Olmstead Plan for Mental Health and Disability Services: State Plan Framework (2011 - 2015)

Vision: A Life in the Community For Everyone

Principles Guiding a Transformed System

1. ***Public awareness and inclusion***....Iowans increasingly recognize, value, and respect individuals with mental illness or disabilities as active members of their communities.

2. ***Access to services and supports*****….**Each adult and child has timely access to the full spectrum of supports and services needed.

3. ***Individualized and person-centered*****….**Communities offer a comprehensive, integrated, and consistent array of services and supports that are individualized and flexible.

4. ***Collaboration and partnership in building community capacity*****….**State and local policies and programs align to support the legislative vision of resiliency and recovery for Iowans with mental illness, and the ability of Iowans with disabilities to live, learn, work, and recreate in communities of their choice.

5. ***Workforce and Organizational Effectiveness*****….**Investing in people through appropriate training, salary and benefits improves workforce and organizational effectiveness.

6. ***Empowerment*****….**Communities recognize and respect the ability of people (1) to make informed choices about their personal goals, about the activities that will make their lives meaningful, and about the amounts and types of services to be received; and (2) to understand the consequences and accept responsibility for those choices.

7. ***Active Participation*****….**Individuals and families actively participate in service planning; in evaluating effectiveness of providers, supports and services; and in policy development.

8. ***Accountability and results for providers*****….**Innovative thinking, progressive strategies and ongoing measurement of outcomes lead to better results for people.

9. ***Responsibility and accountability for government*****….**Adequate funding and effective management of supports and services promote positive outcomes for Iowans.

Definitions

Goals are the broad long term results towards which efforts and resources are to be directed in order to transform Iowa's mental health and disability service system. The five goals of this plan are over arching themes emerging from years of public dialogue with stakeholders. **Objectives** are more specific, shorter term end results that help us refine our thinking about what it takes to achieve our goals. Many objectives listed serve more than one goal. **Action steps** are initiatives to achieve specific measurable outcomes that help us progress towards the objectives under which they are listed. They too can serve more than one. **Strategic priorities** are the sets of initiatives that will be the primary focus of the Department's energy and resources (budget) over the duration of the Plan (2011-2015), because of the importance of the need addressed, the opportunities currently available to make significant progress, or other factors such as new statutory mandates. Resources will not be focused solely on strategic priorities, since there are on-going responsibilities on a wide range of initiatives. The Department's Action Agenda (action steps to be emphasized over the next 18 months (1/1/11-6/30/12) is highlighted in this document. See the Framework Key on the top of page 3.

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Principle Driven Goals				
Goal 1 Communities Welcoming communities that promote the full participation of Iowans with mental illness or disabilities. *(Principle 1)*	**Goal 2 Access** Increased access to information, services and supports that individuals need to optimally live, learn, work and recreate in communities of their choice. *(Principle 2)*	**Goal 3 Capacity** A full array of community based services and supports that is practically available to all Iowans. *(Principles 3 and 4)*	**Goal 4 Quality** High quality services and supports. *(Principles 5, 6 and 7)*	**Goal 5 Accountability** Clear accountability for achieving service results for Iowans that support individuals to live, learn, work and recreate in communities of their choice. *(Principles 8, 9)*
Strategic Priorities				
Strategic Priority No. 1: Educate Iowans about the potential of people with mental illness, brain injury or other disabilities to make positive contributions. **Strategic Priority No. 2: To promote full community inclusion for people with mental illness, brain injury or other disabilities.**	**Strategic Priority No. 3: Improve access to services for individuals in crisis and their families.** **Strategic Priority No. 4: Ensure appropriate services and settings by strengthening the tools and processes used to assess individual support needs.**	**Strategic Priority No. 5: Establish the leadership, necessary partnerships and infrastructure for a service system expanding opportunities for competitive employment.** **Strategic Priority No. 6: Develop frameworks for advancing the integration and coordination of primary care, mental health, substance abuse, disability, and other services.** **Strategic Priority No. 7: Deploy the resources of public residential institutions and Iowa's Money Follows the Person grant, in tandem with other federal and state initiatives, to maximize support for community integration and**	**Strategic Priority No. 8: Improve service outcomes by promoting efficient and cost effective best practices.** **Strategic Priority No. 9: Develop and expand workforce competencies.**	**Strategic Priority No. 10: Implement an effective performance and accountability infrastructure.** **Strategic Priority No. 11: Develop a plan for long term system financing.**

		reduce reliance on institutionally based services.		

Goal 1 – Communities
Welcoming communities that promote the full participation of Iowans with mental illness or disabilities. (Principle 1)

Obj. 1.1 Improve public awareness of positive contributions of people with mental illness and disabilities, and public understanding of the dignity of independence.

a. Identify existing web-based resources and develop a reference library in collaboration with state and other partners to assist community groups in promoting public awareness of positive contributions of people with mental illness, brain injury or other disabilities, celebrating the anniversary of the Americans with Disabilities Act and other observances, and outreach to other organizations committed to changing public attitudes. **(SP 1)**

b. Create a statewide speakers bureau and video lending library that can make individuals with lived experience in mental health, brain injury or other disabilities and/or expertise available to present information and raise awareness. **(SP1)**

c. ***Think Beyond the Label – Build on the national media campaign by customizing the message within the State, to promote public awareness and to make the business case for hiring people with disabilities.*** **(SP 1)**

d. Conduct targeted outreach to families and guardians of individuals with mental illness, brain injury and other disabilities to raise awareness of opportunities for community living, including competitive employment, by accessing available supports and services. **(SP 1)**

e. Integrate public awareness initiatives undertaken under this Plan objective with awareness initiatives pursuant to the Governor's Task Force on Dependent Adults Final Report (Recommendations II.C –D), balancing the focus on abilities and contributions of people with disabilities with their fundamental right to live and work in environments that are safe and free from neglect, abuse, discrimination or exploitation. **(SP 1)**

Obj.1.2 Improve public understanding of the causes and effects of mental illness, brain injury and other disabilities for all ages and of effective supports and services, through public awareness and education initiatives.

a. *Collaborate with the Iowa Departments of Public Health, Education, and Public Safety and other stakeholders in providing continuing support for the*

Mental Health First Aid initiative to enhance public awareness of the risk signs for mental illness, including suicide. ***(SP 1, SP 3*** *– See also Obj. 2.2.d)*

Obj. 1.3 Expand involvement of young people and adults with mental illness, brain injury or other disabilities in workforce and volunteer projects

a. *Support opportunities for involvement of young people and adults with disabilities in Americorps or other national service programs, as well as locally developed initiatives.* **(SP 2)**

b. Analyze current policies and practice regarding transition, and determine, with the engagement of the Department of Education, how these can be strengthened to support integrated employment as a preferred outcome for students moving into the adult service system. This should include clarity of post secondary and national service options to further prepare students for adult life. (SP 2, SP 5 - See also Obj. 3.1.b**)**

Obj. 1.4 Promote active participation of people with mental illness, brain injury or other disabilities on State and local boards, councils and commissions and provide tools and financial assistance to support active participation.

a. *Partner with the Mental Health and Disability Services Commission, the Mental Health Planning Council, the Iowa Developmental Disabilities Council, the Advisory Council on Brain Injuries, the Prevention of Disabilities Policy Council, the Olmstead Consumer Task Force, and other statewide advocacy groups to identify strategies to support opportunities for meaningful participation by people with disabilities on State, regional and local boards, councils and commissions dealing with any topic of interest to them, not just disability-related matters. Strategies could include expansion of peer support and leadership and advocacy training, and creative approaches to removal of barriers such as transportation.* ***(SP 2)***

b. Create new opportunities for involvement of people with mental illness, brain injury or other disabilities in DHS policy planning and program development and monitoring, in such areas as the DHS response to the federal Affordable Care Act, community based services, and Health Information Technology**.** **(SP 2)**

c. *Re-establish and strengthen the Office of Consumer Affairs and its role in securing regional and statewide consumer and family input.*

Obj. 1.5 Support and provide educational and training opportunities in cultural awareness and sensitivity for organizations and people working with individuals with mental illness, brain injuries and other disabilities, to ensure that consumers receive

effective, understandable, and respectful services provided in a manner compatible with their cultural beliefs, practices and preferred language.

a. Collaborate with the Iowa Civil Rights Commission in the identification and dissemination of resources to support cultural competency in the mental health, brain injury and disability services delivery systems. (See also Obj. 4.7.b)

Obj. 1.6 Promote adoption of a common, people first language about mental illness, disability, and all aspects of the service system that reflects the dignity and potential of the individual and the values of consumer and family driven planning and service delivery.

a. **Develop a common language and definitions for community and facility based providers to improve communications and to reflect a commitment to empowerment of individuals and a focus on strengths and functional needs rather than a diagnosis. (SP 2, SP 7 -** See also Obj. 3.3.b**)**

b. Extend use of the common language to policies and administrative rules.

Goal 2 – Access
Increased access to information, services, and supports that individuals need to optimally live, learn, work, and recreate in communities of their choice. (Principle 2)

Obj. 2.1 Improve awareness and access to appropriate community based services, including prevention services, for individuals in crisis and their families.

a. Promote alternatives and complements to hospital-based emergency and inpatient services for urgent behavioral health care needs of adults and children through the development and expansion of community-based access centers and crisis stabilization beds ***(SP 3)***

b. ***Expand provider capacity to address behaviors related to co-occurring mental illness and intellectual disabilities through deployment of the Iowa Program Assistance Response Team (I-PART). (SP 3, SP 7-*** *See also Obj. 3.3.a)*

c. Expand the capacity of the state mental health facilities as resource centers for the community provider network, in helping individuals to stay in the community. (SP 3 – See also Obj. 3.3**)**

d. ***Build provider capacity to ensure access to community based crisis intervention, behavioral programming and mental health outreach services. (SP 3, - SP 7*** *See also Obj. 3.4.c)*

e. *Maintain and promote availability of 24/7 telephone access to Medicaid-funded case management services.* ***(SP 3)***

f. ***Develop emergency mental health services in pilot areas.*** ***(SP 3)***

g. Expand access to training for community based providers (including primary care providers as well as non-prescribing mental health professionals) in behavioral health medication management. (SP 3 *- See also Obj. 3.7.c****)***

h. Expand access to training and education for consumers, families and other natural supports in behavioral health medication management. **(SP 3 –** See also Obj. 3.7.d**)**

Obj. 2.2 Increase awareness in schools of mental health issues and promote screenings to identify and refer children and youth at risk.

a. *Improve access to school-based mental health services, including teacher access to consultations with mental health professionals, and awareness of and access to available resources to promote acceptance of children with mental health disorders and/or disabilities.* ***(SP 3)***

b. Partner with the Department of Education and institutions of higher education in Iowa to expand access to teacher training in mental health issues, crisis prevention and intervention, and access to the mental health service system.

c. *Collaborate with the Iowa Department of Public Health and other state agencies to address methods to reduce suicide risks among teens and young adults.* ***(SP 3)***

d. *Promote and provide Mental Health First Aid training and support for school systems, child welfare providers, and members of the public to create awareness of mental health and disability issues and improve the capability for individuals to recognize and appropriately respond to individuals experiencing mental health issues and crises.* ***(SP 3, SP 1 –*** *See also Obj.1.2.a****)***

e. *Continue to collaborate with the Iowa Department of Education, the area education agencies, and local school districts in the development of a response to school crisis situations, including use of the Disaster Behavioral Health Response Team and other MHDS services.* ***(SP 3)***

Obj. 2.3 Strengthen the State's ability to support informed choice by people with mental illness, brain injuries or other disabilities who need services.

a. *Continue to work towards a "No Wrong Door" concept in access to services. No Wrong Door refers to a system that welcomes people in need wherever they try to gain access to services.*

b. ***Maintain and continue to enhance Iowa's web based Information & Referral services for people with disabilities and older Iowans and make cross-training available on information regarding services and supports for all disabilities. (SP 3)***

c. ***Develop a network of trained parent navigators and educators for parents of children with disabilities, including Serious Emotional Disturbance. (SP 3 -*** *See also Obj. 3.2.d)*

d. Develop outreach strategies for more proactive dissemination of information about available services and supports, including training opportunities for individuals, their families, and providers of natural supports.

e. Continue outreach and education for people with mental illness, brain injury and disabilities to optimize understanding of the impact of employment on their current benefits and awareness of available Medicaid and Social Security Administration work incentives and other asset development opportunities (e.g., Earned Income Tax Credit, Individual Development Accounts, self employment or microenterprise, etc.). ***(SP 5 –*** *See also Obj. 3.1.e)*

f. Provide education and training opportunities to youth with serious emotional disturbance or other disabilities and their families to establish an early understanding of asset development options and to prepare for competitive employment. Work with Parent-Educator Connection staff, Special Education Directors, ADA and 504 Coordinators and disability support groups to invite students with IEPs and 504 plans and their parents to the trainings. (See also Obj. 3.1.f)

Obj. 2.4 Improve awareness of mental health, brain injury and disability issues in the judicial branch, law enforcement, and among community emergency responders, to promote access to appropriate treatment settings. (SP 3)

a. ***Expand educational programs for law enforcement and the judicial branch on the symptoms of and supports for mental illness and other disabilities. (SP 3)***

b. ***Continue the work of the Court Mental Health Work Group. (SP 3)***

c. Establish vehicles for communication among law enforcement, the judicial branch and MHDS about options available for diversion, and alternatives to arrest, detention, incarceration and commitment. (SP 3)

d. Establish vehicles for communication and education about alternatives to full guardianship and conservatorship.

Obj. 2.5 Continue collaboration with State partners in the work of the Ex-Offender Reentry Coordinating Council recommendations to strengthen and improve ex-offender re-entry programs and processes to ensure access to mental health services and other supports essential to successful community living.

a. Continue to improve access to Medicaid mental health and substance abuse services, including psychotropic medications. ***(SP 3)***

b. Improve access to housing and employment supports.

Obj.2.6 Maintain the capacity to provide timely, effective mental health support in response to natural and human-caused disasters.

a. Expand Disaster Behavioral Health Response Team services statewide. ***(SP 3)***

b. Expand Mental Health First Aid training statewide. ***(SP 3 –*** *See also Obj. 1.2.a****)***

Obj. 2.7 Work with the Division of Homeland Security & Emergency Management, the Departments of Human Rights and Public Health, and the Prevention of Disabilities Policy Council to build awareness and capacity of communities to serve people with disabilities during and after a disaster event, and of people with disabilities to plan and prepare for emergencies.

a. Coordinate with other agencies in the design and implementation of regional and state trainings and dissemination of information for community emergency planners to increase awareness and understanding of the needs of individuals with disabilities during emergencies.

b. *Work with the Iowa Department of Public Health and the Prevention of Disabilities Policy Council to evaluate the Community Access Project as a vehicle to build community capacity for emergency response to people with disabilities and to educate individuals about personal preparedness issues.*

Obj. 2.8 Improve system capacity to conduct consistent assessments to best determine service and support needs. (SP 4)

a. ***Strengthen implementation of Pre Admission Screening and Resident Review (PASRR) for Iowans prior to admission to nursing homes to insure that placement is appropriate and needed services are available,***

beginning with the federally mandated populations, and address the needs of other populations as resources are provided. (SP 4)

b. **Develop and implement policies and procedures for implementation of new federal requirements to ensure the rights of nursing home residents to choose where they receive their long term supports and services, including referral to local contact agencies for options counseling, referral to disability-specific services such as neuro-resource facilitation, and transition services as appropriate. (MDS 3.0, Section Q) (SP 4, SP 7 –** See also Obj.3.4.e**)**

c. ***Explore use of a standardized functional assessment tool (the Supports Intensity Scale) in determining service and support needs for people with intellectual disabilities. (SP 4)***

d. *Explore use of a standardized functional assessment tool to determine service and support needs for people with mental illness and implement upon agreement.*

e. Explore use of a functional assessment tool for people with brain injury who do not have a diagnosis of intellectual disabilities.

f. Explore use of a functional assessment screening tool to identify mental health and disability issues for all children and youth.

g. **Identify opportunities to improve discharge planning to meet the needs of individuals for services in the communities of their choice. (SP 3, SP 7 –** See also Obj. 3.3.c**)**

Obj. 2.9 Improve access to services and supports by creating or expanding affordable transportation options for Medicaid members.

a. *Incorporate a Medicaid transportation brokerage as a Medicaid State Plan service, providing more efficient use of resources and enhanced access to transportation.*

b. Explore with the broker possible expansion of transportation brokerage services beyond Medicaid population services, using alternative funding and financial reporting.

Obj. 2.10 Improve access to mental health services for underserved populations.

a. *Explore with Iowa Medicaid Enterprise (IME) opportunities to integrate behavioral, mental and physical health services for older adults to maximize their ability to remain independent in the community.*

b. *Expand access to mental health services to adults over age 65 under the Iowa Plan for Behavioral Health's Senior Connect, a program that will provide this age group with access to appropriate Iowa Health Plan Services and continuity of care across the lifespan.*

c. *Partner with the Iowa Departments of Public Health and Aging and other stakeholders to explore options to address training needs related to mental health assessment and the service delivery continuum across the life span. (See also Obj. 3.6)*

d. *Improve access for individuals with all multi-occurring disorders* ***(SP 8 -*** *See also Objective 4.1)*

e. *Explore strategies to enhance access to services in underserved areas, including rural communities, through tele-health and other technologies.*

f. *Improve access to services for homeless individuals with mental illness through (1) participation in Projects for Assistance in Transition from Homelessness (PATH) and SSI/SSDI Outreach, Assistance and Recovery (SOAR) Technical Assistance Initiative ; and (2) partnering with the Iowa Finance Authority in the utilization of homelessness assistance funding. . (See Obj. 3.4.c)*

g. **Work with the Veterans Administration, the Iowa Department of Veterans Affairs and veterans' organizations to develop collaborative approaches to meeting the needs of veterans with mental health issues and/or brain injuries, and their families. (SP 3)**

Obj. 2.11 Continue to address barriers to access that are created by county of legal settlement and related funding issues.

Obj. 2.12 Promote early, accurate diagnoses and referrals for individuals with or at risk of mental illness, brain injury or other disabilities.

a. *Provide parents, schools and health professionals with tools to learn the signs of autism and other developmental disabilities as early as possible.*

b. *Support the efforts of Iowa Medicaid Enterprise to implement the Iowa ABCD II (Assuring Better Child Health Development) recommendations for promotion, prevention and treatment services for the healthy mental development of young children, including maternal screening for depression.*

c. *Collaborate with IDPH and the Brain Injury Resource Network in improving information on and access to available community resources for individuals identified with brain injury.*

d. *Promote awareness by professionals and parents of Iowa's system of early intervention for children at risk of developmental delays (Early Access program).*

Goal 3 – Capacity
A full array of community based services and supports that is practically available to all Iowans (Principles 3 and 4)

Obj. 3.1 Support strategies for asset development to create opportunities for independence and self reliance for people with mental illness, brain injury or other disabilities, including promotion of competitive employment as the preferred outcome of services, personal savings, home ownership, and entrepreneurship.

a. ***Continue current work in collaboration with the State Employment Leadership Network (SELN) and other State agency partners, including Department of Education, Voc Rehab, Workforce Development, Department for the Blind, Iowa DD Council, Department of Human Rights and others to develop and implement a statewide competitive employment plan for people with disabilities, mental illness, or brain injuries. (SP 5)***

b. Analyze current policies and practice regarding transition, and determine, with the engagement of the Department of Education, how these can be strengthened to support integrated employment as a preferred outcome for students moving into the adult service system. This should include clarity of post secondary and national service options to further prepare students for adult life. (SP 5, SP 2 – See also Obj. 1.3.b**)**

c. Work in collaboration with the Board of Regents and community colleges to educate and encourage people with mental illness, brain injury or other disabilities and their families to pursue higher education.

d. *Engage people with mental illness and other disabilities, family members, and community providers in the design of employment service models and supports that meet the labor market needs of the region, to drive successful high school and adult transitions to competitive employment. **(SP 5)***

e. *Continue outreach and education for people with mental illness, brain injury and disabilities on the impact of employment on their benefits, and awareness of, available Medicaid and Social Security Administration work incentives and other asset development opportunities (e.g., Earned Income Tax Credit, Individual Development Accounts, self employment or microenterprise, etc.). **(SP 5 –** See also Obj. 2.3.e**)***

f. Provide education and training opportunities to youth with serious emotional disturbance or other disabilities and their families to establish an early understanding of asset development options and to prepare for competitive employment. Work with Parent-Educator Connection staff, Special Education Directors, ADA and 504 Coordinators and disability support groups to invite students with IEPs and 504 plans and their parents to the trainings. (See also Obj. 2.3.f)

g. *Continue to promote self-employment as a viable asset development strategy through workshops and technical assistance targeted to individuals with disabilities and their families.* ***(SP 5)***

h. Collaborate with Iowa Workforce Development, Iowa Vocational Rehabilitation Services, Department for the Blind, CPCs, the Iowa Association of Community Providers, and other partners, to establish common data sets regarding desired outcomes of employment and day services. **(SP 5 –** See also Obj. 5.2.f**)**

i. *Continue regional trainings on the Ticket to Work program, the Employment Network, work incentives and the Medicaid-Buy-In (MEPD) program to community disability providers, case managers, CPC Directors, and individuals with mental illness, brain injury or other disabilities and their families.* ***(SP 5)***

Obj. 3.2 As the State develops its implementation plan for the federal Affordable Care Act, take steps to ensure coordination of primary care, mental health, substance abuse, disability and other services.

a. **Develop and maintain *a mental health delivery system that meets the needs of children with SED in the community by extending children's mental health systems of care: (1) Continue to build the sustainability of the Northeast Iowa Community Circle of Care; (2) Support state-funded systems of care for children in Polk/Warren Counties; (3) Seek support for the East Central Iowa Children's Mental Health Initiative; (4) Promote expansion to additional regions in Iowa, with emphasis on the western region of the State.*** ***(SP 6)***

b. In collaboration with the IDPH Medical Home Advisory Council and other relevant stakeholders, explore opportunities presented by the federal affordable care act to promote health home service delivery models centered in appropriate providers characterized by person-centeredness; care continuity; coordination and integration across settings and providers; chronic disease management; prevention and wellness care; evidence-informed medicine; and health information management. **(SP 6)**

c. ***Develop service definitions and expectations regarding the use of remedial services and integration of remedial services with other services. Improve coordination and quality of mental health services by transferring remedial services administration to the Iowa Behavioral Health Plan. (SP 6)***

d. **Continue to develop *and support a statewide network of trained family navigators and educators, that help families of children with developmental disabilities and other special health care needs make informed healthcare decisions and navigate the service system, and offer web-based resources (DHS Family 360/Family to Family Health Information Center initiative)*. *(SP 6, SP 3 -* See also Obj. 2.3.c*)***

e. *Continue to support and explore expansion of the Program of All-Inclusive Care for the Elderly (PACE) for older Iowans who require a nursing home level of care, to enable them to remain living at home.*

f. Improve integration and coordination of child welfare and mental health services. (See Obj. 3.7.e.)

Obj. 3.3 Redefine the role of the State Resource Centers and Mental Health Institutes in order to reduce reliance on institutionally based services. (SP 7)

a. ***Expand provider capacity to address behaviors related to co-occurring mental illness and intellectual disabilities through deployment of the Iowa Program Assistance Response Team (I-PART). (SP 7, SP 3 –*** *See also Obj. 2.1.b)*

b. **Develop a common language and definitions for community and facility based providers to improve communications, that reflects a commitment to empowerment of individuals, and a focus on strengths and functional needs rather than a diagnosis. (SP 7, SP 2 –** See also Obj. 1.6.a**)**

c. Continue to strengthen discharge planning at Resource Centers and orient internal operations to reductions in length of stay. (SP 7, SP 3 – *See also Obj. 2.8.g)*

d. Continue to diversify programs and services at the State Resource Centers and Mental Health Institutes to expand the capacity of Iowa's home and community based service network. (SP 7)

Obj. 3.4 Ensure that individuals receiving facility based residential services retain community living options.

a. ***Explore extension of Iowa's Money Follows the Person demonstration to 2016 (with continuation of operations to 2019) to assist individuals***

living in facilities transition to more independent community settings. (SP 7)

b. ***Explore expansion of Money Follows the Person transition services and supports to additional populations receiving facility based care. (SP 7)***

c. ***Build provider capacity to ensure access to community based crisis intervention, behavioral programming and mental health outreach services. (SP 7, SP 3*** - See also Obj. 2.1.d***)***

d. **Build community provider capacity for Supported Employment services. (SP 5 –** See Obj. 3.1**)**

e. **Develop policies and procedures for implementation of new federal requirements to ensure the rights of nursing home residents to choose where they receive their long term supports and services, including referral to local contact agencies for options counseling, disability-specific services such as neuro-resource facilitation, and transition services as appropriate (MDS 3.0 Section Q). (SP 7, SP 4 –** See also Obj. 2.8.b**)**

Obj. 3.5 Improve access to safe, affordable and accessible housing.

a. ***Work with the Iowa Finance Authority to ensure availability of Home and Community Based Services Waiver Rent Subsidies to support Money Follows the Person participants and other individuals on Waivers. (SP 7)***

b. **Advocate for system changes or accommodations for people with disabilities at local public housing authorities in the federal Housing Choice Voucher (Section 8) application process to enable the same access as individuals without disabilities. (SP 7)**

c. *Reduce homelessness for persons with mental illness by (1) leveraging federal funds to expand case management and benefits counseling services (Projects for Assistance in Transition from Homelessness (PATH) and SSI/SSDI Outreach, Assistance and Recovery (SOAR) Technical Assistance Initiative; and (2) partner with the Iowa Finance Authority in the utilization of homelessness assistance funding. (See also Obj. 2.10.f)*

d. Support the efforts of the Iowa Finance Authority to expand availability of affordable and accessible housing in Iowa.

Obj. 3.6 Build the capacity at all levels of service to serve individuals with intensive needs.

a. Develop and/or enhance Iowa-based capacity, through provider training and program development, to serve individuals in need of high intensity services,

especially those who currently require or are at risk of placement in out of state facilities or the State Resource Centers.

b. Expand access to the Waivers and explore opportunities for expansion of State Plan Home and Community Based Services under the federal Affordable Care Act, such as the Community First Choice option for State Medicaid Plans.

c. *Expand wraparound services for youth with serious emotional disturbance (SED) and challenging behaviors and their families **(SP 6 -** See also Obj. 3.2, and **SP 8 –** See also Obj. 4.2.b**)***

d. *Expand access to peer support.*

Obj. 3.7 Implement pre-service and in-service training to improve healthcare, social services and education for people with mental illness, brain injury or other disabilities.

a. *Expand pre-service and in-service training of medical and dental students and other health professionals, including education on:*
   - *Current and emerging trends in service delivery, including evidence-based practice and recovery-based services*
   - *Effective communication with patients who have mental health or other disabilities*
   - *Providing primary care to patients who have mental health or other disabilities*
   - *Early identification, diagnosis and treatment of young children with or at risk of disabilities, including social-emotional disabilities.*
   - *Impact of mental health disorders on other health conditions.*

b. *Expand initiatives to train pediatricians, family practice physicians and physician extenders in diagnosis and treatment (including best practices) of children with Serious Emotional Disturbance, autism or other developmental disabilities, and brain injury. (See also Obj. 2.12)*

c. ***Expand access to training and education for community based providers (including primary care providers as well as non-prescribing mental health professionals) in behavioral health medication management. (SP 3** - See also Obj. 2.1.g)*

d. Expand access to training and education for consumers, families and other natural supports in behavioral health medication management. **(SP 3 –** See also Obj. 2.1.h**)**

e. *Expand access to training for DHS child welfare workers on the identification of mental health issues and referral of children and families for appropriate treatment.* (See also Obj. 3.2.f)

f. *Work with Iowa Medicaid Enterprise to expand in-service training of mental health service providers in the provision of proven early childhood treatment therapies.*

g. *Develop and make available training for case managers on mental health screening for older adults. (See also Obj. 2.10)*

h. *Address systemic issues resulting in the shortage of certified behavioral analysts in Iowa, including curriculum development and delivery and reimbursement..*

Goal 4 – Quality
High quality services and supports. (Principles 5, 6 and 7)

Obj. 4.1 Integrate and improve services to individuals with multi-occurring conditions including mental health, substance abuse, cognitive and intellectual disabilities, and other medical conditions.

a. *Provide training and technical support for providers to build their capabilities to address multi-occurring conditions and promote holistic approaches to meet individuals' service needs in a recovery-oriented system of care.* ***(SP 8 – See also Obj. 2.10.d)***

b. Develop a curriculum on best practices for individuals with multi-occurring diagnoses, and their families. **(SP 8)**

c. ***Continue to collaborate with the Iowa Department of Public Health (IDPH) to review accreditation standards and policies used for both mental health and substance abuse services and develop protocol to cross-accept accreditation determinations made by each agency, similar to deemed status applied to national accreditation by IDPH and DHS. (SP 8)***

Obj. 4.2 Promote the use of practices based on best available scientific knowledge

a. *Expand Assertive Community Treatment services in Iowa.* ***(SP 8)***

b. *Promote utilization of the Wraparound concept to provide integrated and flexible supports to individuals and families.* ***(SP 8, SP 6 - See also Obj. 3.2.a and Obj. 3.6.c)***

c. ***Improve competitive employment outcomes by expanding Supported Employment services in partnership with the State Employment Leadership Network (SELN). (SP 8, SP 5 - See also Obj. 3.1.a)***

d. Work with parent navigator/educator networks to promote improved outcomes for individuals with mental illness, through information and supports to their families, and family involvement in planning and treatment delivery (consistent with the evidence-based practice of family psychoeducation).

Obj. 4.3 Develop a statewide retention and recruitment plan for the direct care workforce in all settings and programs.

a. ***Partner with the Iowa Department of Public Health (IDPH) and other agencies and organizations to identify and define direct support professional competencies and the curricula needed to provide effective services to individuals with mental illness, brain injury and other disabilities, including, as appropriate, training supporting the expansion of evidence-based practices in Iowa. (SP 9)***

b. *Expand access to the web-based trainings such as the DHS/IDPH/BIA/IACP collaborative brain injury training initiative for providers, and the College of Direct Support that offers a wide range of on-line training and education programs targeted for direct support professionals and their supervisors, to assist them in their pursuit of a career path and to facilitate mobility from one provider setting to another.* ***(SP 9)***

c. Explore the establishment of a single statewide learning management system to address the training needs of providers, State employees, family members and providers of natural supports to build capacity to address the needs of individuals with mental illness, brain injury or other disabilities.

d. **Explore developing an incentive strategy to assist providers that improve retention and performance of direct support professionals, including strategies linking reimbursement to competency-based skill development training and on site supports. (SP 9)**

e. *Continue to explore options to reimburse HCBS providers for staff training costs*. **(SP 9)**

f. Provide education and training opportunities to individuals who self-direct their services, on recruitment, hiring and firing, training, and supervision of their support staff.

Obj. 4.4 Increase quality of services through enhanced accreditation standards and processes (1) For community mental health centers as providers of an array or core services; and (2) For individual services offered by other providers.

a. Develop proposed revisions to Iowa Administrative Code 441-24.1 (225C) governing provider and service accreditation.

b. *Involve participation of individuals and families in review and revision of policies and standards.* ***(SP 2 -*** See also Obj. 1.4***)***

Obj. 4.5 Expand participation of individuals and their families in determining their service plans and increase their ability to make informed choices, including the use of self direction.

a. *Promote use of the Consumer Choice Option for HCBS Waiver participants, giving them control over an individualized budget for a portion of their supports.*

b. Align quality oversight and standards for CCO with other HCBS quality standards in conformance with federal requirements.

c. Expand use of self direction to individuals with mental illness.

Obj. 4.6 Ensure that user-friendly processes are in place for consumers, families and the general public to seek effective remedies for issues related to service quality, fairness, and the right of individuals to live and work in environments that are safe and free from neglect, abuse, discrimination or exploitation.

a. Provide materials and training to individuals, families and service providers, regarding enforcement options available to address discrimination based on disability.

b. Use standardized incident reporting to collect and report system-wide data. **(SP 10** – See also Obj. 5.3**)**

c. Clarify the consumer complaint processes and provide consumers, families and providers with access to complaint information.

Obj. 4.7 Support and provide educational and training opportunities in cultural awareness and sensitivity for organizations and people working with individuals with mental illness, brain injury and other disabilities, to ensure that consumers receive effective, understandable, and respectful services provided in a manner compatible with their cultural beliefs, practices and preferred language.

a. Work with Iowa's higher education system to coordinate an effort to recruit a culturally diverse (in terms of ethnicity, age, income, rural versus urban, etc.) and appropriately trained mental health and disability workforce.

b. Collaborate with the Iowa Civil Rights Commission in the identification and dissemination of resources to support cultural competency in the mental health, brain injury and disability services delivery systems. (See also Goal 1, Obj. 5)

Goal 5 – Accountability

Administrative accountability for service delivery, and results: supporting individuals to live, learn, work and recreate in communities of their choice. (Principles 8 and 9)

Obj. 5.1 Secure and maintain an inter-agency collaboration and focus on removal of barriers to community living, in coordination with the Olmstead Consumer Task Force, the MHDS Commission, and the Mental Health Planning Council.

a. In collaboration with relevant stakeholders, pursue opportunities presented by national healthcare reform legislation to expand home and community based services.

b. **Provide for annual stakeholder review of this Plan and recommendations for updating. (SP 10)**

Obj. 5.2 Expand outcomes measurement and reporting systems, with standardized processes to monitor consumer outcomes.

a. *Strengthen Iowa's compliance with National Outcome Measures (NOMs) reporting through continued implementation of outcomes reporting. **(SP 10)***

b. Begin work to incorporate National Core Indicators in outcomes reporting for the developmental disabilities service system. **(SP 10)**

c. Build IME's capacity to implement core quality measures recommended by the U.S. Department of Health and Human Services for children's healthcare under the Children's Health Insurance Program Reauthorization Act (CHIPRA; Public Law 111-3). **(SP 10)**

d. Build IME's capacity to implement quality standards for adult healthcare services upon promulgation of guidelines by the U.S. DHHS. **(SP 10)**

e. Continue to strengthen compliance with CMS quality assurance requirements. **(SP 10)**

f. Collaborate with Iowa Workforce Development, Iowa Vocational Rehabilitation Services, Department for the Blind, CPCs, the Iowa Association of Community Providers, and other partners, to establish common data sets regarding desired outcomes of employment and day services. **(SP 5 –** See also Obj. 3.1.g**)**

Obj. 5.3 Strengthen accountability for service system outcomes through a data management strategy that informs policy and measures program impact.

a. Expand capacity and utilization of DHS stored data to provide detailed reporting on target populations (demographics, diagnoses, service utilization, outcomes, etc.). **(SP 10)**

b. Create a mental health and disability service system data dashboard (or standardized reports) to promote awareness of system and provider results and to promote continuous improvement. **(SP 10)**

c. **Collaborate with the Iowa Department of Public Health in development of the Health Information Technology (HIT) infrastructure required for implementation of national healthcare reform. (SP 10)**

d. Use standardized incident reporting to collect and report system-wide data. **(SP 10** - See also Obj.4.6.b**)**

e. Explore with counties and other partners issuance of an annual individual consumer report on services and costs.

f. Acknowledge programs that are achieving excellent outcomes.

Obj. 5.4 Collaborate with internal and external partners in reviewing and aligning policies towards community inclusion through redirection of resources for more effective outcomes.

a. Identify initial targets as priorities for analysis of reimbursement rates and possible alignment of reimbursement with expected outcomes, such as supported employment services leading to competitive employment. **(SP 11)**

Obj. 5.5 Collaborate with counties and key stakeholders in the development of recommendations for long term system funding, to include an assessment of the options available under the Affordable Care Act, including mental health parity, health home and the benchmark plan. (SP 11)