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Iowa Mental Health and Disability Services Commission

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December 2017

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ANNUAL REPORT OF THE IOWA MENTAL HEALTH AND DISABILITY SERVICES COMMISSION

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 2017, and (2) recommendations formulated by the Commission for changes in Iowa law.

PART 1:

OVERVIEW OF COMMISSION ACTIVITIES DURING 2017

Meetings

The Commission held twelve regular meetings in 2017. 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 150 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 services (MHDS) issues in Iowa; most meetings are attended by 15 to 20 guests in addition to Commission members and Department staff.

Officers

In April, John Parmeter (Des Moines) was elected Chair of the Commission, and Marsha Edgington (Osceola) was re-elected Vice-Chair.

Membership

In May, one new appointee joined the Commission: Peter Brantner (Lenox) was appointed to represent providers of substance use disorder services; Thomas Bouska (Council Bluffs), Tom Broeker (Burlington), Kathryn Johnson (Cedar Rapids), and Geoffrey Lauer (Iowa City) were appointed to a second term. Lynn Grobe (Oakland), Michael Polich (Windsor Heights) completed their terms in April. Patrick Schmitz (Kinglsey) ended his term in May. In July, one new appointee joined the Commission: Dennis Bush (Cherokee) was appointed to represent county board of supervisors.

Administrative Rules

The Commission has consulted with the MHDS Division on the development, review, and approval of two amendments to administrative rule. The amendments were:

- Mental Health Crisis Services Rules – the amendment to 441 - Chapter 24 changed the minimum requirements to add new qualification options for mental health crisis staff. The amendment was presented to the Commission in February to be noticed for publication and approved by the Commission for adoption in April.
- Autism Support Program Rules – the amendment to 441 - Chapter 22 added the definition for “Eligible Individual” and changed the income limit from 400% to 500% of the federal poverty level (FPL). The amendment was presented to the Commission in February to be noticed for publication and approved by the Commission for adoption in April.

MHDS Region Policy and Procedure Manual Review

In January, the Commission recommended to Department Director Palmer that proposed changes to the Central Iowa Community Services Management Plan be approved. The changes being considered included the addition of the brain injury population to the list of populations served by the region, as well as several changes of address and process changes.

Service Cost Increase Recommendation

In July, the Commission formulated a non-Medicaid expenditures growth funding recommendation to the Department and the Council on Human Services. The Commission recommended a 0.4% increase to account for the growth in Iowa’s total population, and an additional 1.0% 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 towards reduction of the Home and Community-Based Services (HCBS) waiver waiting lists.

Community Mental Health Center (CMHC) Designation

Also in July, the Commission held a special meeting for the designation of Prairie Ridge Integrated Behavioral Healthcare (Prairie Ridge). Theresa Armstrong from the Department of Human Services spoke to the Commission about the Commission’s responsibilities in the designation process of a CMHC and how the closing of Wellsource in Mason City led to Prairie Ridge requesting the designation. Jay Hanson and Lorrie Young from Prairie Ridge presented on their programs and CMHC transition plan. The Commission approved the designation of Prairie Ridge as a CMHC.

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. The 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 for the revision of 441 – Chapter 24 Accreditation of Providers of Services to Persons with Mental Illness, Intellectual Disabilities, or Developmental Disabilities.

REPORTS AND INFORMATIONAL PRESENTATIONS

During 2017, 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:

Children’s Mental Health Report

In January, 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.

Community Connections Supporting Re-entry

Also in January, Tammie Amsbaugh, Program Manager at the University of Iowa Center for Disabilities and Development presented on the Community Connections Supporting Reentry project that was part of a 3 year grant awarded to the Department of Corrections aimed at reducing recidivism, and increase collaboration with resources in the community. There will be twenty-four total training sessions being done in three rounds. There will be one training in each of Iowa’s eight judicial districts every round.

Statewide Recidivism Reduction (SRR) Strategy

In February, Roxann Sheffert from the Department of Corrections, spoke to the Commission about the SRR Strategy. Iowa was one of eleven states to apply, and one of five states to be awarded the SRR grant from the Bureau of Justice Assistance, which is a three year \$3 million grant.

Peer Support Specialists

In March, David Lange from the National Alliance on Mental Illness spoke to the Commission about peer support specialists. Peer support is being utilized in a number of different areas of mental health support including warm lines, mobile crisis services, acting as a peer “bridger” for individuals leaving inpatient units and helping them transition to outpatient and back into the community, and working in wellness centers.

Children’s Mental Health Crisis Services

In April, Jean Drey from Seasons Center, Jean McAleer from YSS, and Nicole Beaman from Orchard Place spoke to the Commission about their agencies and their plans for developing and implementing children’s crisis services.

Brain Injury Initiative

Also in April, Maggie Ferguson from the Iowa Department of Public Health gave a presentation to the Commission concerning the brain injury council and the research, treatment, and development of services for brain injury in Iowa.

Olmstead Plan

In June, 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.

Transportation Services

Also in June, Kristin Haar from the Department of Transportation spoke to the Commission about a variety of transportation options for individuals with disabilities.

State Resource Center Barrier Report

In August, 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 2016. 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.

Mental Health Services in Schools

Also in August, Barb Anderson from the Department of Education presented to the Commission on Project AWARE (Advancing Wellness and Resilience in Education). Project AWARE is a federal grant that works to improve mental health literacy among youth-serving adults and build cross-system capacity for comprehensive mental health approaches in states and communities.

State Innovation Model (SIM)

Also in August, Shelley Horak from the Department of Public Health presented an update to the Commission on the status of Iowa's SIM project. The presentation reviewed the focus of the SIMS project which is diabetes and the connection between diabetes and mental health. The presentation also included an update on value-based payments.

Iowa Jail Report and Recommendation

In September, Whitney Driscoll from Disability Rights Iowa presented the report In Jail and Out of Options that was released in December 2016. The report's purpose was to look at how county jails in Iowa are addressing individuals who are presenting with mental illness. The report also looked at how de-institutionalization in Iowa has impacted the county jails and how many people are presenting at county jails that were previously living in facilities.

Overview of Medicaid Eligibility

Also in September, Wendy Rickman Division Administrator of Adult Children and Family Services and Amela Alibasic Executive Officer in the Division of Adult Children and Family Services spoke to the Commission about the history and process for determining initial Medicaid eligibility.

DHS Update

In October, Director of the Department of Human Services Jerry Foxhoven spoke to the Commission about his vision for the department and recent activities including negotiations with the managed care

organizations, improving mental health services in Iowa, and the need to build community based services.

Quality Service Delivery Assessment

Also in October, Sara Lupkes from Polk County and Kimberly Wilson CEO of Northwest Iowa Care Connection Region spoke to the Commission about the regional data collection process and beginning results for the regional quality service delivery assessment.

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

Theresa Armstrong 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 Commission received additional training in July, which included:

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:

- Active Legislation regarding mental health and disability services
- Legislative Session & Interim Committee Reports
- MHDS Regional development
- County financial issues
- Equalization funding
- DHS budget, staffing, and services
- DHS facilities operations
- Crisis Stabilization Services
- Subacute mental health services
- Out of State Placements
- Mental Health Community Services Block Grant
- Mental Health workforce issues
- IA Health Link and other Iowa Medicaid Program changes
- The Children's Mental Health and Well-Being Advisory Committee
- The Complex Service Needs Workgroup
- Medicaid Waiver Programs
- MHDS Requests for Proposals

PART 2:

RECOMMENDATIONS FOR CHANGES IN IOWA LAW IN 2018

Iowa's redesign of the State MHDS system resulted in the development of fourteen regional administrative entities. Innovative and expanded services have been made available in some regions. Some regions have developed or are providing 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, jail diversion services, and mental health services in jails. Some are providing services to populations beyond those mandated such as to individuals with developmental disabilities and brain injuries. Thirteen regions are currently operating from positive fund balances acquired, in part from savings associated with the State assuming the costs of the Medicaid program in 2014. Senate File 504 requires the regions to spend down their fund balances by SFY 2021. There are regions concerned this will negatively impact the stability of their funding and limit their ability to provide innovative services.

In addition, the regions are not uniform in their approach to pooling of funds, nor is there consistency in the scope and accessibility of services beyond those classified as "core." Polk County and Eastern Iowa MHDS regions each received one-time funding from the State to help them maintain services.

The transition of Medicaid services to Managed Care Organizations has impacted the accessibility of services, as most providers of regional MHDS services are also heavily reliant on the Medicaid system for financial support of service delivery and there has been an increase in delays of payment over the last year.

Throughout this past year the MHDS Commission has monitored these developments and offers the following recommendations to the General Assembly in order to assure appropriate access to Iowans with mental health needs and other disabilities and to ensure the rights of all Iowans to receive supports and services in the community rather than institutions.

PROVIDE APPROPRIATE, PREDICTABLE, AND STABLE FUNDING

PRIORITY 1: Establish 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 Ensure that the savings to counties/regions from the Iowa Health and Wellness Plan are used to support regions in delivering core services and developing additional ("core plus") services in all areas of the state. In addition, the Legislative 2018 Interim Committee on MHDS funding fiscal viability should review and provide clarification on Senate File 504's requirement regarding the trajectory of regional funding past SFY 2021.

The MHDS Commission recommends this action because:

- The MHDS Regions need stable revenue and a funding system that allows them to continue to provide current services and gives the flexibility to develop new and innovative services
- Growth in capacity will be necessary to enable the system to meet the needs of persons with developmental disabilities, brain injuries, or physical disabilities.

- Regions will need resources to build and maintain a robust and sustainable array of crisis response services, which promise to divert people from emergency rooms, in-patient psychiatric treatment, and jails.
- There is a wide variance in levies between the MHDS regions and a standardized levy per capita spending across the regions will bring back equity across the state
- In order for braided funding to be sustainable there should be a process to determine how funding can be braided and the responsibilities of each party clearly defined

1.2 Ensure that provider reimbursement rates from all payers can be set at a level that is adequate to preserve service stability for consumers, build community capacity, and enable safety net providers (including community mental health centers and agencies providing substance abuse treatment) to offer and expand access to services that meet the complex needs of individuals served by the MHDS system.

The MHDS Commission recommends this action because:

- The successful implementation of MHDS redesign relies on the use of rate-setting methodologies that compensate providers for increasing their capacity to address the complex service needs of individuals and serving individuals with challenging behavior or support needs.
- As responsibility for payment shifts from counties to managed care organizations through 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 party insurers.

1.3 Include transportation related to the delivery of mental health and disability services as a core service and reimbursable expense.

The MHDS Commission recommends this action because:

- Transportation is a vital component of access to all services. Many of the individuals served by the public mental health and disability services have few resources to arrange or pay for their own transportation.
- In most areas of Iowa, 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.
- The availability of reimbursement would encourage the development of more transportation providers in areas where they are not currently available.

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 to MHDS Regions or other entities.

The Commission recommends this action because:

- As responsibility for Medicaid payments to providers has shifted 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 depends on timely and reasonable reimbursement from third party insurers. Providers have been forced to absorb additional administrative and

transitional burdens, decreasing their operational effectiveness and risking their operations as a whole.

- The successful transition to IA Health Link should continue to monitor and prevent service changes that would result in consumers needing additional services and supports from MHDS Regions or others funders.
- Transportation, including but not limited to non-emergency medical transport, 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.
- Monitoring and oversight of managed care organizations is needed to ensure there is an adequate network of providers after the initial 2 year contract has expired. A clear definition of an adequate network needs to developed and enforced

2.2 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:

- Receiving a waiver slot no longer assures access because providers are increasingly declining to accept clients based on delays in reimbursement.
- Integrated Health Homes (IHH) must go through significant authorization process and if denied there is no compensation for this effort.
- Five of Iowa’s seven HCBS Waivers – Brain Injury, Children’s Mental Health, Intellectual Disability, Health and Disability, and Physical Disability – currently have waiting lists with individuals who applied over one year ago.
- As of October 31, 2017 there are 9,729 individuals on waiting lists for HCBS Waivers.
- As of October 31, 2017, the HCBS waiver for individuals with intellectual disabilities currently has a waiting list of 2,926 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.

2.3 Assure continued efforts to provide choice of membership to managed care organizations

The Commission recommends this action because:

- In October 2017, DHS announced that Amerihealth Caritas was withdrawing from the state of Iowa as a managed care organization effective November 30, 2017. This change impacted 215,000 lowans.
- In November 2017, Amerigroup reported they were at capacity and unable to accept additional members. Members being served by Amerihealth Caritas were then automatically assigned to United Health Care. Members who chose Amerigroup were assigned to DHS as fee for service

2.4 The impact of waiving the 90 day retroactive coverage should be gathered and the decision to waive retroactive revisited

The Commission recommends this action because:

- The loss of retroactive coverage will negatively impact thousands of Iowans
- Access to long term services and supports for individuals with disabilities will be reduced
- The cost of care for individuals who are in the process of determining Medicaid eligibility will shift to the provider with no way for the provider to recover payment

PRIORITIES REGARDING A CHILDREN'S MENTAL HEALTH SYSTEM

PRIORITY 3: Expediently implement system-wide changes including the development of a children's system through the use of nationally recognized, evidence-based models of care.

The Commission recommends this action because:

- There is ample national evidence base for recommendations for system-wide change.
- Early intervention and prevention are well-accepted methods to reduce the incidence, prevalence, personal toll, and fiscal cost of mental health, intellectual disabilities, and developmental disabilities.
- An integrated service system for Iowa's children with serious emotional disturbances, intellectual disabilities, and developmental disabilities is overdue and critical to our most valued resource and could reduce costs to the adult mental health system.
- The inclusion of screenings to identify adverse childhood experiences (ACEs) during regular wellness visits with primary care physicians should be encouraged and followed by appropriate delivery of services
- The Commission strongly recommends that a more robust system of services which are readily available for children with developmental disabilities including intellectual disabilities be developed in a timely manner.

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.

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 workforce shortage has been significantly increased since the launch of IA Health Link. Providers have lost a significant number of experienced staff to Medicaid MCOs.
- 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.
- Direct care wages are not competitive
- 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,” yet there is in need for additional mental health workforce at all levels throughout the state.

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.



John Parmeter
Chair, MHDS Commission

Cc: Bill Dix, Senate Majority Leader
 Janet Petersen, 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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