

Does our mental health system include our prisons?

Yes

Per IDPH - Suicides 2018 -495, 2019 - 521, so far 2020 through Dec is 508 with a month to go.

It's hard to get services even in Polk county. I've seen 1 month wait times for help even if a person is seriously ill. The Behavioral Health Urgent Care near Broadlawns has been a lifesaver for people who can't get into a psychiatrist or psychologist right away.

Interested in our state budget w/respect to prisons, cost to lock up prisoners, and what portion of the prison population might be better served with a more humane, less costly alternative that doesn't include incarceration...seems to me our Prison population per capital is among highest in the nation and a big part of our state budget...interested in panel comments during Q&A

Broadlawns Crisis Services 24/7 Crisis Team; For assistance 24 hours a day, call (515) 282-5752. Broadlawns Psychiatric Urgent Care open 9a to 7p, Mon-Fri. 282-5742. Estimate wait times on [www.broadlawns.org](http://www.broadlawns.org).

Do we have non-residents coming to Polk County for mental health services? In other words, a region of one county, that in practice, delivers services for residents of other counties? If so, does the financial model reflect that?

What about children's mental health crisis services?

Is Orchard Place more involved with children's crisis services?

I came to Iowa in 1964 to serve in the budding young mental health center movement. At one point we had a mental health center covering every county and psychiatric units in many hospitals across the state. The Iowa Mental Health Authority at the University of Iowa was a major support for establishing and maintaining that system. Gradually, the counties and insurance companies starved them financially and counties wanted the state to take over the system. There was also a major conflict between the Board of Control of Institutions and the Iowa Mental Health Authority as well as private practitioners of Psychiatry regarding who should run the system. Over a period of 20 years, it has practically fallen apart.

Education and support is NAMI's jam!

Would it be better to remove the levy cap, and just take a set amount per taxpayer (with allowances for income of course)?

is there an appetite or interest from state to change the levy? how different are serving children vs adults in crisis?

Check out [www.weareherewithyou.com](http://www.weareherewithyou.com) for the inspirational speaker series and multiple community mental health education classes offered - all free .

I work at the West Des Moines Public Library. We are looking to collaborate with different agencies to provide information and education to our community. I know we work with West Des Moines Community Schools, but would be happy to interact with other organizations.

Is there consensus in the community about the pyramid of care that Liz presented. How is money spent at each level?

Seems like we need a CPI inflator....

LOVE Dave's idea of collaboration. In order to expand services, we will need to leverage technology. We are out of space and providers at BMC.

How about children's crisis services?

is there funding for initiatives Peggy mentioned? [www.dhs.iowa.gov/about/mh](http://www.dhs.iowa.gov/about/mh)

Does Liz or Peggy know how Iowa Pediatric Mental Health Collaboration through the UI is working? Dr. Shah, they have been involved in with the peer support collaborative through the University of Iowa.

Many sheriff's report that they think the percentage of inmates with a mental health condition is more like 70 percent. The Department of Corrections reports about 85 percent of the women at Mitchellville have a mental health disorder.

The Criminal Justice Coordinating Committee has a sobering facility on their agenda to complete -the problem again, is money.

What is the financing responsibility that is required by supervisors?

A common complication for individuals who've been incarcerated that are in and out of jail is a lack of collaboration between the legal system and MH providers; inmates are often released with a limited amount of medication and told to follow up with a provider, but those providers often can't get those individuals an appointment for weeks (leaving them without medication). Of course, there are issues with funding and availability, but more communication would likely help those situations as well.

I know that a very high number of people with substance use issues have mental health issues that they are self-medicating for. Prevention and access for behavioral health services could significantly cut down on the number of people struggling with substance use.

Liz is a hero for the #DSMUSA community!

Does everyone know what services agencies provide?