

IOWA'S MENTAL HEALTH AND DISABILITY SERVICE SYSTEMS: SUMMARY OF STAKEHOLDER RECOMMENDATIONS (1997 – 2009)

A review of trends over the past decade shows a steady march by the State of Iowa towards greater self-determination for consumers and a focus on helping people to live satisfying, productive lives in the community of their choice. Important new services have been added, there have been numerous system enhancements, and in some areas such as children's mental health, communities are developing new service infrastructure to better meet needs.

The progress that has been made, and which must continue, clearly depends on a shared vision and a high degree of collaboration among many partners: consumers and family members, providers, advocates, local and county governments, and State agencies. This report documents over a decade of public dialogue on how to make the system work better for people with mental illness and disabilities. A great deal of careful work has been put into the examination of the issues by people with the necessary knowledge and experience, who have volunteered their time in an effort to improve the lives of Iowans with mental illness and disabilities. Their work is a solid platform for future planning. An analysis of the broad sweep of findings and recommendations produces three important conclusions:

- *Regardless of the nature of their disability (mental illness, brain injury or intellectual/developmental disability), the risks, the challenges, and the needs confronting people are essentially the same.* It is important to note, however, that there are important differences in the language used by advocates for different populations, and that these can create barriers in communication. Advocates for people with mental illness, for example, state that mental illness is a health condition that should be subject to no greater stigma than physical illness. The prevalent approach to treatment is the recovery model: rather than being “cured,” people need to learn to live with their symptoms through hope, empowerment and taking responsibility to achieve satisfying lives. Disability advocates, by and large, resist the view of disability as an illness or health condition—certainly not one that needs to be recovered from—and try to focus attention on physical, attitudinal and other barriers to full community participation. In the language of disability advocacy, there are fewer references to diagnoses, clinical approaches, and therapies. As Iowa develops its combined State Plan for mental health and disability services, this work is being done with the understanding that although the conceptual starting points and terminology may differ, the desired outcome and the means to it are essentially the same.
- *While not every stakeholder group arrives at identical conclusions about what needs to happen, there is general consensus on the basics about what needs to be done to transform Iowa's mental health and disability services system (and other supports critical to full community integration and participation).* A review of ten years' worth of work by hundreds of individual stakeholders shows that while discussion stalls on some intractable questions, direct conflict on individual topics, at least in the final reports, is rare.

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- *Responsibilities for attainment of the Iowa Legislature's vision (as expressed in Iowa Code 225C, below) of people with mental illness and disabilities receiving supports to live, learn, work and recreate in communities of their choice are diffuse, extending far beyond any one State department. The barriers people encounter are as wide ranging as human activities themselves: getting an education, finding a place to live, making friends, getting about town, voting, eating out, or finding a doctor. The development of livable and welcoming communities for people with disabilities requires a coordinated public response.*

Iowa's Vision for a Transformed System

In the years of public dialogue generating these reports, a consensus grew on vision and values that was codified by the Iowa General Assembly (See Iowa Code 225.C.1 and 225 C.6.B). The provisions in Code are viewed as setting the direction for system transformation. The complex ideas in Code can nevertheless be summarized very simply: *A Life in the Community for Everyone.*

Organization of the Report

Attempts to “fix” the mental health and disability services system are often driven by an acute awareness of a particular issue, such as the unavailability of services needed by a specific group, or a perception that the way people's needs are assessed creates inequities in access to services. *Successful advocacy on a single issue, however, produces piecemeal solutions and can limit positive long term outcomes.* It has been a challenge for stakeholder groups to develop conceptual frameworks for the transformation of service systems, but some groups have been able to develop truly comprehensive approaches. The State of Iowa owes a debt to these groups for their patience and persistence.

This summary of stakeholder recommendations arranges the identified issues into six broad categories, in a framework that allows comparison from one report to the next. The seven categories are: (1) Public Awareness and Support for Inclusion; (2) Improving Access; (3) Individualized and Well-Coordinated Services and Supports; (4) Collaboration and Partnership in Building Community Capacity; (5) Workforce and Organizational Effectiveness, (6) Provider Accountability and Results, and (7) Government Responsibility and Accountability.

Making the Legislative Vision a Reality: Emerging Views from a Decade of Public Dialogue

The recommendations of the thirteen stakeholder groups are presented chronologically according to the year they were issued.

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Some reports were very detailed, in which case only their priority recommendations were included. In some cases, the thinking about an issue evolved over time; in other cases, recommendations became moot due to factors such as the issuance of new federal regulations. Important for purposes of future planning is what the chart shows about the convergence of views on many issues. Convergence of views around a set of recommendations becomes more telling the larger and more diverse the stakeholder group, or if the same recommendations are made by more than one stakeholder group. Taken as a whole, these points of consensus can be woven into a statement of the vision that concerned Iowans have of an effectively working mental health and disability services system, and the necessary principles at the foundation of the system.

Principles Guiding Transformation

1. **Public awareness and support for inclusion** ... promote welcoming communities that recognize and respect the potential of all Iowans, and are receptive to their participation in and contributions to society.
2. **Access to services and supports** ...ensure that each adult and child will have timely access to the full spectrum of supports and services needed.
3. **Empowerment**...emphasize 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 of, and accept responsibility for those choices.
4. **Active Participation**...insure that persons and their families are active participants in developing policies and in evaluating effectiveness of providers, supports and services.
5. **Individualized and person-centered**... provide a comprehensive, integrated, and consistent array of services and supports that are individualized and flexible.
6. **Collaboration and partnership in building community capacity**...align State and local policies and programs 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

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7. **Provider accountability and results**...use innovative thinking, progressive strategies and ongoing measurement of outcomes to achieve better results for people.
8. **Workforce and Organizational Effectiveness**...improve workforce and organizational effectiveness by investing in people through appropriate training, salaries and benefits.
9. **Government responsibility and accountability**... adequately fund and manage supports and services that promote the ability of Iowans to live, learn, work and recreate in communities of their choice.

In a transformed system:

1. Disability is viewed as a natural part of the human experience, and mental illness is regarded as a health issue like any other.
2. All Iowans will easily get information about services, and assistance in navigating seamless support systems.
3. The needs of individuals and families in crisis will be promptly addressed using cost-effective interventions to keep families intact and people at home.
4. Services will be provided in the least restrictive setting consistent with an individual's needs.
5. Everyone will receive services in a system free of inequity or bias based on age, race, gender, sexual preference, geographic location, or ability to pay.
6. People with disabilities and/or mental illness should get services based on need.
7. The unique needs and culturally diverse character of Iowa's population (rural, urban, racial, ethnic, linguistic, and socio-economic), will be acknowledged and supported.
8. Individuals and families will fully participate in the service planning process and take an active role in directing resources available to meet their needs.
9. The system will promote and support individual responsibility for health and wellness including prevention, early identification and intervention.
10. Adults and children in need of mental health services will have access to a system of care offering a well-planned, coordinated array of services and supports that facilitate recovery and build resilience to face life's challenges. (System of care)
11. Adults and children with disabilities will access a coordinated system of care providing the supports they need to live, learn, work and recreate in communities of their choice.
12. Youth will have access to a coordinated array of coordinated supports and services to assist them in a seamless transition to work and independent living.

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13. Competitive employment will be assumed to be the first option in planning for community living and full inclusion.
14. The system will provide flexible funding for services and individualized supports.
15. Quality will be ensured through implementation of evidence-based, best and emerging practices with a focus on measurable client and system outcomes and continuous improvement.
16. The workforce is skilled, trained and able to fully respond to the diverse needs of individuals and families served.
17. Objective outcomes and indicators, measures of program fidelity, and fiscal accountability will be supported through effective information systems, data management and reporting.
18. Resources will be redirected to support effective and coordinated systems, and provider reimbursements will incentivize desired outcomes.
19. Barriers to community living will be eliminated for adults and children through State and local collaborative initiatives in housing, transportation, early childhood programs, child welfare, public assistance, substance abuse, juvenile justice and the correctional system.
20. The role of state and local partners and consumers and families, and the responsibility for outcomes are clearly defined.

Stakeholder reports included in this summary

The reports reviewed for purposes of this summary were developed by groups of stakeholders, often entailing public input sessions, or in some cases were the work of consultants and others engaged on behalf of State agencies, boards, councils or commissions. Sometimes the work of these groups was mandated by the Legislature and sometimes they were not. The purpose of this synthesis is to get a sense of the views of the wide range of stakeholders in the mental health and other disability service systems across Iowa. .

A list of the reviewed reports is provided below. Copies of the full reports, if available, can be located through the web links also provided. Each report has been given a key identifier (ex., [Legis TF 97](#)) which is used throughout the document to identify the source of the recommendations listed.

Reports:

Legislative Human Services Restructuring Task Force (1997). [Legis TF 97](#)

(www2.legis.state.ia.us/GA/77GA/Interim/1997/comminfo/humansrt/finalapp.htm#1) This legislatively mandated work group issued one of the earliest reports related to the role of Iowa's State-run institutions, proposing that the role be redefined to support the increasing demand for home and community based services.

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Quick Fixes or Structural Reform (1998). **Quick Fix 98**

(www.medicine.uiowa.edu/ICMH/iowa/documents/QuickFixesorStructuralReform1999.pdf) The Mental Health Planning Council contracted with the Technical Assistance Collaborative to analyze the State's mental health service system and develop a comprehensive set of recommendations. These included such concepts as mental health core services, improving coordination between Medicaid and county-funded mental health services, and addressing the needs of providers for technical assistance.

Central Point of Coordination (CPC) Restructuring Task Force: Plan for Mental Health and Developmental Disability Service System Improvements (1999). **CPC 99** This report addressed both mental health and disability services, recommended changes to the legal settlement policy, and proposed specific core services to create more community living options for both populations. The report also makes recommendations regarding administration and oversight of the service system.

Olmstead Plan for Community Development (2001). **Olmstead 01**

(<http://www.olmsteadrealchoicesia.org/Taskforce/IowaPlanCommDevFinal.htm>) The *Olmstead* Consumer Task Force responded to the 1999 U.S. Supreme Court decision and to the Governor's mandate to develop a plan to eliminate barriers to community living for people with disabilities. The plan was developed at the grassroots level, through statewide open meetings, and covered a broad range of concerns including housing, transportation, health, and services to help people move out of institutions.

An Analysis of Iowa's Six HCBS Waivers (2001). **Cooper 01** The Governor's Developmental Disabilities Council led the effort to improve Iowa's Home and Community Based Waiver system by contracting with Robin Cooper, through the National Association of State Directors of Developmental Disabilities Services, to develop recommendations for strengthening, expanding and simplifying the waivers.

Creating a System of Mental Health Services for Children in Iowa (2001). **CMHI 01** The Children's Mental Health Initiative was an inter-agency effort to address the lack of access and coordination of services for children with mental health and behavioral issues. The first-of-its-kind report recommended promoting awareness of children's mental health, establishment of a statewide network of family advocates, conduct of a statewide needs assessment, and expansion of coverage through passage of mental health parity legislation.

Adult System Redesign Report (2004). **Adult Redesign 04** This legislatively mandated report by the MH/MR/DD/BI Commission contains a set of recommendations for redesign of the county-based mental health and disability service system, including financing,

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reporting and quality assurance, identification of core services, individual and family participation in planning, and helping people develop the capacity for independent living.

Report of the Children's Oversight Committee to the MH/MR/DD/BI Commission (2006). **Children's System 06** This legislatively mandated report sought to address the absence of a system of coordinated services and the resulting problems of access for families with children with mental health issues and/or disabilities. The report recommended adoption of the "Lighthouse" concept, to provide a clear entry point and assistance in navigation to families.

Enhancing Community Options Workgroup (2006). **ECOW 06** This work group was established under an IowaCare Act mandate, to examine ways in which populations serviced by home and community based services could be increased, relative to those served in facilities. Using the CMS framework for long term care systems improvement, the work group developed a set of recommendations to improve access, individualize services, provide more flexible financing, and provide quality assurance for people with mental illness and/or disabilities.

Money Follows the Person Partners Group Recommendations (2007). **MFP 07** This 70-member stakeholder group addressed the particular needs of individuals residing in intermediate care facilities for people with intellectual disabilities/MR who wanted the option of transitioning to more independent settings. The Partners Group recommendations became the foundation of the MFP transition process, the package of services to be available to participants, and the plan to address housing and workforce needs.

Mental Health Systems Transformation Recommendations (2007). **MHST 07** (www.dhs.state.ia.us/mhdd/reports_publications/MHImprovement.html) This legislatively mandated planning initiative sought to address critical issues in Iowa's mental health service system, including system financing, crisis intervention and emergency mental health services, children's mental health, evidence based practices, and the role of community mental health centers in providing a community safety net.

Iowa's Youth Development Strategic Plan (2007-2010). **ICYD** (<http://www.iowaworkforce.org/files/ICYD.pdf>) The Iowa Collaboration for Youth Development (www.icyd.org) is a multi-agency network representing all the major public systems that address the needs of youth and young adults. Its plan provides recommendations to ensure all Iowa youth are safe, healthy, successful and prepared for adulthood.

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Iowa Empowerment Board Strategic Plan (2009-2011) **IA EMP** (http://www.empowerment.state.ia.us/files/strategic_plan.pdf) The Board's vision is that every child, beginning at birth, will be healthy and successful. The Community Empowerment program supports collaborative efforts to respond flexibly to the needs of young children, through home visitation, parent support and education, improved childcare quality and expanded preschool opportunities.

Acute Care Taskforce: Recommendations for Creating a Statewide Mental Health Acute Care Service System (2009). **ACT 09** The Taskforce emerged from the public discussions of mental health systems improvement in 2007, and was charged to develop recommendations for cross-system planning and expansion of acute care services for people experiencing a mental health crisis. Their report addresses the need for crisis stabilization centers, subacute services, jail diversion, school-based services and other recovery-oriented program initiatives.

Review of related planning documents

Many of the stakeholder sentiments expressed in the above reports are reflected in various State agency planning documents, some of which are focused on single issues and others with a broader scope, such as the following:

- The **State Mental Health Plan**, which is subject to review by the Mental Health Planning Council, is developed and submitted annually to the Substance Abuse and Mental Health Administration (SAMHSA) as part of Iowa's Mental Health Block Grant application. The Plan emphasizes the promotion of key initiatives including evidence-based practices, development of systems of care, and comprehensive, continuous and integrated services for people with co-occurring substance abuse disorders and mental illness.
- **The Iowa Plan for Brain Injury (2007 – 2010)**, was developed by the Iowa Department of Public Health in cooperation with the Iowa Advisory Council on Brain Injuries, the Iowa Brain Injury State Plan Task Force, the Brain Injury Association of Iowa, and the University of Iowa Center for Disabilities and Development. The three areas of focus in the current Plan are support for individuals and families affected by brain injury, improving the availability of services and supports through assistance with navigation, training for service providers (including the use of technology to expand the reach of training into rural areas), addressing Iowa's changing demographics (such as returning veterans), streamlining eligibility, promotion of brain injury awareness and prevention, and improving the State's information base.
- **The Iowa Plan for Suicide Prevention (2005 – 2009)** was developed by the Iowa Department of Public Health, in collaboration with numerous State agency and private partners, to address suicide, the ninth leading cause of death among Iowans, as a public health issue. The Plan calls for a public awareness campaign, training across multiple disciplines to

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identify at-risk behavior and deliver effective treatment, expansion of community screening, early identification and intervention programs, and improved community surveillance.

- The **Governor’s Development Disabilities Council’s Five Year Plan** establishes priorities for the Council’s use of its resources to address priorities under the federal Developmental Disabilities Act. The current plan (updated for 2009) places a high priority on expanding community living options for Iowans with disabilities, increasing the number of Iowans with disabilities who are working with benefits, strengthening youth transition services, and improving transportation option. The Council also plays a singular role in promoting the involvement of people with disabilities in legislative and policy decisions affecting their lives.
- **The State of Iowa Co-Occurring Psychiatric and Substance Disorders Implementation Project Charter Document** is the product of collaborative work by DHS, the Iowa Department of Public Health, and numerous stakeholders including consumers and advocates. The effort that began in 2005, with National Policy Academy attended by representatives of ten States. Iowa’s team returned from the Academy with a draft strategic plan to achieve “more welcoming, accessible, integrated, continuous and comprehensive services to individuals and families with COD.” Work continued on the plan for several years, as departments, provider associations, advocates and other with various interests in the issue collaborated to improve the service system.
- **Iowa’s Early Care, Health, and Education System Strategic Plan (2008)** is prepared by the Early Childhood Iowa Stakeholders of about fifty state, regional and local entities committed to the vision of every child, beginning at birth, being healthy and successful. The plan strives to develop a comprehensive, integrated system of programs and services for children aged zero to five. The Plan includes strategies to increase access to children’s mental health and EPSDT services, and to integrate students with disabilities into settings with non-disabled peers.

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<ul style="list-style-type: none"> • <i>All Iowans will easily get information about services and assistance in navigating seamless support systems.</i> • <i>The needs of individuals and families in crisis will be promptly addressed using cost-effective interventions to keep families intact, and people at home.</i> • <i>Everyone will receive services in a system free of inequity or bias, regardless of age, race, gender, sexual preference, geographic location, or ability to pay.</i> • <i>People with disabilities and/or mental illness will get services based on need</i> • <i>The unique needs and culturally diverse character of Iowa’s population (rural, urban, racial, ethnic, linguistic, and socio-economic) will be acknowledged and supported.</i> • <i>The system will promote and support individual responsibility for health ad wellness including prevention, early identification and intervention.</i> 		
ISSUE AREA	EXAMPLES OF STAKEHOLDER COMMENTS	EXAMPLES OF PROGRESS
Information & Referral	<ul style="list-style-type: none"> • Improve access to I & R by supporting the development and maintenance of a statewide network. ECOW 06 • Provide information to those who are seeking mental health and disability services and outreach to those who may be unaware of but are in need of disability services. Adult Redesign 04 	<ul style="list-style-type: none"> • Iowa COMPASS (the State’s I & R system for people with disabilities) is developing user-friendly interactive software to search an updated and expanded database. • Iowa’s Aging and Disability Resource Center project has created a web-based portal to assist in planning for long term support needs.
Avoiding unnecessary institutionalization	<ul style="list-style-type: none"> • Speed access to essential services by developing rules for presumptive eligibility to Medicaid State Plan or HCBS supports, with the State assuming financial risk of ineligibility findings. This would be especially important for people facing imminent hospital discharge. ECOW 06 • Strengthen, prioritize and fund hospital discharge planning. ECOW 06 • Explore time limited housing assistance for individuals experiencing short term rehabilitation services in an institution to prevent them from losing their apartment or home. ECOW 06 	<ul style="list-style-type: none"> • Time-limited housing assistance is available for Money Follows the Person participants.

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	<ul style="list-style-type: none"> • Require documentation that consumers are informed about HCBS options before discharge. ECOW 06 • Create funding or revise policies for home and vehicle modifications to prospective waiver-eligible consumers before institutional discharge. ECOW 06 • Strengthen case management in hospital settings; establish a tracking mechanism for people at risk who are discharged. ECOW 6 • Engage insurance companies in cost effective discharge strategies to prevent re-hospitalization. ECOW 06 • Expand, simplify, equalize and fully fund the waiver system. ECOW 06 • Equalize service packages available in institutions and through HCBS waivers ECOW 06 • Ensure that youth with SED and adults with SMI can access specialized services locally, in their own homes and communities. MHSI 07 • Ensure timely access to all core services (including psychiatry and emergency MH); use community mental health centers as the public safety net to ensure statewide availability of core services and 24/7 access to emergency mental health services. MHSI 07 • The State needs to develop crisis stabilization centers—recovery focused and co-occurring capable—for people experiencing a mental health crisis who do not need inpatient hospitalization. ACT 07 • The State needs to develop subacute services for individuals who have received acute care and now need “step down” services prior to discharge, allowing time for stabilization, consultation and resource mobilization. ACT 09 • The State needs to develop jail diversion programs to keep people with serious mental illness out of jail and to provide linkages to community based treatment and 	<ul style="list-style-type: none"> • Money Follows the Person participants can access additional resources for home and vehicle modifications. • IME is working towards standardization of service definitions within waivers. • The Legislature appropriated funds in 2008 to support contracts for two emergency mental health initiatives. Funding was not available in the 2009 Session due to the fiscal crisis, and DHS is considering options for future support for initiatives in FY 2010. • The Legislature and MHDS have taken steps to strengthen the capacity of community mental health centers to provide core services. Chapter 230A of Iowa Code is under revision.
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	<p>support. ACT 09</p> <ul style="list-style-type: none"> The State needs to review provisions of the Code regarding mental health commitment and to work towards greater consistency in interpretation across the judicial system, through changes in the Code, training for magistrates, ;increased utilization of clinical evaluations to determine need for hospitalization, and procedures to release people from psych units when evaluation does not require hospitalization. ACT 09 	
Legal settlement	<ul style="list-style-type: none"> Simplify eligibility for people with SMI by requiring counties to serve all eligible residents without regard for legal settlement. Quick Fix 98 Develop a community-friendly system by transitioning from the cumbersome process of legal settlement to principles of equitable service access based on county of residence. CPC 99 DHS and its various partners should move to resolve any issues around county of legal settlement and residency that compromise the portability of the Medicaid benefit and the individual freedom of choice of providers. Cooper 01 Establish a statewide standard for proof of residency that presumes an individual lives where they say they do. Adult Redesign 04 Establishing a statewide data system that identifies the residency of each individual eligible for MHDDBI funds. Adult Redesign 04 	<ul style="list-style-type: none"> In 2008, the Legislature began to address the legal settlement issue in stages, with eligibility for services eventually to be based on the county of residence. Proposed rules providing for transition to the new system are currently under review.
Ensure timely, convenient access to needed services	<ul style="list-style-type: none"> The State needs to develop school based mental health services because that is where children spend their time and where behavioral and emotional issues appear, and because it reduces the transportation burden on parents. Services should include care coordination. ACT 09 The State needs to develop Psychiatric Emergency 	<ul style="list-style-type: none">

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	<p>Room capacity, providing the services of trained mental health professionals to provide diagnosis and treatment recommendations, reducing unnecessary psychiatric admissions. ACT 09</p>	
<p>Eligibility; excluded populations</p>	<ul style="list-style-type: none"> • Standardize clinical and financial eligibility for defined core mental health and mental retardation / developmental disability services on a statewide basis. CPC 99 • Pass and implement meaningful mental health parity legislation. CMHI 01 • Detailed recommendations on eligibility contained in Adult Redesign 04 • Ensure timely access to all core services. Create eligibility criteria for core services which (a) focus on priority populations and determine service access by clinical eligibility/medical necessity and financial eligibility criteria; (b) address barriers related to insurance availability; (c) ensure access to mental health services for all ages; (d) address service delivery barriers for providers. MHSI 07 	<ul style="list-style-type: none"> • In 2005, creation of IowaCare expanded Medicaid services on a limited basis to people making up to 200% of FPL and certain other groups. • In 2008, the Legislature adopted the Commission recommendation that services to people at less than 150% of federal poverty level be fully funded. • Iowa requires mental health parity for biologically based mental illness.
<p>Assessment</p>	<ul style="list-style-type: none"> • The Commission recommends adopting, with consumer input, statewide standardized functional assessment tools to be used to establish both system funding eligibility and the level of services and supports that an individual needs. It may be that separate assessment tools and separate processes are the best way to accomplish both these goals. Adult Redesign 04 • Develop a universal comprehensive functional assessment process with standardized forms and conduct reassessments as consumer needs change ECOW 06 • Collaborate with efforts to improve screening for social, emotional, developmental and mental health for all infants, children and youth that are consistent with the 	<ul style="list-style-type: none"> • DHS has selected the Supports Intensity Scale (SIS) assessment tool for use in a assessments of ICF/MR residents interested in participating in Money Follows the Person. • The SAMHSA funded children’s system of care in ten counties in

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	SED/MR/DD/BI system of care vision. Children’s System 06	northeast Iowa provides full screening for children and youth. <ul style="list-style-type: none"> IME’s ABCD project trains health care providers to promote developmental screening, early detection and referral for infants and children.
<p>INDIVIDUALIZED, PERSON-CENTERED SERVICES & SUPPORTS THAT FOSTER EMPOWERMENT (The extent to which the system promotes informed choice and personal responsibility, whether there is a consistent local array of services that comprehensively addresses people’s needs, whether service plans are flexible and individualized around goals of individuals and families, and whether service planning and delivery is coordinated in systems of care)</p> <p><i>In a transformed system:</i></p> <ul style="list-style-type: none"> <i>Services will be provided in the least restrictive setting consistent with an individual’s needs.</i> <i>Individuals and families fully participate in service planning and take an active role in directing resources available to meet their needs.</i> <i>The system will provide flexible funding for services and individualized supports.</i> <i>In a transformed system, adults and children in need of mental health services will have access to a system of care offering a well-planned, coordinated array of services and supports that facilitate recovery and build resilience to face life’s challenges.</i> <i>In a transformed system, adults and children with disabilities will access a coordinated system of services and supports that they need to live, learn, work and recreate in communities of their choice.</i> <i>In a transformed system, youth will have access to coordinated array of supports and services to assist them in a seamless transition to work and independent living.</i> 		
ISSUE AREA	EXAMPLES OF STAKEHOLDER COMMENTS	EXAMPLES OF PROGRESS
Choice of service setting	<ul style="list-style-type: none"> The choice of appropriate living arrangement and level of integration desired should be based on an informed and educated decision of the individual, with the advice and support of his or her guardian, advocates, and personal support network. The goal of the individual planning process should be to present each consumer with a range of appropriate options. Olmstead 01 Develop a comprehensive (less medical) approach for home health benefits, to be used in combination with attendant services (e.g., via the Personal Care Option or 	<ul style="list-style-type: none"> The steady increase in individuals using HCB waiver services (10 – 12% annually since 2003) means that people have more options for community living. Iowa’s Money Follows the Person grant employs a refined informed consent process for individuals interested in transitioning to community living.

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	<p>HCBS Waivers), to enable persons to receive services in their homes instead of in institutions. Olmstead 01</p> <ul style="list-style-type: none"> • Allow training and therapies to be provided at home and not just at designated service sites (such as rehabilitation facilities or hospital clinics). ECOW 06 	
Self direction	<ul style="list-style-type: none"> • Review the Physicians Practice Act and the Nurse Practice Act to ensure that those who need services generally performed by a licensed professional as part of their routine daily personal care can use personal attendants or other caregivers under the training and supervision of qualified medical professional for certain care needs. Olmstead 01 • Amend the State Plan to include a Personal Care option, allowing self direction in its use. ECOW 06 	<ul style="list-style-type: none"> • Money Follows the Person participants can access nurse delegation as a demonstration service, with nurses receiving reimbursement for training of personal caregivers. • Over 1,000 individuals have taken advantage of the Consumer Choices (self direction) Option available under six HCBS Waivers.
System navigation/Systems of care	<ul style="list-style-type: none"> • Determine the best structures for state, regional and community systems of children’s mental health services so families receive the best care options, understand those options and can access them. CMHI 01 • Implement a “Lighthouse” model to improve access to information, help families navigate the system, coordinate services, supports and resources through a plan of care, and to smooth transitions. Children’s System 06 • Detailed description of service coordination functions contained in Adult Redesign 04 • Implement Intensive Case Management as a core service for adults with serious mental illness and youth with SED. MHSI 07 • Develop children’s mental health systems of care. MHSI 07 • Enhance timely access to case management services for both Medicaid and non-Medicaid population: lower caseloads, enhance training, and authorize billing for 	<ul style="list-style-type: none"> • The northeast Iowa system of care (SOC) initiative (Community Circle of Care) employs the Lighthouse model, and intensive care coordination services for children and youth with SED. AN SOC planning process in east central Iowa aimed at future SAMHSA funding. • The Legislature appropriated funding in 2008 to support two children’s SOC initiatives, but due to the budget crisis no additional funds were appropriated for FY 2010, and DHS is considering options to sustain the effort. • Children’s mental health systems of care employ intensive case management for children and youth with SED through the use of care coordinators in family driven plans of

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	<p>case manager involvement at the time consumer applies for Medicaid. ECOW 06</p> <ul style="list-style-type: none"> • Assure consistency in access to intensive case management services for elderly and disability populations. ECOW 6 • Ensure appropriate reimbursement levels for case managers for all target populations consistent with the intensity of service needs. ECOW 6 • Explore private and public funding sources for case management, including private insurance. ECOW 6 • Endorse activities of other initiatives, consistent with the SED/MR/DD/BI system of care vision, that include promotion, prevention, identification and early intervention services for all children and youth to prevent or ameliorate social, emotional, developmental or behavioral disturbances or disabilities. Children’s System 06 	<p>care.</p> <ul style="list-style-type: none"> • In 2009 legislation provided for case management services for dependent adults residing in boarding homes, whose health and safety are deemed at risk. • The Legislature provided additional flexibility in billing for Elderly Waiver case management. • In 2004/2005, DHS provided grants for two pilot projects to improve access to mental health services for older Iowans through collaboration between community mental health center staff and primary care physicians in screening, diagnosis and treatment. The UI Center on Aging continues to provide technical assistance to providers in collaborative care.
<p>Transitioning from institutions</p>	<ul style="list-style-type: none"> • Identify and train Community Living Specialists to coordinate the transition process for individuals who have chosen to leave institutional facilities. The transition process must be a planned and coordinated effort developed in response to the consumer’s needs and preferences, and must involve family members, friends, or advocates throughout the process. Effective coordinated transition services must include planning for adequate funding and supports during the transition period, opportunities for trial visits and overnight stays, a crisis plan that identifies alternative living and/or service options and short-term intervention strategies, client-specific training for community support staff, and follow-up training when needed. Olmstead 01 • Amend the State Plan to allow the provision of case 	<ul style="list-style-type: none"> • Under Iowa’s Money Follows the Person grant, six transition specialists offer assistance statewide to individuals living in intermediate care facilities for people with MR/intellectual disabilities, who are interested in moving to more independent settings. The transition process includes development of a comprehensive transition plan (including emergency backup and crisis services) and opportunities for trial visits and overnight stays. With Real Choices funding, training for provider staff is available on all aspects

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	management services to individuals up to 180 days prior to discharge from an institutional setting; add transition services for individuals using institutional care as a waiver or State Plan service. ECOW 06	of direct service work, including working with individuals who have challenging behaviors.
<p>COLLABORATION AND PARTNERSHIP IN BUILDING COMMUNITY CAPACITY (Whether the vast and complex array of State policies and programs are aligned to support the mandate in Iowa Code that services shall produce results--promoting recovery and resiliency as expected outcomes for adults and children with mental illness, and supporting the ability of persons with disabilities to live, learn, work, and recreate in communities of their choice.)</p> <p><i>In a transformed system:</i></p> <ul style="list-style-type: none"> • <i>Competitive employment will be assumed to be the first option in planning for community living and full inclusion.</i> • <i>Barriers to community living are eliminated for adults and children through collaborative initiatives in housing, transportation, early childhood programs, child welfare, public assistance, substance abuse, juvenile justice and the correctional system.</i> 		
ISSUE AREA	EXAMPLES OF STAKEHOLDER COMMENTS	EXAMPLES OF PROGRESS
<p>The concept of core services</p>	<ul style="list-style-type: none"> • Change the mental health statute to include a minimum set of core HCBS services for adults with SMI and children and adolescents with SED. Quick Fix 98 • Replace the current institution based mandates with a defined set of core community services for eligible consumers with MI, MR, or DD. Required core services would include inpatient, ICF/MR, residential services, but also innovative outpatient, community supports, case management, and habilitative and rehabilitative community services. CPC 99 • The Commission has identified a need for a minimum set of core services that are available to all eligible individuals no matter where they live. Adult Redesign 04 	

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	<ul style="list-style-type: none"> • Ensure that Iowans of all ages have access to a comprehensive array of core mental health services, accessible statewide. MHSI 07 [See the full reports of both the MH/MR/DD/BI Commission and Mental Health Systems Transformation Workgroups (Appendix O) for recommendations on core services.] • Community mental health centers should serve as a 24/7 access center, providing a wide array of core safety net services to community residents regardless of income, diagnosis or age. ACT 09 	
<p>Identifying and addressing service gaps</p>	<ul style="list-style-type: none"> • Add the Medicaid Rehabilitation to the State Medicaid Plan. Quick Fix 98 • DHS should review existing Waiver service menus to consider expanding the supports and services covered, to permit greater flexibility in designing individualized services. Specific changes might include offering habilitation services to individuals with brain injury and individuals with physical disabilities who meet the nursing facility level of care; a variety of skilled services such as nursing, counseling, nutritional counseling, and behavioral programming under all the waivers; making assistive devices, home and vehicle modifications and specialized medical equipment available to more populations; allowing for the inclusion of non-traditional service providers; and redefining current discrete categories into definitions that afford more flexibility over the types of services (and potentially types of providers) permitted. Cooper 01 • Expand access to assistive technology (AT) across all waivers, including home assessments and 	<ul style="list-style-type: none"> • DHS secured federal approval to add habilitation services to the State Plan in 2007. These services address the needs of individuals with chronic mental illness. • The Consumer Choices Option offers people greater flexibility in securing non-traditional services and supports.

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	<p>demonstrations of AT as a billable Medicaid service. ECOW 06</p> <ul style="list-style-type: none"> • Explore adding flexible family caregiver supports to all waiver service menus. ECOW 06 • Expand access to safe supervision services for children (to age 21) with disabilities outside of school settings. ECOW 06 • Expand access to home and vehicle modifications for both Medicaid and non-Medicaid populations. Develop a state and/ or local fund with co-payments for home modifications when Medicaid dollars are not accessible. ECOW 06 • Develop school-based MH services. MHST 07 	<ul style="list-style-type: none"> • Iowa’s Mental Health Block Grant funds school-based mental health services
<p>Cross-systems initiatives to address high need individuals</p>	<ul style="list-style-type: none"> • Develop community capacity to provide services for high need individuals. Adult Redesign 04 • Ensure statewide availability of crisis intervention services, including access to short term out-of-home beds for all ages and disability populations. ECOW 06 • Add behavioral interventions to all HCBS waiver menus. ECOW 06 • Add the following services to the MR and BI Waivers: mental health outreach; behavior programming; crisis intervention services; home delivered meals; tele-health; nutrition counseling; family counseling; chore services. MFP 07 • Ensure emergency crisis response services 24/7, accessible statewide, for people of all ages experiencing a psychiatric crisis. MHSI 07 	<ul style="list-style-type: none"> • The Legislature has appropriated funds to establish emergency crisis services and children’s mental health systems of care. DHS is working to build the capacity to ensure statewide availability of emergency crisis services. • Legislation in 2008 authorized increased short term and respite beds at the Resource Centers. • In 2009 the Legislature added mental health outreach, crisis intervention and behavioral programming to the ID Waiver. These are important in meeting the needs of individuals with significant behavioral issues.

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<p>Co-occurring disorders (COD)</p>	<ul style="list-style-type: none"> • The Legislature should implement a dual diagnosis program with a 24-bed unit at the Mount Pleasant Mental Health Institute, and should direct DHS and IDPH to explore ways to expand such treatment elsewhere in Iowa, either through private providers or at a state facility. Legis TF 97 • Acknowledge and support initiatives that include prevention, identification and intervention services for children and youth with diagnosed or diagnosable SED/MR/DD/BI to prevent known problems from worsening and to decrease co-occurring disorders. Children’s System 06 • Incorporate a vision statement for a comprehensive continuous and integrated system of care for people with COD. MHSI 07 • Continue collaboration of DHS with the Co-Occurring Disorder Policy Academy. MHSI 07 • Develop a charter document for Co-Occurring disorders systems development and expansion. MHSI 07 • Develop pilot COD projects in collaboration with providers and community mental health centers. MHSI 07 	<ul style="list-style-type: none"> • DHS and IDPH are working collaboratively to promote a “no wrong door” approach to serving people with COD, and to train service providers in responding holistically to the needs of people with mental illness and substance abuse disorders. • The SAMHSA children’s system of care grant addresses the needs of children and youth with COD. • Money Follows the Person transitions have highlighted the prevalence of co-occurring intellectual disability and mental illness or challenging behavior, leading to the provision of statewide training to direct support professionals working with these transitioning individuals. Providers also have free access to the College of Direct Support web-based curriculum.
<p>Redefining the role of State-run institutions</p>	<ul style="list-style-type: none"> • The Legislature should amend the mission statements of the institutions to reflect the intent that these facilities serve as regional resource centers, while continuing to specialize in certain statewide programs. Legis TF 97 • The Legislature should enact legislation amending the current admissions policies to permit the admissions of patients needing specialized mental health or mental retardation treatment and assessment without previous in-patient placement. 	<ul style="list-style-type: none"> • In 1997 the State Hospital Schools were renamed the Glenwood and Woodward Resource Centers. The population of the Resource Centers continues to decline, as they expand respite services and offer Time Limited Assessment services for individuals with intellectual disabilities encountering difficulty in community living. • Both Resource Centers are offering crisis

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	<p>Legis TF 97</p> <ul style="list-style-type: none"> • The Legislature should authorize the Glenwood SHS and the Woodward SHS to expand their respite care services programs. Legis TF 97 • If demand exists, the Legislature should authorize the State Hospital-Schools to increase their Time-Limited Assessment programs to allow trained professionals to determine the needs of an individual and design a care strategy that best serves them. Legis TF 97 • More than 400 inmates are serving life sentences in correctional facilities. In the future, this will lead to greater numbers of inmates with geriatric conditions. The Legislature should authorize the DOC to hold geriatric patients at MHIs or other appropriate state institutions with unused space. Legis TF 97 • Develop a strategy that implements Olmstead and provides a seamless transition to operation of the state Mental Health Institutes and Resource Centers as specialized “niche” providers of services subject to consumer choice and emerging residential best practice trends. Adult Redesign 04 • Recommend a definition of the mission of the Mental Health Institutes that reduces residential treatment and focuses on acute treatment. Adult Redesign 04 • Recommend a definition of the mission of the Resource Centers to ensure a focus on serving persons who cannot be served in the community. Provide long-term care if the system fails to develop community capacity to provide such care. Adult Redesign 04 	<p>intervention, behavioral programming and specialized mental health services, such as training for direct care workers in dialectical behavioral therapy, to address the needs of Money Follows the Person participants and other consumers in community living situations.</p> <ul style="list-style-type: none"> • Admissions to the Resource Centers are limited to those who cannot get access to
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	<ul style="list-style-type: none"> • Provide onsite short-term stays for evaluations or acute care stabilization. Adult Redesign 04 • Work with Department of Public Health substance abuse division to integrate access, treatments, programs, and funding for individuals with dual diagnoses. Adult Redesign 04 • Develop specialized forensic capacity to address the potential for violent situations that includes expertise, consistent protocols, and housing arrangements as appropriate. Adult Redesign 04 	<p>services from other providers.</p>
<p>Community infrastructure</p>	<ul style="list-style-type: none"> • Seek funding and develop processes to assist counties and municipalities in developing/enhancing accessible housing and transportation statewide. Olmstead 01 • Provide MH services at Iowa schools by establishing a working relationship between schools and local social service agencies. CMHI 01 • The Commission recommends that the system develop and implement a strategy for building community capacity to provide housing, treatment, and supports outside the state institutions, consistent with the <i>Olmstead</i> decision by (1) providing training and technical assistance in ‘Best Practices’ to providers, family members and other members of a person’s support team and (2) providing case consultation; 24-hour emergency assistance and referral; on-site evaluations (within the person’s home environment if the individual is willing); off-site evaluations (within a more controlled environment); teaching centers for professionals and para-professionals; and helping consumers build capacity for independent living. Adult 	<ul style="list-style-type: none"> • The Iowa Finance Authority’s web-based Housing Registry provides information on vacancies in rental units statewide, including information on available accessible units. The Registry needs to be marketed to landlords. • Transportation brokerage system design recommendations were made to IME in 2008 by a work group composed of the UI Public Policy Institute and state agency representatives. DHS is planning for implementation of a brokerage system.

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	<p>Redesign 04</p> <ul style="list-style-type: none"> • Strengthen infrastructure for community living: Improve access to accessible housing and transportation. <ul style="list-style-type: none"> ➤ Support development of, and promote the Iowa Finance Authority’s accessible Housing Registry and web based housing resources. ➤ Promote development of fully accessible, affordable housing as well as statewide adoption of Universal Design standards. ➤ Support development of IME’s proposed statewide transportation brokerage service, expanding resources by coordinating use of human services and other fleets. ECOW 06 • Augment transit authority services to fill gaps identified in IME’s statewide needs assessment. ECOW 06 	
<p>Support for asset development</p>	<ul style="list-style-type: none"> • Review all of the new Ticket to Work options which, coupled with the supports offered through the waivers, are of great benefit to individuals with disabilities who wish to work, but are afraid of losing essential services such as Consumer Directed Attendant Care and other waiver services due to earned income. Cooper 01 • Add personal assistance services in employment settings in all waivers. ECOW 06 • Develop a collaborative workgroup with all employment entities to design a fully funded supported employment system that includes and assists people with disabilities. ECOW 06 • Increase awareness of existing employer incentive 	<ul style="list-style-type: none"> • Personal assistance services in employment settings are available under CDAC and the Consumer Choices Option. • Iowa’s Medicaid Infrastructure Grant (MIG) is supporting an awareness campaign to inform consumers of the incentives available under the Ticket to Work options, allowing them to obtain or maintain employment and still retain vital benefits such as Medicaid. • MIG also supports educational opportunities for consumers interested in becoming self employed. • Disability Program Navigators have been

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	<p>programs for hiring people with disabilities. ECOW 06</p> <ul style="list-style-type: none"> • Offer incentives to employers that recognize and implement best practices including use of virtual offices and technology supports for their employees. ECOW 06 • Review lessons learned from programs designed to assist in employment of older workers entering new careers and apply them to helping individuals with disabilities become employed. ECOW 06 • Expand Job Access/Reverse Commute (JARC) that supports welfare reform by providing low income people with transportation to and from work, training sites and childcare. ECOW 06 	<p>funded under a grant to Iowa Workforce Development to provide help in accessing employment and services for Iowans with disabilities.</p> <ul style="list-style-type: none"> • The Iowa Workforce Partners (seven State agencies coordinating employment policy for people with disabilities, has hired to Work Incentive Coordinators to build the capacity of a statewide network of professionals helping consumers to plan and manage their benefits.
<p>WORKFORCE AND ORGANIZATIONAL EFFECTIVENESS (Whether the system ensures organizational effectiveness by making the necessary investments in people, through training, salaries and benefits.</p> <ul style="list-style-type: none"> • <i>In a transformed system, the workforce is skilled, trained and able to fully respond to the diverse needs of individuals and families served.</i> 		
ISSUE AREAS	EXAMPLES OF STAKEHOLDER COMMENTS	EXAMPLES OF PROGRESS
<p>Workforce development – wages, working conditions and training</p>	<ul style="list-style-type: none"> • Reimbursement and payment systems should be able to take the workers’ level of education, certification, etc. into account. ECOW 06 • Offer incentives to providers who increase wages and benefits to retain direct care staff. ECOW 06 • The Legislature should implement a policy that would allow the institutions to serve as a training resource for community facility staff, university medical students, and other professional training programs. Legis TF 97 • Train direct care workers, accreditation teams and 	

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	<p>criminal justice workers on evidence based practice for behavior interventions. ECOW 06</p> <ul style="list-style-type: none"> • Establish pre-service and in-service training for child welfare workers, juvenile justice workers, school personnel and primary health care providers. CMHI 01 • Support the development of minimum levels of education and competencies for direct care professionals, and provide opportunities for ongoing refresher training. Exceptions to the minimum educational requirements should be allowed for state endorsed initiatives such as the Consumer Choices option in the waivers. ECOW 06 • Provide funding to standardize training for direct care professionals. ECOW 06 • Develop and promote on line trainings for direct care staff. ECOW 06 • Develop training opportunities for co-occurring disorders service providers. MHSI 07 • Create a Workforce Collaborative of key partners in the Executive Branch, the university system, etc., leading to the establishment of a Training Institute to strengthen competencies of front line supervisors and direct support staff in the mental health service network. MHSI 07 	<ul style="list-style-type: none"> • The Direct Care Workers Advisory Council has been mandated by the Legislature to consider options for training and credentialing direct care workers across various settings. • All direct care staff and frontline supervisors working with MFP participants have access to free web-based training from the College of Direct Support on a comprehensive set of topics related to working with people with developmental disabilities.
<p>Mental health professional shortages</p>	<ul style="list-style-type: none"> • Develop a strategy to train, attract and retain mental health professionals. CMHI 01 • Increase use of technology to improve consultation, treatment, counseling, in-service education and communication in rural, small town and urban Iowa. CMHI 01 • Add tele-health devices and services as billable 	<ul style="list-style-type: none"> • Magellan has contracts for tele-health

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	<p>options. ECOW 06</p> <ul style="list-style-type: none"> • Address significant behavioral health workforce issues. MHSI 07 • Address behavioral health workforce shortages through a statewide recruitment and retention program. Consider other models such as telemedicine and consultation, specialized training for primary care physicians; using other professional as “extenders” of psychiatrists; recruit professionals for shortage areas. MHSI 07 	<p>services with community mental health centers and other mental health service providers through out Iowa</p>
<p>PROVIDER ACCOUNTABILITY AND RESULTS (Whether the system rewards innovation, promotes progressive strategies and implements ongoing measurement of outcomes to achieve better results for people.)</p> <p><i>In a transformed system:</i></p> <ul style="list-style-type: none"> • <i>Quality will be ensured through implementation of evidence-based, best and emerging practice with a focus on measurable client and system outcome and continuous improvement.</i> • <i>Resources will be redirected to reduce the social and financial costs of ineffective and uncoordinated systems, and provider reimbursements will incentivize the outcomes desired.</i> 		
ISSUE AREAS	EXAMPLES OF STAKEHOLDER COMMENTS	EXAMPLES OF PROGRESS
<p>Provider reimbursements</p>	<ul style="list-style-type: none"> • Increase provider reimbursement rates and individualized monthly caps on all services to a level sufficient to ensure viability of provider operations. ECOW 06 • Provide financial incentives for development of home health services in rural areas. ECOW 06 • Ensure reimbursements are adequate to attract providers and enable them to retain and recruit a trained workforce to meet the consumer demand. Add shift differential reimbursements, and cover travel time associated with service. ECOW 06 • Offer equitable incentives for facility based and HCBS providers to expand HCBS offerings. ECOW 06 • Review reimbursement rates for mental health, co- 	<ul style="list-style-type: none"> • Across-the-board provider increases for Medicaid services were authorized by the Legislature twice since 2005. • In 2008 reimbursement rates were increased for Medicaid-funded supported employment. • IME has had an open dialogue with ICF/MR administrators about ways to support a shift into HCBS services

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	occurring disorders and substance abuse services to ensure they cover costs of service provision. MHSI 07	which results in facility down-sizing.
“Right pricing” of services	<ul style="list-style-type: none"> Establish right pricing for services to individuals needing an ICF/MR level of care, regardless of service setting. ECOW 06 The Alternative Distribution Formula Workgroup proposed establishment of a case rate (cost of services for clusters of individuals with similar disabilities and levels of functioning) to determine county funding needs under a new funding formula. MHSI 07 	<ul style="list-style-type: none"> DHS plans to implement functional assessments for individuals residing in an ICF/MRs who wish to participate in the Money Follows the Person program, to serve as the basis for individualized service plans and budgets.
Standards and accreditation	<ul style="list-style-type: none"> Establish a minimum set of performance measures to be reported on by MH systems of care. Quick Fix 98 Provider contracts, whether written by the state, county or other entity, should follow the same format and have the same quality and outcome requirements, and sanctions for non-compliance. Cooper 01 Begin major revisions of Ch. 24 accreditation standards; develop consistent standards specific to community mental health centers, and include outcome and process indicators; provide adequate funding for a continuous quality improvement process; define linkages between the community mental health centers and the State Mental Health Authority, counties, and collaborating service providers. MHSI 07 Ensure the standard of care for mental health supports an integrated healthcare model (e.g., collocation of related service providers; integration of MH with primary care). MHSI 07 	<ul style="list-style-type: none"> In 1997 SAMHSA developed the National Outcomes Measurement System (NOMS) for State mental health services. MHDS has developed the Iowa Outcomes Measurement System (ICOMS), a data-gathering and analysis system, compliant with SAMHSA NOMS, that Iowa providers will use to self-report outcomes data and obtain consumer progress reports. Chapter 24 revisions are complete. MHDS is working with CMHCs to develop outcome measures.
Tracking outcomes	<ul style="list-style-type: none"> Use benchmarking data to track system performance and to focus on areas needing improvement. Quick Fix 98 Institute an Outcome Based Review process for all waivers similar to that used in the HCBS-MR waiver. Cooper 01 	<ul style="list-style-type: none"> See note above, under “Standards and Accreditation.”

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	<ul style="list-style-type: none"> • Monitor the access and coordination of quality mental health services. CMHI 01 • Develop a consistent consumer responsive quality assurance process for all Medicaid services and all providers, with a single QA survey tool and process, and a neutral entity to collect QA survey data and make results accessible to families and providers. ECOW 06 • Designate one State agency to provide QA assessment and another State agency to provide certification, licensing or accreditation of all Medicaid providers. ECOW 06 	<ul style="list-style-type: none"> • IME has developed a new incident reporting system to methodically address consumer safety and quality of service issues.
Evidence-based practices (EBPs)	<ul style="list-style-type: none"> • Implement a three year plan for rolling out EBPs for children and adults: Year 1: School-based MH services and Intensive Case Management with Wraparound for children; Integrated treatment for COD and Peer Support for adults; Year 2: Parent Support, Education and Training and In-Home and Community based Services and Supports for children, and Supported Employment and Illness Management and Recovery for adults; Year 3: Functional Family Therapy for children, and ACT and Family Psychoeducation for adults. MHSI 07 	<ul style="list-style-type: none"> • The Iowa Consortium for Mental Health provides technical assistance to community providers on EBPs. • Mental health block grant funding is being used to support EBPs by grantees at the community level.
<p>GOVERNMENT RESPONSIBILITY AND ACCOUNTABILITY (Whether the system of supports and services is adequately funded and effectively managed and roles and responsibilities for outcomes are clearly defined)</p> <p><i>In a transformed system</i></p> <ul style="list-style-type: none"> • <i>Objective outcomes and indicators, measures of program fidelity, and fiscal accountability will be supported through effective information systems, data management and reporting.</i> • <i>The roles of state and local partners and responsibilities for outcomes will be clearly defined.</i> 		
ISSUE AREA	EXAMPLES OF STAKEHOLDER COMMENTS	EXAMPLES OF PROGRESS
Funding the county-based system	<ul style="list-style-type: none"> • Increase State funding for the mental health system to provide property tax relief and support development of 	State funding has increased in recent years, but never at a level sufficient to keep pace

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	<p>minimum core services in each county. Quick Fix 98</p> <ul style="list-style-type: none"> • Assure equity of access to core services through a funding formula in which state and county dollars are directly linked to actual enrolled consumers, based upon each consumer's disability and level of functioning. CPC 99 • Expand the state-operated risk pool, and encourage counties to accrue funds to cover local risk factors. The self-insured portion of the risk, at the county level, should be defined as three months of a county's operating budget. Counties facing short-term financial risk because of the funding formula or unusual enrollment rates will be permitted to access the state risk pool. CPC 99 • DHS should continue efforts to improve funding equity across the state to ensure that waiver services are available to all eligible consumers, even if services are not directly provided in each county. Cooper 01 • Establish a county property tax levy range with a minimum and maximum rate to address the current inequalities in the property tax levies among counties. Adult Redesign 04 • The Commission recommends distribution of state and federal MHDDBI funds to management entities using the following methodology: <ul style="list-style-type: none"> ➤ Determine a case rate, the actuarially determined cost of providing services for a cluster of individuals with the same disability or disabilities and similar levels of functionality. ➤ Calculate the total funding each management entity will need by multiplying the number of people it serves at each case rate times the case rate. ➤ Distribute to the management entity from the 	<p>with increasing service demand and costs. Many work groups have been established in the last decade to develop solutions to county funding issues, but they remain largely unresolved. The Legislature mandated a new study group in the 2009 session.</p> <ul style="list-style-type: none"> • Medicaid now fully reimburses costs incurred by community mental health centers, psychiatrists and inpatient psychiatric units.
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	<p>statewide MHDDBI fund the total minus the amount of money generated by the required minimum levy rate.</p> <ul style="list-style-type: none"> ➤ Allocations to each local management unit will change, quarterly, as the number of individuals receiving services changes. Adult Redesign 04 • The Alternative Distribution Formula Workgroup developed detailed recommendations for the distribution of Allowed Growth funding for mental health, ID and DD funding. See Appendix O of the MHSI report. MHSI 07 	
Rebalancing funding	<ul style="list-style-type: none"> • End financing that encourages over-utilization of the State Mental Health Institutes. Quick Fix 98 • Establish equity between community providers and state institutions through net budgeting. CPC 99 • The State of Iowa shall identify and pursue all needed legislative or regulatory actions so that, as individuals access community living, funds that would be available to support them in facilities will be available to cover the cost of community-based services. Olmstead 01 • Create equitable incentives for institutions and HCBS providers to expand home and community based service offerings. ECOW 06 	<ul style="list-style-type: none"> • There has been a steady increase in the number of Iowans served by HCBS waivers 10 – 12% annually since 2003), and an increase in the percentage of long term care dollars spent on HCBS versus institutional care. • Iowa’s Money Follows the Person grant provides funds to support extra services required for a successful transition to the community. Some ICF/MR facilities are expanding their HCBS service offerings.
Waiver caps	<ul style="list-style-type: none"> • Establish reimbursement rates sufficient to support the needs of people with severe disabilities. Dollar limits for home health services must be related to what would be spent to support the person in a nursing home or other institutional setting. A lesser amount may force the person to become institutionalized unnecessarily. Olmstead 01 • Remove service-specific and monthly caps and institute annualized caps to increase the flexibility of the 	<ul style="list-style-type: none"> • Waiver caps have been raised twice, along with provider reimbursements,

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	<p>waivers; manage them using the “within available appropriations” option in order to increase flexibility and access while still controlling costs. Cooper 01</p> <ul style="list-style-type: none"> • Manage the waivers using an aggregate average, rather than setting caps on individual expenditures, either on a monthly or annual basis, as long as the waiver overall is cost effective and within budget parameters set by the Legislature. Cooper 01 • Permit counties, at the local level, to manage to an average cost per person, as long as the expenditure does not exceed their budgets and, in aggregate, the entire waiver budget. Cooper 01 	<p>since 2005.</p>
<p>Achieving efficiencies</p>	<ul style="list-style-type: none"> • Implement policy so that, when appropriate, the usage of the facilities and services at the Mental Health Institutes is maximized, helping to minimize the cost to Iowans. Legis TF 97 • Permit the Mental Health Institutes to provide direct services or to lease out available space to private providers of residential care facility services, children's services, and other services for which there is an inadequate supply or an inadequate level of services. Legis TF 97 • Propose criteria for determining when size [of institution] is reduced to the point the quality of a program becomes impaired and the public cost becomes too high. Legis TF 97 • Review case management responsibilities to consider consolidation of multiple funding streams and entities providing case management. Cooper 01 • Consolidate disability funding to the extent possible and allocate dollars to the management entities. Adult Redesign 04 • Monitor Mental Health Institute and Resource Center 	

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	<p>lengths of stay, budgets, staffing, bed capacity, costs per admission, and geographic areas served; require corrective action to better use resources. Adult Redesign 04</p> <ul style="list-style-type: none"> • Begin to regionalize community mental health services through funding multi-CMHC projects to serve low-incidence populations through collaborative operation of services. MHSI 07 • Align policies and coordinate resources and efforts to effectively address complex youth related issues and achieve shared results (e.g., in transitioning children from early childhood to youth systems and from youth to adulthood.) ICYD 	<ul style="list-style-type: none"> • The Legislature and MHDS have taken steps to encourage multi-county collaborations to achieve greater efficiencies. • Children’s mental health systems of care facilitate transitions from early childhood to youth and from youth to adult systems.
<p>Maximize federal and private participation in funding for services</p>	<ul style="list-style-type: none"> • Expand use of Medicaid for adults and children with MI to increase access to mental health services and to maximize FFP. Quick Fix 98 • Increased funding for the mental health and mental retardation service system is needed, but it should come from federal funds as much as possible. CPC 99 • Analyze what types of potentially waiver coverable services are purchased for waiver eligible individuals with non-federal funds, that could be used instead as match for federal Medicaid funds, thus increasing resources across the state. Cooper 01 • Amend the existing MR and Physical Disabilities waivers to include day habilitation, transportation, and other coverable day and vocational services currently funded through state and local funds. Conduct a review of individuals currently served with state or local funds to ascertain if additional federal funds can be leveraged for their services. Analyze the expenditure of state and local funds for case management services that are coverable under Medicaid. Cooper 01 	<ul style="list-style-type: none"> • In 2004 residential care facilities began to offer Medicaid-funded HCBS services to residents. • The habilitation services available under the Medicaid State Plan since 2007 expand use of Medicaid funding for mental health services. • New federal rules issued under the Deficit Reduction Act of 2005 required States to establish new limits on reimbursements for case management services.

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	<ul style="list-style-type: none"> Maximize use of federal funds by leveraging the dollars spent on eligible individuals by state, county and local funds. ECOW 06 Review evidence on use of “benefits specialists” to identify less conventional methods of supports (such as reverse mortgages or private insurance). ECOW 06 	
Build consistency in Medicaid and non-Medicaid reimbursement policies	<ul style="list-style-type: none"> Integrate P-MICs with other Medicaid funds. Quick Fix 98 <p>DHS should establish a multi-agency workgroup to revise the Medicaid State Plan and Medicaid mental health service options to be consistent with MH System Improvement (e.g., add core safety net services; revise hawk-I to include core required safety net services on a par with Medicaid; revise all Medicaid mental health service options so that they are consistent with the Mental Health Code, accreditation standards, etc.) MHSI 07</p>	
Maximize federal support for systems transformation	<p>Apply for Federal Systems Change Grants to improve community services for children and adults who have disabilities or long term illnesses; pursue other federal funding for mental health and disability-related services, as well as transportation, housing, employment, and community development. Olmstead 01</p>	<ul style="list-style-type: none"> DHS has successfully applied for a 2001, 2005, and 2007 Real Choices grant, a Robert Wood Johnson grant, a renewable Medicaid Infrastructure Grant, the Money Follows the Person grant, and other funding to achieve system improvements.
Simplifying the waiver system	<ul style="list-style-type: none"> Consider consolidating the waivers—for example, creating one waiver for people meeting an intermediate or skilled nursing facility level of care; serving people with MR, brain injury, physical and developmental disabilities, as well as the Ill and Handicapped, in a single waiver program. Olmstead 01 Expand, simplify, equalize and fully fund the waiver system. The proposed incorporation of developmental disabilities into the MR waiver to facilitate implementation of the Money Follows the Person grant 	<ul style="list-style-type: none"> IME is working towards standardization of service definitions among waivers.

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	<p>is a good first step, but Iowa should be moving towards merging all existing waivers into three, based on level of care: Hospital, Nursing Facility and ICF/MR. ECOW 06</p>	
Funding supports for individuals who are uninsured	<ul style="list-style-type: none"> • Create a statewide funding pool for purchase of meds for people who are uninsured/underinsured. MHSI 07 <p>Address resource needs related to the uninsured/underinsured leading to uncompensated care. MHSI 07</p>	<ul style="list-style-type: none"> • The children’s mental health systems of care supported by the State address the needs of uninsured and underinsured individuals. • In 2005, creation of IowaCare expanded Medicaid services on a limited basis to people making up to 200% of FPL and certain other groups.
Consumer/family participation	<ul style="list-style-type: none"> • Encourage consumer/family participation in governance and oversight of the mental health system. Quick Fix 98 • Enhance participation of consumers and families in planning, operating, and evaluating mental health and mental retardation services. Merge the State-County Management Committee and MH/DD Commission at the state level to provide citizen oversight of the system. CPC 99 • Consumer satisfaction information should be consistently collected and analyzed for all the populations served through the waivers. Cooper 01 • Establish a statewide network of families concerned about children’s mental health needs. CMHI 01 • Individuals who access the system and its services should, to the degree possible: <ul style="list-style-type: none"> ➢ Participate in developing, implementing and monitoring their individual service plan. ➢ Participate or lead in defining their own needs, service responses and outcomes. ➢ Choose and implement methods to achieve their desired outcomes. 	<ul style="list-style-type: none"> • The State-County Management Committee was merged with the MH/MR/DD/BI Commission in response to the CPC Task Force recommendations. • IME’s Quality Assurance staff interview a sample of HCBS waiver participants annually to determine their satisfaction with services. All MFP and Consumer Choices Options participants are surveyed before and after transition to the community. • The Iowa Federation of Families for Children’s Mental Health is funded by the federal Center for Mental Health Services and by private donations, to advocate for improved children’s mental health services and to provide

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	<ul style="list-style-type: none"> ➤ Accept personal responsibility to achieve the goals they have established within their service plan. ➤ Lead or participate in selecting their service coordination team. ➤ Advocate for themselves. ➤ Participate in the funding of their services. Adult Redesign 04 • Counties should collaborate with people with disabilities, family members, advocacy groups, and other stakeholders and with local entities that impact the disabilities system. Adult Redesign 04 • Counties should actively solicit and incorporate input from individuals with disabilities, family members, other management entities, service coordination entities, service providers, and the state. Adult Redesign 04 • Develop a hotline for providers and families with QA concerns. ECOW 06 • Ensure that youth have a voice in decisions that affect them (e.g., promotion of youth leadership in state government and in communities. ICYD 	<p>technical assistance to agencies and families.</p> <ul style="list-style-type: none"> • With the support of IDPH, the UI Child Health Specialty Clinics applied successfully in 2009 for a Family to Family Health Information Center grant to create a family driven governance group to oversee parent-to-parent mentoring and health education for families with children with special health care needs. • Under the Consumer Choices Option waiver participants develop and implement their own plan for unlicensed services, with the help of an Independent Support Broker. • DHS has a Member Services and an abuse and neglect hot line. DIA and IDEA have hot lines for nursing home complaints and long term care Ombudsman services.
Service integration	<ul style="list-style-type: none"> • Encourage counties and county collaborations to develop the capacity to compete for future integration of Medicaid and other MH funding sources. Quick Fix 98 • Build the capacity of state, regional, and local youth serving systems to improve their services and collective ability to achieve the shared results for Iowa’s youth (e.g., through utilization of data to track outcomes, promotion of evidence-based practices, enhanced digital networking opportunities, etc.) ICYD 	<ul style="list-style-type: none"> • The children’s mental health systems of care integrate funding sources to meet the needs of children and families.
Addressing TA needs	<ul style="list-style-type: none"> • Provide TA and support for meeting the mental health needs of special populations, including the elderly and those with co-occurring disorders. Quick Fix 98 	<ul style="list-style-type: none"> • MHDS contracts with the Iowa Consortium for Mental Health to provide technical assistance in

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	<ul style="list-style-type: none"> • Better define the TA needs of state and county systems of care to focus on treatment and service improvements, administrative and management improvements, and systems improvements. Quick Fix 98 • Foster system-wide ownership of improvement initiatives by developing a collaborative model for delivering TA. Quick Fix 98 • Provide technical assistance and promote opportunities for providers to meet the regulations in cost effective ways including shared trainings and access to insurance packages. ECOW 06 	<p>evidence based practices.</p> <ul style="list-style-type: none"> • The national Technical Assistance Collaborative has provided assistance to MHDS in addressing such issues as co-occurring disorders and workforce development needs.
<p>Responsiveness to provider needs</p>	<ul style="list-style-type: none"> • Bring providers together to collaboratively create rules for accountability in Iowa’s QA process. ECOW 06 	
<p>Operational improvements</p>	<ul style="list-style-type: none"> • Improve protocols for client referral between the Iowa Plan and county administered services. Quick Fix 98 • Review with stakeholder input the policies permitting case management providers to deliver direct services to persons they case manage as this policy may constitute a conflict of interest. Cooper 01 • Compile a Quality Assurance Manual that includes the quality assurance activities of state, county and provider staff performed on behalf of waiver participants for each of the waivers. Cooper 01 • Based on the federal requirement that states have effective systems for collecting data, analyzing and acting on incidents of abuse and neglect, DHS should assess the quality and comprehensiveness of information collected on the central abuse registries for children and adults. Cooper 01 • Review policies, procedures and activities for each waiver, using the Outcome-Based Review as a guide, to determine whether proper policies, procedures and actual reviews are in place assuring consumers 	<ul style="list-style-type: none"> • DHS has revamped case management policy under new CMS rules prohibiting conflict of interest and other problems. CMS approved the revised policies. • DHS has an effective process in place to deal with review of critical incidents and implementation of corrective action.

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	<p>understand and exercise their rights. Cooper 01</p> <ul style="list-style-type: none"> • Review policies and procedures for examining deaths that occur in all community settings to ensure that a process is in place to investigate and develop appropriate prevention strategies. Pursue a system that reports and analyzes “critical incidents” in order to assure safety and well-being and as a means to target intervention and prevention efforts. Cooper 01 • Review procedures and activities for assuring provider qualifications and performance. Cooper 01 • Given that caseload size ranges widely with some as high as 300, DHS should aggressively pursue additional funding for its service workers in order to lower caseload ratios. Cooper 01 • Assess current need and availability for children’s MH services. CMHI 01 • Develop and recommend standards for service coordination delivery options, which include integrated, independent, and self-directed service coordination. Adult Redesign 04 • Continue to identify areas in need of improvement within the SED/MR/DD/BI system of care and identify strategies to enhance the system. Children’s System 06 • Assure data driven funding and policy changes. ECOW 06 • Develop a consistent response to data by tracking requests for exceptions to policy and revising policies when data documents high requests for same issue. ECOW 06 • Support the ongoing collaboration of the Acute Mental Health Care Task Force to review models and approaches to ensure appropriate delivery of acute care services. MHSI 07 	<ul style="list-style-type: none"> • A statewide needs assessment for mental health and disability populations is currently underway. • The report of the Acute Mental health Care Task Force was completed in the fall of 2009.
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<p>Administrative clarity: State role</p>	<ul style="list-style-type: none"> • Clarify the role of the State in mental health to focus on resource allocation, setting standards, evaluating performance, and promoting QA. Organize State staff to correspond to these functions. Quick Fix 98 • Redefine the role of DHS to emphasize its responsibilities for policy and standard setting and overall system evaluation. CPC 99 • DHS should review all existing interagency and intra-agency agreements to assure that they fully cover all the roles and responsibilities that pertain to the waivers, including oversight and monitoring, provider qualifications and expected outcomes. Cooper 01 • Develop a single statewide plan for delivering services and supports to individuals with mental illness, developmental disabilities, and brain injury. Adult Redesign 04 • Oversee the implementation and utilization of an outcome-based system in which financial incentives will be based on achievement of desired outcomes. Adult Redesign 04 • Establish the State Mental Health Authority (SMHA) as the statewide policy-making entity for required core safety net services and establish that community mental health centers are primary providers of those services. Establish the Authority as the oversight (accrediting) entity of other MH services and service providers. MHSI 07 • Determine the role, relationship and responsibilities of the SMHA and counties regarding financing and managing the public MH system: <ul style="list-style-type: none"> ➤ SMHA is responsible for funding services identified as core “Safety Net” services (e.g., non-federal 	<ul style="list-style-type: none"> • H.F. 2780 (2006) re-established the Mental Health and Disability Services Division at DHS and defined its role in oversight of mental health and disability services. • A unified State plan is under development.
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	<p>share for Medicaid; Emergency Services; funding for uninsured/underinsured)</p> <ul style="list-style-type: none"> ➤ SMHA is responsible for non-federal Medicaid share for all other community MH services. ➤ Counties are responsible for funding other MH services based on local need as identified in their County Management Plans. This should include responsibility for other local service needs for children. MHSI 07 <ul style="list-style-type: none"> • Revise Chapter 230A to enhance the State’s role in oversight, funding and support of community mental health centers. MHSI 07 	<ul style="list-style-type: none"> • MHDS and the Commission have reviewed Chapter 230A and recommended changes to code.
<p>Administrative clarity: County role</p>	<ul style="list-style-type: none"> • Retain local administration of MH services for the indigent. Quick Fix 98 • Redefine the roles and responsibilities of counties to emphasize their functions in local system planning, development, operations, performance and quality management. CPC 99 • DHS and counties should review county management plans regarding the waivers to assure that they are explicit as to roles and responsibilities. Cooper 01 • The Commission recommends that the physical boundaries of management entities shall be a single county or a consortium of counties organized by mutual agreement as allowed by the Code of Iowa Chapter 28E. Adult Redesign 04 [See the full report for a description of the proposed duties of the Management Entity] 	<ul style="list-style-type: none"> • In 2006, HF 2780 clarified county responsibilities with respect to legal settlement and the State Payments Program.

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<p>Collaboration</p>	<ul style="list-style-type: none"> • Establish incentives for multi-county collaboration in delivery of MH services. Quick Fix 98 • MHDS, community mental health centers, IME and IDPH should develop a plan to resolve administrative, policy and funding issues related to mental health and substance abuse services. MHSI 07 	<ul style="list-style-type: none"> • The Legislature is promoting multi-county collaboration on a demonstration basis. • The Early Care, Health and Education Strategic Plan is an example of cross-agency collaboration to promote prevention, identification and early intervention services.
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