st Five program to an additional 13 counties, bringing the total number of counties served by this program to 62. 1st Five ensures that all children from birth to age 5 can access screening for developmental and social emotional delays, and receive referral for support and health services.

RFP advertised for 2-4 private managed care companies to handle Medicaid population
The closing of the two MHI’s was not part of the redesign plan.
It was the Governor’s decision to close them, not the redesign stakeholders. Stakeholders would have expected the replacement services to be built prior to any closure.
IDPH directed to issue an RFP for an independent statewide direct care worker organization for recruitment, promotion, and education for direct care workers.
Allocates $250,000 from the autism treatment program for grants to train additional Board Certified Behavior Analysts and Board Certified Assistant Behavior Analysts to increase the number of autism service providers in the state (available to Iowa resident and nonresident applicants. Added licensed psychologists and psychiatrists to the list of qualified providers.
Requires Medicaid to reimburse psychologists that obtain a provisional license in the State.
A physician assistant can sign involuntary commitment papers in addition to a physician.

For more information, go to:

2016 Legislative Year – the “Building – Part 2” Year – Year 6
Extends current cap of $47.28 per capita on MH/DS property taxes through June 30, 2017.
Allows prescription authority for certain psychologists who complete additional education requirements.
Directs IDPH to complete a health workforce report strategic plan
Increases funding for the First Five initiative by $1,076,231 to fully fund implementation in 65 counties
Autism Treatment program - Expands eligibility for the program itself from age nine to age fourteen and expands income eligibility from 400% to 500% of the federal poverty level
$300,000 appropriated for RFP for 2 awards to develop children’s crisis services, also 3-5 learning labs to be set up
Requires DHS, MH/DS Commission, and MH Planning Council to submit a joint report with recommendations on the creation and implementation of a statewide children’s mental health crisis services system, and development and implementation of a statewide public education and awareness campaign to reduce stigma for children with mental illness and support their families.

For more information, go to:
2017 Legislative Year – Year 7 - MHDS report on adult MH system redesign dated 11-16-16 says:

- Adult service system is a developing system that has strengths and weaknesses.
- Small # of individuals with severe & multiple complex needs are inadequately serviced.
- Funds available can support expansion for years into the future, they are slowly being depleted and continuing to rely on fund balances is unsustainable.
- Inpatient beds grown from 721 to 744.
- Iowa has one of few inpatient bed tracking system in the nation.
- Iowa has fewer state MH Institute beds per capita than most other states (50th ranking).
- Iowa 47th in nation for # of psychiatrists, but we have a robust ARNP program and emerging telehealth system.
- Governor announced the establishment of 3 new psychiatric residency programs.
- Challenge - Need to increase and improve service capability and capacity for hard to treat individuals.

Since the MHDS Regions are only required to manage services for adults, no semblance of a children’s system exists.

- Iowa has a serious MHDS workforce shortage and does not have a comprehensive plan to address it.


2018 Legislative Year – Year 8

- Complex needs bill passed – adding more services required.
- Access centers, ACT teams and Intensive Residential Service Homes) of Regions with little funding to implement.
- All of the existing crisis services provided by MH/DS regions are moved to the list of “core services.” Mobile response, 23-hour crisis observation and holding, crisis residential services, subacute and crisis stabilization community-based services are no longer considered optional services.
- The existing subacute bed cap is removed, so regions are free to develop these beds based on the needs of their community. Justice system services (jail diversion, crisis intervention training, civil commitment prescreening) and advancements in evidence-based treatment (positive behavior support, peer self-help drop-in centers) are still considered “additional core” services and are still optional.
- Governor issues Executive Order to establish a State Children’s MH Board to complete a strategic plan.
- Des Moines University received $250,000 to jumpstart a joint effort with NAMI Iowa to train primary care doctors to identify and treat patients with mental illness.
- Tax cut signed into law.
- Medicaid MCO’s and DHS receive directives for oversight.
- Polk Co able to use other funds to balance the MHDS budget and Broadlawns agrees to start giving them $3 M/year for 3 yrs.
- Regions are still required to spend down excess fund balances before July 1, 2021. After that time, county levies within the region will be lowered.


2019 Legislative Year – Year 9

- HF690 –
  - Establishes a Children’s Behavioral Health System State Board to provide guidance on the implementation and management of the new regionally-managed children’s behavioral health system.
  - Identifies Regional responsibilities.
  - Identifies eligibility guidelines to obtain Regional funding.
  - Core and additional services explained.
  - No additional funding was made available to regions.

- HF691 - Regions given limits for cash carryover and excess funds.
  - Financial obligations for upcoming budget year X 40% = allowable carryover.
  - Total cash at end of year minus 40% carryover (reserved in county services fund) = county’s cash flow reduction amount.
  - Regional budgeted amount for the next fiscal year minus county’s cash flow reduction amount = amount which can be obtained through levy.
  - Previous county budgets back to the fiscal year 7-1-18 can be amended to reflect the above law changes.
  - Regions excess cash expected to be zero by 7-1-23

- Funding to add a children’s behavioral health component to the Your Life Iowa referral service, hotline, and website.
- $400,000 to create and train four psychiatric residents per year to provide mental health services to underserved areas of the state and adds $150,000 for psychiatric training for physician assistants and nurse practitioners through Des Moines University.
- Updated Iowa’s guardianship laws.
- Eliminated cap for HCBS Brain Injury waiver.
- No permanent funding solution that counties and advocates have requested every year since the 2015 redesign.
- Medical Assistance Advisory Council (MAAC) reorganized.


We are waiting for a complete list of bills signed by the Governor for FY20.

### The Rise of Suicide Deaths in Iowa

**Iowa Dept. of Public Health**

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*2019-2020 data is preliminary and is subject to change.

Report generated 5-14-20
After his own mental health challenges following the sudden death of his famous dad, Zak Williams shares how supporting others has been helpful to him.

Zak Williams, son of the legendary comedian and actor Robin Williams, is honoring his late father’s ideals when it comes to helping others. Having experienced depression and anxiety after the sudden loss of his “best friend,” the younger Williams says through his own humanitarian efforts he was able to heal. As an advocate, he now serves on a number of nonprofit boards and is the CEO and co-founder of mental health support company PYM Health (Pym is his middle name).

What are the best lessons you learned from your dad?
Being unconditionally loving and kind and considerate is one of the secrets to leading a full life. That and finding connection and common ground. Also, finding gratitude in the day-to-day life is a simple, wonderful way to feel good.

How do you honor him today?
In terms of honoring him personally, I have an eleven-week-old son; so, at this point, it mainly involves being a present father.

Is there a favorite memory with your father that you can share?
There are so many! I loved walking the streets of NYC with him.

How did you decide to take on this mission of mental health awareness?
I’ve struggled with anxiety and depression…. I was very traumatized after my dad’s death and found that teaching financial literacy in prison helped me heal and cope with the trauma. I also found that being vulnerable and open about my struggles seemed to actually help others. So, I just kept on doing it. I love it, as I find it healing.

What strategies do you recommend for healing or for managing symptoms?
The first fix for me was to learn how to not self-medicate. I was masking the pain with alcohol, often, and that just made things worse. Eating well and getting outdoors, around nature, is also really helpful for me. If self-medication isn’t an issue, then finding opportunities to connect with people. Also, exercise!

Connecting with loved ones about anxiety and depression might feel overwhelming—how do you start that conversation?
Make a list of things you’d like to achieve with connecting. Start slow, with specific conversations around what you want. These conversations can be really hard, and you might not get the desired response. Being open about your wants and needs is a great starting point.

And if they believe the stigma surrounding mental health challenges?
It can be helpful to go beyond to find your community. Church groups, mental health support communities like [18 percent], Al-Anon, and ACOA [Adult Children of Alcoholics & Dysfunctional Families], and other organizations like that can be helpful. It can be really hard to try to get people who don’t get it to get it, so going outside the family is sometimes the best option.

What’s your best advice on how to move forward?
Find people who enrich you versus drain you. I used to take everything really personally, and still do sometimes. I didn’t feel acknowledged because people were doing what they could just to get through the day dealing with their own stuff. I loved the book The Four Agreements—it helped me not to dwell so much on others.

What would you recommend to others who are facing grief and unexpected loss?
What I neglected to do after my dad’s passing was to take care of myself. You can’t be there for others if you are not paying attention to your needs and struggles. Take the time to do what you need to do to get through the day first. Then you’ll have a fuller cup to be there for others. Also, support groups were really helpful for me.

How can we begin to feel good or find happiness when grappling with shame over our past struggles?
You need to release yourself of the notion that you don’t deserve a life because of what you’ve done or your past actions. Today is a new day and you are capable of doing so much if you find a way to forgive yourself and work through any resentments. To be honest, this is a lifelong struggle, but if you find a way to acknowledge the fact that you are a good person, great things will come your way; it may take a while, but they will.

Is Mindfulness-Based Cognitive Therapy Right for You?
Have you heard of mindfulness-based cognitive therapy (MBCT)? You might have heard of MBCT’s foundations: cognitive behavioral therapy (CBT) and mindfulness. Cognitive behavior therapy helps you identify negative thought patterns and replace them with more realistic, healthier ways of thinking. Mindfulness teaches you to be fully present in each moment, accepting it as it is. Mindfulness-based cognitive therapy unites these two approaches to help people overcome life-limiting obstacles.

Mindfulness-based cognitive therapy is promising for many people, but it’s not for everyone. Consider these aspects of MBCT to determine if it may be right for you:

- It’s great for many mental health conditions, such as recurring depression, bipolar disorder, anxiety, and eating disorders, but it hasn’t yet been shown to be effective for all mental illnesses.
- Because it addresses both mind and body, MBCT is also designed for people living with chronic health conditions and pain.
- If you’re facing life stressors, MBCT equips you to better handle them, especially when you’re also dealing with mental and physical health concerns.
- It is usually a group therapy, conducted in eight-week sessions with homework, but it’s sometimes done one-on-one with a therapist.
- In focusing on the total person rather than on mental or physical health alone, MBCT helps people create a solid foundation for long-term wellness.

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Role of Law Enforcement in Mental Illness Crisis Response – Treatment Advocacy Center

During these unsettling and difficult times, calls for law enforcement reform are echoing throughout the country.

Municipalities in the United States and throughout the world are discussing what a public safety system looks like in 2020 and beyond, including the role that law enforcement plays in our society.

The Treatment Advocacy Center has been calling attention to the need to transform law enforcement’s role in communities for more than 20 years, starting with the work of our founder Dr. E. Fuller Torrey. Our research expertise includes the role of law enforcement in mental illness crisis response and how people with severe mental illness are overrepresented in the criminal justice system.

What follows is a compilation of data and information on these important topics:

16 times more likely

Approximately one in four fatal police encounters involve an individual with severe mental illness, according to our 2015 report, Overlooked in the Undercounted. This means that people with mental illness are 16 times more likely to be shot and killed by police, compared to people without mental illness. Reducing the disproportionate volume of contacts between law enforcement officers and people with severe mental illness is the single most immediate, practical strategy to reduce fatal police encounters for individuals with mental illness. Furthermore, there is currently no national government database collecting information regarding arrest-related deaths, let alone the role of mental illness or race disparities in these encounters.

21% of officers time

The role of law enforcement in mental illness crisis response is an enormous portion of department resources and budgets. Responding to and transporting individuals with mental illness occupies more than one-fifth of law enforcement officers’ time, according to our 2019 report, Road Runners. This outsized role is a result of the overrepresentation of people with mental illness within the criminal justice system, the length of time mental health crisis service calls take, the long distances law enforcement must travel to find available mental health resources and the time officers must wait while transporting individuals in crisis to an emergency department.

Inadequate treatment capacity

The lack of appropriate mental health treatment services in the community was the most prominent factor contributing to law enforcement’s outsized role in mental health crisis response, according to a thematic qualitative analysis of our 2019 law enforcement department survey results.

Survey respondents felt that many of the time and resource issues surrounding psychiatric transports are due to an inadequate supply of beds in the community for individuals to receive treatment. As with any other illness, severe psychiatric diseases have a variable illness course, with waxing and waning symptomology and resulting needs for the individual suffering. Therefore, a full continuum of psychiatric care, including outpatient, crisis, and acute care, as well as longer-term and residential-type beds, is needed for a functioning psychiatric system. Few communities in the United States have such a robust mental health care system in place.

The United States is not the only nation learning to address the challenges around law enforcement’s role in mental illness response. As we wrote in 2019, there are insights to be learned from the international community to facilitate treatment for people with mental illness while limiting law enforcement’s involvement. In 2018, I was lucky to participate in a meeting on these topics as a member of the Law Enforcement and Mental Health Special Interest Group as part of the Global Law Enforcement and Public Health Association.

We put together an international best practice guideline for law enforcement response to people with mental illness in the community.

As municipalities continue to examine the role law enforcement plays in our society, these data and resources can serve to inform evidence-based policy decisions.
"Despite the advances that Iowa law enforcement has made in recent years, there is clearly more work ahead. Iowa’s police executives, and the officers they lead, must embrace the concerns and criticism being voiced and re-examine their policies and approach," states President Burdess. "At the same time, while policing is the focus, community members and elected officials must realize they play a crucial role in moving constructive efforts forward."

"It is undeniable that now is the time for improving law enforcement and community relationships. Those relationships are authenticated by transparent practices and engaged citizens." Said Betty C. Andrews, President of the Iowa Nebraska NAACP. "Through establishing this statewide Law Enforcement Equity Task Force, the Iowa Police Chiefs Association is poised to ensure unbiased policing in our state. This includes building on recent improvements and also addressing racial profiling, hiring practices, citizens review boards, officers living in the communities they police, and a number of other challenging topics" She said.

Past IPCA President, Chief Jeremy Logan, Oelwein Police Department, and Iowa City NAACP President Kevin Sanders will chair the task force of stakeholders.

Law Enforcement Vision for Equality Task Force members are:

Kevin Sanders  President, Iowa City NAACP, Co-Chair, State NAACP Criminal Justice Committee
Chief Jeremy Logan  Oelwein Police Department
Chief Tim Carmody  Council Bluffs Police Chief- ILEA Council Member
Chief Rex Mueller  Sioux City Police Department
Chief Daniel Banks  Hudson Police Department
Sheriff Lonnie Pulkrabek  Johnson County Sheriff
Sheriff Tony Thompson  Black Hawk County Sheriff
Sheriff Jason Sandholt  Marion County Sheriff
Comm. Stephen Bayens  Iowa Department of Public Safety Commissioner
Lt. Ryan Doty  Des Moines Police Dept
Brian Guy  Retired Clinton Police Dept Chief – Former Chair of the ILEA Council
Joe Gonzales  Retired Des Moines Police Dept Lieutenant
Ike Rayford  President, Sioux City NAACP
Monique Scarlett  Unity in the Community Founder

New from Covid Iowa Recovery Resources
All services are free
Click on Pre-Teen Support Groups
Click on Teen Support Groups
Click on Parent Support Groups
Click on Covid Recovery Iowa Flyer
Click on Covid Recovery Iowa Postcard

For those of you receiving the newsletter by mail, please go to our homepage at www.namigdm.org and click on each of the above resources for more information.

Black Mental Health Resources

Black Girls Smile uses a series of programs, activities, and initiatives to empower and advocate for young African American women and to improve the life chances for girls at risk of and experiencing difficulties with mental and emotional health. Visit their website for more information.

The Black Mental Health Alliance develops, promotes, and sponsors trusted culturally-relevant information, educational forums, trainings, and referral services that support the health and well-being of Black people and other vulnerable communities. Check out their website for more.

The Jed Foundation’s “Love is Louder” project acknowledges that feeling safe, seen, and valued is an essential part of our mental health. In light of recent events, they’ve developed a list of coping strategies to help those impacted by violence, trauma, and tragedy. Learn more.

Based on insights from experts in Black mental health, Psych Hub has compiled a list of resources for understanding the intersection of race, racism, and mental health and how you can combat racism in your community. Read more and share.

Below are some sample social media posts you can use throughout the month of July. Suggested social posts:

- 1 in 5 U.S. adults experience a mental health condition each year. That includes individuals from every culture, community or background. #NotAlone #MMHAM
- If you ever feel alone because of your mental illness, the NAMI community is here for you. #NotAlone
- As the consequences of racial injustice continue to unfold, we need to understand how culture, race and background impact people’s mental health. #MinorityMentalHealth
- Only 25% of Asian adults with mental illness receive help. #MinorityMentalHealth
- Sharing your story is not only helpful for your own mental health journey, it’s also a great way to let others know they are not alone.
- Minority communities face an added level of stigma and discrimination when seeking mental health care. This #MMHAM, let’s break down stigma so no one struggles in silence
- Mental illness affects:
  - 15% of Asian adults
  - 16% of Black adults
  - 17% of Latinx adults
  - 37% of LGB adults
- None of us are alone. #MMHAM #NotAlone
- Trans individuals are 12X more likely to attempt suicide than the general population. #MinorityMentalHealth
- Minorities have less access to mental health services than Caucasians, are less likely to receive needed care and are more likely to receive inferior quality of care when they are treated. This needs to change. #MinorityMentalHealth
- Mental health care should be tailored to a person’s culture, language and background. #MinorityMentalHealth
- Even though people of color are more likely to be involved in the criminal justice system, they are less likely to be identified as having a mental health condition and less likely to receive access to treatment once incarcerated. #MinorityMentalHealth
- “Advancing racial equity is a commitment that must go hand-in-hand with reform to both the criminal justice system and the mental health system.” #MinorityMentalHealth
- If you are looking for someone to talk to about how you’re doing, the NAMI HelpLine has created a directory of Warmlines you can call. #NotAlone www.nami.org/warmline-directory
The Importance of Cultural Competence

The shared beliefs, values and experiences of any social or racial group can result in different worldviews, and have a significant impact on how someone perceives and understands symptoms. For example, a person who has experienced discrimination due to their identity may experience depression symptoms as anger more than sadness.

Terminology and understanding of mental illness may differ in communities as well. For example, one study found that white Americans focused on biomedical perspectives of mental illness while Latinx and African American participants tended to connect mental illness to spiritual, moral and social explanations.

A person must feel comfortable and understood by their mental health professional for a therapeutic relationship to be effective. This includes feeling their mental health professional understands their identity and being comfortable addressing it openly.

When a mental health professional understands the role that cultural differences play in the diagnosis of a condition, and incorporates cultural needs and differences into a person’s care, it significantly improves outcomes. This is why mental health care must be tailored to the individual — to their identity, culture and experience.

Do not assume that a low treatment rates by members of a cultural or social group is due to a lack of effort in seeking care. Instead, consider any underlying challenges — individuals are less likely to seek help or engage in treatment if they cannot find a provider they can trust, who understands their identity and will treat them with dignity and respect.

Black Mental Health Resources - There are a variety of mental health resources available for people of color, but we have provided a few examples below. The resources included here are not endorsed by NAMI, and NAMI is not responsible for the content of or service provided by any of these resources.

Black Emotional and Mental Health Collective (BEAM) - Group aimed at removing the barriers that Black people experience getting access to or staying connected with emotional health care and healing. They do this through education, training, advocacy and the creative arts.

Black Men Heal - Limited and selective free mental health service opportunities for Black men.

Black Mental Health Alliance - (410) 338-2642 - Provides information and resources and a “Find a Therapist” locator to connect with a culturally competent mental health professional.

Black Mental Wellness - Provides access to evidence-based information and resources about mental health and behavioral health topics from a Black perspective with training opportunities for students and professionals.

Black Women’s Health Imperative - Organization advancing health equity and social justice for Black women through policy, advocacy, education, research and leadership development.

Ebony’s Mental Health Resources by State - List of Black-owned and focused mental health resources by state as compiled by Ebony magazine.

Disparities in Accessing Care

We live in a racialized society, where the perception of race matters profoundly regarding relationships, opportunities and access to housing, employment and services.

Therefore, members of racial groups face additional barriers when it comes to receiving care. Some of these include higher levels of stigma within a community, fewer mental health professionals in their immediate area and fewer providers with a similar background or who speak the same language.

There is also a lack of covered mental health care for members of racialized groups who are overrepresented in professions that do not offer health insurance. Often, even when they have insurance, they face discrimination or disparate treatment when trying to access care. They may receive poorer quality care due to lack of cultural competence, language barriers, bias and inadequate resources. This can result in misdiagnosis, dropping out of treatment and delayed recovery. This needs to change.

As an individual or caregiver, don’t be afraid to advocate for yourself or the needs of your loved one. While it’s not always possible, finding the right provider is essential to ensure the dimensions of culture and language do not get in the way of healing or recovery.

Instead, those shared community values and experiences, along with dimensions of faith and spirituality, resiliency, key relationships, family bonds and pride in where you came from — your culture — becomes a source of strength and support.

Providers should follow the Culturally and Linguistically Appropriate Services Standards developed by the U.S. Department of Health and Human Services.

Boris Lawrence Henson Foundation - BLHF has launched the COVID-19 Free Virtual Therapy Support Campaign to raise money for mental health services provided by licensed clinicians in our network. Individuals with life-changing stressors and anxiety related to the coronavirus will have the cost for up to five (5) individual sessions defrayed on a first come, first serve basis until all funds are committed or exhausted.

Brother You’re on My Mind - An initiative launched by Omega Psi Phi Fraternity, Inc. and NIMHD to raise awareness of the mental health challenges associated with depression and stress that affect Black men and families. Website offers an online toolkit that provides Omega Psi Phi Fraternity chapters with the materials needed to educate fellow fraternity brothers and community members on depression and stress in Black men.

Henry Health- Provides culturally sensitive self-care support and teletherapy for Black men and their families. -Currently in pilot program available only to residents of MD, VA and DC. Residents of other states can join their waiting list and will be notified when Henry Health is available in their state.

Melanin and Mental Health- Connects individuals with culturally competent clinicians committed to serving the mental health needs of Black & Latinx/Hispanic communities. Promotes the growth and healing of diverse communities through its website, online directory and events.

Ourselves Black: Provides information on promoting mental health and developing positive coping mechanisms through a podcast, online magazine and online discussion groups.

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Black Mental Health Resource (cont’d)
POC Online Classroom - Contains readings on the importance of self care, mental health care, and healing for people of color and within activist movements.
Sista Ainya - Organization that provides mental wellness education, resource connection and community support for Black women.
Therapy for Black Girls - Online space dedicated to encouraging the mental wellness of Black women and girls. Offers listing of mental health professionals across the country who provide high quality, culturally competent services to Black women and girls, an informational podcast and an online support community.
The SIWE Project - Non-profit dedicated to promoting mental health awareness throughout the global Black community.
The Steve Fund
Organization focused on supporting the mental health and emotional well-being of young people of color.
Unapologetically Us - Online community for Black women to seek support.

How Do Mental Health Conditions Affect The Latino Community?

Why Does Mental Health Matter? - Without mental health we can’t be healthy. Any part of the body — including the brain — can get sick. We all experience emotional ups and downs from time to time that are caused by events in our lives. Mental health conditions go beyond these emotional reactions to specific situations. They are medical conditions that cause changes in how we think and feel and in our mood. These changes can alter your life because they make it hard to relate to others and function like you used to. Without proper treatment, mental health conditions can worsen and make day-to-day life hard.

If you feel you or a loved one might be experiencing a mental health condition, remember that these are biological disorders. Anyone can develop a mental health problem. It isn’t you fault or your family’s fault. Seeking treatment can help you live a fulfilled life. Getting help is a way to strengthen yourself and your family for the future.

Common mental health conditions among Latinos are generalized anxiety disorder, major depression, posttraumatic stress disorder (PTSD) and excessive use of alcohol and drugs. Additionally, suicide is a concern for Latino youth.

While Latino communities show similar susceptibility to mental illness as the general population, unfortunately, we experience disparities in access to treatment and in the quality of treatment we receive. This inequality puts us at a higher risk for more severe and persistent forms of mental health conditions.

Approximately 33% of Latino adults with mental illness receive treatment each year compared to the U.S. average of 43%. Without treatment, certain mental health conditions can worsen and become disabling.

Lack of Information and Misunderstanding about Mental Health
Overall, the Latino community does not talk about mental health issues. There is little information about this topic. We cannot know what nobody has taught us. Many Latinos do not seek treatment because they don’t recognize the signs and symptoms of mental health conditions or know where to find help.

This lack of information also increases the stigma associated with mental health issues. Many Latinos do not seek treatment for fear of being labeled as “loco” (“crazy”) or as having a mental health condition because this may cause shame.

Privacy Concerns - Many of us know el dicho “la ropa sucia se lava en casa” (similar to “don’t air your dirty laundry in public”). The Latino community tends to be very private and often do not want to talk in public about challenges at home.

Don’t worry. Seeking mental health treatment doesn’t mean you will lose your privacy. Your diagnosis, treatment plan and discussions with your mental health providers are confidential. They cannot share this information with others without your permission. Furthermore, mental health providers are professionals that understand what you are going through. They will listen without judgment.

Language Barriers - Language barriers can make communicating with doctors difficult. Many medical professionals today do speak some medical Spanish, particularly in parts of the country with large Latino populations, but they may not necessarily understand cultural issues.

If you or your loved one that needs help does not speak English, or does not speak it well, you have the right to receive language-access services at institutions that receive funding from the federal government. You have the right to request a trained interpreter and to receive forms and information in Spanish.

Lack of Health Insurance - According to the Kaiser Family Foundation, in 2017, 19% of people identifying as Hispanic had no form of health insurance. The Affordable Care Act is making it easier and more affordable to get insured.

Misdiagnosis - Cultural differences may lead doctors to misdiagnose Latinos. For instance, Latinos may describe the symptoms of depression as “nervios” (nervousness), tiredness or a physical ailment. These symptoms are consistent with depression, but doctors who are not aware of how culture influences mental health may not recognize that these could be signs of depression.

Legal Status - For immigrants who arrive without documentation, the fear of deportation can prevent them from seeking help. For example, even though millions of children of undocumented immigrants are eligible for health insurance under the Affordable Care Act, many families may be afraid to register.

If you do not have legal documentation, seek out clinics and resources that care for all members of the community. Latino-based organizations often provide services regardless of legal status.

Natural Medicine and Home Remedies - Some Latinos may prefer traditional healers and home remedies to deal with health-related issues. Mental health may not be an exception. If these healing methods are important to you, do use them. However, we encourage you to seek a mental health professional or a primary care doctor. Ask your doctor to make these healing practices part of your treatment plan. Mental health professionals have experience and knowledge of effective types of treatments and what may work for you. You may use both approaches in your road to recovery.

Faith and Spirituality - Faith and spirituality can provide support and help you deal with a mental health condition. If spirituality is important to you, talk to your doctors about how important faith is to you. Your spiritual practices can be a part of your treatment plan.

Reach out to your spiritual leaders and faith community. They might be able to provide help and support during the difficult times caused by mental health conditions. At the same time, unfortunately, sometimes faith communities can be a source of additional distress if they are not well informed and do not know how to support families dealing with these conditions.

NAMI’s Compartiendo Esperanza is a 90-minute program to increase mental health awareness in Latino communities by sharing the presenters’ journeys to recovery and exploring signs and symptoms of mental health conditions. The program also highlights how and where to find help.

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15
We like to call it the NAMI effect.

Every time you offer your hand to pick someone up, every time you share your strength and ability to persevere,
Every time you offer support and understanding to a family who is caring for a loved one, Your help changes lives.

Executive Director: Michele Keenan
515-850-1467 – director@namigdm.org
Development Director – Francis Boggus

CALENDAR OF EVENTS
Wed., July 8 - NAMI GDM Board Meeting
Board meetings will be held the second Wednesday every other month in 2020 – tbd
if it is a virtual meeting
Jan, Mar, May, July, Sept., Nov
Location: 511 E. 6th St., Suite B, DM
4:30 to 6 PM

Executive Director: Michele Keenan
515-850-1467 – director@namigdm.org
Development Director – Francis Boggus

------------------------------Board of Directors------------------
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If you are interested in Board membership - Please become involved with one of our committees first. Contact the Executive Director to discuss what committees we have.
– 515-850-1467 or director@namigdm.org

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About Us, Get Help, Get Involved,
Resources, and News & Events

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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

Become a member
See Page1 for membership info

Tax Deductible Donations

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NAMI GDM Endow Iowa Fund
(see our website for more information
www.namigdm.org – About Us)

Facebook – NAMI GDM has been granted verified N/P status and can now solicit donations. So far, we have received funds through birthday fundraisers.

Letters to the Editor
You are welcome to send letters to the editor by mail or E-mail. If you receive our newsletter by e-mail and would rather receive it by snail mail – or if you receive our newsletter by snail mail and would rather receive it by e-mail – communicate your preference to:
tbomhoff@mchsi.com or namigdm@gmail.com

NAMI is composed of 3 levels of independently financed 501(c)(3) organizations - National, State affiliate (Iowa), and each local affiliate - NAMI GDM
Your donations to GDM make it possible to have local education programs, support groups and advocacy for Polk, Dallas, Warren and Madison counties.

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