Iowa

UNIFORM APPLICATION
2011

STATE IMPLEMENTATION REPORT
COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT

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Center for Mental Health Services

Division of State and Community Systems Development

Introduction:

The CMHS Block Grant application format provides the means for States to comply with the reporting provisions of the Public Health Service Act (42 USC 300x-21-64), as implemented by the Interim Final Rule and the Tobacco Regulation for the SAPT Block Grant (45 CFR Part 96, parts XI and IV, respectively).

Public reporting burden for this collection of information is estimated to average 563 hours per response for sections I-III, 50 hours per response for Section IV-A and 42 hours per response for Section IV-B, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0080); Room 16-105, Parklawn Building; 5600 Fishers Lane, Rockville, MD 20857.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0168.

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State: Iowa

Please respond by writing an Executive Summary of your current year's application.

EXECUTIVE SUMMARY

This Implementation Report for the Mental Health Block Grant covers activities and expenditures occurring in SFY 11-July 1, 2010 to June 30, 2011. Many of the issues identified as needing improvement in the SFY 11 plan have been issues of long-standing concern in Iowa and have been addressed in previous plans and reports as well as current and ongoing system redesign efforts. Iowa's current mental health redesign and reform efforts appears to have a high level of commitment from the legislative, executive, and judicial branches of government to effect real system change in regard to how publicly funded mental health and disability services are funded and provided in Iowa. Priorities identified in the legislation include identification of funding sources for Medicaid and non-Medicaid individuals, development of core services definitions, addressing multi-occurring conditions, statewide access to services, measurement of quality and outcomes, provider certification, workforce capacity, and availability of crisis services among other identified issues.

The SMHA experienced leadership change with the retirement of Jeanne Nesbit as Division Administrator of the Division of Mental Health and Disability Services in May 2011 and the hiring of Richard Shults as Division Administrator in September 2011. Mr. Shults brings multi-state experience in managing and administering mental health and disability services, both at the state and the provider level. He also has previous experience managing the Mental Health Block Grant in the state of Kansas.

The SMHA and the Department of Human Services is deeply involved in the legislatively mandated redesign of Mental Health and Disability Services described in the SFY 12 MHBG application and this SFY 11 implementation report. The Mental Health and Disability Services system redesign is a multi-year initiative which began in SFY 11 and will continue through SFY 13 at a minimum. Many of the needs identified in the SFY 11 MHBG application which will be reviewed in this implementation plan are also in the process of being addressed by the workgroups and the Legislative Interim Committee established as part of the redesign legislation, and may ultimately be brought to the Iowa General Assembly in 2012 for consideration of further changes in Iowa law and policy. The information gathered from consumers, family members, stakeholders, and other interested members of the public through the redesign process will help focus the State's utilization of Mental Health Block Grant funds toward achieving the goals identified through the State Olmstead Plan referenced in the SFY 11 and SFY12 Block Grant Applications as well as to help align usage of Block Grant funds with the final goals of the Mental Health and Disability Services System redesign.

II. SET-ASIDE FOR CHILDREN'S MENTAL HEALTH SERVICES REPORT

States are required to provide systems of integrated services for children with serious emotional disturbances(SED). Each year the State shall expend not less than the calculated amount for FY 1994.

Data Reported by:

State FY ___X___ **Federal FY _____**

State Expenditures for Mental Health Services

Calculated FY 1994	Actual FY 2010	Estimate/Actual FY 2011
$11,851,615	$35,947,073	$38,234,573

Waiver of Children's Mental Health Services

If there is a shortfall in children's mental health services, the state may request a waiver. A waiver may be granted if the Secretary determines that the State is providing an adequate level of comprehensive community mental health services for children with serious emotional disturbance as indicated by a comparison of the number of such children for which such services are sought with the availability of services within the State. The Secretary shall approve or deny the request for a waiver not later than 120 days after the request is made. A waiver granted by the Secretary shall be applicable only for the fiscal year in question.

III. MAINTENANCE OF EFFORT(MOE) REPORT

States are required to submit sufficient information for the Secretary to make a determination of compliance with the statutory MOE requirements. MOE information is necessary to document that the State has maintained expenditures for community mental health services at a level that is not less than the average level of such expenditures maintained by the State for the 2-year period preceding the fiscal year for which the State is applying for the grant.

MOE Exclusion

The Secretary may exclude from the aggregate amount any State funds appropriated to the principle agency for authorized activities of a non-recurring nature and for a specific purpose. States must consider the following in order to request an exclusion from the MOE requirements:

1. The State shall request the exclusion separately from the application;
2. The request shall be signed by the State's Chief Executive Officer or by an individual authorized to apply for CMHS Block Grant on behalf of the Chief Executive Officer;
3. The State shall provide documentation that supports its position that the funds were appropriated by the State legislature for authorized activities which are of a non-recurring nature and for a specific purpose; indicates the length of time the project is expected to last in years and months; and affirms that these expenditures would be in addition to funds needed to otherwise meet the State's maintenance of effort requirement for the year for which it is applying for exclusion.

The State may not exclude funds from the MOE calculation until such time as the Administrator of SAMHSA has approved in writing the State's request for exclusion.

States are required to submit State expenditures in the following format:

MOE information reported by:

State FY ___X___ Federal FY _____

State Expenditures for Mental Health Services

Actual FY	Actual FY	Actual/Estimate FY

2009	2010	2011
$124,529,412	$114,639,695	$123,679,031

MOE Shortfalls

States are expected to meet the MOE requirement. If they do not meet the MOE requirement, the legislation permits relief, based on the recognition that extenuating circumstances may explain the shortfall. These conditions are described below.

(1). Waiver for Extraordinary Economic Conditions

A State may request a waiver to the MOE requirement if it can be demonstrated that the MOE deficiency was the result of extraordinary economic conditions that occurred during the SFY in question. An extraordinary economic condition is defined as a financial crisis in which the total tax revenues declined at least one and one-half percent, and either the unemployment increases by at least one percentage point, or employment declines by at least one and one-half percent. In order to demonstrate that such conditions existed, the State must provide data and reports generated by the State's management information system and/or the State's accounting system.

(2). Material Compliance

If the State is unable to meet the requirements for a waiver under extraordinary economic conditions, the authorizing legislation does permit the Secretary, under certain circumstances, to make a finding that even though there was a shortfall on the MOE, the State maintained material compliance with the MOE requirement for the fiscal year in question. Therefore, the State is given an opportunity to submit information that might lead to a finding of material compliance. The relevant factors that SAMHSA considers in making a recommendation to the Secretary include: 1) whether the State maintained service levels, 2) the State's mental health expenditure history, and 3) the State's future commitment to funding mental health services.

Adult - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

Adult and Child-Summary of Areas Previously Identified by State as Needing Improvement

The items identified in this section of the SFY 11 application and plan have been issues needing improvement in Iowa for several years and have been addressed in previous plans and reports as well as current and ongoing system redesign efforts. Mental health and disability services system redesign legislation and activities are detailed in section I.2 –"**Most significant events that impacted the State Mental Health System in the previous fiscal year**" and are referenced throughout this document as the impact of this process is ongoing, significant, and will affect how the state utilizes the Block Grant to assist with the redesign of the mental health system toward a more flexible, consumer-driven system that is focused on serving individuals in the least restrictive, most integrated settings possible.

Inadequacy of information systems capacity, with a particular focus on outcomes

The redesign legislation passed in 2011 specifically directed the Departments of Human Service, Public Health, and county representatives to develop an implementation plan for an integrated data and statistical information system for mental health, disability services, and substance abuse services that meets federal requirements.

The legislatively mandated workgroups referenced in Section 1.2 also addressed the definition of outcomes and how to measure them in a way that was meaningful to consumers and the public. Progress was made at identifying core service domains that outcomes should be measured. Due to time limitations, the workgroups did not identify specific outcomes and reporting measures but did recommend that an Outcomes and Performance Measures committee be established, finalize recommendations for future outcomes measurement, and review current data collection requirements to ensure that duplicative or unnecessary data collection is not occurring. The focus of this committee would be to identify outcomes to be measured in the mental health and disability services system. Core service domains identified for outcomes measurement include:

- Acute Care and Crisis Intervention Services
- Mental Health Treatment
- Mental Health Prevention
- Community Living
- Employment
- Recovery Supports
- Family Supports
- Health and Primary Care Services
- Justice Involved Services
- Workforce Development

As of Jan. 1, 2011, the SMHA also began collecting client-level data from community mental health centers receiving Block Grant funding through the Consumer Health Inventory (CHI) and

Consumer Health Inventory-Child (CHI-C) administered by Magellan Health Services, Iowa's Medicaid managed care contractor. The CHI and CHI-C are real time health assessments, filled out by the consumer and, if approved by the consumer, shared with their mental health provider. CHI and CHI-C provides basic health information, ethnicity, age, sex, housing, school or work information and information pertaining to criminal justice involvement.

Inequities in access to and quality of mental health services across the state:

The redesign legislation identifies this issue as critical. The intent of the legislation is to replace the current county based system of disability services with one that is operated regionally with core services mandated statewide and eligibility based on residency, not legal settlement. The goal is that there will be multiple local access points and more consistency across the state in terms of core services available. The outcomes measurement efforts referenced above will also help to address quality issues across the system and help Iowa identify and support quality mental health services and supports.

Limitations in educational opportunities for front-line mental health staff

Iowa continues to utilize Block Grant funding to support education opportunities for mental health providers, consumers, and the public. Community mental health centers receiving block grant funds have received training in a wide variety of evidenced based and best practices. These practices include, but are not limited to, trauma-informed care, co-occurring/multi-occurring competency training, peer support services, parent child interaction therapy (PCIT), Mental Health First Aid train the instructor training, Incredible Years, cognitive behavioral therapy, dialectical behavior therapy, Wraparound, crisis intervention, WRAP, supported employment, and Illness Management Recovery. Use of the Block Grant has greatly increased the scope and amount of training available to Iowa mental health providers and the public. It has also increased access to evidence based practices and services for consumers of mental health services.

Limitations of available state funding to fully implement recommendations

Funding will be an ongoing issue as the mental health and disability service system is redesigned. Iowa is examining how current funding is prioritized and if there are opportunities to use available resources more effectively. As an example, Iowa is engaged in reviewing the approximately 130 children currently placed in out of state residential treatment facilities for consideration of return to the state, either in community-based or in-state residential settings. This effort was a priority task of the Children's Disability Services workgroup as directed by the Legislature and will continue to be a focus of attention in the coming year. Iowa is considering development of a specialized health home for children with serious emotional disturbance to address the needs of children placed out of state, as well as children at risk for out of home and out of state placements. Out of state placements cost the state significantly more than in-state treatment or community-based services, in addition to making it more difficult for children and families to maintain connections, participate in family therapy, and transition back to their home communities.

Need for crisis intervention services

A pilot crisis intervention service project that includes peer-delivered services was implemented in SFY 11 in one location. The redesign legislation also directed the development of crisis services statewide. The workgroups identified this as a critical component of a redesigned system and included it in the recommendations to the legislative interim committee. Individual providers and local areas continue to develop crisis intervention capability with assistance from the Block Grant with the goal of developing regional capability.

Development of Systems of Care for Children and Youth

The Children's Disability Services workgroup recommended development of a Systems of Care framework in its report to the Legislative Interim Committee along with implementation of core services for children to include intensive care coordination, family peer support, and crisis services. Iowa currently has two Systems of Care, Community Circle of Care serving 10 counties in northeast Iowa and Central Iowa System of Care, serving two counties in central Iowa. Numbers of children served by those two projects increased in SFY 11. Additionally, Scott County has chosen to align with the Community Circle of Care and is using local funding to support development of a local System of Care as well. The Legislature also authorized additional funds to develop a System of Care in Linn and Cerro Gordo Counties through a request for proposal (RFP) process. This RFP is in development and will be released in December 2011.

Adult - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

Adult and Child-Most Significant Events that Impacted the State Mental Health System in the previous fiscal year

Mental Health and Disability Services System Redesign

In 2011, the Iowa General Assembly enacted, and Governor Branstad signed, Senate File 525, which directed the Department of Human Services to develop a workgroup process with stakeholders, consumers, family members, providers, and other community members. The purpose of the workgroup process was to develop recommendations to be submitted to a legislative interim committee regarding redesign of the publicly funded mental health and disability system in Iowa. Workgroups began meeting in August 2011. Initial recommendations were submitted to the legislative committee on Oct. 31, 2011. DHS will submit a final report on Dec. 9, 2011. The legislative committee is to develop legislation that will propose a redesign of the current county-based system of mental health and disability services into a regional system. The purpose of the redesign is to provide greater consistency of services across the state, more equitable funding for such services, and to accommodate the expected influx of individuals into the Medicaid system due to potential PPACA enactment in 2014. Adults with serious mental illness, especially those who currently are not Medicaid eligible, are primary consumers of the current county-based system and will benefit from a redesigned mental health system.

An incentive for the workgroups and the legislature to develop concrete proposals is the repeal of the funding and structure of the current county-based system built into the legislation. The repeals are effective July 1, 2013. This bipartisan legislation will move Iowa toward the goal of achieving a good and modern mental health and disability services system.

The workgroup meetings were open to the public and designed to encourage public comment and involvement. The Office of Consumer Affairs also assisted the SMHA in convening nine meetings between DHS leadership and consumer and advocacy groups across the state to provide input regarding the redesign process.

The workgroup goals were to identify a wide variety of system issues including best practices, eligibility criteria for individuals served, the array and definition of core services, quality assurance and outcome measures, work-force cultural competency issues, mental health workforce shortages, funding of the system, sub-acute level of care, mental health crisis response services, and provider accreditation, certification, and licensure. The workgroups were also to consider co-occurring disorders across all of the workgroups as well as include Olmstead principles in their recommendations. Workgroup members included representation from Iowa Substance Abuse Prevention and Treatment Block Grant stakeholders. The Iowa Department of Public Health, Director of the Division of Behavioral Health, is the State Substance Abuse Authority, (SSA), and is a member of the Adult Mental Health Workgroup. Other IDPH SSA staff and providers were also key participants in the workgroup process.

The five workgroups created from the legislation were:

- Adult Mental Health
- Adult Intellectual/Developmental Disability
- Children's Disability (includes mental health and other disabilities)

- Brain Injury
- Regional System

In addition to the workgroups listed, there was also a Judicial Branch and Department of Human Services workgroup convened and a PMIC transition workgroup. The court workgroup is focusing specifically on the issues surrounding individuals who are involuntarily committed for mental health evaluation and treatment, or chronic substance abuse. Workgroup topics include, but are not limited to, consideration of implementation of jail diversion programs, mental health crisis intervention training for law enforcement personnel, funding and supervision issues related to mental health and substance abuse advocates, civil commitment prescreening procedures, and other proposals related to ensuring that those who are involved with the judicial system due to mental health needs are provided appropriate assessment and diverted to the mental health system when appropriate.

The PMIC workgroup is focused on transition of PMIC services to the Iowa Plan, Iowa's managed care plan for mental health services. The expected outcome is to improve coordination of residential treatment services with the community based service array, address lengths of stay, develop specialized programs to serve children currently not served in in-state facilities, and identify outcomes measures. DHS staff, PMIC representatives, and interested members of the public are participating in the workgroup and will provide recommendations to the Legislative Interim Committee for implementation of the transition plan.

In addition, the bill required formation of a work group for developing implementation provisions for an integrated data and statistical information system for mental health, disability services, and substance abuse services. The SMHA, the SSA, and county representatives will participate in this workgroup.

Flooding

Iowa has also experienced another flooding event in the past year. On June 2, 2011, the Governor's office issued a State Emergency Disaster proclamation authorizing the use of state resources for Fremont, Harrison, Mills, Monona, Pottawattamie and Woodbury counties in western Iowa. On July 14, 2011 the State Individual Assistance Program was implemented for the same six counties.

This flooding event was substantially different from most floods in which the water rises quickly and then soon recedes. The Missouri River rose above flood stage in the end of May and did not drop below flood stage until the end of September, approximately 120 days later. The length of this event has created significant hardships and challenges in both the public and private sectors. The damage to public infrastructure, businesses, communities, individuals and to the overall economy in this region is of enormous concern and will take years to fully recover. The SMHA provided immediate coordination of behavior health response teams in the region and is currently coordinating the Crisis Counseling Assistance and Training Program for the affected region.

Adult - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

Adult and Child -Purpose State FY BG Expended-Recipients-Activities Description

Iowa has endeavored to expend the mental health block grant equally between programs, initiatives, and services for adults with Serious Mental Illness and children with Serious Emotional Disturbances and their families. Some funding, such as that to Community Mental Health Centers, is required to be divided by each agency with 50% of received funding to go toward adult services/programs and 50% to children's services/programs. Typically, agencies would use their funds for each population for adult or child specific EBP trainings or services. In SFY11, several CMHCs have begun to use Block Grant funding for initiatives such as development of trauma-informed systems of care or crisis services that serve both populations and promote system transformation. The funding is still divided equally between child and adult for monitoring purposes.

State legislative language mandates that Iowa expend 70% of the MHBG funding to community mental health centers designated by county authorities for development and implementation of evidence based practices. The 70% is after the 5% administrative costs and the $200,000 for the State Payment Program are subtracted from the original grant received. The Iowa Legislature mandates that $200,000 of the MHBG is allocated to the State Payment Program (SPP). The SPP is a state funded program to pay for costs of mental health services for adults who have no established Iowa county of legal settlement. The funds from the SPP are allocated to the county funding source serving the individual. As the redesign legislation directs that legal settlement be replaced by a residency criteria, this may affect use of the funds as the system redesign progresses.

This formula based funding was distributed to thirty-seven (37) community mental health centers (CMHCs) in SFY 11. Iowa elected to move contracts with community mental health centers to the federal fiscal year in 2011 to improve financial tracking and management. This led to overlapping state fiscal year and federal fiscal year contracts during the first three quarters of SFY 11 and higher than normal expenditures during this time period.

The majority of the CMHCs utilized the block grant funding to provide training and education of several evidence based practices to their clinicians. CMHCs also dedicated portions of their contract funding to support efforts in collecting outcome data by consumers. Some CMHCs dedicated portions of their funding to pay for direct services to consumers who had no other financial means and for development of crisis services.

For the adults with SMI population, the EBP's included interventions for individuals with complex needs or dually diagnosed, dialectical behavior therapy, trauma-informed care, supported employment, peer support and recovery center services, illness management recovery (IMR), Systems Training for Emotional Predictability and Problem-Solving (STEPPS), Mental Health First Aid, and mental health services to older adults. For children with SED, the EBP's included Parent Child Interaction Therapy (PCIT), parent management training, trauma-informed care, cognitive behavioral therapy, wraparound, Incredible Years, WRAP for children, Systems of Care development, and school-based services.

Other Block Grant funding is expended through intergovernmental agreements with state universities. The Iowa Consortium for Mental Health (ICMH) at the University of Iowa received funding to provide training, consultation, and outcome data gathering. The ICMH staff provided technical assistance to providers and facilitated discussions about practice issues, specific evidence based practice research and coordinated work between national experts, the SMHA, and the CMHCs. University of Iowa Center for Disabilities and Development (CDD) provided technical assistance and support for the development of the state Olmstead plan, System of Care development, Mental Health Planning Council support, best practices for employment supports, and PASSR implementation. For SFY 12, the University of Iowa Center for Disabilities and Development will assume the technical assistance and training functions previously carried out by the ICMH.

The Block Grant provided continued funding to the University of Iowa, Center on Aging, to support ongoing consultation and facilitation to providers specifically developing services for adults with mental health needs over the age of 65. Through regional meetings and educational opportunities, individual CMHC's learned how to work with primary care physicians and other community providers of services for the older population. The Center on Aging also conducted a research study with Iowa providers regarding workforce development needs and training.

The Block Grant also supported consumer stipends to attend mental health conferences and training, promote mental health awareness, and purchase of materials for conferences and training.

Block grant funding is also contracted through the competitive bidding process when required by state contracting rule. Iowa released an RFP for the Office of Consumer Affairs in SFY 11. The successful bidder was a consumer-operated advocacy organization, Iowa Advocates for Mental Health Recovery. This organization has developed a network of regional advocates to assist Iowans with mental health information, advocacy, and supports.

Iowa had planned to implement the Iowa Consumer Outcomes Survey in SFY 11 but the choice was made to move to the Consumer Health Inventory and Consumer Health Inventory-Child administered by Magellan Health Services, Iowa's managed care provider for behavioral health services. Block grant funding was used to support customization of the tool for the SMHA, training of providers, and ongoing data collection and analysis.

Iowa has also used Block Grant funding to support Affordable Care Act (ACA) planning and implementation. The SMHA (Mental Health and Disability Services Division) has a staff person focused on the ACA and dedicated to working closely with Iowa Medicaid Enterprise to evaluate potential changes and impact of implementation of ACA, aligning the SMHA with state and federal initiatives related to infrastructure changes, development of behavioral health benchmark plan, and pursuing potential grant and funding opportunities.

From the 5% of the block grant funding retained by DHS for administrative costs, stipends and travel costs for the Mental Health Planning Council members to attend regular council meetings, or as a MHPC representative on other state level workgroups, committees, and task forces are

paid. The administrative portion of the block grant funding supports one DHS staff position salary and benefits.

Following is a table that includes expenditures for SFY 2011 and very brief descriptions of activities. Expenditures in SFY 11 were drawn from the FFY09, 10, and 11 Block Grant awards.

SFY 11 Block Grant Expenditures

Contractor	Adults with SMI Focus	Children with SED Focus	Both Population Focus	Total Expenditures
CMHC's –SFY 11 contracts	$1,580,546.45	$1,458,965.95		$3,039,512.40
Univ. of Iowa Consortium for Mental Health			$285,639.69	$285,639.69
Univ. of Iowa Center for Disabilities and Development			$257,332.79	$257,332.79
Univ. of Iowa Center on Aging	$9,123.21			$9,123.21
Local Systems of Care site		$72,498		$72,498
State Payment Program	$200,000			$200,000
Office of Consumer Affairs			39,875.79	39,875.79
Consumer Stipends and Conference Support			$10,935	$10,935
Zia Partners Co-Occurring Training			$138,948.34	$138,948.34
Public Awareness-Children's Mental Health		$4,999		$4,999
Magellan Health Outcomes Survey Collection			$91,000	$91,000
Affordable Health Care, Judicial/Mental Health , and Olmstead implementation contracts			$112,955.25	$112,955.25
Website design			$2,499	$2,499
Administration			$109,835.30	$109,835.30
Totals	$1,789,669.66	$1,536,462.95	$1,049,021.16	$4,375,153.77

Child - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

Please refer to Part D, Section I, 1. Adult-Summary of Areas Previously Identifed by the State as Needing Improvement for information on children's issues needing improvement.

Child - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

Please refer to Part D, Section I, 2. Adult- Most Significant Events that Impacted the State Mental Health System in the previous fiscal year for a summary of issues that affected adults and children in Iowa.

Child - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

Please refer to Part D, Section I,3-Purpose State FY BG Expended-Recipients-Activities Description for a description of Block Grant expenditures for children and adults.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	52,415	55,057	55,057	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Increased Access to Community Based Services

Target: Maintain the number of persons accessing community services and maintain the number and types of services and supports available.

Population: Adults with serious mental illness

Criterion: 2:Mental Health System Data Epidemiology
3:Children's Services

Indicator: Number of adults who have received mental health services during the fiscal year from public funding sources.

Measure: This performance indicator is strictly a measure of the numbers of adults served. It does not allow for entry of a numerator or denominator.

Sources of Information: 2010 URS Tables
Source for URS tables is DHS Mental Health Data Warehouse

Special Issues: The State of Iowa receives pertinent client data from county governments on December 1st of each year for the previous fiscal year, per Iowa Code, therefore the data submitted in this table is for SFY10. The information collected from the counties continues to improve in quality. Iowa is now able to cross-match all the data from the State, County, and Federal sources, giving the state much better individualized data and unduplicated persons served.

Significance: Valid estimates of prevalance and penetration rates of treatment are inherently central and core indicators of the system needs and performance

Activities and strategies/ changes/ innovative or exemplary model: It is very important for all entities to report the most accurate numbers possible of clients and services due to ongoing fiscal constraints. The objectives of the Access Goal of the Iowa Olmstead Plan for Mental Health and Disability Services are to build and expand provider capacity, develop emergency mental health services, promote alternatives to hospital based emergency and inpatient services and expand access to training and education for consumers, families, and other natural supports in behavioral health medication management. These objectives will increase access to appropriate services.

In FY 11 and continuing through FY12, Iowa is engaged in a legislatively mandated redesign of the publicly funded mental health and disability services system. This redesign process is inclusive of the Olmstead goals previously identified in the State's Block Grant application and report. Recommendations from this process to expand access to community-based services will be addressed by the Iowa Legislature in 2012.

Target Achieved or Not Achieved/If Not, Explain Why:	The target of maintaining or increasing numbers served was met. The downturn in the state and national economy that began in 2009 has continued, leading to increased usage of publicly funded mental health services. This trend is expected to continue, and will also be affected by the provisions of the Affordable Healthcare Act that will increase eligibility limits for adults to 133% of poverty level by 2014.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ⌟

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	7.48	7.11	7.11	4.62	153.90
Numerator	47	54	--	33	--
Denominator	628	759	--	715	--

Table Descriptors:

Goal: Individuals served by Iowa's Mental Health Institutions and inpatient hospitals will have increased stability upon discharge and will grow stronger in their recovery efforts resulting in fewer readmissions to an inpatient setting.

Target: Iowa's target is to reduce the numbers of readmissions to the State hospital system. Iowa is projecting fewer hospitalizations and readmissions. Iowa is working diligently on a State Plan to build community provider capacity and alternatives to hospitalization.

Population: Adults with SMI (State Hospitals only)

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of readmissions within 30 days of discharge out of total annual discharges from the state hospital system

Measure: Numerator-Number of readmissions within 30 days of discharge in SFY10 and SFY11
Denominator-Total number of discharges from the state hospital system in SFY10 and SFY11.

Sources of Information: URS Table 20A
Source for URS tables is DHS Mental Health Data Warehouse

Special Issues: Age categories do not align with the state's definitions of Adults with SMI and Children with SED. SED is defined as children and youth 0 to 21. URS captures 18 - 20 year olds and 21 - 64 year olds. Iowa has 88 State Hospital beds for adults, 32 beds for children and adolescents, 20 beds for geriatric psychiatric patients, and 609 private hospital psychiatric beds (463 adult, 90 child/adolescent, and 56 geriatric psychiatric care.) This measure only reports on the State Hospital system. The State Hospitals tend to be the placement of last resort for the most difficult to treatment individuals.

Significance: The projected number of readmissions for both 30 days and 180 days would be expected to decrease once crisis intervention services are available statewide. State Hospitals are increasingly serving the most challenging consumers which could lead to a negative impact on readmission rates.

Activities and strategies/ changes/ In FY 11 and continuing through FY12, Iowa is engaged in a legislatively mandated redesign of the publicly funded mental health and disability services system. This redesign process is inclusive of the Olmstead goals previously

innovative or exemplary model:	identified in the State's Block Grant application and report. A recommendation of the redesign workgroups is to develop statewide access to crisis services. This recommendation will be addressed by the Iowa Legislature in 2012.
Target Achieved or Not Achieved/If Not, Explain Why:	There was a reduction in both numbers of admissions and numbers of readmissions between SFY2008 and SFY2011, therefore the target was achieved. Iowa was able to report on both SFY10 and SFY11 on this table as SFY11 data was available prior to report submission.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ⌟

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	6.37	16.60	15.50	12.45	124.50
Numerator	40	126	--	89	--
Denominator	628	759	--	715	--

Table Descriptors:

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Target: Iowa's target is to reduce the numbers of readmissions to the State hospital system. Iowa is projecting fewer hospitalizations and readmissions. Iowa is working diligently on a State Plan to build community provider capacity and alternatives to hospitalization.

Population: Adults with SMI (State Hospitals only)

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of readmissions within 180 days of discharge out of total annual discharges from the state hospital system

Measure: Numerator-Number of readmissions within 180 days of discharge, in SFY10 and SFY11
Denominator-Number of discharges from the state hospital system, in SFY10 and SFY11

Sources of Information: URS Table 20A.
Source for URS tables is DHS Mental Health Data Warehouse

Special Issues: See performance indicator for 30 day readmissions.

Significance: Same performance indicator for 30 day readmissions

Activities and strategies/ changes/ innovative or exemplary model: See performance indicator for 30 day readmissions.

Target Achieved or Not Achieved/If Not, Explain Why: Iowa is reporting both SFY10 and SFY11 data on this table due to availability of the SFY11 data prior to submission. There was a significant increase in numbers of readmissions between SFY09 and SFY10 and a decrease between SFY10 and SFY11. the target of a reduction in the rate of readmissions between SFY10 and SFY11 was met. The SMHA will review the data to determine if the higher rate of readmissions in SFY10 and SFY11 compared to SFY09 is accurate.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Number of Practices (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	6	6	6	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: To enhance the quality and effectiveness of community-based mental health services to adults with SMI by promoting the implementation of evidence-based mental health practices

Target: Iowa will maintain the number of evidence based practices currently implemented and reported through the URS tables. Iowa providers are implementing additional EBP's beyond those reported through the URS tables, however there is no mechanism for reporting this in the current reporting structure.

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Number of evidence based practices implemented by Iowa providers

Measure: This is strictly a measure of the number of evidence based practices implemented by Iowa providers from year to year. It does not allow for entry of a numerator or denominator.

Sources of Information: 2010 URS Tables
Source for URS Tables is the DHS Data Warehouse

Special Issues: Iowa providers are implementing a wider variety of EBP's than those reported through the URS tables, however, the URS reporting is limited to the seven EBP's listed, of which Iowa is implementing six.

Significance: Iowa continues to support EBP training and implementation through community mental health providers. Providers have the flexibility to choose the EBP that meets the needs of their unique populations within the limits of their organizational capacity.

Activities and strategies/ changes/ innovative or exemplary model: Iowa continues to use block grant funds to support implementation of evidence based practices. The mental health redesign process begun in SFY11 and continuing into SFY12 has promoted awareness and interest in increasing accesss to EBP's such as supported employment, treatment for co-occurring conditions, supported housing, and ACT among other EBP's. As the redesign process moves forward, these EBP's will be considered for inclusion in the core service package to be defined by the Legislature.

Target Achieved or Not Achieved/If Not, Explain Why: It is expected that Iowa will continue to implement six of the seven EBP's that are measured as part of the NOMS as well as other EBPs.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Supported Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	.38	.39	.40	N/A	N/A
Numerator	200	213	--	N/A	--
Denominator	52,415	55,057	--	N/A	--

Table Descriptors:

Goal: To enhance the quality and effectiveness of community-based mental health services to adults with SMI by promoting the implementation of evidence-based practices, including supported housing.

Target: Increase the number of adults with SMI receiving supported housing.

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: The percent of adults with SMI receiving supported housing out of the entire population receiving publicly funded mental health services.

Measure: Numerator: The number of adults with SMI who received supported housing in SFY2010.
Denominator: The number of adults with SMI who received mental health services in SFY2010.

Sources of Information: URS Table 16.
Source for URS tables is DHS Mental Health Data Warehouse

Special Issues: The Iowa system will need to increase its reporting capacity. Currently the numbers reported are estimates from a limited number of providers and Iowa does not have a method of reporting supported housing for adults with SMI. In SFY11, Iowa has changed its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health, managed care contractor of the Iowa Plan for persons accessing behavioral health services and receiving Medicaid funding. Using the CHI and CHI-C will allow Iowa to gather client-level data for persons funded by Medicaid as well as other public funding sources.

Significance: Although there is some housing information available, it is not significant.

Activities and strategies/ changes/ innovative or exemplary model: This EBP has been implemented with a very limited number of individuals in Iowa. There is a need for more education and technical assistance regarding this EBP in order to increase provider implementation. Iowa's Olmstead Plan for MHDS addresses capacity in Objective 3.4 "Improve access to safe, affordable, and accessible housing" including advocating for system changes to allow equal access under Section 8, for persons with disabilities.

Target Achieved or The data provided for SFY 09 and 10 does show a small increase in clients receiving supported housing, however, the information provided is an estimate.

Not Achieved/If Not, Explain Why: Iowa is implementing initiatives to increase the quality of the client-level data provided to the SMHA.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Supported Employment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	1.16	1.56	2	N/A	N/A
Numerator	606	859	--	N/A	--
Denominator	52,415	55,057	--	N/A	--

Table Descriptors:

Goal: To enhance the quality and effectiveness of community-based mental health services to adults with SMI by promoting the implementation of evidence based practices, including supported employment.

Target: Increase the number of adults with SMI receiving supported employment services

Population: Adults with SMI receiving services through community mental health centers/providers.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: The percent of the population of adults with SMI receiving supported employment services.

Measure: Numerator:The number of adults with SMI receiving supported employment services in SFY10.
Denominator: The number of adults with SMI receiving publicly funded mental health services in SFY10.

Sources of Information: URS table 16
Source for URS tables is DHS Mental Health Data Warehouse

Special Issues: The Iowa Olmstead Plan for MHDS,Goal 3-Capacity includes employment issues. Objective 3 describes a statewide, systemic plan to engage all levels of government, providers, consumers, family members, and other stakeholders to design, develop and implement a statewide competitive employment plan for persons with disabilities and mental illness. Included in the plan is provision for outreach, education, and training opportunities and the promotion of self-employment.

Significance: The Iowa system will need to increase its reporting capacity. Currently the numbers reported are estimates from a limited number of providers. In SFY11, Iowa changed its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health, managed care contractor of the Iowa Plan for persons accessing behavioral health services and receiving Medicaid funding. Using the CHI and CHI-C will allow Iowa to gather client-level data from persons funded by Medicaid as well as other public funding sources.

Activities and strategies/ changes/ In SFY10, Iowa offered all community mental health providers the opportunity for additional funding for training and technical assistance in three specific EBP's, of which supported employment was one. Six community mental health providers

innovative or exemplary model:	chose Supported Employment as the EBP that they agreed to implement in their agencies. It is expected that data over the next two years will show an increase in numbers of individuals receiving Supported Employment as these programs fully implement this EBP in their service areas.
Target Achieved or Not Achieved/If Not, Explain Why:	The information provided is an estimate although it appears to demonstrate increased numbers of adults receiving supported employment. Iowa is implementing initiatives to increase the quality of the client-level data provided to the SMHA.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ⌟

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Assertive Community Treatment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	.52	.66	.75	N/A	N/A
Numerator	270	365	--	N/A	--
Denominator	52,415	55,057	--	N/A	--

Table Descriptors:

Goal: To enhance the quality and effectiveness of community-based mental health services to adults with SMI by promoting the implementation of evidence-based practices,including assertive community treatment (ACT).

Target: To maintain the capacity to provide Assertive Community Treatment (ACT) services to adults with SMI in Iowa.

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: The percentage of individuals enrolled in ACT programs out of the entire population of those receiving publicly funded mental health service.

Measure: The number of unduplicated individuals receiving ACT services annually in Iowa as reported by Magellan Behavioral Health.

Sources of Information: Magellan Behavioral Health
URS table 16
Source for URS tables is DHS Mental Health Data Warehouse

Special Issues: ACT has been funded in the State of Iowa through a 1915 (b) waiver as part of the Iowa Plan for Managed Behavioral Health Care. SFY2010 was the first year that ACT was available as a State Plan service and not a 1915 (b) waiver services. ACT programs take an extended time period to become fully realized. Community capacity/provider availability, housing and transportation in rural Iowa continue to be problems for the start of new programs, or the expansion of existing ones. Iowa, like the much of the nation struggles to maintain the resources invested in its citizens. The downturn in the economy has been met with the determination to maintain services despite fewer staff and resources.

Significance: Estimates by the Iowa Consortium for Mental Health Care suggest that approximately 2000 adults with SMI in Iowa would be appropriate for, and benefit from ACT services. ACT is now a regular State Medicaid Plan service, allowing more people to become eligible to participate.

Activities and strategies/ changes/ innovative or exemplary model: ACT in the state of Iowa has proven to be an effective program for the participants, however, most ACT programs are located in areas of the state with larger population bases. Rural Iowa presents a number of issues for expanding the number of ACT programs including provider capacity and availability, sufficient numbers of appropriate clients to implement a program, and transportation issues for providers.

Target Achieved or Not Achieved/If Not, Explain Why: The number of individuals enrolled in ACT programs has remained constant,however, the rate of utilization has fluctuated due to increases/decreases in the overall population accessing services. Iowa has slightly increased the capacity available in the previous fiscal year. Most ACT programs in Iowa are located in areas of the state with larger population bases and more availability of mental health providers. Rural Iowa presents a number of issues that make it difficult to develop an ACT program including 1. Available providers 2. Appropriate potential clients for the program 3. Appropriate number of clients for the program and 4. Transportation issues for providers. The Olmstead Plan for Mental Health and Disability Services is addressing the critical issue of access to services, including: building capacity/increasing the numbers of appropriately trained providers in Iowa, expanding the capacity of the State MHI system to provide support and technical assistance for community providers, and addressing transportation and housing issues of clients. Identifying and addressing these issues will be a substantial step toward increasing utilization of ACT programs. In FY 11 and continuing through FY12, Iowa is engaged in a legislatively mandated redesign of the publicly funded mental health and disability services system. This redesign process is inclusive of the Olmstead goals previously identified in the State's Block Grant application and report.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Family Psychoeducation (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	.33	.42	.50	N/A	N/A
Numerator	175	230	--	N/A	--
Denominator	52,415	55,057	--	N/A	--

Table Descriptors:

Goal: To enhance the quality and effectiveness of community-based mental health services to adults with SMI by promoting the implementation of evidence-based practices,including family psychoeducation.

Target: Increase the number of individuals with SMI receiving family psychoeducation

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: The percentage of individuals out of the entire population of those receiving publicly funded mental health services who are receiving family psychoeducation services.

Measure: Numerator:The number of adults with SMI enrolled in family psychoeducation programs in SFY 2010.
Denominator: The number of adults with SMI receiving publicly funded mental health services in SFY2010.

Sources of Information: URS Table 17
Source for URS tables is DHS Mental Health Data Warehouse

Special Issues: Iowa does not have the ability to report on this EBP with reliability.

Significance: Participation in this EBP is low.

Activities and strategies/ changes/ innovative or exemplary model: As Iowa begins to gather client-level data, the need for client and family mental health education may be identified as a need, and individuals can be connected with programs that offer evidence based practices such as Family Psychoeducation.

Target Achieved or Not Achieved/If Not, Explain Why: There was no identified target on this indicator in the previous year's plan other than to develop the ability to report on the need or support for this type of program.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Integrated Treatment of Co-Occurring Disorders(MISA) (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	1.53	1.60	1.75	N/A	N/A
Numerator	800	880	--	N/A	--
Denominator	52,415	55,057	--	N/A	--

Table Descriptors:

Goal: To enhance the quality and effectiveness of community based mental health services to adults with serious mental illness and co-occurring disorders by promoting the implementation of Integrated Dual Diagnosis Treatment (IDDT)

Target: To expand the capacity to provide Integrated Dual Diagnosis Treatment (IDDT) as an evidence based practice in Iowa

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: The percentage of individuals out of the entire population receiving publicly funded mental health services who receive IDDT services.

Measure: Numerator: Number of adults receiving IDDT in Iowa as reported in SFY10.
Denominator: Number of adults with SMI receiving publicly funded mental health services in SFY10.

Sources of Information: URS table 17
Source for URS tables is DHS Mental Health Data Warehouse

Special Issues: The State of Iowa is working diligently on this EBP. There are many providers embracing IDDT. Currently, reporting systems do not show the data needed to verify that a client is part of an IDDT program, therefore the number of verified clients that are participating in this service is approximately 1.5%. In SFY11, Iowa changed its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health, managed care contractor of the Iowa Plan for persons accessing behavioral health services and receiving Medicaid funding. Using the CHI and CHI-C will allow Iowa to gather client-level data from persons funded by Medicaid as well as other public funding sources.

Significance: Ongoing collaboration with the Iowa Dept. of Public Health, the State Substance Abuse Authority, is occurring to encourage continued expansion of this EBP as well as to evaluate current efforts and plan for future trainings.

Activities and strategies/ changes/ innovative or exemplary model: Training, consultation services, and TA from national experts in the IDDT model of services was obtained in SFY 09 through SFY11. A plan for continued training, site visits, consultation, and TA is in place for SFY12. Local providers have also developed their own advocacy and training organization in order to support co-occurring recovery principles locally and statewide.

Target Achieved According to the data, Iowa achieved the target of expanding access to IDDT for

or individuals with SMI.

Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Illness Self-Management (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	.48	.36	.36	N/A	N/A
Numerator	250	200	--	N/A	--
Denominator	52,415	55,057	--	N/A	--

Table Descriptors:

Goal: To enhance the quality and effectiveness of community based mental health services to adults with serious mental illness by promoting the implementation of evidence-based practices including illness self-management.

Target: To expand the capacity to provide Illness Self-Management as an evidence based practice in Iowa

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: The percent of individuals receiving Illness Self-Management out of the entire population receiving publicly funded mental health services

Measure: Numerator:Number of Adults receiving Illness Self-Management in SFY2010.
Denominator: Number of Adults with SMI receiving publicly funded mental health services in SFY 2010.

Sources of Information: URS Table 17
Source for URS Tables is DHS Mental Health Data Warehouse

Special Issues: This EBP lost its momentum when an increased number of providers embraced the IDDT program. The number of programs using illness self-management decreased significantly.

Significance: Although this program has not been widely utilized, participants have seemed to embrace it. Providers using this EBP have begun to use Peer Specialists to help facilitate the program, which seems to enhance the client response to the program.

Activities and strategies/ changes/ innovative or exemplary model: The Iowa system will need to increase its reporting capacity. In SFY11, Iowa changed its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health, managed care contractor of the Iowa Plan for persons accessing behavioral health services and receiving Medicaid funding. Using the CHI and CHI-C will allow Iowa to gather client-level data from persons funded by Medicaid as well as other public funding sources.

Target Achieved or Not Achieved/If Not, Explain Why: The target was not acheived, due to a change in the EBP's that community mental health providers chose to focus on. Due to the limited amount of provider capacity in Iowa, not all EBP's can be implemented at the same level or intensity.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐ **Indicator Data Not Applicable:** ☑

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Medication Management (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	0	N/A	N/A	N/A	N/A
Numerator	0	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Providers in Iowa are not reporting any implementation of this EBP.

Target:

Population: Adults with SMI served through community mental health centers/providers.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information: URS Table 17
Source for URS tables is DHS Mental Health Data Warehouse

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Unable to report as Adult Consumer Survey has not been conducted per URS tables.

Target:

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model: The Iowa system will need to increase its reporting capacity. In SFY11, Iowa changed its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health, managed care contractor of the Iowa Plan for persons accessing behavioral health services and receiving Medicaid funding. Using the CHI and CHI-C will allow Iowa to gather client-level information for persons funded by Medicaid as well as other public funding sources.

Target Achieved or Not Achieved/If Not, Explain Why: Without capacity to measure consumer outcomes, there have been no targets established.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Adult - Increase/Retained Employment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Unable to report due to high response on URS table as "not available".

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model: The Iowa system will need to increase its reporting capacity. In SFY11, Iowa changed its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health, managed care contractor of the Iowa Plan for persons accessing behavioral health services and receiving Medicaid funding. Using the CHI and CHI-C will allow Iowa to gather client-level data from persons funded by Medicaid as well as other public funding sources.

Target Achieved or Not Achieved/If Not, Explain Why: Without capacity to measure consumer outcomes, there have been no targets established.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ⌟

Name of Implementation Report Indicator: Adult - Decreased Criminal Justice Involvement (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues: Unable to report as data not collected for this measure.

Significance:

Activities and strategies/ changes/ innovative or exemplary model: The Iowa system will need to increase its reporting capacity. In SFY11,Iowa changed its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health, managed care contractor of the Iowa Plan for persons accessing behavioral health services and receiving Medicaid funding. Using the CHI and CHI-C will allow Iowa to gather client-level from persons funded by Medicaid as well as other public funding sources.

Target Achieved or Not Achieved/If Not, Explain Why: As previously described in earlier sections, until preliminary data is collected regarding outcomes, targets have not been established.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ⌟

Name of Implementation Report Indicator: Adult - Increased Stability in Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues: URS Tables have numbers of consumers living in different settings such as own home, shelters, etc. However, the table does not have data indicating length of present living arrangement or frequency of moves. Without that, the stability of housing can not be measured.

Significance:

Activities and strategies/ changes/ innovative or exemplary model: The Iowa system will need to increase its reporting capacity. In SFY11,Iowa changed its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health, managed care contractor of the Iowa Plan for persons accessing behavioral health services and receiving Medicaid funding. Using the CHI and CHI-C will allow Iowa to gather client-level from persons funded by Medicaid as well as other public funding sources.

Target Achieved or Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ⌟

Name of Implementation Report Indicator: Adult - Increased Social Supports/Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model: The Iowa system will need to increase its reporting capacity. In SFY11,Iowa changed its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health, managed care contractor of the Iowa Plan for persons accessing behavioral health services and receiving Medicaid funding. Using the CHI and CHI-C will allow Iowa to gather client-level from persons funded by Medicaid as well as other public funding sources.

Target Achieved or Not Achieved/If Not, Explain Why: Again, until preliminary data is collected, it is not possible to establish measurable targets for improvement.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Adult - Improved Level of Functioning (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Adults with SMI will be able to report positive outcomes of services and supports,including improved level of functioning.

Target: To begin reporting on individuals' Level of Functioning in SFY11 and have a baseline established by the end of SFY12

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
4:Targeted Services to Rural and Homeless Populations

Indicator: Adults will be able to report their level of functioning before, during and after receiving community mental health services and supports-number of positive responses regarding level of functioning.

Measure: The percentage of adults reporting improved levels of functioning as a result of receiving community mental health services.

Sources of Information:

Special Issues: Client-level reporting of data is a new project to the State of Iowa. This level of reporting has not been available in Iowa before. The State is excited about the potential uses of such data to target services and resources to areas identified as most in need.

Significance:

Activities and strategies/ changes/ innovative or exemplary model: During SFY10, the ICOMS system was piloted with community mental health centers for adult consumers. Iowa changed to the CHI and the CHI-C (in SFY11), the same instrument currently used by Magellan Behavioral Health Care, the Medicaid Managed Behavioral Health Care provider. Using the CHI and CHI-C will allow Iowa to gather information from persons receiving publicly funded mental health services regarding level of functioning and other identified outcomes.

Target Achieved or Not Achieved/If Not, Explain Why: As previously stated, Iowa needs to collect preliminary data to begin establishing targets for performance measures. The baseline data collection is scheduled to happen in SFY11.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	37,227	41,373	41,373	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Children with serious emotional disturbance in Iowa will have increased access to mental health services through an array of programs such as the Children's Mental Health Waiver, remedial services, managed care services and local systems of care.

Target: The percentage of children with SED receiving services will increase. Iowa's Olmstead Plan for MHDS has an access goal stating: Increase access to information, services and support that individuals need to optimally live, learn, work and recreate in the communities of their choice. This includes expansion of provider and community capacity to ensure access to community based crisis intervention, behavioral programming, and mental health outreach services.

Population: Children with Serious Emotional Disturbance

Criterion: 2:Mental Health System Data Epidemiology
3:Children's Services

Indicator: SFY10: Number of Children with SED who have received mental health services during each fiscal year as reported in URS tables.

Measure: Number of Children with SED who have received mental health services during each fiscal year as reported in 2010 URS tables. This number is strictly a measure of the numbers of children who received mental health services from public funding sources. It does not allow for an entry in the numerator or denominator.

Sources of Information: URS table 2A
Source for URS tables is DHS Mental Health Data Warehouse

Special Issues: Statistics for this performance indicator are received from Medicaid (which includes children served by Remedial Services, the Children's Mental Health Waiver, and PMIC), Magellan (the Iowa Medicaid Managed Behavioral Health Care provider), and the county mental health and disability system. It is currently not possible to unduplicate children served by the Systems of Care and Juvenile Justice who are also served by the public funding sources listed above.

Significance: It is important to know how many unduplicated children access the various programs which comprise the children's mental health system. Equally important is to consider how to collect data on any child as he/she accesses different services to understand unmet needs, gaps in service capacity and/or system limitations.

Activities and strategies/ Iowa has one established Systems of Care site, a second site began to serve children in SFY10, and and work has begun in other parts of Iowa to develop

changes/ innovative or exemplary model:	wraparound services and eventually a system of care. These projects will all increase access to the public mental health system for children who might not otherwise be eligible due to income guidelines but meet the criteria for SED. The Olmstead Plan for MHDS identifies the need for expansion of the systems of care to other geographic areas of Iowa. The Plan also promotes school-based mental health and the importance of providing mental health consultation and training to educators. In FY 11 and continuing through FY12, Iowa is engaged in a legislatively mandated redesign of the publicly funded mental health and disability services system. This redesign process is inclusive of the Olmstead goals previously identified in the State's Block Grant application and report. A recommendation of the redesign workgroups is to develop statewide access to crisis services. This recommendation will be addressed by the Iowa Legislature in 2012.
Target Achieved or Not Achieved/If Not, Explain Why:	The target for FY 2010 was achieved and surpassed. The downturn in the state and national economy which began in 2009 has continued, leading to increased usage of publicly funded mental health services. This trend is expected to continue in to the next fiscal year. It is assumed that the provisions of the Affordable Health Care Act that affect children will also positively affect children's access to services.

Transformation Activities:

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	33.63	24.36	23	22.42	102.59
Numerator	190	115	--	89	--
Denominator	565	472	--	397	--

Table Descriptors:

Goal: Children served by Iowa's Mental Health Institutions(MHI's) will have increased stability upon discharge and will grow stronger in their recovery efforts so as to have fewer relapses resulting in return to an inpatient setting.

Target: Iowa's target is to reduce the number of readmissions to the state hospital system as well as admissions. Iowa is working diligently on a State Plan to build community provider capacity and alternatives to hospitalizations, increasing availability and access to community mental health services such as behavioral health intervention services, children's mental health waiver services, and community systems of care.

Population: Children with Serious Emotional Disturbance

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of readmissions within 30 days of discharge out of total annual discharges from the state hospital system

Measure: Numerator: Number of readmissions to the state hospital system within 30 days of discharge in SFY10 and SFY11.
Denominator: Number of discharges from the state hospital system in SFY10 and SFY11.

Sources of Information: URS table20A
Source for URS tables is DHS Mental Health Data Warehouse

Special Issues: There is some difficulty collecting data from the MHI reporting system. There is some movement between a state run PMIC and a state hospital, showing a readmission each time but without a discharge to the community. Age categories do not align with the state's definitions of Adults with SMI and Children with SED. SED is defined as children and youth 0 to 21. URS captures 18 - 20 year olds and 21 - 64 year olds. Iowa has 88 State Hospital beds for adults, 32 beds for children and adolescents, 20 beds for geriatric psychiatric patients, and 609 private hospital psychiatric beds (463 adult, 90 child/adolescent, and 56 geriatric psychiatric care.) This measure only reports on the State Hospital system. The State Hospitals tend to be the placement of last resort for the most difficult to treatment individuals. This measure only reports on the State hospital system. The State hospitals tend to be the placement of last resort for the most difficult cases.

Significance: Children with mental health issues are best served in their communities. When hospitalization is necessary, every effort should be made to assure a child and

	family has appropriate community services arranged to lessen the risk of readmission.
Activities and strategies/ changes/ innovative or exemplary model:	Developing and implementing pilot areas for systems of care and emergency mental health services, increased number of children served through the children's mental health waiver and refocused use of behavioral health intervention services should result in decreased need for initial admissions, 30 day readmissions, and 180 day readmissions. In FY 11 and continuing through FY12, Iowa is engaged in a legislatively mandated redesign of the publicly funded mental health and disability services system. This redesign process is inclusive of the Olmstead goals previously identified in the State's Block Grant application and report. A recommendation of the redesign workgroups is to develop statewide access to crisis services. This recommendation will be addressed by the Iowa Legislature in 2012.
Target Achieved or Not Achieved/If Not, Explain Why:	Even with the issues related to counting intra-institutional transfers as readmissions, there has been an overall decrease in numbers of children admitted to the state hospitals, as well as number of readmissions within 30 days. Iowa was able to report on both SFY10 and SFY11 on this table as SFY11 data was available prior to report submission.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ⌟

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	37.70	28.81	27.81	28.97	96
Numerator	213	136	--	115	--
Denominator	565	472	--	397	--

Table Descriptors:

Goal: Children served by Iowa's Mental Health Institutions (MHI's) will have increased stability upon discharge and will grow stronger in their recovery efforts so as to have fewer relapses resulting in return to an inpatient setting.

Target: Iowa's target is to reduce the number of readmissions to the state hospital system as well as admissions. Iowa is working diligently on a State Plan to build community provider capacity and alternatives to hospitalizations, increasing availability and access to community mental health services such as remedial services, children's mental health waiver services, and community systems of care.

Population: Children with Serious Emotional Disturbance

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of readmissions within 180 days of discharge out of total annual discharges from the state hospital system

Measure: Numerator: Number of readmissions to the state hospital system within 180 days of discharge in SFY10 and SFY11.
Denominator: Number of discharges from the state hospital system in SFY10 and SFY11.

Sources of Information: URS table 20A.
Source for URS tables is DHS Mental Health Data Warehouse

Special Issues: Please refer to previous NOM for 30 day readmissions.

Significance: Please refer to previous NOM for 30 day readmissions.

Activities and strategies/ changes/ innovative or exemplary model: Please refer to previous NOM for 30 day readmissions.

Target Achieved or Not Achieved/If Not, Explain Why: Even with the issues related to counting intra-institutional transfers as readmissions, there was a decrease in the rate of children admitted to the state hospitals, as well as numbers and percent of readmissions within 180 days between SFY09 and 10. Between SFY10 and SFY11, the rate of readmission was essentially the same.

Iowa was able to report on both SFY10 and SFY11 on this table as SFY11 data was available prior to report submission.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Evidence Based - Number of Practices (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	1	1	1	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Children with SED and their families will have access to evidence based practices.

Target: Maintain and increase access to EBP's for children with Serious Emotional Disturbance.

Population: Children with Serious Emotional Disturbance

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Number of EBP's identified in the NOMS(Functional Family Therapy, Multisystemic Therapy, and Therapeutic Foster Care) that are offered by Iowa providers.

Measure: Number of identified EBP's offered by Iowa providers.

Sources of Information: Community mental health providers and URS tables.

Special Issues: While Iowa has had state mandates to use block grant funding to devleop and implement EBP's, the SMHA did not specify EBP's to be implemented. Consequently, providers have chosen various EBP's. Child-focused EBP's implemented include Parent Child Interactive Therapy, Interpersonal Psychotherapy Treatment for Adolescents, Incredible Years, and Trauma Focused Cognitive Behavioral Therapy. Functional Family Therapy has been implemented through the juvenile justice system, and has provided data to the SMHA for the first time regarding numbers of clients receiving FFT in Iowa. It is also difficult to find EBP's that are cost effective and can be used with relatively small populations. Providers in rural areas, in particular, are often challenged to find an EBP that serves a sufficient number to facilitate a high level of practice and fidelity to any specific models.

Significance: Evidence based practices are essential to improved outcomes and building a mental health system that promotes recovery, resilience, and improved functioning.

Activities and strategies/ changes/ innovative or exemplary model: The SMHA has identified a goal of working with the Juvenile Justice, Child Welfare, and Medicaid systems to identify the role of FFT in the children's mental health system so that potentially more children could benefit from this evidence based practice.

Target Achieved No target was identified in the previous year. A target of 1 EBP was identified for

or Not Achieved/If Not, Explain Why:	SFY10. Iowa does have providers utilizing a variety of EBPs but providers have not focused on the three EBPs specifically identified in the NOMS.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐ **Indicator Data Not Applicable:** ☑

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Therapeutic Foster Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues: Iowa does not have therapeutic foster care programs that meet the criteria for evidence based practice. Iowa has chosen to identify a set of EBP's that do not include those identified in the NOM's.

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐ **Indicator Data Not Applicable:** ☑

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Multi-Systemic Therapy (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues: Iowa does not have any MST sites on which to report.

Significance:

Activities and strategies/ changes/ innovative or exemplary model: Iowa has chosen to identify a set of EBP's that do not include those identified in the NOM's. Please refer to Section II of the application for descriptions of the identified EBP's.

Target Achieved or Not Achieved/If Not, Explain Why:

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐ **Indicator Data Not Applicable:** ☑

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Family Functional Therapy (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	1.94	1.36	N/A	N/A	N/A
Numerator	724	561	--	N/A	--
Denominator	37,227	41,373	--	N/A	--

Table Descriptors:

Goal: The SMHA will inititate dialogue with the Juvenile Justice, Child Welfare, and Medicaid systems regarding the role of FFT in the overall children's mental health system.

Target: Maintain or increase numbers of children receiving FFT.

Population: Children with Serious Emotional Disturbance

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Number of children receiving FFT in Iowa.

Measure: Number of children receiving FFT as reported by the Juvenile Justice System and total number of children receiving services as reported in 2010 URS tables.

Sources of Information: Iowa Department of Human Rights, Division of Criminal and Juvenile Justice Planning, DHS Mental Health Data Warehouse

Special Issues: Iowa has 6 FFT teams connected with 5 different service providers. FFT in Iowa is currently funded primarily with juvenile justice and child welfare allocations. Because FFT has been initiated and monitored through juvenile justice services, the providers do not submit data for URS or to the SMHA.

Significance: While FFT is a widely recognized EBP for children with SED, in Iowa it has been primarily provided to the subpopulation of children involved with the Juvenile Justice system who have a co-occurring mental health issue. It is unknown if all children in this subgroup are included in the totals of children identified as receiving publicly funded mental health services.

Activities and strategies/ changes/ innovative or exemplary model: In FY 11 and continuing through FY12, Iowa is engaged in a legislatively mandated redesign of the publicly funded mental health and disability services system. A Children's Disability workgroup began meeting in SFY12 and will continue to meet through SFY13 and provide recommendations to a legislative committee for consideration. Increased access to community-based services, is a focus of this group. Recommendations of the workgroup will be addressed by the Iowa Legislature in 2012.

Target Achieved or Not Achieved/If Not, Explain Why: There has been no previously identified target for this EBP. 2010 data shows a decrease from 2009.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Iowa is unable to report on this NOM as a child survey was not implemented during this reporting period.

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model: The Iowa system needs to increase its reporting capacity. In SFY11, Iowa has changed its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health, managed care contractor of the Iowa Plan for persons accessing behavioral health services and receiving Medicaid funding. Using the CHI and CHI-C will allow Iowa to gather client-level data from persons funded by Medicaid as well as other public funding sources.

Target Achieved or Not Achieved/If Not, Explain Why: As Iowa has not had the ability to measure this outcome, no targets have been established.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Child - Return to/Stay in School (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Iowa is unable to report on this NOM as a child survey instrument was not implemented during the reporting period.

Target:

Population: Children with SED

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model: The Iowa system will need to increase its reporting capacity. In SFY11, Iowa changed its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health, managed care contractor of the Iowa Plan for persons accessing behavioral health services and receiving Medicaid funding. Using the CHI and CHI-C will allow Iowa to gather client-level information from persons funded by Medicaid as well as other public funding sources.

Target Achieved or Not Achieved/If Not, Explain Why: As Iowa is not presently able to capture this information, no targets have been established.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ⌟

Name of Implementation Report Indicator: Child - Decreased Criminal Justice Involvement (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Iowa is unable to report on this NOM as a child survey was not implemented during the reporting period.

Target:

Population: Children with SED

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model: The Iowa system will need to increase its reporting capacity. In SFY11, Iowa changed its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health, managed care contractor of the Iowa Plan for persons accessing behavioral health services and receiving Medicaid funding. Using the CHI and CHI-C will allow Iowa to gather client-level information from persons funded by Medicaid as well as other public funding sources.

Target Achieved or Not Achieved/If Not, Explain Why: As Iowa has not had the ability to measure this outcome, no targets have been established

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Child - Increased Stability in Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Iowa is unable to report on this NOM as a child survey was not implemented during the reporting period.

Target:

Population: Children with SED

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model: The Iowa system will need to increase its reporting capacity. In SFY11, Iowa changed its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health, managed care contractor of the Iowa Plan for persons accessing behavioral health services and receiving Medicaid funding. Using the CHI and CHI-C will allow Iowa to gather client-level information from persons funded by Medicaid as well as other public funding sources.

Target Achieved or Not Achieved/If Not, Explain Why: As Iowa has not had the ability to measure this outcome, no targets have been established.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ⌟

Name of Implementation Report Indicator: Child - Increased Social Supports/Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Iowa is unable to report on this NOM as a child survey was not implemented during this reporting period.

Target:

Population: Children with SED

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model: The Iowa system will need to increase its reporting capacity. In SFY11, Iowa changed its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health, managed care contractor of the Iowa Plan for persons accessing behavioral health services and receiving Medicaid funding. Using the CHI and CHI-C will allow Iowa to gather client-level information from persons funded by Medicaid as well as other public funding sources.

Target Achieved or Not Achieved/If Not, Explain Why: As Iowa has not had the ability to measure this outcome, no targets have been established.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Child - Improved Level of Functioning (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Iowa is unable to report on this NOM as a child survey instrument was not implemented during the reporting period.

Target:

Population: Children with SED

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
4:Targeted Services to Rural and Homeless Populations

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model: The Iowa system will need to increase its reporting capacity. In SFY11, Iowa changed its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health, managed care contractor of the Iowa Plan for persons accessing behavioral health services and receiving Medicaid funding. Using the CHI and CHI-C will allow Iowa to gather client-level information from persons funded by Medicaid as well as other public funding sources.

Target Achieved or Not Achieved/If Not, Explain Why: As Iowa has not had the ability to measure this outcome, no targets have been established.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☑

Name of Implementation Report Indicator: CMH Waiver

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	.02	.02	.02	N/A	N/A
Numerator	799	888	--	N/A	--
Denominator	38,943	38,943	--	N/A	--

Table Descriptors:

Goal: Increase access to coordinated mental health services and supports through the children's mental health waiver for children with SED.

Target: In SFY 11, increase percentage of eligible children receiving CMH waiver services to 2.3%.

Population: Children identified with a serious emotional disturbance.

Criterion: 3:Children's Services

Indicator: Percentage of estimated children with SED receiving CMH waiver services.

Measure: Numerator: Number of children receiving CMH waiver services in SFY10
Denominator: Prevalence rate of children with SED

Sources of Information: Numerator: Iowa Medicaid Enterprise
Denominator: NASMPHD Research Institute, (NRI), 2009 SMI and SED estimates.

Special Issues: The CMH waiver has always had a cap on the number of slots available for children to be served at any given time. The current slot cap is 1,054 due to an increase in funding approved by the Iowa Legislature in SFY 11. This will improve access and help reduce the waiting list for CMH waiver services which is currently approximately 14 months from date of application to receipt of a slot. 10 reserved capacity slots are also available within the waiver for children leaving residential treatment settings or returning from out of state placements.
In FY 11 and continuing through FY12, Iowa is engaged in a legislatively mandated redesign of the publicly funded mental health and disability services system. Medicaid has identified, through the Children's Disability Services workgroup process, potential changes to how the CMH waiver is accessed and services available. Further work will be done on this during SFY 12 and 13 as the workgroup process continues.

Significance: The length of the waiting list for CMH waiver services indicates that Iowans beed increased access to community based services and supports for children with SED. Increasing this access is a goal of the State Olmstead Plan as well as the Mental Health and Disability Services System Redesign process.

Activities and strategies/ changes/ innovative or exemplary model: Families receiving System of Care services as well as out of home services are being referred to the CMH waiver earlier in the course of services and are receiving assistance in completing the application process. This will help families access the CMH waiver in a more timely manner and have a better understanding of what types of services and supports the CMH waiver can offer.

Target Achieved or Not Achieved/If Not, Explain Why:	Utilization of the CMH waiver increased from SFY09 to SFY 10 and is expected to continue to increase as additional funding is made available.

CHILD - IMPLEMENTATION REPORT

Transformation Activities: ☐

Name of Implementation Report Indicator: Establishment of Systems of Care

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2009 Actual	FY 2010 Actual	FY 2011 Target	FY 2011 Actual	FY 2011 Percentage Attained
Performance Indicator	.01	.01	1.50	N/A	N/A
Numerator	506	561	--	N/A	--
Denominator	38,943	38,943	--	N/A	--

Table Descriptors:

Goal: Increase numbers of children with SED served by Systems of Care

Target:

Population: Children and youth with SED in Iowa.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator: Percentage of children with SED receiving Systems of Care services

Measure: Numerator: Number of children with SED receiving services through a System of Care in Iowa
Denominator: Estimated number of children with SED in Iowa

Sources of Information: Numerator: Iowa DHS, Division of Mental Health and Disability Services
Denominator: NASMPHD Research Institute, (NRI), 2009 SMI and SED estimates.

Special Issues: Two systems of care were operational in SFY10 serving 12 of Iowa's 99 counties. One additional county has joined with an existing site in SFY 12 to develop a System of Care. In FY 11 and continuing through FY12, Iowa is engaged in a legislatively mandated redesign of the publicly funded mental health and disability services system. A recommendation of the children's disability services workgroup is to institute a Systems of Care framework for children's services statewide as part of the overall redesign of the mental health and disability service system. The chidren's workgroup will continue to refine recommendations through SFY 12 with final recommendations due in December 2012 for consideration by the Iowa Legislature. It is anticipated that this will increase numbers of children served by Systems of Care in the next fiscal years.

Significance: Children in Iowa need access to community based services and supports in order to reduce reliance on more restrictive, high-cost out of home treatments for mental health issues. The Systems of Care currently operating are serving this high need, high risk population of children and are demonstrating success at maintaining these children in the least restrictive settings available.

Activities and strategies/ changes/ innovative or exemplary model: Iowa is currently supporting two Systems of Care through a combination of local, state, and federal funding. As part of the mental health and disability services system redesign process occurring in SFY12 and 13, Iowa will examine how funding for services is allocated, and how best to support increased access to community based services, including Systems of Care.

Target Achieved or The target for an increase in children served by Systems of Care in SFY 10 was achieved.

Not Achieved/If Not, Explain Why:

Upload Planning Council Letter for the Implementation Report

Bridging the Gap for Iowans with Mental Health Issues

Barbara Orlando
Grants Management Office
Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1091
Rockville, MD 20857

November 29, 2011

RE: Council Support letter to accompany the 12-1-11 Implementation Report

Dear Ms. Orlando:

The Iowa Mental Health Planning and Advisory Council is submitting this letter in support of the Implementation Report for the State of Iowa.

The Adult and Children's *Narrative* content of the Implementation report identifies areas needing improvement which have been outstanding for several years:

- The inadequacy of information systems capacity, with a particular focus on outcomes. The collection of data did not begin until 1-1-2011 for the Magellan Health Care client outcomes surveys - the CHI for adults and the CHI-C for children. Additional outcome and performance measure identification is needed via continued committee work designated by Redesign workgroups. Iowa is in poor shape on data gathering.
- Inequities in access to and quality of mental health services across the state – It is hoped the development of a regionally managed system will help with the development of services.
- Limitations in educational opportunities for frontline mental health staff -The block grant funds continue to be a source of training dollars for community mental health centers. Within IDPH, there is a direct workforce professional curriculum being developed to enhance skills and wages.
- Limitations of available state funding to fully implement Redesign recommendations. It is anticipated each Region will need to develop a business plan to fully implement the plan within 5 years. The Iowa Mental Health Planning Council has been firm in its stand for legislation to be passed which will reinstate the county's ability to raise funds for mental health so the system stands a chance of being implemented.
- Need for crisis intervention services – While there is a need for crisis intervention services statewide, there still has to be community services to refer people to so situations do not have to rise to the acute level before meaningful treatment can be accessed.
- Development of Systems of Care for Children and Youth The real possibility of having an adequate statewide children's mental health system hinges on systems of care project proliferation.

The IMHPC agrees the significant events in the Adult and Children's systems are the Redesign of the mental health system and the flooding on the western side of the state.

We repeat some of the same concerns from last year's implementation letter as well as our current concerns. We urge the MHDS Division to coordinate with the Iowa Dept. of Public Health in implementing the provisions of the Redesign recommendations and the Affordable Health Care Plan including:

- Utilizing the emergency response personnel under IDPH to provide emergency and crisis mental health services across the state rather than creating a parallel system – an MHDS system and an IDPH system. Mental health first aid training and disaster behavioral health response training would be key provisions to help make a state-wide system possible.
- With the high prevalence of co-occurring conditions – we encourage the development of one system for individuals and families to access. We challenge MHDS and IDPH to develop a common application and paperwork trail to avoid duplication and to have accreditation procedures for providers streamlined.
- We encourage the re-purposing of the Mental Health Institute's to become partners for the provision of mental health services in the rural areas where they are located. For example: participation in emergency and crisis response teams, location of crisis stabilization, sub acute, and respite beds, day care programming, and outpatient clinics.
- It is hopeful there will be some parity realized in the waiver system. At the present time, the waiver funding cap is 11,742 slots for persons (adults and children) with intellectual disabilities and 1054 slots for children with mental health disabilities.
- Regarding legislative matters –
    - In August 2010 - the IMHPC - along with 30 other organizations - expressed *"no confidence*" in the legislation for a preferred drug list for mental health medications. We specifically asked for an *indefinite delay in enactment*. The letter was sent to the Governor, state legislative leadership, health and human service committee, DHS, MHDS, and Iowa Medicaid Enterprise. Testimony has been provided at public meetings regarding our objections. We were ignored.
    - On July 23, 2011, a follow up letter was sent by the IMHPC – to support the reinstatement of open access to mental health medications legislation passed by both the Iowa House and Senate. The Governor line item vetoed the measure.
    - Subsequent to this action, rules were enacted by DHS which limited a prescription for a new mental health medication to two weeks, instead of 30 days. The IMHPC does not support this new rule and is dismayed it was enacted without the opportunity for public comment.
    - On July 25, 2011, public testimony was given to the DHS Iowa Council of Human Services at their Annual Public Hearing in which we addressed our priorities and concerns:
        - Moving forward with the redesign of the Iowa mental health system with consumer and family involvement, reflecting the cultural diversity of our state and with adequate funding
        - Having access to adequate community based services
        - Treatment beds – we have a collapsing system outside of the corrections system
        - Long term recovery from disaster events
        - The impacts of reduced funding were expressed in two categories – respite care and veteran's demands
        - We asked cost savings initiatives be addressed through the decriminalization of mental illness, through mental illness prevention and promotion initiatives in the schools and primary care and suicide prevention services.
    - On September 30, 2011, the Iowa Council of Human Services sent a letter to the MHDS Commission and said "*We recommend that the Commission consider the adverse and unintended consequences that could result from a reduction in the total funding available for delivery of services to persons with mental illness and intellectual disabilities and consider requesting an increase in the state funding of Allowed Growth*." It is estimated an increase of at least $60 million is needed to keep the mental health system from defaulting.

- On November 17, 2011, the IMHPC presented a letter to the Redesign Interim Committee at their second meeting. The topic was Redesign recommendations from the workgroups. The IMHPC supported the recommendations, with the following concerns noted – the need for:
    - Adequate funding including the county's ability to levy for mental health services
    - Immediate implementation of a standing task force to address workforce issues
    - Implementation of the regional system as soon as possible
    - Doing away with legal settlement and use "resident of Iowa" for eligibility
    - Immediate action to increase treatment beds at all levels of care.
    - Passage of a new mental health parity law to keep private insurance accountable in the payment of mental health services
    - Missing pieces in the redesign process to be addressed:
        - Medication access (mentioned in previous letters described above)
        - Requirement of waiting lists to assess whether need is being met
        - Suicide prevention services
        - Re-write of commitment laws to change from a singularly focused "crisis based system on suicide or homicide" to one including the assistance of people to treatment at the appropriate level of care.
- On November 17, 2011, the IMHPC presented a second letter to the Redesign Interim Committee regarding the use of block grant funds. We recommended the following distribution of funds via state legislation to help facilitate the redesign process:

Present Distribution of $3.25 M		*Proposed Distribution of $3.25 M*	*Estimated Dollars*
70% to Community Mental Health Centers		*65% to Regional entities*	*$2,112,500 (e)*
25% to projects chosen by DHS		*20% to projects of statewide significance*	*$ 650,000 (e)*
5% to administrative costs		*5% to administrative costs*	*$ 162,500 (e)*
		10% to Consumer/Family entities/projects	*$ 325,000 (e)*

The block grant uses have changed (FY 2012-2013 Block Grant Application Planning Section – page 4) and the targeted populations to be served have increased from 2 to 13.

More coordination is occurring between the Commission and Council as per state legislation. The Commission and Council have had co-meetings in May and October. The Chairperson of the IMHPC attends Commission meetings. We have access to each other's share point sites for sharing of information. We will be issuing joint legislative priorities whenever possible.

Use of block grant monies

- The table is an excellent synopsis of where the SFY11 funds were spent and will be useful to the Council and especially the Monitoring and Oversight Committee in knowing where the funds were expended.
- It would be most helpful if we had a similar table set forth for the anticipated expenditure of FFY12 funds so the Council could provide recommendations. Our value as an advisory council is diminished if we receive this information after the fact.

The implementation report indicators are summarized in a chart. Unfortunately, most of the chart indicates N/A.

The population estimate for Iowa is 3,000,000.
Approximately 6% of the population will have severe mental illness – or – 180,000 people.
Approximately 1 in 4 people will experience a mental illness in any given year – or – 750,000 people.

The adult implementation report indicator indicates 55,057 adults receiving services in FY 10.
The child implementation report indicator indicates 41,373 children receiving services in FY 10.
A total of 96,430/750,000 = 13% penetration rate

The penetration rate for use of evidence based practices never exceeds 2% in any category and most often is less than 1%.

Iowa has a long, long way to go to provide adequate mental health care for its citizens and to be able to capture how effective the services are through the collection of data.

Adult Implementation Report Indicators *The Magellan CHI survey tool is supposed to assist in reporting data in the coming year.*		FY 2008 Actual	FY 2009 Actual	FY 2010 Actual	FY 2011 Actual	FY 2011 Percentage Attained
1	Increased Access to Services from public funding resources	46,861	52,415	55,057	NA	NA
2	Reduced utilization of psychiatric beds # *of **readmissions within 30 days** of discharge /total admissions to state hospital system* *	81/776 = 10.44%	47/628 = 7.48%	54/759 7.23%	33/715 4.62%	yes
3	Reduced utilization of psychiatric beds # *of **readmissions within 180 days** of discharge /total admissions to state hospital system* *	156/776 = 20.1%	40/628 = 6.37%	126/759 16.6%	89/715 12.45%	yes
4	Evidence Based Practices – how many of the 7 are implemented in Iowa	4	6	6	NA	NA
5	Evidence Based – Adults with SMI receiving **Supported Housing**	135/46,861 = .29%	200/52,415 = .38%	213/55,057 = .39%	NA	NA
6	Evidence Based – Adults with SMI receiving **Supported Employment**	66/46,681 = .14%	606/52,415 = 1.16%	859/55,057 1.56%	NA	NA
7	Evidence Based – Adults with SMI receiving **Assertive Community Treatment**	270/46,681 = .58%	270/52,415 = .52%	365/55,057 = .66%	NA	NA
8	Evidence Based – Adults with SMI receiving **Family Psychoeducation**	170/46,681 = .36%	175/52,415 = .33%	230/55,057 = .42%	NA	NA
9	Evidence Based – Adults with SMI receiving **Integrated Treatment of Co-Occurring Disorders**	560/46,681 = 1.2%	800/52,415 = 1.53%	880/55,057 = 1.6%	NA	NA
10	Evidence Based – Adults with SMI receiving **Illness Self Management**	514/46,681 = 1.1%	250/52,415 = .48%	200/55,057 = .36	NA	NA
11	Evidence Based – Adults with SMI receiving **Medication Management**	NA	NA	NA	NA	NA
12	Client Perception of Care	NA	NA	NA	NA	NA
13	Increase/Retained Employment	NA	NA	NA	NA	NA
14	Decreased Criminal Justice Involvement	NA	NA	NA	NA	NA
15	Increased Stability in Housing	NA	NA	NA	NA	NA
16	Increased Social Supports/Social Connectedness	NA	NA	NA	NA	NA
17	Improved Level of Functioning	NA	NA	NA	NA	NA
Child Implementation Report Indicators *The Magellan CHI survey tool is supposed to assist in reporting data*		FY 2008 Actual	FY 2009 Actual	FY 2010 Actual	FY 2011 Actual	FY 2011 Percentage Attained
1	Increased Access to Services	33,758	37,227	41,373	NA	NA
2	Reduced utilization of psychiatric beds # *of **readmissions within 30 days** of discharge /total admissions to state hospital system* *	247/616 = 40.1%	190/565 = 33.63%	115/472 = 24.36%	89/397 = 22.42%	yes
3	Reduced utilization of psychiatric beds # *of **readmissions within 180 days** of discharge /total admissions to state hospital system* *	278/616 = 45.13%	213/565 = 37.7%	136/472 =28.81%	115/397 = 28.97%	no
4	Evidence Based Practices – how many of the 3 are implemented in Iowa ** Functional Family Therapy, Multi-systemic Therapy, and Therapeutic Foster Care	NA	1	1	NA	NA
5	Children with SED receiving **Therapeutic Foster Care**	NA	NA	NA	NA	NA
6	Children with SED receiving **Multi-Systemic Therapy**	NA	NA	NA	NA	NA
7	Children with SED receiving **Family Functional Therapy** (juvenile justice and child welfare)	NA	724/37,227 = 1.94%	0/41,373 0%	NA	NA
8	Client Perception of Care	NA	NA	NA	NA	NA
9	Child – Return to/Stay in School	NA	NA	NA	NA	NA
10	Child – Decreased Criminal Justice Involvement	NA	NA	NA	NA	NA
11	Child – Increased Stability in Housing	NA	NA	NA	NA	NA
12	Child – Increased Social Supports/Social Connectedness	NA	NA	NA	NA	NA
13	Child – Improved Level of Functioning	NA	NA	NA	NA	NA
14	CMH Waiver		799/37,227 = .02%	888/41,373 = .02%		
15	Establishment of Systems of Care		506/37,227 =.014%	561/41,373 = .014%		

* In the 2010 report - According to page 3 of 25 of implementation report indicators - Iowa has 120 state hospital beds and 617 private care beds for a total of 737. Of the 617 private care beds, 527 are for adults and 90 are designated for children and adolescents. There was quite a drop in bed availability from 776 to 628 in the adult section and 616 to 565 in the children's section.

In the 2011 report – the state hospital beds dropped from 120 to 88 and private hospital beds dropped from 617 to 609.

** EBP's used for children are Parent Child Interactive Therapy, Interpersonal Psychotherapy Treatment for Adolescents, Incredible Years, and Trauma Focused Cognitive Behavioral Therapy.

The MHDS Division has committed and capable staff. Additional staff, coordination with other state agencies with similar programming and adequate funding will be needed to implement the redesign of the system and be able to report on outcomes.

The commitment of the state legislature will play a large part in the progress made in the Redesign effort and implementation.

Thank you for the opportunity to submit a Council letter with the Implementation report.

Sincerely,

Teresa Bomhoff
Chairperson
Iowa Mental Health Planning Council

cc. IMHPC Council members

OPTIONAL- Applicants may use this page to attach any additional documentation they wish to support or clarify their application. If there are multiple files, you must Zip or otherwise merge them into one file.