



**BUILD A BETTER
GRINNELL**

Priority Need Report Mental Health Care

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- *Improve or expand mental health care services* was selected as the #4 priority in the needs prioritization survey.
- From a range of objective measures in the field of mental health, Iowa ranks low on available services, and Poweshiek County ranks low relative to Iowa.
- The need has grown in recent years, exacerbated by a lack of preventative treatment, a greater sense of social isolation, and stigma associated with seeking support, particularly in a small, rural town.
- Iowa's reimbursement rates for Medicaid and Medicare are low and state funding for public mental health is also low creating a disincentive for health care professionals to come to Iowa. Grinnell faces additional challenges of recruiting and retaining providers because of its small town and rural location.
- The services identified as most urgent include juvenile services, crisis care, inpatient care, and psychiatric care.
- Because reimbursement rates are low, many providers elect not to accept Medicaid and Medicare, leading to greater demand on those who do.
- Research participants noted that both the health care system and the insurance system can be confusing both for patients and providers. Those in need, particularly low-income, lack awareness on available resources and how to navigate the complex system (both health and insurance).
- Participants shared that wait lists are long and providers get burnt out, sometimes leading to poor care, or leaving the system. These challenges cause potential users to have to go out of town, give up, or not get help or sufficient help.
- Participants noted that the lack of care adds stress to family and friends, interferes with work or school, and can lead to crises for untreated or undertreated individuals. All of this has impacts on the community.
- Those identified as most impacted are youth, low-income individuals, and families.
- Grinnell has seen a growth in telehealth, local providers, and a Jail Diversion Director and Mental Health Liaison position. The community also benefits from strong community foundations and community collaboration.
- Focus areas for solutions were identified as:
 - Increase information on resources available and provide support to navigate the health care and insurance systems, particularly for the poor.
 - Pursue funding support to expand health care access to those in need.
 - Expand wellness and mental support alternatives outside the formal mental healthcare system.
 - Increase collaboration between service providers, the school, and the hospital (among others).
 - Increase telehealth and local providers.
 - Continue to build public awareness.
- A set of strategies pursued around the country and funding options are provided.

Background, Purpose & Scope

Build a Better Grinnell 2030 Project

This Prioritized Issue Report represents one product of the non-partisan Build a Better Grinnell 2030 Community Visioning project (or BABG 2030). The broader project has involved an assessment of Grinnell's strengths, needs and visions for people who live and work in the community, or rely on resources within Grinnell, through a collaborative approach focusing on community input and engagement. The project's ultimate goals include:

- Building community pride and facilitating positive branding by identifying community strengths
- Enhancing organizational connections and community cohesion and building a commitment to action around a set of priorities through a collaborative and broadly participatory process
- Facilitating community growth and development for the next decade by identifying and illuminating the local context of a prioritized set of needs, together with community assets and policy options, that are actionable, impactful, and easy to understand

BABG 2030 is funded by the U.S. Department of Agriculture Rural Placemaking Innovation Challenge program. Co-funding is provided by the City of Grinnell, Grinnell Mutual, Grinnell College, and the Claude & Dolly Ahrens Foundation. The project is guided by a 20+ person steering committee representing a broad range of local constituents and community members.

The BABG research has taken place in three main phases, all involving significant community input: 1) an identification of the range of assets, strengths, and needs in the community; 2) selection of seven priority needs; and 3) a deeper assessment of each of the prioritized needs. The methodology is discussed in greater detail under the methodology section. The main products of this research will include:

- A broad-based assessment of Grinnell. This document will cover a broad range of themes and community services (e.g., healthcare, childcare, aging, food, housing, recreation, education, etc.), providing an overview of community strengths, assets, and needs.
- A community-based identification and prioritization of needs.
- Detailed assessments of each of seven top prioritized issues.

The Prioritized Issue Reports

The seven needs prioritized by the community were, in order:

1. More variety of restaurants.
2. Improve quality of drinking water.
3. Improve k-12 buildings and infrastructure.
4. Improve or expand mental health care services.
5. Improve roads & road maintenance.
6. Less racism.
7. Higher wages or lower prices.

This document represents the detailed assessment for *improve or expand mental health care services*.

What this Report Is, and What it Is Not

Our primary goal with this report is to provide the community with information to help stakeholders make informed choices and address the prioritized need. At its core, this is a participatory community-based needs assessment. It is an effort to bring in diverse voices of persons who live, work, or rely on Grinnell for resources, together with input from individuals who have worked in the community to service the needs in question or otherwise might be considered experts.

Our goal in seeking community-wide input is both to empower community members to participate in community development, as well as to better understand the experiences surrounding each identified

need, how the need affects members of the community, what underlying causes people see leading to the issue, the obstacles they personally face and that the broader community may face in resolving the issue or ameliorating its impacts, ideas they have for what can and should be done, and what they see as strengths and assets in the community that may contribute to solutions.

The goal of this report is not to answer each of these questions definitively. In some ways the core of this report reflects the results of a community-wide brainstorming session (e.g., where everyone in a room shares ideas on post-it notes that all go on a board and are then organized by themes). The review of problems, impacts, causes, and solutions are provided from the perspective of members of the community, not the research team nor the project steering community. We have sought to gather input broadly from the community, particularly from those who may not frequently have a voice in decision making, and to share that input here. We believe that listening to and giving voice to such community members is valuable in itself and can be a means to solve problems. To highlight this value, we share the following vignette. At the end of one focus group hosted by a low-income community member in her home, she used our provided script to ask if there was anything else the participants wanted to add. One responded, “I’m just grateful to be able to, to be allowed to participate, that maybe my opinion matters.”

As is good practice in brainstorming sessions, we have not attempted to edit or filter input, nor are we trying to be arbiters of whose ideas are correct or not. Rather we have gathered lots of ideas and sorted them into themes. We do attempt to make note when there are contradictory views, or when there are clear factual inaccuracies. However, we believe it is valuable to represent all the voices who shared their ideas with us. Experiences differ, perspectives differ, even experts can disagree on underlying causes, and there are usually multiple possible solutions to any problem. Additionally, people make decisions on how they understand a situation, so even if all experts agree that some perspective represents a misunderstanding, knowing what the misunderstandings are and how common they are can be valuable to decision makers. Also, we expect that those who take on these issues will have expertise at the table.

While the experiences and ideas shared by members of the community is the core of the report, we also share additional information to help decision makers reach their own conclusions about what part of the problem might be addressed and how. This includes an overview of the current Grinnell context related to the prioritized issue in terms of relevant infrastructure and resources, key measures, historical information, key inflection points, and ongoing efforts, as well as comparisons to a selected group of peer communities. In most cases we have also sought to provide our own input (making it clear when this is the case) to the community asset list when we have identified relevant organizations or other assets that did not come up in interviews, surveys, or community sessions. Finally, we provide some information on policy options pursued in other communities, and assets available outside of the community (e.g., funding resources or resource hubs), though these are not intended as endorsements.

Who is this Report for?

Each issue report is intended for those organizations and individuals interested in addressing some aspect of the issue or well positioned to do so. The Build a Better Grinnell Steering Committee plans to help as necessary to bring such persons together to discuss the findings and consider next steps, though any group is welcome and encouraged to make use of the findings of this report.

In most cases, multiple action priorities can be identified with a diverse range of possible solutions for each issue. It is possible that a single well-positioned group or organization will elect to take on all priorities related to a single issue. It is also possible that different groups will tackle different action priorities and possible solutions. It is possible that only one or a limited number of action priorities will

be taken on. It is possible that new coalitions or interest groups will form to take on issues with no other “home,” or alternatively with many possible homes. In the spirit of community-based development, we hope that members of the community most impacted by these issues will continue to be included in decision making in ways that positively inform the details of action plans. While we provide a review of community input below, we mostly review the challenges or concerns that exist under current systems, not potential ones. Users of the services in question can provide valuable insight.

How to Use the Data

The experiences on the nature of the problem and its impacts or consequences should help to understand where some of the key areas of concern are within each of the broader issues. Those sections of the report address who is affected and how. Causes or obstacles that people have identified can be looked at as possible intervention points suggesting areas for solutions. These, together with community members’ specific suggestions for solutions as well as policy options tried elsewhere, provide a range of ideas.

In considering what ideas to pursue, one might start by considering which of the impacts or problem areas should be prioritized, and what causes or solutions relate most closely to those. A policy analysis approach is to start with a specific problem or part of the problem, identify a number of possible solutions (evidence-based or community generated), and then compare the options in terms of key criteria such as cost, feasibility (could this approach be used in Grinnell given things like available infrastructure and the political or cultural climate), and efficacy (if the solution could be implemented, how much of the problem is it likely to solve). This weighing of options can benefit from considering the resources and strengths available in the community or those that could be brought to the community that might support different solutions. Those making use of the document should also apply their own understanding and experience of the community. Another strategy is to apply force-field analysis, which considers what the forces are both in favor and against a particular solution, and considering how forces in favor might be strengthened and forces against diminished to enable action.

In each section where we report on community input, we provide data on the number of community sessions, interviews, and surveys in which an idea was identified. Such counts can be useful for getting a sense of where there is consensus on who is affected and how and may indicate good areas for intervention. Relatively high counts may also indicate areas where there is consensus on obstacles and possible solutions.

We suggest thoughtful caution on how much weight is given to the “counts.” Much of the detail in this report is gained from the listening sessions and focus groups. These are very useful for gaining a sense of the diversity of concerns, experiences, and ideas. They are also useful in getting people to talk to one another. They do not serve, however, as a random or representative survey. Not everyone participates equally, and just because an issue isn’t raised in a session doesn’t mean that no one agrees with it or is thinking about it. The potential of bias decreases some the more sessions that are held. Still, something raised in 10 sessions is not necessarily more common or important than something raised in 8. Additionally, just because something was raised in many sessions doesn’t mean that it was more impactful than something raised only by a few persons. Also, minority opinions are not necessarily less valuable in considering solutions. Innovation often reflects a change from the consensus view on how to do something. This is not to suggest that the counts are not useful, just that they should not be used to apply too much nuance and should be considered with other factors in mind. It is up to those who organize to take action to review the data provided and decide what solutions seem most important and probable given the totality of evidence.

Methods

Research was conducted through three primary phases, though some of the data collection (particularly gathering archival materials and key stakeholder interviews) has continued over the entire research period.

Phase I: The Community Visioning Survey

A community-wide visioning survey ran from December '22 through March '23 and asked individuals who live or work in Grinnell, or rely on Grinnell for key resources, twelve open-ended questions concerning what they felt were the strengths and needs in the community. In total, 603 surveys were completed, and 120 additional individuals provided a response to a single question posed on Facebook or in person. Since many surveys were taken by groups (as large as 15-20 people), it is impossible to know precisely how many participated in total, but the research team feels confident that it was over 10% of the Grinnell population.

To process the data from the open-ended surveys, the research teams sorted responses into general categories (e.g., healthcare, or things to do) and then identified and organized data into sub-categories (e.g., more mental healthcare services, more community events). There were many cases in which the same distinct response was only provided by a few people. Rather than creating hundreds of sub-categories, we looked for ways to group many of these responses together under a shared theme. For example, individuals asking for Indian, Thai, Vegetarian, or a wide range of restaurants were all grouped together under "greater variety of restaurants."

Subcategories that reflected more than 1% of all responses or had a high number of very specific responses (e.g., events for teens or teen hangout spaces) were selected to move forward to a prioritization phase. Forty-six issues were identified in the open-ended survey. The data from phase one is available at www.buildabettergrinnell.org.

Phase II: Prioritization Phase

Our next step was to determine which of the forty-six issues were most important for those who live, work, or rely on Grinnell for resources. The follow-up *Needs Prioritization Survey* asked individuals to select and rank up to seven issues. The survey also asked for demographic data so we could better determine who was most affected by the range of issues, and we invited individuals to provide their contact information if they were willing to participate in follow-up focus group on the prioritized issues. It was launched on May 9, 2023, and closed on July 16. We distributed the survey widely, promoted it frequently over ten weeks, and received 1270 complete surveys from individuals.

We identified the top choices for a range of demographic groupings using a rank-order voting method. This data, as well as additional details on the methodology is available on www.buildabettergrinnell.org. The top five issues to follow through to phase three were determined by taking the top two issues identified by lower-income respondents and the next three issues from all respondents.¹ The method and the selection process were determined and publicized prior to distributing the survey. Our definition of lower-income corresponded roughly to Iowa's definition for use with Medicaid eligibility (varying by household size).

The top five issues identified through the prioritization survey are:

1. Improve Quality of Drinking Water
2. More Variety of Restaurants
3. Improve K-12 Buildings and Infrastructure

¹ Grinnell College student responses were multiplied by .3 to weight their responses relative to their population as a proportion of Poweshiek County.

4. Improve or Expand Mental Health Care Services
5. Improve Roads and Road Maintenance

The steering committee selected the final two issues to move to the next stages from among those highly ranked needs that did not make the top five through the prioritization survey. The committee took into consideration issues of equity and the overall welfare of the community, as well as what other initiatives are already underway in the community. The two issues selected were:

6. Less Racism
7. Higher Wages or Lower Prices

There were other issues that steering committee members discussed as important concerns for the community, particularly those affecting lower-income families, such as affordable housing and childcare. *Higher wages and lower prices* was seen by many as a good final pick both because it was ranked third by lower-income individuals and seventh by all respondents. It was also seen as a potentially good way to hear more from those members of the community with financial challenges about what issues were most important.

Phase III: Community Sessions (Listening Sessions, Focus Groups, and Community Hosted Discussions)

The final research phase focused on gaining more detailed information from the community to better understand the prioritized issue. This was done primarily through community listening sessions, focus groups, and community hosted discussions.

We scheduled one listening session and three focus groups each month between late September and mid-December 2023, for twelve sessions total. We frequently advertised these throughout the community, and specifically reached out to individuals who provided contact information and indicated an interest in participating in this stage in the prioritization survey. Listening sessions were all held in public spaces in the Grinnell's Drake Community Library and open to the public on a walk-in basis. Focus groups were also primarily scheduled for the library,² were limited to 6 participants, and required signing up. Attendees at these were paid. We also hired six individuals from lower-income households to conduct up to seven focus groups each (one on each issue) with their friends and family. We provided funding for a meal for the group and left it up to them how many and which issues they elected to address.

For mental health, we had 14 sessions in total with relatively strong attendance. This included three listening sessions, eight focus groups (one scheduled group could not get sufficient sign-ups), and three sessions hosted by low-income households. On average the listening sessions and focus groups had 4-5 attendees each.

At all sessions, participants were asked to share their experiences and identify what they saw as the nature of the problem, its impacts on their lives, their thoughts on why it exists, what obstacles are faced in addressing it (for them and the community more broadly), their ideas for possible solutions, and strengths and resources in the community that might be helpful. A full list of questions used to guide these is provided in Appendix 2.

In listening sessions, all participants were given an opportunity to respond to each question. The goal was to give everyone a chance to contribute what they would like, but it is not required that they respond at all. Focus groups are generally intended to be more dynamic. A list of questions served as a guide, but participants were also encouraged to have a conversation, and the sessions were given more

² Some other arrangements were made when in the interest of scheduled participants for some issues.

flexibility to explore directions that might not have been foreseen by the facilitator. Because attendance was typically not too large at the listening sessions (under a dozen for each), these often had more of a character of a focus group with discussion amongst members.

Focus groups have weaknesses and strengths as a research tool. They are not intended to get every participant to respond in detail to every question. They cannot be used in the same way as a detailed questionnaire where we can generate a random sample and have statistically valid conclusions about a population. They are very useful for fleshing out a range of experiences and ideas on a topic, somewhat like a brainstorming session, particularly taken in their totality (i.e. across a handful of sessions, lots of ideas get raised). Thus, after a set of focus groups, a researcher usually will have a good sense of the right questions to ask for a questionnaire and the range of possible responses, but they would not necessarily be accurate in determining whether there might be a statistically significant difference in how a population responds to the questions. Focus groups can help to understand when there is a broader cultural understanding of an issue (e.g., shared ideas about it), and what the cultural norms or shared ideas are. This is in part because they are useful in getting people to talk to one another about an issue, creating a context for group analysis where an idea can be more fully explored and where new ideas or understandings may be generated.

Sessions were recorded, transcribed, and then individually coded using the overarching questions to sort responses and identify recurring themes and unique perspectives.

Interviews with Local Experts and Key Stakeholders

Early in the research process, before identifying the prioritized issues, we held over seventy interviews with individuals involved in a range of community services and community development. The goal was to gain input from a broad mix of community leaders and experts from a range of content areas (e.g., arts and entertainment, business, health, education, etc.). Each interview primarily focused on understanding the community needs, ongoing efforts, and assets related to that area. These were largely intended to inform the project's broader, but less detailed, community assessment. During each interview, individuals were also asked more generally to comment on what they saw as key needs in the community and recent successful or promising community development efforts. Detailed notes or transcriptions were generated from every interview.

After identifying the community priorities, the interviews were reviewed for any mention concerning each prioritized issue by using a range of search terms (including word bases) associated with the issue (e.g., mental, therap, counsel, drug, etc.). All relevant information was extracted and coded into themes similarly to the community session data. The list of all organizations interviewed is provided below. Those that that focused specifically or mostly on mental health are bolded.

- Bayer Crop Science
- **Capstone Behavioral Health (multiple)**
- **Central Iowa Community Services (CICS)**
Grinnell Iowa
- City of Grinnell (Multiple)
- Claude W. and Dolly Ahrens Foundation (multiple)
- Community Support for Immigrants (CoSi)
- Davis Elementary
- **Door of Hope**
- Grinnell Fire Department
- Grinnell Mutual Reinsurance Grinnell-Newburg School District (multiple)
- Grinnell Parks and Recreation
- Grinnell Police Department
- Grinnell School of Music/Studio E
- Grinnell State Bank
- **Healthy Homes Family Services, Int. Mental Health Counseling**
- Hey Grinnell Did You Know (Facebook)
- Imagine Grinnell

- Drake Community Library
- First Presbyterian Church
- Greater Poweshiek Community Foundation (multiple)
- Grinnell Area Arts Council
- Grinnell Area Chamber of Commerce
- **Grinnell Area Mental Health Consortium-JPK Fund**
- Grinnell City Council
- Grinnell Community Early Learning Center
- **Grinnell Counseling**
- **Grinnell College (multiple, including mental health)**
- Grinnell Christian Church
- KGRN Radio
- Iowa Kitchen
- Link Grinnell
- Mayflower Community
- Mid Iowa Community Action (MICA)
- Poweshiek County Emergency Management
- Prairie Lakes Church
- Region 6/People Rides
- Rotary Club
- SeaJae Properties
- Total Choice Shipping and Printing
- United Way Grinnell College
- UnityPoint Health
- Welcoming Communities

Review of Archives (Web and Paper)

Throughout the research process, we gathered and reviewed all nature of documents we could find associated with community development and assessments in general and a range of content areas common to comprehensive community assessments, and specifically related to the prioritized issues (once identified), through literature searches and requests to key stakeholders in the community. These materials were primarily used to produce the *Mental Health Care in Grinnell* section below. They were also reviewed for mentions of concerns and needs, as well as assets.

To the extent possible, we also gathered data from four peer communities selected by the steering community (Decorah, Fairfield, Pella, and Waverly) to better understand Grinnell's relative strengths and weaknesses as well as to look at how those communities may have addressed similar issues (Decorah, Fairfield, Pella, and Waverly). Once gaining a clearer sense of the nature of the issue from focus groups, we also looked for ideas for possible solutions from communities around the country, focusing on ones like Grinnell, as well as other non-local potential assets and resources (e.g., organizations and funding).

Review of the Visioning Survey and Prioritization Survey

Once the prioritized issues were identified, we returned to both earlier surveys. The open-ended visioning survey was reviewed to extract any data relating to the prioritized issue. For example, in the case of mental health, we went back to look in detail at every mention (using a handful of key words) to identify what, beyond "improve mental health care" was said. All responses were extracted and coded similarly to community session data. Finally, we pulled information from the prioritization survey to show how different demographic groups ranked the issue.

Mental Health In Grinnell Iowa

The Substance Abuse and Mental Health Services Administration (SAMHSA) defines mental health as including “our emotional, psychological, and social well-being. It affects how we think, feel, and act, and helps determine how we handle stress, relate to others, and make choices.”³ The category includes a range of illnesses and disorders, which can range from mild to severe. These include anxiety disorders, attention-deficit hyperactivity disorder (ADHD), depression, eating disorders, post-traumatic stress disorder (PTSD), schizophrenia, self-harm, and suicidal behavior among others. The category also concerns broader issues of social well-being, such as concerns relating to family and marriage relationships. Substance abuse disorders are sometimes co-occurring and are found one in four adults with serious mental health problems⁴. Correspondingly, mental health care covers a range of services and practitioners, including psychiatrists, psychologists, licensed clinical social workers, counselors, family and marriage therapists, and advanced practice nurses specializing in mental health care.

Grinnell’s Mental Health Care Landscape

Grinnell’s mental health care system is embedded within two broader systems at the state level that significantly affect availability and access to services:

1. Iowa’s public health system affects available funding and public services.
2. Iowa’s Medicaid and Medicare system affect payments for services.

In Grinnell, the system also includes a number of private practices, non-profit organizations, private health insurance, and systems employed by the public school system and private organizations, including employers and Grinnell College. A complete list of Grinnell’s resources is available in Appendix 1: Assets and Strengths.

Iowa is divided into thirteen Mental Health & Disability Services (MHDS) Regions, each overseen by a distinct institution and mostly overseeing multiple counties. These regional authorities are delegated all non-Medicaid state mental healthcare funding to distribute among the counties they oversee. In 2023, they collectively received a little over \$121 million, or 41% of the total state budget for mental health⁵. Iowa also has a separate treatment network for overseeing substance use disorder care. An Iowa law signed May 15, 2023, by Governor Reynolds will consolidate the mental health and substance abuse systems into seven regions serving both.

For Poweshiek County, Central Iowa Community Services (CICS) is the state sponsored regional mental healthcare servicer and maintains an office in Grinnell. CICS oversees fifteen counties with a total population of 446,338. In 2024, their total budget was \$23,143,071⁶, or \$51.85/capita. In Grinnell, CICS is not a provider, but serves as a service coordinator for the region. They help individuals link to local resources and can provide financial support for mental health care and some medications for eligible persons. Funding for care is limited to six local providers who have contracts with CICS, which requires

³ “What is Mental Health,” Substance Abuse and Mental Health Services Administration, Last Updated April 4, 2023, <https://www.samhsa.gov/mental-health>.

⁴ “Mental Health and Substance Use Co-Occurring Disorders,” Substance Abuse and Mental Health Services Administration, Last Updated April 24, 2023, <https://www.samhsa.gov/mental-health/mental-health-substance-use-co-occurring-disorders>.

⁵ “State of Iowa Budget Expenditures, 2023,”. Iowa Open Data, accessed May 27, 2024, <https://data.iowa.gov/State-Government-Finance/State-of-Iowa-Budget-Expenditures/hqz2-xt9r/explore>.

⁶ “Mental health and disability services, FY2024, annual service and budget plan,” Central Iowa Community Services, March 27, 2023, <https://www.cicsmhds.org/upl/resources/downloads/cics-fy24-annual-service-and-budget-plan.pdf>.

the providers to apply to Health and Human Services (HHS) to become a Medicaid approved provider, and if they have proper credentials (LISW), to also apply to get approved as a provider under Medicare. Medication funding is limited to Medicap Pharmacy. As a funder of last resort, CICS will not fund services otherwise covered under existing insurance like Medicare and Medicaid. Likewise, CICS expects community members without health insurance that meet Medicaid guidelines to apply for Medicaid and can assist in this process. As the regional MHDS, CICS funds a range of other programs, including Grinnell Jail Diversion position, jail-based mental health services, Connections drop-in center, crisis services at the ED, supported employment and community living, day habilitation services, and education services. The remainder of Iowa's \$296 million in funding is allocated to two state mental health institutions, Cherokee MHI and Independence MHI, both of which provide inpatient care, and two state disability resource centers, Glenwood Resource Center, and Woodward Resource Center.

There are currently no inpatient facilities in Grinnell, and the state is severely lacking in available beds. In 2023, the two state mental health facilities collectively maintained 64 beds for inpatient care, placing Iowa last in the nation in terms of public inpatient care. When including non-state facilities, in 2024, Iowa had 905 licensed psychiatric beds, though it is estimated that only around 676 of these are staffed⁷. This puts Iowa at about 2 state beds and 21 beds in total per 100,000. Treatment Advocacy Center. The national group, which promotes improving care for people with severe mental illness, recommends states have at least 50 state-run psychiatric beds per 100,000 people⁸.

Private psychiatric hospital Hickory Recovery Network (an Indiana company) had planned to open a for-profit free-standing psychiatric hospital in Grinnell after a successful second submission for approval in January '24 for a "certificate of need". The new company estimated that 90% of its income and profit at the facility would come from Medicaid & Medicare. While there are concerns about recruiting and maintaining sufficient qualified staff, it is supported by a range of Grinnell organizations (the hospital, public health, and non-profits)⁹. The new facility was expected to be open by August of 2024, but there are ongoing concerns on their state funding and delays pending what the state will allow, fund for and approve.

Iowa has twenty-five designated Community Mental Health Centers (CMHC). These must participate in the state's Medicaid program, and typically work closely with the MHDS institutions responsible for overseeing their non-Medicaid related funding. Grinnell's designated center is Capstone Behavioral Health, which serves Poweshiek and Jasper County and maintains offices in Grinnell and Newton. There are two therapists at the Grinnell office and one medicine provider who splits time with Newton. Capstone also housed the county's Mental Health Liaison and Jail Diversion, who works closely with the police department, does ride-alongs with the police, and provides state-mandated services to those incarcerated at the county jail. (Note: since the initial data gathering on this position, the Jail Diversion and/or Justice Involved Services have been referred back to CICS for oversight and that contract through CICS and Capstone has expired. The Liaison position is now directly through the police department.) Capstone runs Connections peer support drop-in center for individuals with mental disabilities. Both

⁷ Michaela Ramm, "Iowa worst in the nation for state psychiatric beds, report says. How a new plan may help," Des Moines Register, Jan. 24, 2024, <https://www.desmoinesregister.com/story/news/health/2024/01/24/new-report-shows-iowas-critical-shortage-of-state-psychiatric-beds-legislature-reynolds/72312936007/>.

⁸ Shanti Silver, "Estimating Psychiatric Bed Needs in the United States," Treatment Advocacy Center, January 2024, https://www.treatmentadvocacycenter.org/wp-content/uploads/2024/03/TAC_ORPA_ResearchSummary1.24.pdf.

⁹ Tony Leys, "For-profit companies open psychiatric hospitals in areas clamoring for care," KFF Health News, April 1, 2024. <https://kffhealthnews.org/news/article/for-profit-psychiatric-hospitals-mental-health-care-void/>.

programs are funded by CICS. To support recruiting, Capstone has worked with the national Health Service Corps to help repay college debt.

In addition to Capstone, there are approximately thirteen additional providers, including four with multiple practitioners and the rest single practitioners. Grinnell College also provides a range of services for students, including 10 staff counselors. In total, there are at least 30-40 practitioners in Grinnell. Some experts have noted that this is a good number of resources for a town of Grinnell's size, though there are few other mental health services in the county, and in 2023, the ratio of population to mental healthcare providers in the county was 620:1¹⁰. This is higher (i.e. fewer resources) than Iowa's average of 482:1, which ranks 43rd in the nation for Mental Healthcare providers (the US average is 308:1)¹¹. Of these practitioners there are three who can prescribe medications, at least two of whom split their time with nearby cities.

The Grinnell-Newburg school district has seven counselors and two social workers, though none are licensed therapists. The schools collaborate with private outside counseling services to enable on-site services at the middle school and high school, though this requires insurance. A mental health consultant can also be used to do class observations and advise on possible interventions.

A range of additional organizations serve Grinnell through other mental health services, funding, and program support for mental health, or playing a key role supporting individuals with mental health needs (see Appendix 1). Some of the more central of these include Central Iowa Residential Services (CIRSI), which offers home-based and day habilitation services for individuals with intellectual disabilities or mental health issues. UnityPoint runs the Grinnell Regional Medical Center and public health for the county. It has support groups for new mothers and has developed a behavioral health telemedicine consultation and treatment room that provides counseling, consultations, and medication management. The Grinnell Mental Health Consortium-JPK Fund, located within the Ahrens Foundation, provides advocacy, education, resource navigation, and funding assistance for people with low incomes to access mental healthcare services through direct to provider reimbursements. A range of organizations are also recognized to play a key role in community mental health, including, but not limited to local churches, the police department, Mid Iowa Community Action and other service organizations, and retirement communities.

The Payments System in Iowa

While not directly part of the mental health care system, the insurance system in Iowa has a significant influence of access to care. Private insurance companies can set the rates at which they reimburse providers and practices for care provided. Since 2016, all Medicaid and Medicare in Iowa is managed by private, for-profit companies, or Managed Care Organizations (MCOs). Medicaid and Medicare reimbursement rates are set by the Iowa Department of Health and Human Services. These rates are determined by the education & qualification level of the practitioner and the kind of treatment provided (which is categorized by psychiatric CPT codes)¹².

¹⁰ "Poweshiek, IA," County Health Rankings & Roadmaps, Accessed May 27, 2024, <https://www.countyhealthrankings.org/health-data/iowa/poweshiek?year=2024>.

¹¹ "Mental Health Providers in Iowa," America's Health Rankings, Accessed May 27, 2024, <https://www.americashealthrankings.org/explore/measures/MHP/IA>.

¹² "Covered Services, Rates and Payments," Iowa Health & Human Services, Accessed May 27, 2024, <https://hhs.iowa.gov/programs/welcome-iowa-medicaid/policies-rules-and-regulations/covered-services-rates-and-payments>.

In 2022, those rates had not increased significantly in 10 years and Iowa was reimbursing at significantly lower rates than Nebraska, Minnesota, Illinois, South Dakota, North Dakota, Wisconsin, Kansas, and Missouri. This has caused significant issues in the mental healthcare field and is often identified as a core reason that Iowa provider ratios are low and inpatient care facilities are understaffed. In 2022 IMHCA advocated for a 70% increase in reimbursement rates¹³. In July of 2023, the state approved an additional \$13 million in funding¹⁴. Medicaid reimbursement rates for 30 (out of 39) billing codes used by mental health providers increased by 56.57%. Substance use disorder rates were increased by 96.47%¹⁵.

Chart 1: 2022 Medicaid reimbursement rates for Iowa and surrounding states (rounded to the nearest dollar)¹⁶

	IA	NE	MN	IL	WI	SD	MO	ND	KS	Medicare
Intake	\$97	\$162	\$145	\$122	\$117	\$126	\$154	\$178	\$125	\$173
60 min Session	\$77	\$182	\$122	\$152	\$113	\$122	\$63	\$151	\$106	\$146
45 min Session	\$70	\$136	\$83	\$102	\$76	\$81	\$51	\$102	\$71	\$99
Family Therapy	\$75	\$117	\$82	\$61	\$95	\$61	\$52	\$101	\$68	\$99
Date Last Changed	2016	2022	2017	2022	2022	2022	2019	2022	2022	

Grinnell Identifies More Mental Health Support as a Top Need

The US has seen a significant increase in the need for mental health care services, particularly since before the Covid pandemic, often overwhelming available services¹⁷. One in five Americans experiences mental illness (not including substance abuse), with only 27.2% of those getting their needs met¹⁸.

Multiple sources suggest that mental health care is a significant need in Grinnell. The high population to provider ratios and low number of psychiatric beds suggest a lack of availability of key resources.

According to UnityPoint Health’s 2022 Community Health Needs Assessment, 31.6% of adults in Poweshiek County are clinically diagnosed, compared to 17.4% for Iowa and 20.6% for the US. Mental health was the #1 priority issue identified by key informants, with 67% ranking it as a major problem, and 24.2% as a moderate problem. Among the general population, 80% of adults surveyed identified

¹³ “Negotiating higher Medicaid reimbursement rates,” Iowa Mental Health Counselors Association, September 2022, <https://imhca.net/newsletters/negotiating-higher-iowa-medicaid-reimbursement-rates/>.

¹⁴ “Individual Mental Health Therapy Provider/Substance Use Disorder Rate Updates,” State of Iowa Department of Health and Human Services. June 22, 2023, <https://hhs.iowa.gov/media/551/download?inline=>.

¹⁵ “Iowa Medicaid Rate Increases,” National Association of Social Workers, Iowa, June 22, 2023, <https://naswia.socialworkers.org/News/Newsletters/ID/2682/IOWA-MEDICAID-RATE-INCREASES>.

¹⁶ “Negotiating higher Medicaid reimbursement rates.”

¹⁷ “Increased need for mental health care strains capacity,” American Psychological Association, Nov. 15, 2022, <https://www.apa.org/news/press/releases/2022/11/mental-health-care-strains>.

¹⁸ “Mental Health Care Professional Shortage Areas (HPSAs),” KFF, Last Updated April 1, 2024, <https://www.kff.org/other/state-indicator/mental-health-care-health-professional-shortage-areas-hpsas/?currentTimeframe=0&selectedRows=%7B%22states%22:%7B%22iowa%22:%7B%7D%7D%7D&sortModel=%7B%22collid%22:%22Percent%20of%20Need%20Met%22,%22sort%22:%22desc%22%7D>.

their mental health status as excellent, very good, or good; however, 20.1% ranked it as fair or poor, compared to 13.4% nationally¹⁹.

How does Grinnell Compare to the Selected Peer Communities?

A comparison of Grinnell to the four selected peer communities on a range of mental health measures, and including child poverty and primary care physicians per capita, is presented in Appendix 2. A summary of that information related specifically to mental health is provided below. On nine categories, Grinnell is doing better than its peers (has more favorable measures) in seventeen cases, is doing worse in twenty-one cases, and is about the same in six cases.

Table 1: How Grinnell Compares to Peers on Mental Health Measures

(The chart is presented from the perspective of Grinnell. Counties marked in red have data that is more favorable than Grinnell. Green indicates Grinnell has more favorable data. Similar is left blank.)

	Bremer County (Waverly)	Jefferson County (Fairfield)	Marion County (Pella)	Winneshiek County (Decorah)	State of Iowa	US Average
Mental Health Care Providers (Ratio of population to providers)	Red	Red	Green	Red	Red	Red
Mentally Unhealthy Days (average number reported in past 30 days)	Red	Red	Red	Green	Red	Green
Frequent Mental Distress (% adults reporting 14 or more days of poor mental health per month)	Red	Red	Blank	Blank	Red	Blank
Suicides (per 100,000)	Blank	Green	Green	N/A	Green	Green
Social Associations (# of membership associations per 10,000)	Blank	Green	Red	Green	Green	Green
Binge and Heavy Drinking (percentage of adults reporting)	Green	Red	Red	Red	Red	Green
Uninsured (% of population under 65 without health insurance)	Red	Green	Red	Green	Green	Green

¹⁹ PRC Custom Research, "Community Health Needs Assessment - Poweshiek County," UnityPoint Health. November 2022, <https://uph-p-001-delivery.sitecorecontenthub.cloud/api/public/content/CHNA-Poweshiek-County-2022?v=f656d1e5>.

	Bremer County (Waverly)	Jefferson County (Fairfield)	Marion County (Pella)	Winneshiek County (Decorah)	State of Iowa	US Average
Geographic Health Professionals Shortage Area for Mental Health²⁰ (designation by Health Resources & Services Administration)				N/A	N/A	N/A

Community experts noted that this is not particularly a Grinnell problem. Many noted that the situation reflects a national mental health crisis that it is particularly bad in Iowa, which ranks low on multiple measures of mental health care. Relative to some larger cities in Iowa, Grinnell faces greater challenges in recruiting and retaining mental health care providers. Some providers also suggested that as a small town in rural area, Grinnell has more challenges with transportation to services, and that those needing services may feel more hesitant to seek help because of the chance of being seen or recognized.

Two local experts noted that Grinnell is better off than many of the neighboring towns in Jasper and Marshall counties because of the wealth of support from private and non-profit organizations, such as the Grinnell Mental Health Consortium and JPK Fund.

Grinnell College staff noted that they are seeing a high level of demand similarly to many of their peers but are also seeing higher rates of suicidal ideation relative to national average, and higher than it has been in a decade.

²⁰ "Find Shortage Areas," Health Resources & Services Administration, Accessed May 27, 2024, <https://data.hrsa.gov/tools/shortage-area>.

Community Input: Perspectives on Mental Health Care

This section of the report details the input collected from members of the community through community sessions (listening sessions, focus groups, community hosted discussions), the open-ended visioning survey, the prioritization survey, and interviews. The information shared here does not represent the views of the researchers or the Build a Better Grinnell Project steering committee. Nor are we trying to be arbiters of what belongs or doesn't or what is true or not. We are presenting experiences and views held by participants in this study.

The core of this section comes from the community sessions, where we specifically asked participants to talk in detail about their concerns with mental health, how they are impacted by their concerns, who they feel is most affected, why they think these problems exist, the obstacles they anticipate in addressing them, their ideas for addressing the situation, who should be involved, and what they see as the community's strengths and assets. We also include all relevant information from the initial visioning survey, but that data is mostly limited to the nature of the problem or is often vague (e.g., more mental health services), so it does not consistently appear throughout sections below. Input available from interviews is also included. For some questions, information collected through archival materials is provided.

We saw a high degree of consensus on most questions.

The Concern for Mental Health

In our initial open-ended Visions of Grinnell survey, there were 149 comments across approximately 600 surveys that we categorized generally under healthcare. Enough of these related specifically to stress or mental health (72) that we created two healthcare categories for the prioritization survey, one for *improve or expand mental health care services* and one for *improve or expand healthcare services*. Improving or expanding health care or stress in the community.

In the prioritization survey, *improve or expand mental health care services* was ranked as the fourth priority for the community, while the more general *improve or expand health care services*, was ranked twelfth.

In our interviews of community experts and key stakeholders, mental health was raised by 33 individuals as an important need or important resource in the community. These included representatives from health care, community foundations, churches, the fire department, the police department, Grinnell College, the community school system, local non-profit and humanitarian organizations, and elder care facilities.

What is the Nature and Causes of the Problem?

While in most of the prioritized issue reports, we presented feedback we received on the problem and its underlying causes separately, for mental health we are discussing these all under the "nature of the problem." This is in part because of the complex set causes and consequences leading to the core problem (limited mental health care), as well as because there was a strong degree of consensus on the topic that allows us to create a relatively straightforward narrative. This information comes primarily from our community sessions and interviews, with some input from our initial visioning survey.

In our Visions of Grinnell survey and interviews, we used several questions to help identify what things people would like to see changed in Grinnell (e.g., what things have frustrated you, and what changes would you like to see). In community sessions and interviews that specifically focused on the issue, we asked participants to discuss what they see as the "nature of the problem" (e.g., why do you feel that mental health should be a priority issue, and what are your specific concerns) as well as underlying causes and obstacles (e.g., why do these problems exist, why haven't they been resolved, what

obstacles individuals face in getting their needs met). Focusing on underlying causes can be one strategy to resolve a problem.

While many experts participated in our community sessions and focus groups, and we had a good set of interviews with experts relative to the topic, most of the participants in community sessions are not topical experts. They are, however, experts in their own experiences and likely have a good understanding of what problems they are experiencing as well as the obstacles that exist for them personally to alleviate or resolve those problems. Many participants may be speculating on broader causes. At the same time, non-experts may have valuable insights on the obstacles that exist to addressing a problem in the community, and there is often a “wisdom of the crowd” or shared cultural knowledge on how things work. Even when causes and obstacles perceived by community members reflect misunderstandings or misinformation, these can be valuable for decision makers as they may reflect opportunities for education. Those misunderstandings may also present obstacles themselves to the feasibility of various options. For example, if community members don’t think that solutions are getting at the right problem or causes, they may be less likely to be supportive and the solution may be less likely to succeed.

Below we lay out the understandings that were shared with us on the underlying causes and the resultant problems concerning mental health services. Key themes (the numbered sections below) are organized starting with the most causal and underlying issues, and then moving to primary and secondary impacts. Within each numbered thematic section, the specific related issues identified are ordered from most frequently to least frequently identified.

1) There are factors negatively impacting on mental health wellness.

Participants identified several stressors that are creating more mental health need among the community, particularly since the Covid pandemic.

- a) There is a lack of preventative support (7/14 sessions and several expert interviews). Participants noted that this can allow for smaller issues to build up and sometimes lead to crisis situations. Early interventions might include screening or testing for underlying conditions, basic walk-in care, and identifying and supporting youth with family crises or substance abuse.
- b) There is a greater sense of isolation and loneliness (6/14 community sessions and several expert interviews). Some saw this as exacerbated by living in a small town or rural area, or by having too few social and community-building activities available. It is notable that there were also 125 mentions of feeling unwelcome or isolated in the community in our initial visioning survey, though respondents did not specifically link the concern to mental health.
- c) Work stress and racist incidents were discussed as exacerbating factors (several experts and students at Grinnell College). Additionally, in survey one, 24 students specifically mentioned anxiety or stress related to their workload. In our listening sessions on *less racism*, another prioritized issue, the emotional toll was identified as one of the primary impacts.

2) Those who need help don’t always seek it.

- a) Stigma was identified as a significant obstacle (11/14 community sessions and multiple community expert interviews).
 - i) Some felt that this might be exacerbated by being a “small town.”
 - ii) Some noted that this has decreased since Covid raised public awareness on isolation and mental health, though recognizing that it is still a concern.
 - iii) One community expert observed that some of the most vulnerable are often blamed for their problems (e.g., poverty, addiction, and mental health problems), leading them to avoid seeking help, or just giving up.

- b) Other issues identified by experts as keeping people from seeking help included:
 - i) rumors on the lack of support available,
 - ii) a culture of “toughing it out”,
 - iii) and being too busy.
- 3) Mental health care is underfunded state-wide.
 - a) Most interviewed experts and listening sessions identified a core issue as the privatization of Medicaid leading to low reimbursement rates for mental health services. Medicare reimbursement rates were also identified as low.
 - b) One expert noted that other insurance providers set costs relevant to what Medicare and Medicaid spend, so this drives down the overall market for practitioners.
 - c) Some noted that this was exacerbated by the consolidation or removal of state funding for mental health services which also led to cuts in what the state was willing to fund. For example, the Mental Health Consortium had to drop a plan for crisis house when it would no longer be eligible for funding support.
- 4) Grinnell has trouble recruiting and maintaining sufficient providers.
 - a) Many noted that the low reimbursement rates and state funding are a disincentive to entering the field and make it harder for the state to compete for mental health experts.
 - b) Grinnell faces the additional challenge of recruiting to small town (7/14 sessions).
 - c) Low pay and high demand lead to high caseloads. Practitioners get demoralized and burned out (3 interviews). One expert also noted that reimbursement times are very slow and, combined with the cumbersome system, are a disincentive for providers. So, they privatize or leave.
 - d) In several sessions individuals questioned whether the broader stigma on mental health and lack of understanding by the broader community also affected the collective will to address the problem.
- 5) There are too few services and providers to meet demand of those who do seek help.
 - a) This was identified as a core problem in every community session and expert interview.
 - b) Service areas noted as most urgent to address included the following.
 - i) Juvenile services, including support at schools, was the most identified area of service need in both community sessions (identified in 8/14 sessions) and expert interviews (six). Difficulty in finding psychiatric beds for juveniles was highlighted by some, as well as substance abuse. Multiple noted the potential benefits of additional school programming.
 - ii) Crisis care or walk-in services were identified as a critical need (8/14 sessions and two interviews). Relatedly, in four sessions individuals (including local experts) noted the lack of emergency care available at the hospital, which can lead people in crisis ending up back on the street or involving police.
 - iii) The need for more inpatient care was discussed (e.g., lack of hospital beds across the state) (4/14 sessions and several interviews).
 - iv) There is insufficient collaboration or coordination between services (MH/hospital; social work/hospital; etc.) (several sessions, couple interviews).
 - v) Psychiatric care was noted as a significant area in four expert interviews²¹.

²¹ Research director’s note: the number of providers in the community has increased since the initial interviews.

- vi) Other issues noted in one or two sessions or interviews include: substance abuse, home services, chronic care, autism support, group living provider, eating disorders, care for minority groups (BIPOC, LGBTQ)²², and case managers.
- 6) Beyond the limits in services, accessing the system is difficult.
- a) Some providers elect not to accept Medicare and Medicaid because of their low reimbursement rates, which leads to greater demand on those who do (10/14 sessions, 6 expert interviews) and less availability to those with such insurance.
 - b) In some cases, insurance doesn't cover or limits coverage to certain services (e.g., certain kinds of testing, initial consults, limits to acute care, mental health support), or it can be hard to determine (both for practitioners and clients) whether a certain service will be covered (12/14 sessions, 2 experts). Another expert noted that mental disability testing may not be covered by insurance until an issue becomes severe enough to be “warranted”.
 - c) Affording co-pays can also be an obstacle to low-income individuals.
 - d) Potential users lack awareness on available resources and how to navigate the system (10/14 sessions, 8 community expert interviews). This is exacerbated by the complex nature of the healthcare and insurance systems. While multiple sources in town maintain lists (e.g., CICS, Mental Health Consortium, Grinnell College), it can be hard for potential clients to know what they need. Even some providers admitted that it is difficult to know the range of services and options available to share with their clients. This can be particularly challenging for the most vulnerable populations. There are no case managers to provide support.
 - e) Low-income users particularly may have difficulty making appointments as they may lack transportation (5/14 sessions) or childcare (2/14 sessions)
 - f) Telehealth options may also be limited for those without the necessary technology or the privacy to use it (4/14 sessions).

What Are the Impacts or Consequences of These Problems?

Above, many of the “problems” were consequences of more underlying problems. For example, the difficulty recruiting and retaining providers is tied to the low Medicare reimbursements. Below, we focus primarily on the impacts of limited providers or difficulty accessing services.

Participants in community sessions were asked how they were impacted by the issues they were identifying as concerns and what they saw as the impacts on the broader community. Some responses to surveys and interviews also provided related input. The following responses were provided.

- 1) Getting care may require greater time and expenses.
Many need to take time off work, travel out of town, or pay out of pocket (multiple sessions and interviews).
- 2) Many don't get help or don't get sufficient help.
 - a) Those in need can't get appointments, or experience long waitlists, or don't get the frequency of care that is needed, or can't get sustained care (13/14 sessions, 6 interviews). Sometimes this means that they can't get the proper medications (1 expert)

²² Mental Healthcare workers in Iowa are 96% White, 91% female. 6.4% identify as LGBTQIA+ according to Jonathan Platt, “Iowa Mental Health Needs Assessment for the Public Health Workforce,” University of Iowa, Institute for Public Health Practice, April 14, 2022, <https://www.public-health.uiowa.edu/supporting-mental-health-wellness-state-wide-survey-results/>.

- b) Case overloads & burnout for providers²³ combined with limited options for those seeking help can reduce the quality of care available (7/14 sessions). Some clients reported either feeling stuck with poor care or giving up.
 - c) Shifting providers or seeing a new therapist with each appt (telehealth) disrupts care and connection (6/14 sessions).
 - d) Options are limited and some can't find a good fit (4/14 sessions).
 - e) There is an effort to shift people on to telehealth, but this is not a good option for everyone (no privacy, lack of personal connection, no phone) (4/14 sessions).
 - f) Some simply don't seek help (4/14 sessions) or give up (3/14 sessions).
- 3) The lack of care exacerbates problems for individuals and their families.
- a) There is added stress on family and friends in dealing with untreated or undertreated individuals (10/14 sessions).
 - b) There is a high level of frustration, exhaustion, and stress (8/14 sessions).
 - c) Being untreated interferes with work (9/14 sessions, 2 interviews) and school (4/14 sessions, 2 interviews), which can exacerbate poverty and create a downward spiral.
 - d) Lack of care can lead to self-medication and substance abuse, which can result in criminal issues (8/14 sessions, 4 interviews).
 - e) It can be very isolating (6/14 sessions).
 - f) Individuals can be left to get successively worse until they reach crises stage (2 experts, 4+ sessions), leading to homelessness (4/14 sessions, 1 interview), suicide (3/14 sessions, 1 interview), self-harm or violence (3/14 sessions), police involvement, and legal problems (3/14 sessions, 2 interviews).
- 4) Lack of services and untreated people have negative impacts on the whole community.
- a) The community is less appealing to families, which creates retention issues (5/14 sessions). Together with anecdotal evidence from individuals in the community, this would also seem to be suggested by the fact that those living outside of town and commuting to Grinnell selected this as their #1 issue.
 - b) Affecting workers affects businesses productivity and workplace wellness.
 - c) Children with untreated needs can disrupt schooling for all kids (noted above).
 - d) Individuals who reach crises put pressure on the ER, police force, and social workers (several interviews).

Who is Most affected?

There was a high degree of consistency between experts' perspectives and the experiences shared by community members. While many noted that mental health issues can happen to anyone, some groups are identified as more vulnerable or having less access to available resources. The two most consistent groups identified were juveniles and low-income.

1) Youth.

We heard from multiple representatives in the local school system, pastors, and mental health providers that youth are experiencing a more difficult time in recent years, possibly due to the trauma of Covid, but also the changing times. Lack of available juvenile services was a top identified theme in community sessions.

2) Low-income.

²³ Also noted as key issue in "Iowa Mental Health...".

We heard from experts and multiple individuals with personal stories that low-income individuals and families face more difficulties accessing the mental healthcare system. Navigating the system can already be complicated and this is exacerbated for low-income individuals and families. There are fewer providers available who will take Medicaid. There are fewer options to pay out-of-pocket. There may be less opportunity to travel outside Grinnell, and the cost has a higher impact.

3) Others

Others identified by experts or in community sessions as facing greater challenges include the following.

- Elderly, due to greater incidence of loneliness, and lack of specialized care, and potential dependence on Medicare.
- Formerly incarcerated and substance abusers due to the high stakes of not being able to get timely support (i.e., they may relapse or be reincarcerated).
- Immigrants, due to greater incidence of loneliness and language barriers.
- BIPOC and LGBTQ+ individuals due to lack of diversity in available providers.
- Veterans due to specialized needs.
- Homeless for similar reasons as low income.

Table 2 shows the ranking of this issue by a range of demographic groups. The issue was ranked between first and thirteenth highest priority by all groups (and fourth overall). Commuters and those over aged 66 ranked the issue particularly high.

Table 2. Ranking of *improve or expand mental health care services* by various demographic groups.

Ranking	Demographic Group
#1	Commuters, excluding those living in Grinnell’s rural outskirts (N=72)
#2	Aged 66 and over (N=153)
#4	Lower income (N=102) ²⁴
#4	All respondents, excluding GC Students (N=882)
#4	Grinnell College students (N=388) ²⁵
#6	Women aged 19-45, excluding Grinnell College students (N=222)
#6	Aged 26-45 (N=301)
#7	Identifying as rural (N=121)
#12	Under age 25, excluding Grinnell College students (N=76)
#13	Men aged 19-55, excluding Grinnell College students (N=156)
#13	Racial & ethnic minorities, excluding GC students (N=61) ²⁶

How Long has Mental Health Care Been an Issue in Grinnell and Is it Getting Better or Worse?

A couple experts noted that mental health care has been a high need for at least ten to twenty years. Most experts and community session participants noted that the problem seems to have gotten worse

²⁴ Household income under \$25,000, or \$25,000-\$50,000 in households of 2+, or \$50,000-\$75,000 in households of 6+. Excludes respondents under the age of 19 and all Grinnell College students.

²⁵ While 388 Grinnell college students participated in the prioritization survey, each vote counted as one-third of a vote (explained in methods) in determining the ranking by all respondents including the college students.

²⁶ Identifying with one or more race/ethnic categories other than White, as well as those identifying as being of Spanish, Hispanic, or Latino origin.

in recent years both in terms of growing need and difficulties accessing the mental healthcare system, particularly with the privatization of Medicaid and the covid epidemic. A member of the police department noted that there has been a recent rise in opioid use after a period of decline.

In addition to the general experience of long wait lists and difficulties with insurance coverage (see below) participants pointed to the loss of certain services like Genesis Development and group living, as well as difficulties Capstone has faced hiring and retaining staff.

Solutions: What Could Be Done Resolve the Problem(s) or Alleviate Their Impacts?

The following are suggestions that were provided in community sessions, interviews, or the first visioning survey. We also include UnityPoint Health's implementation strategies for addressing mental health that was created following the 2022 community health needs assessment. Appendix 3 also provides a range of additional strategies identified through a review of best practices, including evidence-based alternatives, while Appendix 4 provides a set of funding sources identified for mental health. The solutions presented in this document do not reflect the views of the research team or the Build a Better Grinnell steering committee.

As we addressed in the background and scope section, we caution those reviewing the document not to assume that the most suggested solutions are necessarily the "best" or most likely to succeed. This is not intended as a comprehensive list. These are the range of ideas that came up in our community-wide "brainstorming sessions" and discussions with local experts. Those making use of this document may have additional ideas to address causes or alleviate impacts.

1) Lobbying/Legislative changes

While Iowa legislation was identified as a key underlying issue affecting access to mental health services, both through limiting total services, and reducing the number of providers who accept Medicaid, most tried to think of suggestions for working within the system as it is now. Lobbying or pushing for legislative changes was only suggested in three sessions and by three experts.

2) Increase Education on Available Resources

The insurance and health care systems are complex, and the resources are scattered across the city, state, and nation, available in person, on websites, or by phone. Even providers told us that they have difficulty advising clients on services and supports available. While there are a range of efforts to educate the public and steer people to resources, most recognized that more needs to be done. The most common way to help enhance access to services identified across both community sessions (8/14) and expert interviews (6) was to provide greater education on:

- a) How to use the healthcare and insurance system.
- b) What services are available in town or elsewhere.
- c) What services are covered by insurance.
- d) What services are available to juveniles.

Several experts noted the value of continuing to build on events involving the schools and educating parents.

3) More Support for Navigating the System

Many noted that more information is insufficient, particularly to help those who are most vulnerable. There are already lists of providers and online resources available in multiple places. The system is hard to navigate and time consuming, and making informed decisions can be difficult for those most in need of help. Getting that kind of support proactively – before reaching a crisis – is hard. In five sessions, individuals suggested the need for support to navigate the system, such as through case managers, mental health navigators, advocates, or life coaches.

4) Pursue Funding Support

Looking for funding support for patients in need or to build additional resources was discussed as an option across (3/14 sessions, 4 interviews). Specific ideas mentioned included the following.

- a) Look to SAMSHA and other sources for grants, making use of some of Grinnell's grant-writing expertise.
- b) Help patients get the most out of their insurance by working with providers to understand how to code treatments effectively (e.g., when there may be flexibility in how something is coded and differences in how different coding would be covered).
- c) Make greater use of Grinnell's available funds such as Lend-a-Hand Fund and the Campbell Fund.
- d) Build on success of the Mental Health Consortium-JPK fund.
- e) Work with CICS to pursue funding for Grinnell's most urgent needs (or what of the top needs might be most likely to be funded).
- f) Continue to build on work with community foundations (Ahrens, Grinnell Mutual) to fund work in schools and community education.
- g) Fundraise among key stakeholders in town.
- h) Create a city position with tax dollars.

5) Expand Wellness Alternatives

In most community sessions, individuals suggested expanding support for mental wellness outside of the formal health care system, particularly as a means to keep low-level needs from reaching crises and helping to fill some of the gaps in the health system.

- a) Participants discussed the importance of community activities and events to build or maintain social connections and reduce isolation (8/14 sessions).
- b) Establish more support groups in town (such as NAMI) (7/14 sessions).
- c) More one-on-one non-professional support whether that be peer-to-peer or volunteer-based (3/14 sessions).
- d) In three sessions, particularly those involving mostly Grinnell College students, participants discussed finding more ways to reduce stress. Therapy dogs were cited as an example.
- e) Grinnell College has used a Mental Health First aid program that has shown evidence-based success nationally in rural areas, and could be provided to health professionals, police and first responders, etc. (See Appendix 3).

6) Increase Collaborations

As noted, part of the difficulty in learning what resources are available and navigating the system relates to the complexity of the system. There are many siloed parts of support services and even when individuals have good information, they can fall through the cracks. Additionally, vulnerable populations in particular face intersecting challenges that might involve housing, employment, transportation, learning disabilities, substance abuse, family issues, police involvement, ER visits, and more. The importance of greater collaboration or taking a comprehensive service approach was discussed in four sessions and was particularly highlighted by a couple of community experts, as an important part of enhancing services and protecting the most vulnerable.

- a) Some highlighted the importance of building on existing collaborations among various services as well as with the school system.
- b) Some highlighted the importance of taking an integrated health approach that incorporated mental and physical care.
- c) Particular attention was also given to building stronger relationships between the hospital (particularly the ER), the police department, and the Mental Health Liaison.

- d) One suggestion for building additional support for the schools involved looking to models in some other districts that coordinate among neighboring districts to gain access to more providers.

7) Expanding Specific Services

Availability of service providers was ultimately a core concern. As noted above, key areas of need identified included juvenile services (including support at schools), crisis care or walk-in services, inpatient care, and psychiatric care. Apart from finding more funding (discussed above), the following were suggested as ideas to alleviate this issue in at least two sessions.

- a) Expanding access to and use of telehealth was identified in 10 community sessions and several expert interviews. Many saw this as a good option that could be further expanded. Grinnell college noted that it was underutilized. Some experts and potential users noted that it is not for everyone, and doesn't work for all issues (e.g., trauma, in-patient care).
- b) Recruiting more practitioners was discussed in five sessions and several interviews. Some strategies included:
 - i) Make use of National Health Service Corps, or otherwise pay off practitioner's debt.
 - ii) Find other ways to incentivize providers. Perhaps build on the model used to get the Mental Health Liaison position.
 - iii) Look to U. Iowa or other partnerships.
- c) Increase support from employers for services (e.g., telehealth, counselors) as done at Grinnell Mutual Reinsurance and Grinnell College.
- d) Expand Group therapy options.

8) Continue to Build Public Awareness

Many participants (across 8/14 sessions) talked about the importance of educating the public and employers about the issues and their impacts on community. This would help to destigmatize it and build greater community will.

9) Unity Point Strategies

After identifying Mental Health as the number one health issue in Poweshiek County, UnityPoint Health came up with the following implementation strategies. Descriptions of potential collaborators and tactics that involve organizations are provided in Appendix 1.

Table 3: UnityPoint Health-Grinnell Community Health Implementation Strategy for Mental Health and Substance Abuse

Initiative	Focused Tactics	Anticipated Impact	Existing or Planned Collaborations
Increase access to behavioral health and substance abuse services	<ul style="list-style-type: none"> *Grinnell College Counseling services *UPH Psychiatric Residency Program *Eyerly Ball Mobile Crisis Team ** Hickory Recovery Network 	Improve opportunities to access mental health and substance abuse services.	<ul style="list-style-type: none"> *Grinnell College Student Services *UPH-DM *Eyerly Ball *Foundation 2/CICS *Integrated tele- Health Partners
Resource and Referral Coordination	<ul style="list-style-type: none"> *Community Health Workers *211 app *GrinnellPD Mental Health Liaison *Individual Therapy for those without Insurance *Medication funding *Private substance abuse mental health provider list 	Patients referred to appropriate community support services based on need to improve health outcomes.	<ul style="list-style-type: none"> *211 of Iowa *Findhelp *Grinnell PD *Poweshiek Co Sheriff's Dpmt *CICS Region *Jail Diversion/Poweshiek Co Courts *Capstone *MICA *Campbell Fund
Provide community-focused mental health wellness opportunities	<ul style="list-style-type: none"> * Unlocking Brain Fitness Classes *Yoga in the Park *Qigong *Art in the Park *Suicide Prevention and Mental Health Education *Mental Health First Aide *Free Mental Health therapy, medication and education 	UPH-GRMC will provide support to community partner organizations working to address this priority.	<ul style="list-style-type: none"> *Public Health *PWA Fitness Center *Grinnell Area Mental Health Consortium *American Brawn *Regional CICS *Private therapists
Community Wellness programming and partnerships	<ul style="list-style-type: none"> *I-Step programs *Quitline Iowa *My Life My Quit *Project Recovery Iowa 	Community programs implemented with partner organizations will be developed to contribute to improved mental wellbeing.	<ul style="list-style-type: none"> *Satuci *CICS *HHS Tobacco Use, Prevention and Control (TUPC) *Capstone
Expand services through financial and in-kind contributions	<ul style="list-style-type: none"> *Organizational Support of Partner Agencies and Initiatives 	UPH-GRMC will provide support to community partner organizations working to address this priority	<ul style="list-style-type: none"> *Capstone *LINK Mentoring program

What Are Grinnell's Strengths Concerning Mental Health?

In community sessions and interviews focused on the topic, we asked participants what they believe are the strengths or assets related to the issue. In the initial visioning survey and in community interviews we also asked community members more generally what they feel are strengths and things that improve their quality of life in the community.

1) Grinnell's Mental Health Services.

While everyone agreed that more services or better access was necessary, many participants also commented positively on the mental health resources in Grinnell. Some experts and session participants noted that Grinnell has a good number of services for its size.

2) Foundations, Non-Profits, and Philanthropy.

Several also pointed out that Grinnell has a strong foundations, philanthropic activities, and non-profit activity. Four experts specifically noted the strength of collaborations and networking among organizations in the town around the issue. For many, these strengths are collectively exemplified by the Grinnell Mental Health Consortium-JPK fund, which was identified as a strength and key stakeholder in seven sessions and seven expert interviews, being the most consistently identified strength relating to mental health. Several experts noted that because of these strengths, Grinnell is better off than its neighbors (Jasper County, Marshalltown). One expert noted that this makes Grinnell a spotlight or model community that might ironically interfere with achieving broader legislative changes (i.e. see Grinnell did it, so it's possible without underlying change).

3) Warm and Welcoming Community.

Another strength identified was warmth and openness of the community. This was specifically identified in relation to mental health by several participants (e.g., community is welcoming to those struggling with mental health; community and one-of-a kind teachers provided support that got me through mental health challenges).

4) Recent Areas of Improvement.

A number of areas of improvement (relative strengths compared to the past) were identified across interviews and community sessions. These include the following.

- a) Growing access to telehealth.
- b) The creation of the Jail Diversion Director and Mental Health Liaison position, which works directly with the Grinnell Police department.
- c) A growth in private therapy options in town.
- d) Expansion of services at Grinnell College.
- e) A decrease in stigma for mental health following the pandemic.
- f) Expansion of telehealth reduces the need to travel out of town (though caveats addressed above).

5) Specific Organizations.

Many other specific organizations were identified as community strengths and possible assets. A full list of those is available in Appendix 1. Below is a brief list of those identified either by multiple experts or in multiple sessions.

- a) Local Providers

- i) Capstone Behavioral Health. Designated Community Mental Health Center for Poweshiek County, providing multiple services. A community strength and core stakeholder identified by most experts.
- ii) Davis Psychology. Contracts with CICS and has a psychiatrist on staff who can prescribe medications. (Identified as strength in 2 session, 2 interviews.)
- iii) Grinnell College SHAW. Provides mental health services for college students. Seen as key stakeholders and potential to play positive role in attracting additional resources to community.
- b) Other Mental Health Services in Grinnell
 - i) Jail Diversion Director and Mental Health Liaison Position. Identified in multiple sessions and interviews as important relatively new strength for the community. One expert noted that it might serve as a kind of model for seeking funding for additional services.
 - ii) UnityPoint GRMC. Multiple experts, and several sessions discussed as a key stakeholder. Relationship between ER, Police, Jail Diversion Director, and mental health services identified as particularly important.
- c) Local Funding and Program Support
 - i) Central Iowa Community Services (CICS). The state-designated regional Mental Health & Disability Service (MHDS). Identified across several sessions and experts as key stakeholders and asset.
 - ii) Grinnell Mental Health Consortium-JPK Fund. Provides financial assistance to low-income individuals and serves as a site of community collaboration. Seen as key strength and stakeholder at seven sessions and seven expert interviews.
- d) Other Organizations Playing a Key Role in Mental Health
 - i) Churches and Ministerial Association. Seen as providing lots of relevant support. Identified in five sessions and by four experts as a strength and key stakeholder.
 - ii) Police Department. On the front line of dealing with persons in crisis. Works with jail diversion officer. In several session and expert interviews, identified as a strength and key stakeholder.
 - iii) Grinnell-Newburg Community Schools. Important role in reaching children and their families. Coordinates with local groups to educate and enable services. Identified as key stakeholder and strength to build on in six sessions and by five experts.
- e) Nearby and Emergency Resources
 - i) 988 Suicide and Crisis Lifeline. Identified in four sessions (though most could not remember the number)

Summary & Discussion

From a range of objective measures in the field of mental health, Iowa ranks low on available services, and Poweshiek County ranks low relative to Iowa and Grinnell's selected peer communities. Increased access to mental health services was identified through the Build a Better Grinnell 2030 project as the #4 priority need for Grinnell. In our fourteen community sessions, we heard a consistent story about the difficulties individuals and practitioners experience with the mental health care system in Grinnell (and Iowa more broadly).

Most believed that the need for services has grown in recent years, exacerbated by a lack of preventative treatment, a greater sense of social isolation due to the Covid pandemic, and stigma associated with seeking support, particularly in a small, rural town.

Iowa's reimbursement rates for Medicaid and Medicare are low and state funding for public mental health is also low creating a disincentive for health care professionals to come to Iowa. Grinnell faces additional challenges of recruiting and retaining providers because of its small town and rural location.

This results in too few services and providers to meet demand. The services identified as most urgent include juvenile services, crisis care, inpatient care, and psychiatric care.

Apart from the limits in services, accessing the system is difficult. Because reimbursement rates are low, many providers elect not to accept Medicaid and Medicare, leading to greater demand on those who do. Some insurance does not cover or limits coverage to certain services. Co-pays can be out of reach for many families. Those in need, particularly low-income, lack awareness on available resources and how to navigate the complex system (both health and insurance), and often face additional obstacles such as lack of transportation or childcare.

Overall, the result is that getting care often requires greater time and expenses. Many don't get the help that they need, or don't get sufficient help. Wait lists are long and patients can't always get care with the frequency or urgency they need. Providers are overloaded and can suffer from burnout, sometimes leading to poor care or providers leaving the system. Patients then experience disruptions in care and/or shifting providers.

These challenges cause potential users to have to go out of town, give up, or not get help or sufficient help. The lack of care adds stress to family and friends. It is frustrating for the patient who needs help. It can interfere with work or school and can lead to self-medication and substance abuse. Individuals can get successively worse, leading to crises for untreated or undertreated individuals. All of this has impacts on the community.

Most agreed that the most impacted are youth, for whom resources are scarcer, and low-income individuals and families, who rely on finding providers who accept Medicaid and are more restricted in their options due to financial and related constraints. The issue was ranked the highest by commuters and persons over the age of 66.


Grinnell has seen a growth in telehealth, local providers, and a Jail Diversion Director & Mental Health Liaison position. The community also benefits from strong community foundations and community collaboration.



Focus areas for solutions were identified as:

1. Increase information on resources available and provide support to navigate the health care and insurance systems, particularly for the poor. This could involve community mental health navigators.
2. Pursue funding support to expand health care access to those in need.
3. Expand wellness and mental support alternatives outside the formal mental healthcare system.
4. Increase collaboration between service providers, the school, and the hospital (among others).
5. Increase telehealth and local providers, though it is important to note that telehealth is not a good option for everyone.
6. Continue to build public awareness.

Additional strategies pursued around the country and funding options are provided in Appendix 3. One that has been introduced in some organizations but could be expanded to help provide more preventative care and take some pressure off existing providers is mental health first aid.



Appendix 1: Assets and Strengths

The following is a list of assets (or resources) in the community, or available for the community to make use of. These were identified through community sessions (S), expert interviews (E), UnityPoint Health's 2023-2025 Implementation Strategy (U), or through our research on community resources (default if nothing else is noted). An asterisk * indicates more than two interviews or sessions.

Asset	Notes	Community Input
Local Providers		
Capstone Behavioral Health	Designated Community Mental Health Center for Poweshiek County. Range of counseling services. Two therapists in Grinnell. One medications provider who splits time with Newton. Works with national Health Service Corps to help repay college debt to help with recruiting. Previously partnered with Police through Mental Health Liaison. Some grant funds to help underinsured. Integrated health home services. Maintains list of providers. Contract with CICS.	S,E,U *
Davis Psychology	Local provider with six practitioners including psychiatrist who can prescribe medications. Contract with CICS.	S, E *
Midwest Counseling	Local provider with six practitioners listed. CICS and college give referrals. Psychiatric provider splits time with Williamsburg office. Contract with CICS.	E
Healthy Homes Family Services	Local provider with four practitioners. Mostly individual counseling. Contract with CICS.	E
Hope Family Counseling	Local provider with two practitioners and two interns. Contract with CICS.	E
The Mental Health Lab	Local Provider with one practitioner. Contract with CICS.	E
Kun-Hong Lu	Grinnell private practice, single practitioner.	
Gallegos Counseling	Grinnell private practice, single practitioner.	
Ana Sanchez Smith	Grinnell private practice, single practitioner.	
Erik Kohl	Grinnell private practice, single practitioner.	
Jaquie Perman	Grinnell private practice, single practitioner.	
Jeff Wells	Grinnell private practice, single practitioner.	
Steiner & Associates; Dr. Steiner	Grinnell private practice, single practitioner.	
Red Couch	Grinnell private practice, single practitioner.	S
Door of Hope	Grinnell private practice, single practitioner.	
Pauline Hampton	Brooklyn, IA private practitioner.	
Four Oaks	Local provider of family centered services.	S
Families First Counseling Services (Grinnell office)	Maintain an office in Grinnell. "One of the largest child welfare and counseling agencies in Iowa."	S
Grinnell College (SHAW)	Provides mental health services and referrals for college students. 10 staff counselors. Students have limit of on-site sessions. Currently "fully staffed". Provides telepsychiatry through collaboration with U. Iowa. Has campus NAMI group.	S,E,U *

	Uses online platforms Togetherall, TAO, and Neolith. Use Virtual Care Group.	
Hickory Recovery Network	A provider of residential drug rehab treatment and alcohol detox programs. They provide residential and outpatient programs for adults suffering from substance use disorders and co-occurring mental health illnesses. Currently seeking state approval to open treatment center in Grinnell.	U
Other Mental Health Services Available in Grinnell		
Jail Diversion Director and Mental Health Liaison Position	Ride-alongs with police. Helps to de-escalate situations. Work with incarcerated at county jail to provide state-mandated services. (Note: Jail Diversion Services have since returned to CICS, and the Liaison position is with the police department.)	S,E,U ^{*27}
Connections (Previously Station Clubhouse)	Peer support drop-in center for individuals with mental disabilities. Funded by CICS, run by Capstone. Socialization space, outings.	S
CIRSI (Central Iowa Residential Services) (Grinnell Office)	Offers home-based and day habilitation services for individuals with intellectual disabilities or mental health issues.	S
Unity Point / Public Health & Hospital	Website maintains list of resources. New post-partum support group. Multiple plans regarding mental health emerging from 2022 county health assessment (see Table 3). Collaborate with others on range of health concerns. Behavioral health telemedicine consultation and treatment room. Important stakeholder (particularly ER).	S,E,U *
SATUCI (Substance Abuse Treatment Unit of Central Iowa)	Grinnell Office. Substance abuse organization. Part of Iowa HHS Integrated Provider Network.	E,U
Local Funding and Program Support		
CICS (Central Iowa Community Services)	State-designated regional Mental Health & Disability Service (MHDS). Provides information, referrals, and support finding funding for mental health and disability services. Some offices (not Grinnell) have provider services. Funds Jail Diversion position and justice involved services, Connections, crisis services at the ED, day habilitation services, education services. Has contracts with 6 local providers.	S,E,U *
Grinnell Mental Health Consortium – JPK	Serving Poweshiek County. Financial assistance of up to \$600/individual/year for mental health services and medications (excluding inpatient treatment). Education programming. Coordination between key stakeholders. Advocacy and planning. Tracks and shares information on services	S,E,U ^{*28}

²⁷ Also mentioned in initial open ended community strengths survey.

²⁸ Also identified in initial open-ended community strengths survey.

Ahrens Foundation Programs	Local foundation. Oversees Grinnell Mental Health Consortium-JPK; Lend a Hand Fund, STRONG Foundation	
Community Foundations and grant writers (Ahrens, GPCF, College)	Could help to navigate SAMSA or other grant fund options.	S,E,U *
Lend a Hand Fund	Through Ahrens, based on referrals from service providers.	E
STRONG Foundation	Through Ahrens. Connect individuals and families in need of marriage counseling. Referrals from pastors from area churches.	E
Campbell Fund	Private charity administered through the City of Grinnell for low-income individuals.	S,E,U ²⁹
American Brawn	Grinnell-based non-profit organization that supports mental health, focusing on military personnel and first responders.	E,U
Grinnell Mutual Reinsurance	Funding support for community education & services. Mental health counseling for employees.	E
Other Local Services Available for Those with Mental Disabilities		
Brookside East, West, South	Apartments for individuals over certain age or with disability.	S
Other Local Organizations Playing a Key Role in Mental Health		
Churches, Ministerial Association, Grinnell College CRSSJ	Provide counseling, meeting spaces, “lots of support”. Key source of education and information. Funding for vulnerable. Could provide valuable input.	S,E *
MICA	Support for family relations. Funding support for services. Source of education on services.	S,U
Police Department	Help ex-convicts get to appointments. Working with Jail diversion director.	S,E,U *
Elder Care and Retirement Facilities/Communities (Mayflower, Seeland Park)	Mayflower has a dietician who is also a therapist.	S,E
Grinnell-Newburg Community Schools	Local therapist visits the middle school and high school (requires insurance to meet). Mental health consultant does class observations. Counselors, Aids, two school social workers. Collaborations with local funding groups to provide education, events.	S,E *
Healthy Choices Coalition	Group of human service providers in Poweshiek County that meet monthly. (Public health and Capstone represented)	S
Chamber of Commerce	Some information on resources.	

²⁹ Multiple mentions, but not specific to mental health.

Juvenile Court Services	Grinnell office. Responsible for monitoring adjudicated children's progress and making recommendations to the court.	S
Poweshiek County Sheriff's Department		U
Other Local Resources		
Drake Community Library	Has hosted mental health education events. Source of community information.	E
Local Media	Source of sharing information on resources.	E
Grinnell Free Clinic (Free Clinics of Iowa)	A volunteer healthcare network serving Iowa's most vulnerable, un/under-insured with basic, primary care services. Does not currently list mental healthcare.	U
Emergency Resources		
988 Suicide and Crisis Lifeline	Iowa suicide hotline. Aims to provide a physical response within 60 minutes.	S *
Eyerly Ball Crisis Response (Your Life Iowa line)	A 24-hour line that provides referral and mobile crisis response for all ages in 18 counties (including Poweshiek). Trained telephone responders assess the situation and may deploy the Mobile Crisis Response Team, if an in-person response is necessary. 855-581-8111	U
Foundation 2 Crisis Line	Crisis phone counseling available to anyone in Iowa. 1-800-332-4224 ³⁰	
Regional Mental Health Resources		
Eyerly Ball Walk-in clinic (DSM)	Substance abuse evaluations and/or individual outpatient therapy is available to individuals with Medicaid, Medicare, certain private insurance plans, or those willing to pay for services out of pocket.	U
Family Legacy Counseling	Offices across central Iowa. Christian-based counseling. GCC uses as significant referral.	E
Progress Industries	Located in Newton. Provides residential, employment and day services for people with physical, intellectual, and developmental disabilities throughout central Iowa.	
University of Iowa	Work with Grinnell College to provide telepsychiatry services. Recent funding to provide mental health support to school systems in Iowa (identified as a possible opportunity).	S
Foundation 2	A nonprofit human service agency committed to positive youth development, suicide prevention, and helping build the foundation for stronger and healthier families and safer communities. (Nearest location in Cedar Rapids.)	U
Other Resources (Telehealth, Funding Options, Tele-support, Possible Resources)		

³⁰ "Crisis Line and Chat," Foundation 2 Crisis Services, 2024, <https://foundation2.org/services/crisis-center/>

SAMSHA (Substance Abuse and Mental Health Administration)	Major provider of grant funding.	S
NAMI (National Alliance for the Mentally Illness)	Group support meetings. Currently operates on Grinnell College campus. Used to have a city chapter that met at Station Clubhouse. Grinnell covered by NAMI of Central Iowa.	S
Online resources (apart from counselors)	Anonymous chat rooms provide opportunity to socialize and be heard.	S
MCSE	Telehealth service. Contracted by CICS for county jail.	E
SHIIP (Senior Health Insurance Information Program) and SMP (Senior Medicare Patrol)	Provide counseling, assistance and education to Medicare beneficiaries, their families, and caregivers. Operated by the Iowa Insurance Division and supported by federal funds.	
Integrated Telehealth Partners:	(ITP) provides access to an experienced group of psychiatrists and psychiatric nurse practitioners.	U
Make it OK	Make It OK is a campaign to help communities start changing attitudes and negative perceptions about mental illness.	U
Togetherall	A virtual peer-to-peer anonymous chat support system. Clinically moderated by mental health professionals. Being piloted by Grinnell College SHAW.	
NEEDTOTALK	24/hr texting/call line for counseling. 641-269-4404. Provided through Grinnell College SHAW.	
Virtual Care Group	Offers 24/7 virtual appointments with doctors and counselors. Available through Grinnell College SHAW.	
Therapy Assistance Online (TAO)	Provides a suite of online tools designed to provide effective evidence-based resources to help bounce back from setbacks. Provided through Grinnell College SHAW.	
Neolith	Offers personalized, private stress and mental health support through relaxation practices, health tracking, educational videos, student vlogs, and livestream events. Available through Grinnell College SHAW.	
211 of Iowa	Free information referral system linking Iowans to health and human service programs, community services, disaster services, and government programs.	U

Appendix 2: Peer Community Comparisons – County-wide Data

	Poweshiek County (Grinnell) ³¹	Bremer County (Waverly)	Jefferson County (Fairfield)	Marion County (Pella)	Winneshek County (Decorah)	State of Iowa	US Average
Mental Health Care Providers (Ratio of population to providers)	620:1	560:1	490:1	730:1	410:1	500:1	320:1
Primary Care Physicians (Ratio of population to physicians)	1,1160:1	2,090:1	1,300:1	1,040:1	3,830:1	1,390:1	1,330:1
Mentally Unhealthy Days (average number reported in past 30 days)	4.7	4.2	4.5	4.4	4.8	4.5	4.8
Frequent Mental Distress (% adults reporting 14 or more days of poor mental health per month)	15%	14%	14%	15%	15%	14%	15%
Suicides (per 100,000)	11	11	19	20	(not available)	17	14
Social Associations (# of membership associations per 10,000)	15.6	15.9	10.9	18.6	7.8	14.5	9.1
Binge and Heavy Drinking	19%	22%	17%	21%	20%	23%	18%

³¹ Unless otherwise noted, all chart data from: "Health Data," County Health Rankings & Roadmaps. Accessed May 27, 2024, <https://www.countyhealthrankings.org/health-data>.

	Poweshiek County (Grinnell) ³¹	Bremer County (Waverly)	Jefferson County (Fairfield)	Marion County (Pella)	Winneshek County (Decorah)	State of Iowa	US Average
(percentage of adults reporting)							
Uninsured (% of population under 65 without health insurance)	5%	4%	8%	4%	8%	6%	10%
Children in Poverty	12%	6%	18%	9%	22%	12%	16%
State-designated Community Mental Health Center (CMHC)	Capstone Behavioral Health	Pathways Behavioral Services	Optimae LifeServices	Infinity Health (Knoxville)	Northeast Iowa Behavioral Health Inc.		
Mental Health & Disability Services Region	Central Iowa Community Services	MHDS of the East Central Region	Mental Health Agency of Southeast Iowa	Cross Mental Health Region	County Social Services		
Geographic Health Professionals Shortage Area for Mental Health ³² (designation by Health Resources & Services Administration)	Yes HPSA score: 16 ³³ (Poweshiek & Jasper County)	Yes HPSA score: 14	Yes HPSA score: 14 (as part of Southeast Counties)	Yes HPSA score 16	Yes (no data)		

³² <https://data.hrsa.gov/tools/shortage-area>

³³ This attribute represents the Health Professional Shortage Area (HPSA) Score developed by the National Health Service Corps (NHSC) in determining priorities for assignment of clinicians. The scores range from 0 to 26 where the higher the score, the greater the priority.

Appendix 3. Policies and Practices from Other Communities

While a number of ideas for improving or expanding mental health services were provided by local experts and community members, it is also useful to look for inspiration from what other communities with similar needs have done. Below is an extensive list of programs. Some of these are national programs available for implementation, while some reflect regional efforts. All were selected keeping in mind the key issues identified in Grinnell.

Information Hubs

Several information hubs were particularly useful in identifying strategies.

- SAMHSA. Substance Abuse and Mental Health Services Administration.
- The Rural Health Information Hub is funded by the Federal Office of Rural Health Policy to be a national clearinghouse on rural health issues. There is a section on mental health models and innovations containing over thirty examples of programs providing examples, impact evidence, challenges, replication suggestions, and funding options (when available). <https://www.ruralhealthinfo.org/topics/mental-health/project-examples>. The broader site also has toolkits related to mental health, suicide prevention, and substance use, as well as information on strengthening rural health care systems generally and around a large range of topics.
- National Alliance on Mental Illness (NAMI). Nation's largest grassroots mental health organization. Contains various resources, including information on support groups. <https://www.nami.org/>
- American Psychiatric Association. Has a section for patients and families that addresses a range of mental illness, some of which have suggested strategies and example programs for addressing them. <https://www.psychiatry.org/>
- County Health Rankings and Roadmaps. A program of the University of Wisconsin Population Health Institute. Highlights policies and practices, including for mental health. <https://www.countyhealthrankings.org/>
- Rural Minds is a nonprofit advocating for mental health awareness in rural farming communities and bridging gaps in support provision. They have support programs like the Rural Mental Health Resilience Program, Growing Hope Together (suicide prevention in rural communities). They work closely with organizations related to rural communities. They have crisis resources on their website with links to hotlines, webinars, and fact sheets on different mental illnesses on their website, and information about the "silent epidemic" of mental health problems in rural farming communities. <https://www.ruralminds.org>
- AgriSafe Network. A nonprofit promoting a "Total Farmer Health Model" for agricultural communities integrating physical and mental wellbeing. Started the AgriStress Helpline, a crisis response and resource helpline with interpretation in over 160 languages and manned by specialists trained to address the unique mental health crises that may arise in rural agricultural communities. Also maintains a database of resources on mental health issues specific to agricultural communities and on-demand workshops. <https://www.agrisafe.org>

General Mental Health Support

Mental Health First Aid

An evidence-based program to address rural challenges in access to mental health services, including shortages of mental health providers. Identified as the top evidence-based example on the Rural Health Information Hub (<https://www.ruralhealthinfo.org/project-examples/725>). This 8-hour course trains

community members to recognize mental health and substance use issues and learn how to help someone who is developing a mental health concern or experiencing a mental health crisis. Numerous studies of this method have found that course participants are better able and more likely to help others regarding mental health issues. The program is also available focusing specifically on adults working with youth.

Grinnell College has offered the program for employees and students. ISU extension services also offer training in both versions, and offers a Spanish online course. Training and online courses are also available through www.mentalhealthfirstaid.org.

Mental health life coach

Life coaches help clients take action on personal and professional goals by introducing strategies to break negative coping habits and manage emotions, improving overall mental wellbeing.³⁴

STAIR (Skills Training in Affective & Interpersonal Regulation)

To increase access to tele-mental health services for rural veterans, especially women, with a history of trauma. STAIR (Skills Training in Affective and Interpersonal Regulation) is a 10-week program designed to reduce PTSD and depression symptoms and increase emotional regulation and social functioning in clients. Therapists reported that clients attended more sessions when offered via teleconferencing, and clients reported satisfaction with the program.³⁵

Telemedicine Expansion (multiple contexts)

Juvenile and Youth. Systematic review of evidence found “evidence on the effectiveness of computerized cognitive behavioral therapy on anxiety and depression, whereas the effectiveness of other digital mental health interventions remains inconclusive. Interventions with an in-person element with a professional, peer, or parent were associated with greater effectiveness, adherence, and lower dropout than fully automatized or self-administered interventions.”³⁶

Elder Care. University of Vermont Medical Center’s Nursing Home Telepsychiatry Service provides consultations for rural nursing homes. Funded by the UVM Medical Center.³⁷

Rural Psychology Collective, University of Iowa College of Education

Aims to provide access to psychological services to underinsured and uninsured rural Iowans, advocating for their mental health and dignity. The Telepsychology Training Clinic partners with UIowa’s Mobile Clinic, Opioid Addiction Clinic and other community partners like the VA Hospital in Iowa City and the Free Mental Health Clinic Iowa City to provide free mental health treatment for uninsured and underinsured rural Iowans while training students from underrepresented backgrounds in telemedicine.³⁸

³⁴ Carmen Chai, “What Makes Someone an Expert in Mental Health Coaching,” *Everyday Health*, Nov. 28, 2022, <https://www.everydayhealth.com/emotional-health/what-makes-someone-an-expert-in-mental-health-coaching/>.

³⁵ “STAIR (Skills Training in Affective and Interpersonal Regulation),” *Rural Health Information Hub*, Accessed May 27, 2024, <https://www.ruralhealthinfo.org/project-examples/942>.

³⁶ Susanna Lehtimäki, J. Martić, B. Wahl, K. Foster, and N. Schwalbe, “Evidence on Digital Mental Health Interventions for Adolescents and Young People: Systematic Overview,” *JMIR Mental Health* 8, no. 4 (2021):e25847. <https://mental.jmir.org/2021/4/e25847/>.

³⁷ “University of Vermont Medical Center’s Nursing Home Telepsychiatry Service,” *Rural Health Information Hub*, Accessed May 27, 2024, <https://www.ruralhealthinfo.org/project-examples/794>.

³⁸ “Rural Psychology Collaborative,” *University of Iowa College of Education*, Accessed May 27, 2024, <https://education.uiowa.edu/research/research-centers-and-research-initiatives/rural-psychology-collaborative>.

Iowa City Free Mental Health Clinic

Aims to provide transitional mental health care to underinsured/uninsured Iowans as they find a mental health home, run by medical, pharmacy and social work student volunteers, physicians, and healthcare workers. In-person and telehealth psychiatric appointments every other Saturday. Social work and pharmacy students help address unmet needs like obtaining insurance, housing instability, and managing medications.³⁹

Employee Assistance Programs (EAP)

A workplace benefit program offered by employers to provide confidential and professional assistance to employees dealing with personal or work-related problems that could affect their well-being and job performance. Also serve to de-stigmatize Mental Health. Grinnell College provides a wide range of health and Wellness benefits to employees, one of which is EPA.

HCBS Employee Training and Scholarship Grant

The ARPA (American Rescue Plan Act) HCBS (Home and Community Based Services) Employee Training and Scholarship Grant will assist qualified HCBS providers with funding employee training and scholarships for education and training in nursing, behavioral health, and other healthcare fields. Iowa Medicaid Provider Services process the applications, and the American Rescue Plan Act HCBS team distributes the funds.⁴⁰

Non-Profit Counseling Services

National and Community-based organizations providing counseling at reduced costs or free of charge. Often include support for navigating payments services. Example: Crossroads in Pella, Iowa is a local non-profit funded through local contributions. Provides free counseling services, Medicare help, men's grief group, among other services.⁴¹

Collaborative Care or Integrative Health

Cross-Walk: Integrating Behavioral Health and Primary Care

Created collaboration between services adapted from SAMHSA's Four Quadrant Clinical Integration Model. Primary care providers are trained in relevant evaluation and refer patients to behavioral health specialists. Used to address substance use and depression. Funded by 2012-2015 Federal Office of Rural Health Policy Rural Health Care Services Outreach grant.⁴²

The Minnesota Integrative Behavioral Health Program

To better serve behavioral health service requests, initiative engaged representatives across the health services, family support systems, law enforcement, schools, clergy, and others. Collaboration resulted in resource directories to improve care coordination, evaluation measurements, and better understanding of integrative care.⁴³

School-based or Juvenile Programming

See Telemedicine

³⁹ "Iowa City Free Mental Health Clinic," FMHC, Accessed May 27, 2024, <https://sites.google.com/freementalhealthcliniowacity.com/website/home>.

⁴⁰ "ARPA HCBS Employee Training and Scholarship Grant," Iowa Medicaid, Iowa HHS, Accessed May 27, 2024, <https://www.tfaforms.com/5016314>.

⁴¹ Crossroads, Accessed May 27, 2024, <https://www.crossroadspella.org/>.

⁴² "Cross-Walk: Integrating Behavioral Health and Primary Care," Rural Health Information Hub, Accessed May 27, 2024, <https://www.ruralhealthinfo.org/project-examples/837>.

⁴³ "The Minnesota Integrative Behavioral Health Program," Rural Health Information Hub, Accessed May 27, 2024, <https://www.ruralhealthinfo.org/project-examples/1019>.

School-based Health Center (SBHC) model.

Provide variety of health care services on school premises or at off-site centers linked to schools. Can include primary and preventative care as well as managing chronic illnesses including mental health.⁴⁴

I Got You: Healthy Life Choices for Teens (IGU)

Targeted at 7th and 8th grade students, provides day-long mental health education intervention modeled evidence-based on SOS Signs of Suicide Prevention Program, to improve awareness of behavioral and mental health issues through intensive community mental health outreach program.⁴⁵

Strong African American Families-Teen Program

To address teenage behavioral problems, particularly for rural African American adolescents. Rural, locally trained leaders administered five 2-hour meetings for teenagers and their primary caregivers. Teens reported reduced conduct problems, depressive symptoms, and substance abuse, and families were strengthened.⁴⁶

School Yoga Programs

A systematic review of various studies suggests that yoga programming in schools could be an effective strategy for supporting adolescent health. Implementing some programming directed towards schools (meditation, yoga, something similar) could potentially alleviate some of the consequences of not having a local child psychologist.⁴⁷

Schools that Care

Provides mental health services to rural students and families, involving mental health treatment, education programming, and case management. Initially funded through 2015-2018 Federal Office of rural Health Policy Rural Health Care Services Outreach grant.⁴⁸

Project ACTIVATE (Advancing Coordinated and Timely InterVentions, Awareness, Training and Education)

Provides three tiers of behavioral health supports (promotion, prevention, and intervention) in the school setting to improve students' access to services. Includes early identification and referral systems, prevention and intervention programs, connections with existing programs, outreach, and awareness campaigns. Was named "best practice" by Association of Maternal & Child Health Programs. Funded by SAMHSA Project AWARE State Education Agency Grant.⁴⁹

⁴⁴ "School-Based Services Integration Model," Rural Health Information Hub, Accessed May 27, <https://www.ruralhealthinfo.org/toolkits/services-integration/2/school-based>.

⁴⁵ "I Got You: Healthy Life Choices for Teens (IGU)," Rural Health Information Hub, Accessed May 27, 2024, <https://www.ruralhealthinfo.org/project-examples/817>.

⁴⁶ "Strong African American Families-Teen Program," Rural Health Information Hub, Accessed May 27, 2024, <https://www.ruralhealthinfo.org/project-examples/788>.

⁴⁷ Sat Bir S. Khalsa and Bethany Butzer, "Yoga in school settings: a research review," *Annals of the New York Academy of Sciences* 1373, no. 1 (2016):45-55, <https://doi.org/10.1111/nyas.13025>.

⁴⁸ "Schools That Care," Rural Health Information Hub, Accessed May 27, <https://www.ruralhealthinfo.org/project-examples/1057>.

⁴⁹ "Project ACTIVATE (Advancing Coordinated and Timely InterVentions, Awareness, Training, and Education)," Rural Health Information Hub, Accessed May 27, <https://www.ruralhealthinfo.org/project-examples/1076>.

Hope Squad

Nationwide program that trains youth to look after classmates and refer those with suicidal thoughts or other mental health concerns to adult advisors. Distinct curriculum for elementary, middle, and high schools.⁵⁰

Florissa

A centralized facility for children and families facing developmental, behavioral, and social/emotional issues. Includes early intervention, therapy, screening and diagnostic evaluations, training, and education, among other services. Obtained initial funding from a Federal Office of Rural Health Policy (FORHP) Rural Health Network Development Grant, with follow-up funding to expand the program from two Health Resources & Services Administration (HRSA) grants.⁵¹

PROSPER (Promoting School-community-university Partnerships to Enhance Resilience)

Delivery system that facilitates sustained, quality delivery of evidence-based programs that reduce risky youth behaviors, enhance positive youth development, and strengthen families. It links a land grant university and the public school system. Available through ISU.⁵²

All Stars Prevention

A school and community-based intervention program that targets young people and follows them from late elementary school through high school. These programs target alcohol use, drug use, bullying, and other risky behaviors to help students grow into their identities. Listed in the National Registry of Effective Prevention Programs by SAMHSA (Substance Abuse and Mental Health Services Administration) and as a promising program by the US Department of Education.⁵³

Nurse-Family Partnerships

Evidence-based health program. Nurse-family partnerships connect trained nurses with low-income, first-time mothers to reduce maternal and child mortality, improve child health and development, and improve economic self-sufficiency. This partnership may last two and a half years, from pregnancy to when the child reaches two years of age. The nurse conducts regular home visits and provides new moms with the confidence and the tools they need not only to assure a healthy start for their babies, but to envision a life of stability and opportunities for success for both mom and child. This early program has long-term effects for the mother and child, like reduced pregnancy disorders, child abuse, convictions of mothers, and behavioral issues.⁵⁴

Mental Health Navigators

A nonprofit online community that connects parents with mental health support for their children. Provides anonymous support, a Facebook group chat for peer support, and a search engine for local resources. <https://www.mentalhealthnavigators.org/>

⁵⁰ "Hope Squad," Rural Health Information Hub, Accessed May 27, <https://www.ruralhealthinfo.org/project-examples/948>.

⁵¹ "Florissa," Rural Health Information Hub, Accessed May 27, <https://www.ruralhealthinfo.org/project-examples/805>.

⁵² Prosper Partnerships, Accessed May 27, 2024, <https://prosper.ppsi.iastate.edu/how-it-works>.

⁵³ "All Stars Core," All Stars Prevention, Accessed May 27, 2024, <https://www.allstarsprevention.com/all-stars-core.html>.

⁵⁴ "Nurse-Family Partnership Overview," Nurse-Family Partnership, 2023, <https://www.nursefamilypartnership.org/wp-content/uploads/2020/08/NFP-Overview.pdf>.

Behavioral Health Intervention Services

Provide tools, training, and support to address behavioral health of children. Involve in-home or community-based skills and age-appropriate techniques to manage behavior in school, home, and community. In Iowa, these are available to Medicaid eligible children. Example: Fairfield, Iowa offers BHIS through the non-profit First Resources Corporation Therapy Center. In Grinnell, BHIS is available through Families First Counseling Services.

Children's Buildings/Clinics

To address distinct needs in welcoming environment. Example: Pathways Behavioral Services (designated Community Mental Health Center) is creating a new facility dedicated to children's mental health.

Awareness & Destigmatization

Coast to Forest: Mental Health Promotion in rural Oregon and Beyond

Provides training, education, and community partnerships to strengthen local capacity to promote mental health and substance abuse disorders. Includes Mental Health First Aid training, delivery of an adapted version of SAMHSA's Community Conversations About Mental Health, capacity building, community education and media training. Funded through USDA Rural Health and Safety Education (RHSE) program, as well as through SAMHSA through the Rural Health and Safety Education (RHSE) and Mental Health Awareness Training (MHAT) programs, as well as with local funding and collaborations. collaboration between the OSU Extension Family and Community Health Program and the OSU Center for Health Innovation. <https://www.ruralhealthinfo.org/project-examples/1096>
<https://extension.oregonstate.edu/coast-forest-mental-health-promotion-rural-oregon>

Riverfront Talks: Substance Matters Podcast

Interviews people with lived experience to reduce stigma around mental illness and substance use. <https://www.ruralhealthinfo.org/project-examples/1129>.

Community Conversations (Iowa City)

Hold open dialogues about mental health challenges and solutions. Includes a series of mental health speakers, advocates, family members, support group representatives, and experts.

Stop Mental Health Stigma Campaigns

Various events in used to publicize Mental Illness Awareness. May involve art events, run/walks, community festivals, etc. Texas System of Care held The Texas Mental Health Creative Arts Contest to educate people about how common mental illness are and to encourage its residents to seek help when they need it.⁵⁵

Additional strategies are presented on the American Psychiatric Association's website (under Patients and Families; Stigma, Prejudice and Discrimination Against People with Mental Illness).

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

⁵⁵ "About," Texas Mental Health Creative Arts Contest, Accessed May 27, 2024, <https://gallery.txsystemofcare.org/about/>.

Early Intervention and Testing

Healthy Men Michigan

Research study that tested online screening for depression, including irritability and anger, and suicide risk in working aged men in rural Michigan. Provided referrals to local and national resources. Showed success in identifying and providing impactful support.⁵⁶

Community Ambassadors and Advocates

Iowa's Make It OK, Healthiest State Initiative

Aims to promote and integrate the physical and socio-emotional wellbeing of Iowans through citizen volunteers who become Ambassadors who start conversations around topics of mental health to reduce stigma and provide resources to Iowans on living with and treating mental illness. A community campaign started by the Healthiest State Initiative nonprofit. Organizations can also sign up to partner with Make It OK for programs promoting mental health in the workplace.⁵⁷

The Back the Black movement was added to the Make It OK campaign by Black Iowans, where volunteer Representatives specifically target reducing stigma around mental health conversations in the Black community in Iowa.⁵⁸

Health or Insurance Navigators

Outer Cape Health Services Community Resource Navigator Program

Uses a community health worker model. Works with local social services, community agencies, faith-based institutions, hospitals, criminal justice system and others to connect clients to needed services.

Helps community partners work together. Helps clients identify and secure mental healthcare options, keep appointments, find funding, communicate with service providers, and more. Funded by town and local institutional grants.⁵⁹

IA Navigator. Iowa's Health Insurance Helpline

Affordable Care Act Navigators. Provide consumers with free guidance and information on available options for insurance coverage and financial assistance for health coverage, including for mental health treatments.⁶⁰

Reduce Social Isolation

Geezers, Gulpers, and Gardeners

Started by county council on aging to connect retired men in need of male friends and mutual support, to reduce isolation and depression, and high suicide rates.⁶¹

⁵⁶ "Healthy Men Michigan," Rural Health Information Hub, Accessed May 27, 2024, <https://www.ruralhealthinfo.org/project-examples/959>.

⁵⁷ "Make It OK," Iowa Healthiest State Initiative, Accessed May 27, 2024, <https://www.iowahealthieststate.com/make-it-ok>.

⁵⁸ "Back the Black," Iowa Healthiest State Initiative, Accessed May 27, 2024, <https://www.iowahealthieststate.com/back-the-black>.

⁵⁹ "Outer Cape Health Services Community Resource Navigator Program," Rural Health Information Hub, Accessed May 27, 2024, <https://www.ruralhealthinfo.org/project-examples/911>.

⁶⁰ IA Navigator, Accessed May 27, 2024, <https://acanavigator.com/ia/coverage>.

⁶¹ "Geezers, Gulpers, and Gardeners," Rural Health Information Hub, Accessed May 27, 2024, <https://www.ruralhealthinfo.org/project-examples/1031>.

Recruitment

Loan Repayment

The National Health Service Corps (NHSC) Scholarship Program awards scholarships to students pursuing an eligible training or degree program for a primary care health profession to provide primary health care services to communities in need. After training, these students may be eligible for \$75,000 for full-time and up to \$37,500 for half-time participants who are physicians, nurse practitioners, nurse midwives and physician assistants providing primary care services.⁶²

Attracting International Talent

The Iowa Conrad 30/J-1 visa waiver program allows J-1 exchange visitors to apply for a waiver of the 2-year home residency requirement upon completion of their exchange program. Waiver requests are accepted for physicians who provide primary health care, mental health care, and specialty care. Recipients of a waiver agree to a service obligation in an underserved area of the state, as designated by the federal government. The program allows for 30 waiver spots per Federal Fiscal Year (October 1 – September 30), 10 of which are considered flex spots for physicians who agree to work in non-designated areas, yet still serve residents in underserved areas. J-1 visa waiver requests are accepted annually in the fall.

Community Wellness

Community Events (Art Events)

Art events can serve as platforms for expressing and exploring mental health issues, offering both creators and participants opportunities for catharsis, empathy, and understanding. A year after the derecho of 2020, Cedar Rapids residents were invited to participate in a community-wide art event as a means to share memories, reflections, and emotions. Mental health professionals were available for informal talks and to help provide referrals.⁶³

Dialogues and Conversations (see destigmatization)

Mental Health Expo/Celebration

Community-wide event designed to provide information, resources, and tools to manage mental health issues, as well as to help destigmatize the issue. Typically feature exhibits from local mental health providers, community organizations, and nonprofits. Example seen in Story County, Iowa's 2022 event, an evening of hope and healing.

Group Sessions and Support Groups


Group Therapy

An option to expand mental health care, group therapy can complement individual therapy or be a stand-alone option. Example: in response to a 2019 community health assessment, Winneshiek Medical Center Behavioral Health has expanded mental health care access at Decorah Clinic by introducing group therapy options, including DBT Essentials for mindfulness and emotional regulation, and Cognitive Behavioral Therapy for Insomnia (CBT-I).⁶⁴

⁶² "NHSC Scholarship Program Overview," and "NHSC Loan Repayment Program," Health Resources and Services Administration, Accessed May 27, 2024, <https://nhsc.hrsa.gov/scholarships/overview>, <https://nhsc.hrsa.gov/loan-repayment/nhsc-loan-repayment-program>.

⁶³ "Art Project Offers Healing, Reflection After Derecho," Cedar Rapids, August 6, 2021, https://www.cedar-rapids.org/news_detail_T6_R1655.php.

⁶⁴ "Mental health care access at Winneshiek Medical Center expands with group therapy," WinnMed, November 15, 2021, <https://winmed.org/news/mental-health-care-access-at-winneshiek-medical-center-expands-with-group-therapy>.



NAMI Connection Recovery Support Group


Free, peer-led support group for any adult who has experienced symptoms of a mental health condition, led by trained leaders with personal mental health history. Online and local chapters.⁶⁵

NAMI Family Support Groups

Support group for family members, significant others, and friends of people with mental health conditions. Gain insight from the challenges and successes of others facing similar experiences.⁶⁶

⁶⁵ NAMI Central Iowa, Last Accessed May 27, 2024, <https://namicentraliowa.org/>

⁶⁶ NAMI Central Iowa



Appendix 4. Funding Options for Mental Health

We reviewed and curated over 150 “Funding Options” listed on the Rural Health Information Hub’s Funding by Topic Page (<https://www.ruralhealthinfo.org/funding/topics/mental-health>). Some of these programs are currently inactive, meaning the deadline had passed at the time of research. However, they may be renewed, and the range of sponsors may also be useful for searching for upcoming programs. Below, we include those funds that appear most relevant for Grinnell, though we cannot be certain that Grinnell would be eligible. We focus on programs that have been active in the last two years.

Sources of Funding

The following is a general list of organization that provide (or have recently provided) funding for mental health issues. These have been identified through exploring the funding bases of various policy options (Appendix 3), peer community activities, and grant sources. This is not intended as an exhaustive list.

Federal Programs

- U.S. Department of Health and Human Services
 - Health Resources and Services Administration
 - Bureau of Health Workforce
 - Bureau of Primary Health Care
 - Federal Office of Rural Health Policy
 - Maternal and Child Health Bureau,
 - Substance Abuse and Mental Health Services Administration
- U.S. Department of Education
 - Office of Elementary and Secondary Education (OESE)
 - Rural Health and Safety Education
- U.S. Department of Agriculture
 - National Institute of Food and Agriculture
- U.S. Department of Justice
 - Bureau of Justice Assistance
 - Office of Juvenile Justice Delinquency Prevention
 - Office of Community Oriented Policing Services
- U.S. Department of Labor
 - Employment and Training Administration
 - Veterans Employment and Training Service
- Centers for Disease Control and Prevention
- U.S. Department of Veterans Affairs

Other Funding Sources

- AgriSafe Network
 - University of Wisconsin - Green Bay, Behavioral Health Training Partnership, Wisconsin Farm Center
 - Education Development Center, Inc.
 - American Psychological Foundation
 - The Cigna Group
 - Great Plains Center for Agricultural Health
-

Grant Programs and Funds from the Rural Health Information Hub

The following is a list of specific grant programs that have been active in the last two years. These have all been taken directly from the Rural Health Information Hub. The Link is provided directly after each program.

NHSC Rural Community Loan Repayment Program

Loan repayment assistance for medical, nursing, and behavioral/mental health clinicians with specific training and credentials to provide evidence-based substance use disorder treatment in rural communities designated as Health Professional Shortage Areas. Sponsors: Bureau of Health Workforce, Health Resources and Services Administration, National Health Service Corps, U.S. Department of Health and Human Services. <https://www.ruralhealthinfo.org/funding/4675>.

Safe and Supportive Schools: Mental Health Service Professional (MHSP) Demonstration Grant Program

Grants to support and demonstrate innovative partnerships to train school-based mental health services providers with the goal of increasing the number and diversity of high-quality, trained providers available to address the shortages of mental health service professionals in high need schools. Small, rural schools fall under the definition of high need local education agencies, and partnerships with historically Black colleges and universities, tribal colleges and universities, and other minority serving institutions are a program priority. Sponsor: U.S. Department of Education. <https://www.ruralhealthinfo.org/funding/5714>.

Promoting Access to Crisis Teams - Community Policing Development Solicitation

Grants to create or expand crisis intervention teams and to embed mental and behavioral health services with law enforcement agencies so they can better respond to individuals in crisis in the community. Rural and tribal agencies are encouraged to apply. Sponsors: Office of Community Oriented Policing Services, U.S. Department of Justice. <https://www.ruralhealthinfo.org/funding/6155>.

Fiscal Year 2024 Behavioral Health Service Expansion

Funding to support health centers to increase access to behavioral health services through starting or expanding mental health and substance use disorder (SUD) services. Sponsors: Bureau of Primary Health Care, Health Resources and Services Administration, U.S. Department of Health and Human Services. <https://www.ruralhealthinfo.org/funding/6172>.

Mental Health Service Professional Demonstration Grant Program

Grants to support and demonstrate innovative partnerships to train school-based mental health services providers for employment in high need schools and local educational agencies. Sponsors: Office of Elementary and Secondary Education (OESE), U.S. Department of Education. <https://www.ruralhealthinfo.org/funding/4715>.

Stand Down Grants

Provides funding for events that offer homeless veteran populations a variety of social services designed to help them to reintegrate into their communities, such as housing, healthcare, and employment opportunities. Sponsors: U.S. Department of Labor, Veterans Employment and Training Service. <https://www.ruralhealthinfo.org/funding/1236>.

AgriSafe FarmResponse On-Demand Course

Online, on-demand course that provides training on competencies that are necessary to provide appropriate mental healthcare for agricultural producers and their families. Sponsor: AgriSafe Network. <https://www.ruralhealthinfo.org/funding/5537>.

Supporting Farmers' Mental Health: Understanding Farm Culture and Farm Family Dynamics

A self-paced, online training course designed to help behavioral health providers better understand and address the mental health needs and challenges of farmers and their family members. Sponsor: University of Wisconsin - Green Bay, Behavioral Health Training Partnership, Wisconsin Farm Center. <https://www.ruralhealthinfo.org/funding/5058>.

Zero Suicide Academy

A 2-day training for senior leaders of healthcare and behavioral healthcare organizations that seek to dramatically reduce suicides among patients in their care. Sponsor: Education Development Center, Inc. <https://www.ruralhealthinfo.org/funding/4147>.

Opioid-Impacted Family Support Program

Grants to support training programs that expand the number of peer support specialists and other behavioral health-related paraprofessionals who are trained to work in integrated, interprofessional teams to provide services to children whose parents and/or guardians are impacted by opioid use disorders (OUD) and other substance use disorders (SUD). Sponsors: Health Resources and Services Administration, U.S. Department of Health and Human Services. <https://www.ruralhealthinfo.org/funding/4855>.

Adult Treatment Court Site-Based

Grants and technical assistance to enhance the operations of adult drug courts, which includes service coordination, management of treatment court participants, fidelity to the model, and recovery support services. Courts should integrate evidence-based substance abuse treatment, random drug testing, equitable sanctions and incentives, and transitional services in judicially-supervised court settings with jurisdiction over offenders to reduce recidivism, substance abuse, and prevent overdoses. Rural communities are a program priority. Sponsors: Bureau of Justice Assistance, U.S. Department of Justice. <https://www.ruralhealthinfo.org/funding/4384>.

School Based Mental Health Services Grant Program

Grants to increase the number of qualified mental health service professionals providing school based mental health services to students in local educational agencies with a demonstrated need. Sponsor: U.S. Department of Education. <https://www.ruralhealthinfo.org/funding/4962>.

Staff Sergeant Fox Suicide Prevention Grants

Community-based grants for eligible entities to provide, or coordinate the provision of, suicide prevention services to eligible veterans and their families. Priority is given to rural communities, tribal lands, medically underserved areas, and U.S. Territories. Sponsor: U.S. Department of Veterans Affairs. <https://www.ruralhealthinfo.org/funding/5531>.

Second Chance Act Pay for Success Program

Grants to provide services and programs through performance- or outcomes-based contracts to improve reentry, reduce recidivism, and address the treatment and recovery needs of people with mental health, substance use, or co-occurring disorders who are currently or were formerly involved in the criminal justice system. Sponsors: Bureau of Justice Assistance, U.S. Department of Justice. <https://www.ruralhealthinfo.org/funding/4886>.

Grants to Expand Substance Abuse Treatment Capacity in Adult and Family Treatment Drug Courts

Grants to enhance and expand substance use disorder treatment services in existing drug courts, recognizing the need for treatment instead of incarceration for individuals with substance use disorders. Sponsors: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. <https://www.ruralhealthinfo.org/funding/4074>.

Rural Emergency Medical Services Training Grant

Grants to recruit and train emergency medical services personnel in rural areas with a focus on addressing substance use disorders and co-occurring mental health conditions. Sponsors: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. <https://www.ruralhealthinfo.org/funding/4864>.

Children, Youth, and Families At-Risk Sustainable Community Projects

Grants for cooperative extension to work in collaboration with other organizations to develop and deliver educational programs that help at-risk youth build the skills they need to lead positive, productive, and contributing lives. Considerations should include children and youth facing issues related to substance use, violence, crime, mental health, teen pregnancies, sexually transmitted infections, obesity, and poverty, among others. Sponsors: National Institute of Food and Agriculture, U.S. Department of Agriculture. <https://www.ruralhealthinfo.org/funding/5758>.

Grants for Expansion and Sustainability of the Comprehensive Community Mental Health Services for Children with Serious Emotional Disturbances

Grants to improve the mental health outcomes for children and youth, birth through age 21, at risk for or with serious emotional disturbances (SED), and their families. Rural and tribal populations are priorities, among others. Sponsors: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. <https://www.ruralhealthinfo.org/funding/6077>.

YouthBuild Grants

Grants to organizations providing pre-apprenticeship services that support education, occupational skills training, and employment services for at-risk youth, ages 16 to 24, while performing meaningful work and service to their communities. The YouthBuild program model contains wrap-around services such as mentoring, trauma-informed care, personal counseling, transportation support, and employment. Applications from rural, urban, and Native American organizations are encouraged. Sponsors: Employment and Training Administration, U.S. Department of Labor. <https://www.ruralhealthinfo.org/funding/4695>.

AmeriCorps State and National Public Health AmeriCorps Grants

Funding to support the recruitment, training, and development of public health leaders able to provide service in response to the public health needs of urban and rural communities. Sponsors: AmeriCorps, Centers for Disease Control and Prevention. <https://www.ruralhealthinfo.org/funding/5621>.

John and Polly Sparks First Responder Grant for Rural First Responders Mental Health Interventions

Grants for evidence-based research and intervention in providing mental health training dissemination to first responders in rural areas. Sponsor: American Psychological Foundation. <https://www.ruralhealthinfo.org/funding/5867>.

Building Local Continuums of Care to Support Youth Success

Funding for planning and assessing promising and evidence-based prevention and intervention services that will inform the development of a community-based continuum of care for youth at risk of becoming or already involved in the juvenile justice system. Rural and tribal jurisdictions are a program priority.

Sponsors: Office of Juvenile Justice Delinquency Prevention, U.S. Department of Justice.

<https://www.ruralhealthinfo.org/funding/5966>.

Cigna Health and Well-Being Grants

Grants to address mental health and the root causes of health inequity, including supporting under-resourced and systemically disadvantaged communities with poor social determinants of health. Rural and tribal communities are a priority, among other disparity populations. Sponsor: The Cigna Group.

<https://www.ruralhealthinfo.org/funding/5993>.

Full-Service Community Schools Program

Funding to establish or expand full-service community schools, which are designed to improve the coordination, integration, accessibility, and effectiveness of services for children and families, with a priority given to high poverty rural schools. Sponsor: U.S. Department of Education.

<https://www.ruralhealthinfo.org/funding/3560>.

Preventing Youth Overdose: Treatment, Recovery, Education, Awareness, and Training

Grants to increase services across the spectrum of prevention, treatment, and recovery for youth and young adults with, or at risk for, opioid use disorder and/or co-occurring disorders by supporting local efforts to raise awareness about fentanyl, improve access to treatment with medications, and to support youth with their treatment and recovery. Tribal and rural populations are a program priority.

Sponsors: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. <https://www.ruralhealthinfo.org/funding/5836>.

National Health Service Corps Site Application

Apply to be a National Health Service Corps Site to receive recruitment and retention assistance, networking opportunities, and other benefits. Sponsors: Bureau of Health Workforce, Health Resources and Services Administration, National Health Service Corps, U.S. Department of Health and Human Services.

<https://www.ruralhealthinfo.org/funding/839>.

Pediatric Mental Health Care Access Program

Funding to promote behavioral health integration in pediatric primary care by supporting the development of new, or the improvement of existing, statewide, or regional pediatric mental healthcare telehealth access programs. Sponsors: Health Resources and Services Administration, Maternal and Child Health Bureau, U.S. Department of Health and Human Services.

<https://www.ruralhealthinfo.org/funding/4434>.

Screening and Treatment for Maternal Mental Health and Substance Use Disorders

Funding to expand the capacity of healthcare providers to screen, assess, treat, and refer pregnant and postpartum people for maternal mental health and substance use disorders. Tribal, rural, and other medically underserved areas are a program priority. Sponsors: Health Resources and Services Administration, U.S. Department of Health and Human Services.

<https://www.ruralhealthinfo.org/funding/5809>.

National Strategy for Suicide Prevention

Grants to support states and communities to implement suicide prevention and intervention programs for adults, with an emphasis on older adults, adults in rural areas, and American Indian and Alaska Native (AI/AN) adults. Sponsors: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.

<https://www.ruralhealthinfo.org/funding/4854>.

Cooperative Agreements to Implement Zero Suicide in Health Systems

Grants to implement the Zero Suicide Model, a comprehensive, multi-setting approach to suicide prevention in health systems. Sponsors: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. <https://www.ruralhealthinfo.org/funding/4150>.

Healthy Transitions: Improving Life Trajectories for Youth and Young Adults with Serious Mental Disorders Program

Grants to improve and expand access to developmentally, culturally, and linguistically appropriate services and supports for transition-aged youth and young adults (ages 16-25), who either have, or are at risk for developing, serious mental health conditions. Sponsors: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. <https://www.ruralhealthinfo.org/funding/4340>.

Treatment for Individuals with Serious Mental Illness, Serious Emotional Disturbance or Co-Occurring Disorders Experiencing Homelessness

Grants to eligible entities to provide comprehensive, coordinated and evidenced-based services for individuals, youth, and families with a serious mental illness, serious emotional disturbance, or co-occurring disorder, who are experiencing homelessness or at imminent risk of homelessness. Sponsors: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. <https://www.ruralhealthinfo.org/funding/4291>.

Mental Health Awareness Training Grants

Grants to prepare and train school personnel, emergency first responders, law enforcement, and community-based agency staff on how to appropriately and safely recognize and respond to individuals with mental disorders. Sponsors: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. <https://www.ruralhealthinfo.org/funding/4365>.

Health Center Program School-Based Service Expansion

Grants to add new Health Center Program service delivery sites at schools or expand comprehensive primary healthcare services at existing Health Center Program service delivery sites located at schools. Sponsors: Bureau of Primary Health Care, Health Resources and Services Administration, U.S. Department of Health and Human Services. <https://www.ruralhealthinfo.org/funding/5151>.

National Child Traumatic Stress Initiative - Category III Community Treatment and Services Centers (CTS)

Grants to increase access to treatment and services for all children and adolescents, and their families who have experienced traumatic events. Sponsors: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. <https://www.ruralhealthinfo.org/funding/1499>.

Integrated Substance Use Disorder Training Program (ISTP)

Grants to plan, develop, and operate a training program for nurse practitioners, physician assistants, health service psychologists, counselors, nurses, and/or social workers that trains practitioners to provide care for individuals in need of mental health and substance use disorder prevention, treatment, and recovery services. Sponsors: Bureau of Health Workforce, Health Resources and Services Administration, U.S. Department of Health and Human Services. <https://www.ruralhealthinfo.org/funding/5107>.

Offender Reentry Program

Grants to expand substance use disorder (SUD) treatment and related recovery and reentry services to sentenced adult offenders/ex-offenders with a SUD and/or co-occurring substance use and mental disorders, who are returning to their families and community from incarceration. Sponsors: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. <https://www.ruralhealthinfo.org/funding/4265>.

Healthy Tomorrows Partnership for Children Program

Grants to support community-based child health projects that improve the health of mothers, infants, children, adolescents, and families in rural and other underserved communities by increasing their access to health services. Sponsors: Health Resources and Services Administration, Maternal and Child Health Bureau, U.S. Department of Health and Human Services. <https://www.ruralhealthinfo.org/funding/986>.

Great Plains Center for Agricultural Health Community-Track Pilot Project Grants

Grants for community-based projects working to prevent agricultural injury and illness through training and educational campaigns. Priority will be given to projects addressing the conditions of work related to stress and mental health, the prevention of slips/trips/falls and other traumatic injuries, and chemical safety. Geographic coverage: Indiana, Iowa, Illinois, Kansas, Minnesota, Missouri, Nebraska, Ohio, Wisconsin. Sponsor: Great Plains Center for Agricultural Health. <https://www.ruralhealthinfo.org/funding/3856>.

Appendix 5: Questionnaire Guide for Community Discussion Hosts

Part 1: The nature of the Problem

- What is the problem here? What's wrong with our current mental health care services?
- How bad is this problem?
- What are some specific examples of this problem?
- Are some areas of mental health care services more in need of improvement or expansion than others?
- Is the problem worse at particular times (e.g., of the year)?
- How long has this been an issue? Is it getting better, worse?
- How extensive is this problem? Are there some areas in the community where this is more of a problem?

Part 2: The Impacts or consequences

- How does this issue affect you or your family?
- Can you give some specific examples of when and how you have been affected?
- How have you had to adapt to the lack of sufficient mental health care services in Grinnell?
- What challenges do you and your family personally face in finding ways to adapt to the lack of sufficient services in Grinnell?
- How does this issue affect the community?
- Are some people more affected than others?
- What happens if nothing is done?

Part 3: The Causes

- Why does this problem exist?
- Why haven't we been able to solve this issue?
- What will be the obstacles to getting this need met for the community?

Part 4: Solutions

- What ideas for solutions do you have for individuals, families, or the community as a whole?
- What efforts have been made to address this issue in the past? What happened to them?
- Are you aware of current efforts to address this issue? Please share.
- What do you see as the community's strengths in regard to this issue? (What is working well? What might we build on?)
- Are there groups or individuals in the community that would be helpful or central in addressing this?
- Are there funding resources available to help address this?

Part 5: Other

- What else do you want us to know or be thinking about in relation to this issue?