NAMI Greater Des Moines

National Alliance on Mental Illness

This newsletter is not intended to be read in one sitting. Take your time. This is not "quick" reading.

May 2019

511 E. 6th St., Suite B, DM 50309

www.namigdm.org

Mental Health Education, Support and Advocacy

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Serving Polk, Dallas, Warren, and Madison counties

In this issue –

Help Our Membership Grow!!

You can join NAMI at the local, state and national level in three different ways:

1. Join on-line by reaching the NAMI Greater Des Moines website **www.namigdm.org.** Click on the blue "donate" box and enter your payment information. **OR**
2. **Join on-line by reaching the National NAMI website at www.nami.org/JOIN** and complete the payment information. **OR**
3. Please make your check payable to NAMI Greater Des Moines. Household membership $60 - Regular Membership $40 Open Door Membership $5 (limited income)

Name_____

Address_____

_____

Email_____

Phone _____

Do you want to receive our monthly newsletter by _____mail or _____email? *If paying by check, please mail to NAMI Greater Des Moines, 511 E. 6th St., Suite B, DM, IA 50309*

NAMI Greater Des Moines Fundraisers – 2019

The Walk was one of two fundraisers NAMI GDM has had for several years - to support the costs of our mental health education, support, wellness and advocacy programs for residents of Polk, Dallas, Madison and Warren Counties

Due to circumstances beyond our control, NAMI Greater Des Moines cannot participate in the NAMI Walk in 2019.

With your support and commitment over the past year, **NAMI Greater Des Moines served 45,888 individuals** in our community. Your contribution made a significant improvement in the lives of these individuals, as well as their friends and family. People like you make our community a better place and we're so grateful for your contribution.

Our primary fundraiser in 2019 will be the celebration of the **4th Annual NAMI Greater Des Moines Benefit Golf Tournament on Friday, September 13, 2019.**

There are many opportunities to participate in and support the tournament. **100% of net proceeds from the Benefit Golf Tournament are used to support our friends and neighbors through NAMI Greater Des Moines' programs.**

Sponsorship levels for the Golf Tournament: $15,000, 10,000, $5,000, $3000, $2000, $1500, $1000, $500, $250 and $200.

More details will be forthcoming. There will be a maximum of 32 4-person golf teams. Per person cost is $85 and a 4-person golf team will be $340.

MAY IS MENTAL HEALTH AWARENESS MONTH!

3 Things Therapists Do, 3 Things Therapists Do Not Do

Healthyplace.org

Choosing to go to therapy for your mental health is a big decision, especially if you've never been to therapy before. And while there are some great benefits to mental health therapy, it's common to have anxiety about starting therapy. This information about what therapists do and do not do might help alleviate some concern.

3 Things Therapists Do

1. Listen. In a session, you have a therapist's undivided attention.
2. Look for patterns. Therapists help you sort the puzzle pieces and see the big picture you need to click those pieces into place.
3. Guide you in finding new, effective ways to deal with mental illness or other challenges.

3 Things Therapists Don't Do

1. Judge you. People become therapists because they believe in people and their ability to overcome difficulties.
2. Share your information with others without your permission. Therapy is confidential with one important exception: When a therapist has reason to believe their client could harm themselves or others, the therapist must let pertinent people know.
3. Magically solve all your problems. Therapy is a process that takes time and effort to work. Therapists guide you as you discover ways to move forward.

For many people, working with a therapist can be empowering.

4.2% of Iowa's population has severe mental illness or approximately 132,300 people
(3.15 million (2017) X .042)

Acute Care Psychiatric Hospital Beds Available in the Des Moines Area

Location	Adult	Children & Youth	Geriatric	Total
Mercy	18	16		34
Iowa Lutheran	40	16	12	68
Broadlawns	44			44
VA Hospital	10			10
Total	112	32	12	156

The number of acute care psychiatric beds statewide

Mental Health Institutes (MHI)	Total # of beds	# adult beds	# child & youth beds	Geriatric beds
Independence	60	40	20	
Cherokee MHI	36	24	12	
Total MHI beds	**96**	64	32	
Staffed Hospital Beds Statewide	**654**	455	113	86
Total Staffed Beds	**750**	519	145	86
Total Licensed Beds	**802**	Clarinda MHI closed by Gov in 2015 Mt. Pleasant MHI closed by Gov in 2015 Independence PMIC (children's) beds closed by Governor 2016		

Both remaining MHI's have a waiting list for persons waiting for treatment

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

100 bed Civil Commitment Unit for Sexual Offenders-Cherokee MHI

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.

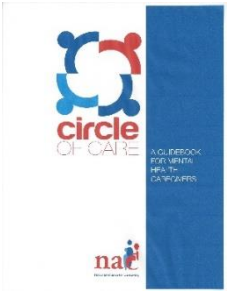
See **Psychiatric Bed Supply** **Need Per Capita**.
Iowa beds needed 31 X 50 = 1550 (50 beds per 100,000 pop.)
Iowa sits at 24 beds per 100,000.

654 hospital beds + 96 Mental Health Institute beds =
750 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 85 crisis residential beds developed by the 14 regions
Add 9 subacute beds
Add 72 bed new psychiatric hospital approved in SE Iowa
Add 12 beds proposed to be built in Mason City.
Add proposed 100 bed hospital by Mercy Des Moines in Clive
64 beds for youth, the rest 36 for adults, downtown beds switch to all for adults
Equals a proposed new total of 1053. (shortage of 497 remains)

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.

Some of the Services Built in the Regions as of 9-30-18	In operation	Planning stage
Jail Diversion (# of counties)	66	25
Crisis Services Being Built		
Mobile Crisis Response (# of counties)	41	32
23 hr Crisis Observation beds (# of Beds)	50	3
Residential Crisis Beds – 3 to 5 day stay - (# of beds)	85	19
24 hour crisis line	11	1
Adult Complex Needs Services		
ACT teams	11 teams 33 co's	11 co's
# of Subacute Beds	9	16
Intensive Residential 24/7 Service Homes (# of beds)		1
Access Centers (# of regions)		5
Tertiary Care beds (long term beds for highly complex individuals)		



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

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**

An **ACT team** is a program for persons with serious mental illness (primarily schizophrenia, schizoaffective, bipolar and major depressive disorders. The program is targeted toward the highest utilizers of health care resources – whether through institutionalization, acute hospitalization, jail or homeless. The key features are:
- Multidisciplinary staff
- Team approach
- Locus of care in the community
- Favorable ratio (8 clients:1 staff or less if very rural/high need)
- Assertive outreach
- 24/7 availability for crisis intervention
- Fixed point of responsibility for service
- Time unlimited services

ACT is a service delivery model not a case management model.

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

Substance Abuse and Co-Occurring Information

8% of our population has Substance Abuse Disorder or around 248,000 people

23 of 120 substance abuse providers programs contract with Iowa Dept. of Public Health. There are **425** treatment beds.

Co-occurring Services – there are **292** adult residential treatment beds identified as dual substance abuse treatment beds. Find a complete list of substance abuse providers at: **https://idph.iowa.gov/substance-abuse/treatment**

Iowa Crisis Chat

Chat: iowacrisischat.org
Call:1-855-325-4296
Text:1-855-325-4296

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

In 1955 – we had 4 mental health institutes and 5300 beds
In 2019 – we have 2 mental health institutes and 96 beds
In 1955 – we had 3 prisons with around 2200 inmates
In 2019 – we have 9 prisons with around 8525 inmates, and over 30,000 in community corrections
A direct result of a historical lack of access to care.

Home and Community Based Waivers (HCBS)

Clients receive services in their home rather than an institution.
http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/waivers

Home and Community Based Waivers	Approved Mar 2019	In Process	# on waiting list
Aids/HIV	31	2	0
Brain Injury	1457	310	1245
Children's Mental Health	988	526	1062
Elderly	7806	2120	0
Intellectual Disability	12,242	1008	2552
Health and Disability	2318	600	3261
Physical Disability	1002	641	1033
Total	**25,844**	5207	**9153**

In 2016, when HCBS services were covered through the Fee for Service program, it was possible to determine the average actual cost per person for each of the waivers. Today, in 2019, that information is not available. The Fee for Service program is no longer being used. MCO's (Amerigroup & United Health Care) are paid "up front" 98% of a Per Capita Payment for a person's entire health care costs. The MCO's are not required to report what the actual cost of HCBS waivers are. They are, however, required to reveal whether or not they have met performance standards (set by DHS) to receive the remainder (2%) of their per capita payment.

Clubhouse Passageway,6000 Grand Avenue, Suite G
Des Moines 515-243-6929 – *real work opportunities*

New Statewide Parent Referral Line

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

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, Indianola, 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.gov
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/OFFICES/comservices/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
Genesis Mental Health Services, 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. Fialkov--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

Tell Me Where to Turn

SUPPORT GROUPS for Family Members

Eating Disorders – Coffee Connections for Parents
The Coffee Connection is open to parent(s) who have a child of any age struggling with an eating disorder and would like to connect in a supportive effort with other parents. We will meet the 2nd Sunday of the month from 4:00-5:30 pm at the Cafe Diem, 2005 S. Ankeny Blvd., Ankeny, IA. Check under Events Calendar for specific dates. Direct your questions to **edci@edciowa.org**

Mothers on the Front Line
https://mothersonthefrontline.com/ - a blog, advocacy tutorials and Children's Mental Health -information to help mothers navigate life with a special needs child.

NAMI Family Support Group

Des Moines – 3rd Sunday of the month. 2:30-4 PM
If you are interested in attending, please contact Susie & Richard McCauley 274-5095 or mccauleyf@mchsi.com
Meetings are at Eyerly-Ball Community Mental Health Center-1301 Center, Des Moines

NAMI Family Support Group

Ankeny – First Tuesday of the month. 7 to 8:30 PM
If you are interested in attending, please contact Nora Breniman at 964-1593 or Jeana King at 641-385-2379. Meetings are at Ankeny First United Methodist Church, 206 SW Walnut, Ankeny, Room 310/314.

NAMI Family Support Group

West Des Moines – 2nd Thursday of the month – 6:30 to 8 PM
If you are interested in attending, please contact Grace & Russ Sivadge 205-9765. Meetings are at Lutheran Church of Hope, 925 Jordan Creek Parkway, in Room 102. The church offers supper (free will offering) at 5:30 prior to the support group.

NAMI Family Support Group

The online support group for parents of minor children with mental health needs. It is a Closed FaceBook Group: "the Casserole Club" – In this group we offer each other kind words of encouragement and a listening ear. We also offer a forum to help you find others in your area if you are looking for a local support group. To join, send an email tammynyden@gmail.com with "*subscribe to NAMI IA support group*" in the subject line.

4th Monday of each month – 5:30 – 7 PM – a support group for Polk County **parents and caregivers** of minor children with severe emotional disturbance (SED) or mental illness – a sibling support group meets separately - at Capitol Hill Lutheran Church, 511 Des Moines St., in the basement – child care provided, can also provide free transportation and interpretation services – pre-register, if possible – call Angie at 558-9998.

1st and 3rd Tuesdays of each month –Voices to be Heard
Support group – Wesley United Methodist Church –800 E. 12th - Light meal at 5:30 P.M. Support group for adults and program for children from 6 PM to 7PM. –If you have a loved one in prison or parole system you are concerned about or if you are concerned about those in prison, please feel free to join us. If you have questions, please contact Melissa at melissag@chihousing.com

TACA (*Talk About Curing Autism*) is a national non-profit organization whose mission is to educate, empower and support families affected by autism. Please contact Susan susan.straka@tacanow.org or visit http://www.tacanow.org

Support Groups for Families of Veterans
"Peaceful Homefront" @ Dallas County Hospital
in Perry, on 1st and 3rd Thursdays – 6:30 to 8 PM.
Groups available for adults and children ages 9 to 12.
For more information, call Genesis toll free 877-465-7541

Friends of Iowa Prisoners has a meeting at Noon on the 3rd Tuesday of the month at Wesley United Methodist Church, 800 12th St., Des Moines.

Coping After a Suicide Support Groups for Adults and Adolescents
https://afsp.org/chapter/afsp-iowa/
https://afsp.org/find-support/ive-lost-someone/
click on "find a support group"

http://www.suicide.org/support-groups/iowa-suicide-support-groups.html

documentary films on suicide loss can be found at:
https://afsp.org/find-support/ive-lost-someone/survivor-day/survivor-day-documentaries/

In addition to these groups, other help may be available depending on your community and may include: Compassionate Friends (13 groups in Iowa; Funeral Homes, Faith Organizations Employee Assistance Programs; Guidance Counselors; Hospice; and **Amanda the Panda.**

Warning: Regular or heavy alcohol use can worsen most psychological states, such as anxiety, depression, bipolar, schizophrenia, or eating problems. Alcohol can change the way a person feels in the short run; however, the overall effect only worsens a disorder. Marijuana and other drugs can have similar or more serious effects on the brain.

Crisis Phone numbers and Text numbers

Text Crisis Line http://www.crisistextline.org/

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 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. Or, call the National Suicide Prevention Lifeline at (800) 273-TALK (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/myVAoutreachToolkitPreventingVete ranSuicideIsEveryonesBusiness.pdf

Bullying, Suicide Hotline – Available 24/7. Your Life Iowa is a phone call or text away at **www.yourlifeiowa.org** or 855-581-8111. Trained counselors will provide guidance and support about bullying and critical help to youth.

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

Habitat for Humanity of Iowa has launched a new web site, houseiowa.org, intended as a one-stop shop for Iowans in search of affordable housing resources.

(MOMENTUM)
WORKS OF GROWTH AND RECOVERY

Community Support Advocates
6000 Aurora, DM 50322

We offer FREE art services for artists impacted by disability, brain injury, or living with a mental health issue. This includes free workshops, mentoring, and open studio hours where artists can come in and use our supplies. Contact Shannon @ 515-681-4099 or shannonk@teamcsa.org

Joy Ride Transport

Joy Ride is a transportation service available in the greater Des Moines area and surrounding communities To make a reservation, call **515-331-1100** or **855-225-7433** info@ridejoyride.com http://ridejoyride.com/ **Office Hours:** Monday – Friday 8:00 AM – 5:00 PM They try to accommodate same-day requests for transportation. Weekend and holiday transportation is also available with advance notice.

Support Groups for Mothers Pre-Partum or Post-Partum

IOWA STATE COORDINATOR for Postpartum Support International - Karin Beschen, LMHC, Polk County Telephone: 515-222-1999 Email: kb@iowacounseling.com

Heartland Christian Counseling - Des Moines Clinic Postpartum Adjustment Group – 6-7 pm every Tuesday – DM Support group facilitator: Jill Thomas, licensed therapist and certified in treating perinatal mood disorders. Phone for registration or questions, call 515-331-0303 – Babies in arms are welcome to come!

Postpartum Support Group – Bellies, Babies and Beyond This group is held on the third Friday of the month 10 to 11:30 am at Balance Chiropractic & Wellness at 6611 University Ave., Suite 103, Windsor Heights, Iowa. Every month we invite you to come to this safe place with questions, concerns or just to meet other moms just like you.

For persons suffering from **postpartum depression** – a support group entitled "Amazing Girls Accepting Peace Everyday (AGAPE)". Information can be found at Meetup.com – enter AGAPE. You need to request to be a part of the group – contact Tricia at jrivas76@hotmail.com

Need Help or Training to Find a Job?
Try these resources

Passageway-6000 Grand Avenue, Suite G, DM 243-6929
Goodwill of Central Iowa, Skills Training, Job experience, Job Coach, Work Experience - http://www.dmgoodwill.org/
Project Iowa - http://www.projectiowa.org/- 515-280-1274

Excellent Magazines to Subscribe to:

Esperanza http://www.hopetocope.com/for articles on Anxiety and Depression
BP magazine http://www.bphope.com/ for articles on Bipolar
SZ magazine is not available in a hard copy magazine but can be found on their website http://mentalwellnesstoday.com/sz-magazine/ by subscription

Tell Me Where to Turn

Support Groups for Persons with Mental Illness

2nd & 4th Mondays of each month – 7 P.M. – depression, anxiety and bipolar support group., Heartland Presbyterian Church, 14300 HIckman, Clive. Julie 710-1487 candlesinthedarknesssg@gmail.com

NAMI Connection National Alliance on Mental Illness RECOVERY SUPPORT GROUP Every Tuesday afternoon 2-3:30 PM at the NAMI GDM office, 511 E. 6th, Suite B, DM For more information, contact Matthea Little Smith 515-783-2763 or Matthea.little.smith@gmail.com

NAMI Connection National Alliance on Mental Illness RECOVERY SUPPORT GROUP On the 1st and 3rd Wednesday evenings each month – 5:30 to 7 PM at NAMI GDM office, 511 E. 6th St., Suite B, Des Moines

Every Tuesday evening – 8-10 P.M. **-** Recovery Inc., a self-help group for people who have nervous and mental troubles at St. Mark's Episcopal Church, 3120 E. 24th St., Des Moines – Call 266- 2346 – Marty Hulsebus

Tuesday evenings 5:30-7:00 Dual Diagnosis support group at Eyerly Ball Mental Health Services – call 243-5181 for more info. Requires an assessment and has a cost.

Tuesday evenings 7:30 PM - 4211 Grand – Friends House – in the Meeting House – **Meditation and Mindfulness Group** – sponsored by Crossroads of Iowa

Tuesday evenings, 7:00pm. Weekly meetings will be held at the Gathering Room on the 2nd floor located at Capitol Hill Lutheran Church at 511 Des Moines St, Des Moines. For more info, please contact Brad Wilson at 515-441-4292.

Every Thursday evening 6:30-7:30 PM – 4211 Grand – Friends House – in the Conference Room – H30 - a support group with a focus on opiate, heroin and prescription pill addiction for **Women** – sponsored by Crossroads of Iowa 633-7968 – please pre-register

Every Thursday evening – 7:45 – 9:45 P.M. – Recovery, Inc. - a self-help group for people who have nervous and mental troubles – at St. Timothy's Episcopal Church, 1020 24th St., in West Des Moines. Call – 277-6071-Deb Rogers.

Every Saturday afternoon –2–3:30 PM–the Depression and Bipolar Support Alliance meets at Iowa Lutheran Hospital – University at Penn Avenue – Level B – private dining room. Debbie Wallukait is the leader. Contact her at wally3610@yahoo.com

An **Epilepsy Support group**
The Epilepsy Empowerment Group held 4th Thursday of each month- 6 PM -Mercy Medical Center, East Tower, Room 3, 1111 6th Avenue, Des Moines. For more info, contact Roxanne Cogil 515-238-7660 or efiowa@efncil.org

Every Saturday evening-"The Road"-Christian Life Center, 710 NE 36th street in Ankeny (easy access from the new exit off I-35) – the schedule: 6 PM Pizza supper with free will offering, 7:15 PM Worship, 8 PM recovery groups. Child care available for infants and toddlers. For further questions, call 515-777-8333 to speak to a team member. Facebook page: TheRoad@AFUMC

Crisis Services in Polk County

The Mental Health Mobile Crisis Team provides community-based assessments of individuals in 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 Crisis Mobile 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. The mobile crisis team is located at Police Headquarters, 25 E. 1st, lower level.

Mobile Crisis Response Team
Emergency Calls: 911
Non-Emergency Calls: **515-283-4811**

If you have a mental health crisis in your family and are in need of emergency assistance – call 911 Be clear with the dispatcher what the situation is, that it is a mental health crisis, and you need the Polk County Mobile Crisis Response Team to assist. The goal is to keep everyone safe and to seek the appropriate level of assistance for the ill family member or friend.

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 non-emergency phone number for the mobile crisis team is **515-283-4811**. The police liaison to the Mobile Crisis Team is Officer Lorna Garcia. Her hours are 8 to 4 Mon-Fri phone is 205-3821.

If the crisis situation is in Polk County - in response to your phone call, the first people to arrive to 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 Crisis Observation Center and Psychiatric Urgent Care 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 – open 24/7.**
Broadlawns Hospital, West entrance, 1801 Hickman, DM
Phone: 515-282-5742 – See map for new location

The Pre-Petition Screener Service is 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 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 M-W from 8:30am to 4:30pm. If you or someone you know is in need of a psychiatric and/or substance abuse evaluation, please contact Chelsea Sailsbury, LMSW by calling either 515-336-0599 (direct line) or **515-**282-5742 (main office) or via email at csailsbury@broadlawns.org. The County clerk of court and the pre-petition screener are located in the same building.

Broadlawns Crisis Team 515-282-5752 – mental health professionals on duty 24/7 for responding to mental health emergencies

Broadlawns Community Access 515-282-6770

Under consideration

1. Working with stakeholders to establish a sobering center/engagement center.
2. Working with Polk County Supervisors to identify uses for the three 9 bed transitional homes they own. In all likelihood, one facility will be for subacute, one will be for crisis residential, and the third will be a residential group home for persons with mental illness.

Crisis Services in Dallas County

24/7 Crisis Line – 1-844-428-3878

Mobile Crisis Team - For a mental health crisis in need of emergency assistance call 911. 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. *(Covers Dallas, Guthrie, Greene and Audubon)*

Hope Wellness Center, 706 Cedar Street, Woodward, IA 50276 Director – Karen Rosengreen 515-438-2331 – a safe place where individuals who may be experiencing a mental health crisis can voluntarily access crisis intervention services. Open 24 hours a day/7 days a week. Typical stay is less than a week.

Hope Wellness Center Transitional Living Services – provides short term (2-3 month) housing for an individual coming out of a placement or hospitalization who needs to redevelop skills needed to be successful in the community.

Crisis Services in Warren County

Website for more information:
http://cicsmhds.org/services/crisis-services/

24/7 Crisis Line – 1-844-258-8858

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.

For emergency situations always call 911. Tell the dispatcher that the situation is a mental health crisis and you need the Mobile Response Crisis Team to assist.
Mobile Crisis Team – 1-844-258-8858

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 "Mental Health Resources in Warren County" booklet you can ask for.

Crisis Services in Madison County

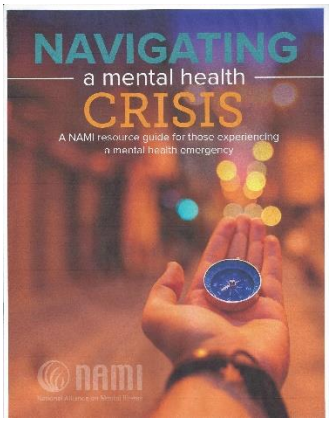
Krystina Engle, Director and the Eyerly Ball Staff, will provide the new **Mobile Crisis Response Service**. There is not an age limit nor income guidelines to this program. The service itself is free of charge and is available 24/7.

Mobile Crisis Response is a service that provides teams of professionals that can 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.

The team will be dispatched through the existing CICS Crisis Line (844-258-8858) available 24/7.

For emergency situations always call 911. Tell the dispatcher that the situation is a mental health crisis and you need the Mobile Response Crisis Team to assist.

For more information about services in Madison County, please see the website at:
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/**



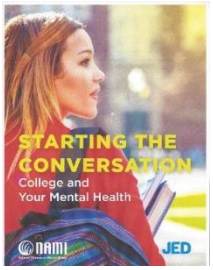
Navigating a Mental Health Crisis
To download a copy, go to www.namigdm.org, click on "Get Help" – the manual is the first item on the page

MCO's – Managed Care Organizations

If you have a question or a problem, call:	If problems remain unresolved, contact:
Amerigroup Iowa, Inc. 1-800-600-4441 www.myamerigroup.com/IA/	**Managed Care Ombudsman Program (866) 236-1430 or email ManagedCareOmbudsman@iowa.gov** Only for people on waivers – see the complaint form www.namigdm.org Click on "Get Help", click on "Health Insurance" scroll to bottom of page
United Healthcare Plan of the River Valley, Inc. 1-800- 464-9484 www.UHCCommunityPlan.com/ia/	**Office of Ombudsman** Toll-free 888-426-6283 http://www.legis.iowa.gov/Ombudsman/ For members who are not Long term Services and Supports (LTSS) or are non-Waiver cases – also take complaints from Medicaid providers
If there are unsuccessful repeated attempts to resolve, contact Tony Leys at tleys@dmreg.com or send a letter to 400 Locust St., Suite 500, Des Moines, Ia. 50309	
Emergency Medical Transportation (NEMT) Amerigroup Iowa Inc. Logisiticare 1-844-544-1389 United Healthcare Plan.- MTM 1-888-513-1613	
Iowa Medicaid Member Services **1-800-338-8366 (toll free)** www.IAHealthLink.gov IMEMemberServices@dhs.state.ia.us	**For Iowa Medicaid Providers IME Provider Services** Phone: 1-800-338-7909 (toll free) IMEProviderServices@dhs.state.ia.us Provider Managed Care Organization Contacts: https://dhs.iowa.gov/ime/providers/MCO-contact-info

Caremore Clinic – for Amerigroup clients

CareMore Clinic offers medical and behavioral health services for patients on Medicaid w/Amerigroup Insurance ages 14& up. CareMore cares about their patient's body, mind and spirit. The Clinic is located at 1530 East Euclid Avenue, Des Moines, Iowa 50313 (515) 989-6001.



Starting the Conversation: College and Your Mental Health - go to www.namigdm.org

Click on "Resources", Click on "School Resources"

*Suicide is the 10th leading cause of death across all age-groups, with suicide rates increasing **30%** since 1999 and half of states experiencing an increase in suicide of more than 30% during that time period. (Iowa 36%) There were **47,173** deaths by suicide in the United States in 2017, almost 20% of all injury-related deaths, according to new data released from the Centers for Disease Control and Prevention (CDC).*

Factors contributing to suicide risk are extremely complex and can include mental illness as well as a host of other factors including substance misuse or financial instability.

Individuals with serious mental illness have more than a 20-times higher risk of suicide compared to the general population.

Approximately 50% of all suicides occur by firearms and 63% of all firearm injuries in the United States are self-inflicted.

Fast Facts from Mental Health First Aid

Each day, 140 people in the United States die of a drug overdose, 91 specifically due to opioids.

By 2014, Americans were more likely to die from an opioid overdose than from a car accident.

Between 2011 and 2015, overdose deaths in the US from opioids tripled.

There are now more than 1.5 million Mental Health First Aiders in the U.S. trained by more than 14,000 Instructors.

Federal Assistance for Substance Use Disorder Workforce

1. **The Loan Repayment Program for the Substance Use Disorder Treatment Workforce**, authorized in the SUPPORT for Patients and Communities Act
2. **The Mental and Substance Use Disorder Workforce Training Demonstration Program**, authorized in the 21st Century CURES Act.

Both programs have yet to be funded. To advocate, contact federal legislators.

Your Mental Health and Physical Health are Seamless

HealthyPlace.org

Your mental health and your physical health are the ultimate circle of life. They exist within us in a seamless loop, and they're both necessary components of a quality life. They affect each other in complex ways and often move up and down together; indeed, problems with our physical health can negatively impact our mental health—and vice versa. We can use the power of this seamless connection as a tool to overcome problems and challenges and live the life we want to live.

For evidence of the oneness of these components of our wellness, look to symptoms. Physical symptoms are part of nearly every mental illness. What's going on in the mind affects the body. Likewise, what's going on in the body affects the mind: physical symptoms, for example, can cause anxiety and worsen depression.

Viewing mental health and physical health as one, as simply our health, helps us make lasting, life-improving changes. Activities that boost both aspects of health include:

- Nutritious eating
- Proper hydration with water
- Breathing deeply
- Using relaxation techniques like yoga, meditation, of doing a calming activity
- Exercise, even light movement
- Adequate sleep

This is just a partial list. The key is to treat your brain and body as one. Nurture them together to feel great mentally and physically.

Recovery is not one and done. It is a lifelong journey that takes place one day, one step at a time.

Medicaid enrollees last in line when docs accepting new patients

Modern Healthcare

Doctors are accepting new Medicaid patients at a far lower rate compared with new patients on Medicare or private insurance, according to a new study.

The study, released by the Medicaid and CHIP Payment and Access Commission during its Thursday meeting, examined Medicaid rates by specialty, whether the physician is in a Medicaid expansion state and by managed-care penetration status.

The study was based on an analysis of 2015 data from the National Ambulatory Medical Care Survey that asks if office-based physicians currently accept any new patients and whether they accept Medicaid as a payment source for the new patients.

Of the physicians that accept new patients, 70.8% accept new patients insured by Medicaid. That is a lower percentage than providers that accept Medicare at 85.3% and private insurance at 90%.

The survey also broke down the acceptance rate via the type of providers. General and family practice providers had an acceptance rate of 68.2% for Medicaid patients compared with 89.8% for Medicare and 91% for private insurance.

Only 35% of psychiatrists surveyed accepted new Medicaid patients but 62% accepted Medicare and private insurance.

Pediatricians had the highest rate of Medicaid patient acceptance at 78%.

The Affordable Care Act's Medicaid expansion did not have a statistically significant impact overall on Medicaid acceptance rates. It also found that there was no difference in the overall provider rates between a state that did expand and another state that did not.

But there was a difference within specialties, namely OB-GYNs. In non-expansion states, OB-GYNs had an acceptance rate of 89.6% compared with a 73% rate in states that expanded their Medicaid rolls, the study said.

Payment rates appeared to have a greater impact on Medicaid acceptance than whether a state expanded its program.

Physicians in a state with a high Medicaid-to-Medicare fee index, where the Medicaid rate is close to the Medicare rate for the same service, had an 81% acceptance rate compared with a 64% rate in states with a low fee index.

Commission member and family physician Kisha Davis said that payment rates play a major factor in private practices' decisions to take Medicaid.

"The reason that our practice takes Medicaid is because in our state there is Medicare-Medicaid parity and that was a big financial business decision on whether or not we would take Medicaid," said Davis, a family physician at CHI Health Care in Maryland.

The survey also found a difference in acceptance rates based on whether the provider was in a state with a high penetration rate for Medicaid managed care.

A physician in a state with a high managed-care penetration rate had a Medicaid acceptance rate of 66.7%, compared with 78% for physicians in a state with a low penetration rate. But payment rates likely were a factor in the acceptance rates, according to the data.

Marijuana ER visits climb in Denver hospital study

Modern Healthcare

Five years after Colorado first legalized marijuana, a new study shows pot's bad effects are sending more people to the emergency room.

Inhaled marijuana caused the most severe problems at one large Denver area hospital. Marijuana-infused foods and candies, called edibles, also led to trouble. Patients came to the ER with symptoms such as repeated vomiting, racing hearts and psychotic episodes.

The study, published Monday in Annals of Internal Medicine, stemmed from tales of tourists needing emergency care after gobbling too many marijuana gummies.

"It was hard to know if these were just anecdotes or if there was a true phenomenon," said lead author Dr. Andrew Monte of UC Health University of Colorado Hospital.

Three deaths in Colorado tied to edible products also prompted the study.

Emergency room records from Monte's hospital show a three-fold increase in marijuana cases since the state became the first to allow sales of recreational marijuana in January 2014. Nearly a third of patients were admitted to the hospital, evidence of severe symptoms, Monte said.

In 2012, the ER saw an average of one patient every other day with a marijuana-caused problem. By 2016, the count was two to three per day.

That's not enough to swamp the emergency department, Monte said, but it stresses an already burdened system.

Most people can use marijuana safely, Monte said, but with its increased availability and higher THC concentrations, "we may be seeing more adverse drug reactions," he said.

THC is the part of marijuana that gets people high.

A growing cannabis industry promotes the drug as a cure-all while downplaying dangers, said Dr. Erik Messamore, a psychiatrist at Northeast Ohio Medical University who wasn't involved in the research. More than 30 states now allow marijuana for at least medical use. New Jersey is debating becoming the 11th state to approve recreational pot. The U.S. government considers marijuana illegal.

"You can't trust the people who sell the drugs to be upfront with the risk," Messamore said, calling for warning labels similar to those on tobacco products.

The analysis confirmed edibles are trouble. Statewide, they made up less than 1 percent of total cannabis sales, measured by THC content. Yet 11 percent of ER visits were triggered by edibles.

Monte said edibles are too dangerous to be part of the recreational marketplace. Slow to kick in, their effects last too long for a good party drug, he said. They work better for those who want to use them as medicine.

Yet information on safe dosing is lacking, as Denver resident Arlene Galchinsky learned. She took a marijuana gummy for pain on top of a prescription narcotic, becoming so disoriented her husband called paramedics.

Galchinsky, 79, didn't go to the ER, but the experience shook her up.

"It was extremely scary," she said of the feeling. "When was this going to go away? It was so frightening."

In the state-funded study, there were 2,567 emergency visits at the Denver hospital caused by marijuana from 2012-2016. It's not just tourists; 9 out of 10 cases were Colorado residents.

Seventeen percent of the visits were for uncontrolled bouts of vomiting. It was most often from inhaled marijuana, not edibles.

Twelve percent of the cases were for acute psychosis, where people without a history of mental disorders lose touch with reality. That was more frequently seen with edibles.

Intoxication and heart problems were other common complaints. In an editorial, Dr. Nora Volkow, director of the National Institute on Drug Abuse, called for more research on the benefits and harms of marijuana. She and co-author Ruben Baler wrote there is an "urgent need" for greater oversight of manufacturing and labeling as marijuana use increases with state legalization.

Monte, an ER doctor who specializes in toxicology, doesn't use marijuana. "I'm too busy," he said. "I can't spend time being high."

Why Do You Over-apologize?

HealthyPlace.org

Are you struggling with something so all-encompassing, so very difficult that it causes you to apologize for things you really don't need to? Tragically, mental illness negatively impacts our sense of self. Mental illness disrupts thinking so much that our own thoughts are no longer trustworthy. Mental illness disrupts emotions; sometimes they're so strong they engulf other people around us, while other times they're so numb that we can't feel them.

Living with a mental illness affects motivation and behavior and makes us question our own worth. We might keenly experience stigma, and that might make us ashamed. We might get confused sometimes, and that can make us frustrated. These effects of mental illness can destroy self-esteem and make us over-apologize. We even apologize for saying "sorry." Here's why apologizing too much is an effect of mental illness we can do away with.

- Mental illness is just that—an illness, not a character trait.
- There's no need to apologize for diabetes or other illnesses, and there's no need to apologize for a mental disorder.
- You have talents, abilities, interests, and strengths that make up "you," and you are nothing to apologize for.

Focus on who you truly are and all the good that you have to offer. As you develop this strong sense of yourself, you'll become free of the impulse to over-apologize.

Where Did the Schizophrenics Go?

E. Fuller Torrey and Wendy Simmons,
Wall Street Journal – March, 2019

Wondrous are the ways of Washington. In a single day, the federal government officially reduced the number of people with schizo-phrenia in the United States from 2.8 million to 750,000. With a change of the National Institute of Mental Health website in 2017, two million people with schizophrenia simply disappeared.

The 2.8 million estimate, or 1.1% of the adult population, had been the official standard for the U.S. since the 1980s, when the

(cont'd from page 9) last major prevalence survey was carried out. The figure was provided to Congress in 1993 and used for national estimates such as the cost of schizophrenia.

NIMH Director Joshua Gordon wrote in the Psychiatric Times that "the 1.1% figure is no longer scientifically defensible" in view of "the most recent findings." These findings come from a 2001-03 National Comorbidity Survey, which included only those who lived at home and acknowledged symptoms of schizophrenia. **It excluded those in hospitals, nursing homes, group homes, jails, prisons, homeless shelters and on the streets. Nor did it include the people with schizophrenia among the 29% who refused to participate in the survey.**

In short, the 750,000 estimate, 0.3% of the adult population, was an absurd undercount, obvious to anyone with knowledge of the subject.

Why would a federal health agency want to make two million patients disappear? Welcome to Washington. Administrators spend a lot of time trying to make their agencies look good to the public and especially to Congress, which controls the purse strings.

In 2006 Congress ordered the National Institutes of Health to make public how much they spend on each major disease. These figures, along with the number of people affected by each disease, allow anyone to determine quickly the NIH's research expenditure per patient with schizophrenia, autism or any other disease, and compare them. It can be argued that the quality of the research portfolio is a better metric than expenditure per patient, but the latter is what most advocacy groups use.

In 2016 NIMH spent $254 million on schizophrenia research. With 2.8 million people affected, that was only $90.71 a patient. NIH expenditures for Alzheimer's disease were $162.98 a patient ($929 million for 5.7 million people) and Parkinson's disease commanded $173.12 a patient ($161 million for 930,000 patients as of 2020).

This imbalance created a problem for the NIMH. There were two ways to "solve" it: by spending more money on schizophrenia research or by reducing the number of people with schizophrenia.

Thus two million people with schizophrenia disappeared from the figures and voilà—expenditure per patient soared. Even though schizophrenia research funding fell in 2017 to $243 million, the NIMH can now claim to spend a mouth-dropping $324 per person. Call it a Washington victory for schizophrenia patients.

How to Talk to your Boss about your Mental Illness

Caitlynn Flynn, Glamour

After graduating from college, Abby, a 22-year-old from Nebraska, accepted a dream job as an editorial assistant at a book publishing company in New York City. She had been attending weekly therapy sessions and taking antidepressant medication for the three years, and felt ready for the big move. At first, things at work were great—both of her supervisors were pleased with her performance. So initially she didn't want to disclose that she was still receiving treatment for depression. "I scheduled appointments during my lunch hour, so I didn't feel the need to request a disability accommodation," she says. "I didn't really know how to anyway."

But even though things looked like they were going well, Abby started self-harming. Five months after starting her job, she attempted suicide. In the aftermath, she missed three days of work without an explanation. It was time to tell her boss about her mental health struggles.

Abby's case is extreme, but odds are there is someone in your office or workplace who is dealing with mental health issues. Mental illness affects nearly a quarter of women in the U.S. each year; 28 percent of women in a *Glamour* survey reported that their mental health struggles have impacted their career.

Liat had that experience. A 47-year-old licensed clinical social worker at a local government agency, she struggled with depression. About a year into her role in a new department, she got to the point where she needed to take a monthlong medical leave to seek treatment. When she returned, her colleagues and supervisor—all of whom are also licensed clinicians—seemed hostile. Her boss "reamed her out" on her first day back in the office about not completing all of her assignments before she went on leave, and she felt like the rest of her coworkers had frozen her out. "I hid in the bathroom stalls and sobbed," she says. She wondered whether her colleagues might have treated her medical leave differently if she had been seeking treatment for cancer instead of depression. Five years later, things have gradually improved, but she never got an apology. "My coworkers and I have a pretty good relationship now," she says, "but we never discussed what happened."

Stories like Liat's make the idea of disclosing your mental health struggles to your boss even more intimidating. The reality is that some bosses will always be jerks, but most experts agree it's worth looping in your boss or HR department if your mental health is impacting your job performance. Every employee should be safe to disclose her mental illness to her employer without fear of retribution—that's the law. And there have been huge cultural strides in destigmatizing mental health. "Better employers see it as a part of the process of what it means to work with humanity," says Theresa Nguyen, vice president of policy and programs at Mental Health America.

These companies know that supporting an employee often is a win-win, since it helps the staffer produce their best work. While mental illnesses can mean time away from the office (employees coping with depression miss approximately twice as many work days per year) and job performance issues, many women learn to master the juggle and thrive at work.

When Abby did eventually tell her boss what was going on, they worked together to make accommodations: a flexible schedule that allowed her to take time off during the day when she needed to see her therapist and extra sick days that she could make up when she was feeling better. "I always felt really supported," she says. Looping her boss in allowed her to get back on track and even excel in her role—a year later, she earned a promotion.

How can you get that kind of support from your boss? Should you bring up your mental health condition at all? We asked the experts how to tackle these toughies, whether you need a long lunch for a weekly therapy appointment or a leave of absence for more intensive care.

1. Test the waters.

What will my coworkers think? Will my boss judge me differently? Will it hurt my career? Those are all valid questions, says Nguyen: "Even though everyone has rights to accommodations, the reality is that asking for them is scary." You can check the

company handbook or website for any official policies. If you feel comfortable with your direct supervisor, it's ideal to speak with her first, says Tanisha Ranger, a Nevada-based psychologist who has helped many clients broach the topic of mental health with their employers. Start by testing the waters, asking general questions such as, "If I have a recurring doctor's appointment during the work day, how do you want me to handle that?" Her response can be a good indicator of whether or not she'll be open to giving you some flexibility. Once you're ready to talk to your boss about your specific situation, schedule some time to speak privately.

2. Do your homework.
Before you have a more private meeting, do some due diligence—it's important to walk into your boss's office as prepared as possible and offer a plan that you've discussed with your therapist, Ranger says, rather than just unload your diagnosis and wait for your boss to provide the solutions. It helps to provide a list of requested accommodations and explain how each will help you perform to your potential.

In other words, you want to present your boss with a solution, not a problem. So explain how your mental illness may affect your work and how specific accommodations will allow you to perform to the best of your ability. For example, if you deal with PTSD and sometimes struggle with concentration, detail how working from home, where you can control your environment, could help you stay on course.

3. Be open to their suggestions.
Employees have a right to "reasonable accommodations," but it's ultimately up to employers to determine what *reasonable* means. Your boss may not immediately agree to all your requests, so be open to working together to finding creative solutions that will work for both you and your employer.

If an accommodation is minor, such as taking a long lunch once a week for a therapy appointment, a brief conversation with your boss will often suffice. But for bigger accommodations that will more drastically change your schedule, be prepared to work with HR too.

4. Know when to involve HR.
If you don't have a good relationship with your supervisor or you've tested the waters and gotten the impression that she won't be understanding, you can opt to go directly to human resources to discuss your situation.

This is often a more discreet option, since they can't legally share the reason for your medical accommodations if you don't want them to, says Jessica Methot, Ph.D., an associate professor at the Rutgers School of Management and Labor Relations. "This information is confidential explicitly because supervisors cannot be given information that can be used to discriminate against employees," she says. "In this case, you would be protected under the Americans With Disabilities Act."

This means that even if you need to take a leave of absence, your boss doesn't need to know why—you can work with your doctor and your HR team to fill out the appropriate Family Medical Leave Act (FMLA) paperwork. "All you need to tell your boss is that you have a medical condition and you've completed the FMLA paperwork with HR," Ranger says.

If your employer is hostile or discriminates against you due to a mental illness, remember that there is the option of legal recourse—and that there are plenty of companies and supervisors that offer a nurturing, healthy environment that allows you to thrive in both your career and your personal life.

Feds Clarify What Qualifies As 'Community-Based'

Disability Scoop

Federal officials have issued long-awaited guidance to help states determine what living arrangements for people with disabilities are considered community-based rather than institutional.

The **new guidelines** from the Centers for Medicare and Medicaid Services clarify a 2014 rule outlining criteria for programs provided through Medicaid home- and community-based services waivers.

The rule calls for home- and community-based settings to provide full access to the community as well as offer privacy, foster independence and allow people with disabilities to make their own choices about services and providers. The criteria apply to homes, day and job-training programs and other non-residential offerings provided through waivers.

CMS issued guidance on the rule five years ago, but that prompted questions from some states and stakeholders. The latest information covers the "heightened scrutiny" process, a part of the rule which allows states to provide evidence to CMS demonstrating that a setting that appears to be isolated or have other institutional characteristics should in fact qualify as community-based.

The guidance revised the criteria of an isolating setting and removed examples of typically-isolating environments — which included farms, gated communities and residential schools — that were listed in the 2014 document.

CMS still defines settings as isolating and in need of further review if they offer limited opportunity to interact with the broader community. Other criteria include restricted choices for services or outside activities and locations that are "separate and apart" from the community, without opportunity for participation.

"Promoting community integration for older adults and people with disabilities remains a high priority for CMS," wrote CMS Deputy Administrator Chris Traylor in a letter releasing the guidance that was sent to state Medicaid directors last month.

Alison Barkoff, who is helping lead the HCBS Advocacy Coalition and is also director of advocacy for the Center for Public Representation, said that the removal of examples could make it harder for states to identify places that require further review through the heightened scrutiny process.

She called on advocates to participate in public comment and stay vigilant in ensuring criteria are followed.

"The rule itself has not been changed. That's really positive," Barkoff said. "People are going to have to be very strong in making sure their state is actually identifying and reviewing those settings."

But Alison Singer, a board member for the National Council on Severe Autism, said she was glad that CMS was no longer singling out farmsteads, like the one in New York where her 21-year-old daughter with autism lives.

"They are out in the community all the time, selling what they grow on the farm, participating in community festivals and going to the movies," said Singer, who also serves as president of the Autism Science Foundation. "She is much more included in that setting than many people I know who live in group homes that are technically in the community."

The rule pertaining to home- and community-based settings was originally supposed to take effect this year, but in 2017 the deadline was extended until March 2022. Medicaid officials said they developed the rule after hearing reports of homes built on the sites of former institutions that were being labeled community-based.

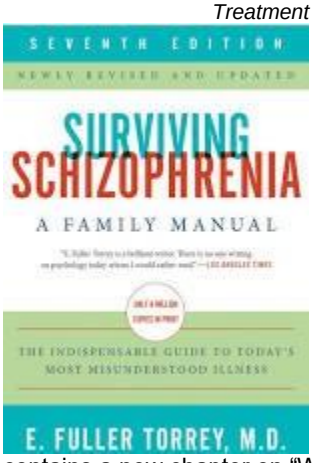
Advocates said the rule is important for providing people with disabilities choices about where and how to live.

"It is really about some incredibly basic protections," Barkoff said. "When you live in a community-based residence, it's your house so you should be able to decorate the walls, choose the person you share a bedroom with, eat when you're hungry and make some basic decisions about your life."

The new guidelines can be found at https://www.medicaid.gov/federal-policy-guidance/downloads/smd19001.pdf

Surviving Schizophrenia

Treatment Advocacy Center



With almost half a million copies in print, *Surviving Schizophrenia: A Family Manual* has been the standard reference book on schizophrenia for those affected, families, and mental health professionals alike.

On March 26th, the 7th edition was released. As it has done for 35 years, *Surviving Schizophrenia* tells it like it is. In the newest edition Dr. Torrey includes a number of reader comments inside the front cover and important new content. It contains a new chapter on "What Good Services Should Look Like," new plans for how to treat first-break psychosis and how to select among the 20 available anti-psychotics, as well as an updated section titled "Useful Online Resources on Schizophrenia."

Psychiatric Patients Are Suffering From Our Mental Health System

John Snook, Executive Director, Treatment Advocacy Center

America's mental health treatment system is broken. Those most in need struggle to find care, frequently ending up homeless, victimized or incarcerated. Even bedrock aspects of the system are now completely dysfunctional. The crisis-level shortage of psychiatric treatment beds is a prime example — and one that has tragic consequences.

One in 30 American adults — 8.3 million people — experiences severe and persistent mental illnesses such as schizophrenia or severe bipolar disorder. On any given day, 40 percent go untreated.

In a functional system, these individuals would receive timely and effective treatment long before they are critically ill, as we expect for other diseases.

Unfortunately, such a system of mental health care does not exist in the United States. Even more cruelly, severe psychiatric diseases often render those most in need of care unable to accept treatment, even when it is available. Such individuals typically require intensive services in a hospital — the exact services that our system most frequently fails to provide.

The number of state hospital beds in the United States has plummeted, decreasing almost 97 percent from 1955 to the current lowest level on record.

Falling short

No state in the country has the minimum of 50 beds per 100,000 people necessary to provide adequate treatment for individuals with severe mental illness. Not one.

Even after adding the treatment beds at our country's private hospitals, the number of beds per capita remains shamefully low.

This bed shortage has set off a domino effect of unmet need from coast to coast.

First responders drown in mental health calls. Emergency rooms grow overcrowded with people in the throes of psychosis. Chronic homelessness plagues our cities large and small.

Meanwhile, the most acutely ill individuals suffer. Some become violent or, more often, the victims of violence. As their conditions deteriorate, their families and caregivers buckle under the stress.

Many people with severe mental illness are criminalized — jailed merely for being ill. At least 10 times more people with severe mental illness are in prisons and jails than in state mental hospitals, a circumstance widely attributed to the lack of available treatment beds.

A tragic end

Too many of these tormented individuals ultimately take their own lives.

The psychiatric bed shortage crisis affects us all, and its disastrous consequences worsen with neglect. It is time for policymakers to get serious about making inpatient beds more available and accessible. We must stop dooming people experiencing severe mental illness to needless suffering. We should give them a bed instead.

On Losing My Darling, Natalie

Doris Fuller

(March 19, 2015) I lost my darling daughter Natalie to terminal mental illness last weekend. She killed herself one month short of her 29th birthday by stepping in front of a train in Baltimore.

Natalie and I wrote a book together when she was 16: *Promise You Won't Freak Out: A Teenager Tells Her Mother the Truth About: Boys, Booze, Body Piercing, and Other Touchy Topics (and Mom Responds)*. The idea of a teenager telling the truth about her secrets was such a startling concept that we were feature-page headliners in about two dozen newspapers nation-wide, went on TV coast to coast including one of the morning shows, got paid to give speeches. The Oprah Show called.

In the book, we used a device to signal whenever a wild turn was about to take place in the teen/parenting life: *And then*…. In the introduction, I defined an *And then* …. moment as "one of those critical junctures when my cheerful sense that all was right in the world collided with inescapable proof that it wasn't."

The book was published the week before Natalie finished high school to great reviews. Amazon named it the best parenting book of 2004. It was nominated for a national prize. It was translated into Lithuanian and Chinese.

And then….

At 22, starting the second half of her senior year of college, Natalie had a psychotic break nobody saw coming. She went in the span of weeks from being a dazzling young adult with the world at her feet to a psych ward patient with an arrest record.

She rebounded quickly from that first episode and moved back home for the summer. She taught me how to like grilled tofu and make egg scrambles. She made the best salads of my life. She filled my house with her original art, her friends, her irrepressible spirit. Mental illness was not a theme. She returned to college in the fall. I saw her off with an emptier stomach but oh so much optimism.

And then….

Her second break was worse, the psychosis and hospitalization longer, the recovery harder to achieve, the medications more complicated, the resulting future not as bright. She rebounded again, even if more slowly, and eventually finished her bachelor of fine arts degree. Her state hospital psychiatrist and several hospital staff members drove 75 miles to come to her senior art show. It was a triumph for us all.

But, like far too many individuals and families and professionals who live with or around untreated severe mental illness, the *And then's* continued. Although Natalie always responded to meds, she went off them repeatedly, each time falling into a longer free fall, hitting the ground harder, recovering slower.

Eventually, she came to believe she was treatment-resistant. Last November, she announced that if she was going to have psychotic symptoms whether she took meds or not, why take them? She stopped, and her mind began its final, fatal unwinding.

Natalie believed in treatment and recovery. She talks about it in our latest video – debuting at a New York City film festival March 19, where she was traveling to answer audience questions – which we produced to educate judges. She dreamed of being a peer counselor. She wanted to help others as she had been helped – until she became convinced she was beyond help.

In the days since Natalie's death, I have been overwhelmed by the compassion and comfort of friends and strangers alike. Emails from the police officer in San Marcos, California, the former wife of a TV celebrity, public officials I've never met, parents I talk to regularly and parents whose names I've never seen, people from every corner of the mental health world, including the ones where the Treatment Advocacy Center is not popular. Their words make me so keenly aware that the pain I am feeling is but a drop in the ocean of pain that severe mental illness can produce.

Natalie was the bravest person I ever knew, and her suicide doesn't change that. The work to save other lives goes on. She wouldn't have wanted it to be any other way.

Trends in Psychiatric Emergency Department Visits Among Youth and Young Adults in the US

Pediatrics, Volume 143, Issue 4

BACKGROUND: Visits to the emergency department (ED) for psychiatric purposes are an indicator of chronic and acute unmet mental health needs. In the current study, we examined if psychiatric ED visits among individuals 6 to 24 years of age are increasing nationwide.

METHODS: ED data came from the **2011–2015** National Hospital Ambulatory Medical Care Survey, a national survey of ED visits across the United States. Psychiatric ED visits were identified by using the *International Classification of Diseases, Ninth Revision* and reason-for-visit codes. Survey-weighted logistic regression analyses were employed to examine trends in as well as correlates of psychiatric ED visits. Data from the US Census Bureau were used to examine population rates.

RESULTS: Between 2011 and 2015, there was a **28% overall increase** (from 31.3 to 40.2) in psychiatric ED visits per 1000 youth in the United States.

The largest increases in psychiatric ED visits per 1000 US youth were observed among:

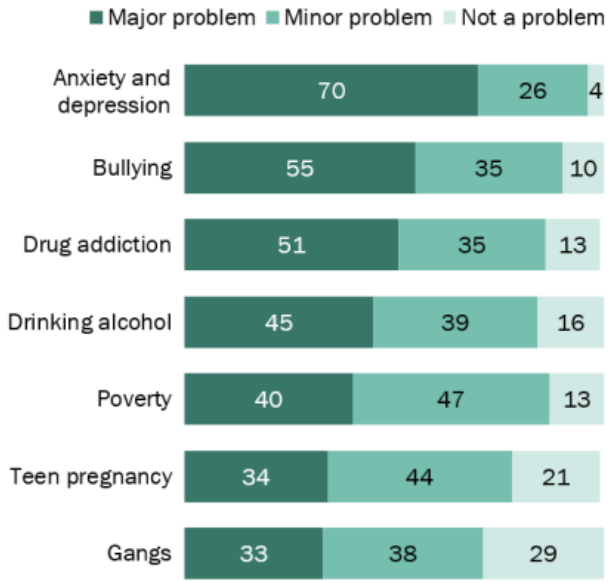
- adolescents (54%) and
- African American (53%) and
- Hispanic patients (91%).
- A large increase in suicide-related visits (by 2.5-fold) was observed among adolescents (4.6–11.7 visits per 1000 US youth).

Although psychiatric ED visits were long (51% were ≥3 hours in length), few (16%) patients were seen by a mental health professional during their visit.

CONCLUSIONS: Visits to the ED for psychiatric purposes among youth are rising across the United States. **Psychiatric expertise and effective mental health treatment options, particular those used to address the rising suicide epidemic among adolescents, are needed in the ED.**

Anxiety and depression top list of problems teens see among their peers

% of teens saying each of the following is a ____ among people their age in the community where they live



Note: Share of respondents who didn't offer an answer not shown.
Source: Survey of U.S. teens ages 13 to 17 conducted Sept. 17-Nov. 25, 2018.
"Most U.S. Teens See Anxiety and Depression as a Major Problem Among Their Peers"

PEW RESEARCH CENTER

National Alliance on Mental Illness of Greater Des Moines
511 E. 6th St., Suite B
Des Moines, Iowa 50309

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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.

CALENDAR OF EVENTS

Wed., May 8 - NAMI GDM Board Meeting
You are welcome to attend. Board meetings will be held the second Wednesday every other month in 2019 –
Jan, Mar, May, July, Sept., Nov
Location: 511 E. 6th St., Suite B, DM
4:30 to 6 PM

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Associate Executive Director – Gary Rasmussen 515-277-0672
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Event Coordinator – Ashley Adams
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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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(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 news-letter by snail mail and would rather receive it by e-mail – communicate your preference to:
tbomhoff@mchsi.com or namigdm@gmail.com

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