



Iowa Department of Human Services

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Kim Reynolds
Lt. Governor

Charles M. Palmer
Director

Iowa Mental Health and Disability Services Commission

Commissioners

January 2016

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Marsha Edgington
(Vice Chair)

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ANNUAL REPORT OF THE

IOWA MENTAL HEALTH AND DISABILITY SERVICES COMMISSION

Brett D. McLain

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This Annual Report of the Iowa Mental Health and Disability Services Commission (the Commission) is being submitted pursuant to Iowa Code § 225C.6(1)(h). The report is organized in two sections: (1) an overview of the activities of the Commission during 2015, and (2) recommendations formulated by the Commission for changes in Iowa law.

Rebecca Peterson

Michael Polich

Rebecca Schmitz

Marilyn Seemann

PART 1:

Jennifer Sheehan

OVERVIEW OF COMMISSION ACTIVITIES DURING 2015

Ex-Officio Commissioners

Meetings

Senator Mark Costello

The Commission held twelve regular meetings in 2015. The meetings included two sessions held jointly with the Iowa Mental Health Planning and Advisory Council. Meeting agendas, minutes, and supporting materials are distributed monthly to an email list of over 250 interested persons and organizations and are made available to the public on the Iowa Department of Human Services (Department) website. Commission meetings and minutes serve as an important source of public information on current mental health and disability

Rep. Dave Heaton

Senator Liz Mathis

Rep. Scott Ourth

services (MHDS) issues in Iowa; most meetings are attended by 20 to 25 guests in addition to Commission members and Department staff.

Officers

In May, Patrick Schmitz (Kingsley) was re-elected Chair of the Commission, and Marsha Edgington (Osceola) was elected Vice-Chair.

Membership

In May, four new appointees joined the Commission: Jody Eaton (Newton) and Jennifer Sheehan (Clarion) were appointed to represent staff members of regional administrators; John Parmeter (Des Moines) was appointed to represent providers of children's mental health services; Rebecca Schmitz (Fairfield) was appointed to represent county boards of supervisors; and Patrick Schmitz (Kingsley) was reappointed to a second term. Deb Schildroth (Ames), Suzanne Watson (Council Bluffs), Neil Broderick (West Des Moines), and Jill Davisson (Grand Mound) completed their terms in April.

Administrative Rules

The Commission has consulted with the MHDS Division on the development, review, and approval of one new administrative rule package to implement MHDS redesign legislation. That package was:

- Mental Health Advocate Rules – House File 468 directed the Commission to, in consultation with Mental Health Advocates and county and judicial representatives, adopt rules relating to advocate in their roles as county employees. Members of the Commission met with stakeholders twice in person and twice by phone to assist in the development of administrative rules. The rules were presented to the Commission in December to be noticed for publication.

Home Modification Assistance Program

Senate File 505, Division XXVIII directed the Commission and the Aging and Disability Resource Center to jointly develop a plan for a home modification assistance program that would provide grants or tax credits for permanent home modifications to individuals with disabilities who would otherwise require nursing care.

MHDS Region Policy and Procedure Manual Review

In January, the Commission recommended to Department Director Palmer that proposed changes to the Sioux Rivers Region Management Plan be approved. The change being considered was the removal of Cherokee County from the Sioux Rivers MHDS Region as they had joined the Rolling Hills Region the previous month.

In October, the Commission recommended the approval of changes to the Policy and Procedure Manuals of the County Rural Offices and Social Services (CROSS) Region, and the South Central Behavioral Health Region. The changes were to reflect the addition of Marion County to the CROSS Region, and Mahaska County to South Central Behavioral Health. Marion and Mahaska Counties had previously been operating as a provisional two county region, but were not awarded a second year of provisional approval and directed to join other MHDS Regions.

Service Cost Increase Recommendation

In August, the Commission was challenged with formulating a non-Medicaid expenditures growth funding recommendation to the Department and the Council on Human Services. The Commission recommended a 0.5% increase to account for the growth in Iowa's total population, and an additional 1.4% increase to account for inflation. These figures were based on the most recent census data and the inflation model used by the Substance Abuse and Mental Health Services Administration (SAMHSA) respectively. The Commission recommended the budget include funding to support MHDS

Regions in the full implementation of core services, funding to substantially reduce waiver waiting lists, and to direct a portion of the savings from the Mental Health Institution Realignment and the Medicaid Modernization Initiative to develop alternative care settings in the community.

Coordination with Other Statewide Organizations

The Commission held two joint meetings with the members of the Iowa Mental Health Planning and Advisory Council (IMHPC), and the two groups regularly shared information throughout the year. Mental Health Planning and Advisory Council Chair, Teresa Bomhoff, regularly attends Commission meetings, reports on IMHPC activities and relays information between the Commission and the IMHPC. In May, Executive Director Becky Harker presented an update on the activities and goals of the Iowa Developmental Disabilities (DD) Council.

Coordination with the Iowa General Assembly

The Commission has four non-voting ex-officio members who collectively represent each party of each house of the Iowa General Assembly. These legislative members attended meetings in person or by phone as they were able during the year.

Committee Workgroups

The Commission had several members participate on a workgroup to develop rules concerning Mental Health Advocates. The Commission also formed a committee to conduct an additional review before the rules were presented to the full Commission to approve the Notice of Intended Action in December.

REPORTS AND INFORMATIONAL PRESENTATIONS

During 2015, the Commission received numerous reports and presentations on issues of significance in understanding the status of services in Iowa and recognizing promising practices for planning and systems change, including:

Home and Community-Based Services Waiver Program

In January, Deb Johnson from Iowa Medicaid Enterprise (IME) reported to the Commission on Medicaid's Home and Community-Based Services (HCBS) Waiver Program. She presented information on the program's history, types of waivers available, administrative components, and the status of waiver waiting lists.

Children's Mental Health Report

In February, Laura Larkin, Executive Officer for the MHDS Division, presented an overview of the Department Implementation Status Report Regarding the Mental Health Service System for Children, Youth and their Families.

Medicaid Modernization Initiative

Also in February, Rick Shults, Division Administrator for MHDS presented the request for proposals (RFP) to establish a Medicaid managed care plan. He gave an overview of the program structure, timelines, and ways for people to provide input. In March, Deb Johnson, Bureau Chief for IME's Bureau of Long-Term Care and Liz Matney, IME's Managed Care Director, presented on the operating elements of Iowa's Medicaid program under managed care. They spoke about other states with similar programs, restructured payment systems, and how IME would proceed with obtaining approval from the Center for Medicare and Medicaid Services (CMS).

Peer and Family Peer Support Training Program

In March, Vickie Miene, Executive Director for the Center for Child Health Improvement, Diane Funk, Program Coordinator for the Peer and Family Peer Support Specialist Project, and Lisa D'Aunno,

Training Director for the National Resource Center for Family-Centered Practice at the University of Iowa School of Social Work presented the plan they have developed for training Peer Support Specialists (PSS) and Family Peer Support Specialists (FPSS) in Iowa. The program has three phases; recruiting and training, developing competencies, and continuing education.

MHDS Regional Core Services

Also in March, Suzanne Watson, Chief Executive Officer of Southeast Iowa MHDS Region and Deb Schildroth, from the Department of Community Services in Story County reported on the continued development of MHDS Regions around the state. Regions are developing additional “Core Plus” services including Mental Health Courts, tele-psychiatry, and standardized mental health crisis assessments. In December, Suzanne Watson and Jody Eaton presented an update on the services being implemented in MHDS regions in 2015.

MHDS Regional Funding

In April, Suzanne Watson and Deb Schildroth presented on the funding challenges for MHDS Regions. They said that regional fund balances will decline, and that regions are concerned about their ability to fund services long term. They suggested a possible solution that would allow more local control of property tax revenue.

Mental Health Service Gaps

Also in April James Cornick, who is a father of an adult with serious mental illness (SMI) spoke to the Commission about his son’s experience with SMI and finding services in Iowa. Mr. Cornick spoke of places where he felt his son was failed by the system and how it could be improved.

Avian Flu Response

In May, Karen Hyatt, Emergency Mental Health Specialist at the Department, spoke to the Commission about the avian flu response in Iowa. MHDS has had a roll in this response to assure the mental health needs of those affected are addressed.

Five Star Quality Outcomes

Also in May, Gayla Harken from the Iowa Association of Community Providers (IACP) presented on their efforts to track quality of care rather than just compliance with the law. IACP has been working with many different stakeholders to find ways to coordinate the collection of outcomes data so it is not overly burdensome to providers.

MHDS Regional Updates

Julie Jetter, Community Systems Consultant for the Department gave a report to the Commission in May on implementation and the transition from county-based services to regional-based services is progressing. In December, Suzanne Watson reported to the Commission on services that are being developed and implemented throughout the regions over the last year.

Crisis Stabilization

In June, Karen Hyatt spoke to the Commission about the accreditation of crisis stabilization services. Rules for accrediting mental health crisis providers were adopted by the Commission in 2012. In October, Julie Jetter and Rick Shults presented to the Commission on difficulties mental health crisis providers have had with a particular provision within the crisis stabilization rules. Providers have found it difficult to hire staff that meet the rules’ qualifications, but have operated with staff that have undergone other training from the provider.

Prevention of Disabilities Policy Council Transition

In July, Connie Fanselow presented to the Commission on the transition plan for the Prevention of Disabilities Policy Council (PDPC). The PDPC was directed to work with the Developmental Disabilities Council, the Department of Public Health, and the Commission to provide for the transfer of their duties to the other groups listed.

Brain Injury

In August, Geoff Lauer gave a presentation to the Commission concerning the research, treatment, and development of services for brain injury in Iowa. Geoff spoke about types of brain injuries, growing awareness of brain injury and sports, and the limited base of providers of brain injury services in the state.

Olmstead Plan

In September, Connie Fanselow spoke to the Commission about Iowa's development of a new Olmstead Plan. DHS is Iowa's lead agency for Olmstead, and drafts a plan every five years to track the state's community integration initiatives. Connie presented the framework and domains that DHS has identified, and the process by which the Department will measure progress.

State Resource Center Barrier Report

In September, Woodward State Resource Center Superintendent Marsha Edgington presented an overview of the Glenwood and Woodward State Resource Centers (SRC) Annual Report of Barriers to Integration for the calendar year 2014. This report originated as part of a settlement with the U.S. Department of Justice in 2004 to explain the reasons that people stay at the SRC and identify the barriers to moving into more integrated settings. The five major barriers have been identified as: (1) interfering behaviors, (2) under-developed social skills, (3) health and safety concerns, (4) lack of vocational opportunities or day programming, and (5) individual, family, or guardian reluctance. Annual planned reductions in number of SRC beds continue, with a focus on planning transition back to the community from the first day of admission and reducing the need for SRC admissions. Iowa's Money Follows the Person grant project has been an effective tool in supporting former SRC residents in their transition to community living.

Home Modification Assistance Program Plan

In October, Geoff Lauer reported on the Home Modification Assistance Program Plan that the General Assembly directed the Commission and the Aging and Disability Resource Centers to develop. Geoff presented on progress made and the general outline on which they have been working. In December, Geoff Lauer presented the final product the Commission and the ADRCs had developed for the Commission's approval.

PROFESSIONAL DEVELOPMENT ACTIVITIES

The Commission holds an annual two-day meeting each May, with the second day focused on training and development, which included:

Commission Duties

Rick Shults reviewed the Commission's statutory duties, with particular attention to rule making and other specific responsibilities related to MHDS redesign and regionalization.

Ethical Considerations

Assistant Attorney General Gretchen Kraemer presented a review of Iowa's open meetings and open records requirements, and discussed conflict of interest, lobbying, communications, and other ethical considerations for Commission membership.

The Administrative Rulemaking Process

Harry Rossander, Department Bureau Chief for Policy Coordination, presented an overview of the Department's administrative rulemaking process with particular attention to the Commission's role in it.

COORDINATION WITH MHDS

MHDS Division Administrator Rick Shults, Community Services and Planning Bureau Chief Theresa Armstrong, along with other staff from the Division of Mental Health and Disability Services have actively participated in Commission meetings throughout the year, communicated regularly, provided timely and useful information, and been responsive to questions and requests from Commission members. A significant portion of each Commission meeting has been devoted to updates and discussion on variety of relevant issues and initiatives, notably including:

- MHDS Redesign Legislation
- Legislative Session & Interim Committee Reports
- MHDS Regional development
- County financial issues
- Transition funds
- Equalization funding
- DHS budget, staffing, and services
- DHS facilities operations
- Crisis Stabilization Services
- Out of State Placements
- Mental Health Community Services Block Grant
- Mental Health workforce issues
- Iowa Medicaid Program changes
- Children's Services Mental Health Services
- Medicaid Waiver Programs
- MHDS Requests for Proposals

PART 2:

RECOMMENDATIONS FOR CHANGES IN IOWA LAW IN 2016

MHDS regions have now operated for a year as the administrative bodies of the MHDS system. The transition to the provision of core services for Iowans with mental health and intellectual disabilities appears to be progressing but is still far from complete. The past year has seen yet another layer of service and funding uncertainty as Iowa moves rapidly towards a January 1, 2016 deployment of Medicaid managed care at the same time that there is significant budget shortfall to support current levels of Medicaid services.

In some Regions the decision of this year's legislature to refrain from reducing MHDS funds associated with a "Medicaid offset" allowed additional progress towards core and core plus services. All MHDS Regions now have core services available and most are meeting all of the required access standards. MHDS Regions are offering and developing additional core-plus services including residential crisis beds, 23 hour observation and holding, and or transition beds, mobile crisis, 24 hour crisis lines, mental health commitment prescreening and justice involved services including mental health courts, service coordination in jails as an effort in jail diversion, and mental health services in the jails.

Yet there is still much work to be done to fulfill the promise of comprehensive statewide access to a basic set of cost-effective community-based mental health and disability services that offer Iowans better access to health care, employment, and supportive services, and more opportunities for choice and community participation. Distinct groups such as individuals with brain injury and those with developmental disabilities have, in many locations, been left out of the planning and budgeting for services and supports. Improved access to preventative and early intervention services has the potential to significantly reduce the demand for the most intensive, highest cost services by minimizing emergency room visits, emergency psychiatric hospitalizations, and involvement with law enforcement, corrections, and the courts.

The question of the stability of funding for mid to long-term service planning and deployment is still an obstacle for some regions. The Commission recommends actions to ensure that the MHDS system is supported by a stable and predictable long-term funding formula; a well-trained and fairly compensated workforce, and sufficient provider capacity.

PRIORITIES REGARDING MHDS REGIONS

PRIORITY 1: Assure a stable and predictable long-term funding structure for mental health and disability services that is appropriate to fully implement the vision of redesign and to support growth and innovation over time.

- 1.1 Update the levy cap for county MHDS funding allowing the counties to assess rates that are aligned with their regional needs, priorities and plans; or**
- 1.2 Increase state funding for regional services; or a blending of the two above.**

The Commission recommends these actions because:

- The commission believes there is a need to increase the funds available to the regions to sustain and maintain services.
- The MHDS Regions need stable and predictable revenues so that core services may be secured and additional (core plus) services developed and maintained in a sustainable manner.

- There is variability across the state and across MHDS Regions for services and funding demands. This is particularly evident between more rural MHDS Regions and those with more urban areas.
- The current MHDS system is unfunded for, and thus unable and unwilling to respond to, the needs of lowans with developmental disabilities, brain injuries, or physical disabilities.
- We are now able to gauge the initial impact of the change from legal settlement to residency, the adequacy of the \$47.28 per capita levy formula, the effect of the introduction of Integrated Health Homes, and the long term savings from the Iowa Health and Wellness Plan. The Commission supports updated and flexible funding to meet the needs of lowans with mental health and other disability-related needs.
- Counties/MHDS Regions need to maintain their efforts to build a robust and sustainable array of crisis response services, which are key to a reduction in poor health outcomes and divert many from emergency rooms, in-patient psychiatric treatment, and incarceration.
- Some source of risk pool funding still needs to be available as a safety net for the system.
- Regions need flexibility. A statewide minimum levy rate for mental health and disability services along with counties ability to set a higher levy rate with local support would address this need.

1.3 Include transportation related to accessibility of mental health and disability services as an approved MHDS regional core service.

The Commission recommends this action because:

- Transportation is a vital component for lowans with mental health conditions or other disabilities to access essential services. Many individuals served by the public mental health and disability service systems have few resources to arrange or pay for their own transportation.
- In many areas of Iowa, both urban and rural, public transportation options are limited and the distances people must travel to service providers can be an insurmountable barrier to access if the cost of transportation is not covered.
- Reimbursement for transportation services would encourage the development of more transportation providers in areas where they are not currently available.
- While Medicaid does provide some limited transportation services, those services do not meet many of the needs individuals have in the community. The Commission recommends regions provide transportation services that Medicaid does not already cover.

PRIORITIES REGARDING MEDICAID SERVICES

PRIORITY 2: Provide for a robust Medicaid Program with a full array of services that serves its members.

2.1 Assure that there is no shifting of financial responsibility or provision of services from IA Health Link (Managed Care) to MHDS Regions or other entities.

The Commission recommends this action because:

- The successful transition to IA Health Link should monitor and prevent service changes and/or reductions, which will result in consumers needing additional services and supports from MHDS Regions and/or others funders.
- Transportation, including but not limited to non-emergency medical transport (NEMT), has been an obstacle to many lowans being able to live, learn, work and integrate in their communities of choice.

- The MHDS Regions need stable and predictable responsibilities so that core services may be secured and additional (core plus) services developed and maintained in a sustainable manner.
- As responsibility for Medicaid payments to providers shifts from the State to managed care organizations via IA Health Link, the availability of an adequate provider network and financial viability of safety net providers will depend on reasonable reimbursement rates from third part insurers.

2.2 Require a coordinated oral health services component between IA Health Link and an oral health contractor.

The Commission recommends this action because:

- A preponderance of medical evidence supports the relationship between living with mental health or disability and poor oral health.
- Poor oral health has a substantive evidence base associated with myriad other health challenges.
- Iowa lacks an integrated dental health component for individuals with mental health and other disabilities.

2.3 Authorize funding to reduce the waiting lists numbers and waiting time for the Medicaid Home and Community Based Waiver program.

The Commission recommends this action because:

- Four of Iowa’s seven HCBS Waivers – the Brain Injury, Children’s Mental Health, Health and Disability, and Physical Disability Waivers – routinely have waiting lists with wait times can, in some cases, exceed two years. In July, August, and September of 2015, the IME reported more than 11,000 names on the lists.
- The HCBS waiver for individuals with intellectual disabilities currently has a waiting list of over 1600 individuals.
- Individuals who remain on the waiting list for an extended period of time are at a higher risk of institutional placement, which is disruptive for families, expensive, and contrary to Iowa’s goal of promoting individual choice and supporting inclusive community living.
- Individuals seeking services are not currently screened for eligibility and may apply for more than one waiver, so the actual number of eligible applicants waiting for services cannot be accurately determined; a pre-screening process at the time of application could identify those who are not eligible, refer them to other appropriate services, and eliminate them from the list.
- Individuals who are found to be potentially eligible in a pre-screening process could be triaged for services based on their level of need and risk of institutionalization.

PRIORITIES REGARDING A CHILDREN’S MENTAL HEALTH SYSTEM

PRIORITY 3: Support and act on recommendations made by the Children’s Mental Health and Well-Being Workgroup.

3.1 Implement recommendations from the current Children’s Mental Health and Well Being Workgroup.

The Commission recommends this action because:

- Early intervention and prevention are well-accepted methods to reduce the incidence, prevalence, personal toll, and fiscal cost of mental health and other disabilities. An integrated service system for Iowa’s children is overdue, needed, and critical to our most valued resource.

- Encourage the inclusion of screenings to identify adverse childhood experiences (ACEs) during regular wellness visits with primary care physicians.
- In 2013, the final report from the Children’s Disability Services workgroup with five clear and well considered recommendations that were never adopted or deployed.
- In 2015 SF 505 established yet another children’s workgroup building on the efforts that have come before with a report and recommendations anticipated on December 15, 2015

PRIORITIES REGARDING WORKFORCE CAPACITY

PRIORITY 4: Expand the availability, knowledge, skills, and compensation of professionals, paraprofessionals, and direct support workers as an essential element in building community capacity and enhancing statewide access to a comprehensive system of quality mental health and disability services.

4.1 Implement incentive programs to train, recruit, and retain professionals and paraprofessionals qualified to deliver high quality mental health, substance abuse, and disability services.

The Commission recommends this action because:

- The shortage of psychiatrists and the barriers to accessing acute psychiatric care in our state are still readily apparent.
- Adequate funding and resource allocation is needed to ensure access to appropriate care throughout the state.
- Special incentives are needed to encourage and support Psychiatrists, Psychiatric Physician Assistants, Advanced Registered Nurse Practitioners, and other mental health and substance abuse treatment professionals who are trained in Iowa to stay and practice here.
- Special incentives could attract professionals trained elsewhere to practice in Iowa and encourage their retention.
- Professionals indicate that effective incentives include loan forgiveness programs and opportunities for fellowships; programs could be targeted to specific professionals and specialties that are most needed.
- Current loan forgiveness programs are restricted to areas that are designated as “Health Professional Shortage Areas”, and all of Iowa is in need of additional mental health workforce at all levels.

SUMMARY

There continue to be developments in Iowa’s mental health and disability service system, and the Commission would like to acknowledge everything that has been accomplished while recognizing that all stakeholders must continue to work together to ensure that the delivery system has adequate resources to sustain statewide network of person-centered services that support Iowans with mental health and disability-related needs in being healthier, more productive, and fully integrated citizens.

This report is respectfully submitted on behalf of the members of the Mental Health and Disability Services Commission.



Patrick J Schmitz
Chair, MHDS Commission

Cc: Michael E. Gronstal, Senate Majority Leader
Bill Dix, Senate Minority Leader
Linda Upmeyer, Speaker of the House
Mark D. Smith, House Minority Leader
Senator Mark Costello
Senator Liz Mathis
Representative David Heaton
Representative Scott Ourth
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