

Iowa Mental Health and Disability Services Commission

December 2019

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(Vice Chair)

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Senator Pam Jochum

Representative Joel Fry

Representative Scott
Ourth

DISCUSSION

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 2019, and (2) recommendations formulated by the Commission for changes in Iowa law.

PART 1:

OVERVIEW OF COMMISSION ACTIVITIES DURING 2019

Meetings

The Commission held twelve regular meetings in 2019. 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 10 to 15 guests in addition to Commission members and Department staff.

Officers

In April, John Parmeter (Des Moines) was elected Chair of the Commission, and Kathy Johnson (Cedar Rapids) was elected Vice-Chair.

Membership

In May, five members completed their second terms on the Commission: Marsha Edgington (Osceola), Betty King (Cedar Rapids), Sharon Lambert (Coralville), Brett McLain (Ames), and Rebecca Peterson (Clive). Mary Meyers (Madrid) completed her first term in May and resigned from the Commission. Rick Sanders (Nevada) resigned from the Commission in May. In May, four new appointees joined the Commission: Teresa Daubitz (Cedar Rapids) was appointed to represent service advocates, Shari O'Bannon (Storm Lake) was appointed to represent parents of child consumers, Maria Sorensen (Greenfield) was appointed to represent consumers, Cory Turner (Cherokee) was appointed to represent the Department.

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:

- Obsolete Rules – the amendment to 441 – Chapter 15 removed language related to legal settlement, the amendment to 441- Chapter 23 eliminated the mental health and disability services transition fund, the amendment to Chapter 25 eliminated the requirement for counties to complete a waiver for community mental health centers. These changes were made to conform to Iowa Law. The amendment was presented to the Commission in March to be noticed for publication and approved by the Commission for adoption in July.
- Children’s System Regional Rules – the amendment to 441 – Chapter 25 added a framework for a children’s behavioral health system requiring certain core services for children with serious emotional disturbances. The rules provide guidance to MHDS regions in developing the new core services and include service definitions, provider standards, access standards, and implementation dates. The rules also make changes in MHDS regional governance structure and reporting requirements, and establish eligibility standards for children’s behavioral health services. The amendment was presented to the Commission in September to be noticed for publication.

MHDS Region Policy and Procedure Manual Review

In April, the Commission recommended to Department Director Foxhoven that proposed changes to the Northwest Iowa Care Connection regional policies and procedures be approved. The changes being considered included the removal of Lyon County from the region and removal of Lyon County specific providers.

In June, the Commission recommended to Department Interim Director Clabaugh that proposed changes to the Rolling Hills Community Services regional policies and procedures be approved. These changes included the addition of Woodbury County and Woodbury County specific providers to the region.

In July, the Commission recommended to Department Interim Director Clabaugh that proposed changes to the Sioux Rivers MHDS regional policies and procedures be approved. These changes included the removal of Woodbury County and Woodbury County specific providers from the region and the addition of Lyon County and Lyon County specific providers to the region.

Service Cost Increase Recommendation

In August, 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 2.2% 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 recognized the need to address the workforce shortage concern in Iowa and the need for stable, sustainable funding for the MHDS Regions.

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 Brooke Lovelace 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 25 “Disability Services Management” related to the children’s behavioral health system.

REPORTS AND INFORMATIONAL PRESENTATIONS

During 2019, 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:

Iowa Medicaid Enterprise (IME) Update

In January, Mike Randol, Director of IME, provided an update on managed care organizations and legislative reports submitted by IME.

Autism Support Program Report

Also in January, Connie Fanselow from MHDS presented an overview of the Autism Support Program annual report.

Mental Health Services through the VA

In February, Lori Reynolds, presented on the mental health services available through the VA and how to access services.

Family First Legislation

Also in February, Janee Harvey, Bureau Chief of Child Welfare and Community Services, presented an overview of the federal changes made to funding for child welfare systems and how Iowa plans to implement changes.

Children’s Mental Health Report

Also in February, Laura Larkin from MHDS presented an overview of the Department Implementation Status Report Regarding the Mental Health Service System for Children, Youth and their Families including Iowa’s Systems of Care programs.

Complex Service Needs

In April, a panel of regional CEOS presented on the status of the implementation of services for individuals with complex service needs.

Regional Dashboards

In May, Rose Kim from MHDS presented an overview of the regional dashboards on access standards for core services.

Certified Community Behavioral Health Clinic (CCBHC) Grant

In June, Kathy Johnson from the Abbe Center and Kim Scorza from Seasons Center presented an overview of the work their agencies are doing with the CCBHC grants they received from SAMHSA.

Your Life Iowa

In August, Eric Preuss from IDPH presented on the development of the Your Life Iowa website and adding mental health services as part of the statewide crisis line using the Your Life Iowa platform.

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 2018.

Administrative Rules for Licensed Master Social Workers

Also in September, Representative Mark Smith presented concerns related to Medicaid billing requirements for licensed master social workers.

Regional Dashboard Quarterly Update

Also in September, Rose Kim from MHDS presented a quarterly update on the regional dashboards on access standards for existing core services and new core services.

Overview of Iowa's University Center for Excellence in Developmental Disabilities (UCEDD)

In October, Derrick Willis, Director of Iowa's UCEDD presented an overview of the UCEDD including its programs, activities, and role in Iowa.

CSN Data System

Also in October, Darci Alt and Jeanine Scott presented an overview of the data system used by the majority of the MHDS regions.

Zero Suicide Grant

Also in October, Pat McGovern from Iowa Department of Public Health presented an overview of the Zero Suicide Grant and Iowa's plans for implementing the model.

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.

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:

- Active legislation regarding mental health and disability services
- Legislative session & interim committee reports
- MHDS regional development and changes
- County financial issues
- DHS budget, staffing, and services
- DHS facilities operations
- Crisis services
- Community services mental health block grant
- Mental health workforce issues
- IA Health Link and other Iowa Medicaid changes and updates
- Project Recovery Iowa
- Your Life Iowa
- Complex service needs implementation
- The Children's System State Board
- Children's mental health system
- Medicaid waiver programs
- MHDS requests for proposals
- Peer support services

PART 2:

RECOMMENDATIONS FOR CHANGES IN IOWA LAW IN 2020

Innovative and expanded services have been made available in some of Iowa's 14 MHDS Regions. Some have developed or are providing funding for additional "core-plus" services including residential crisis beds, 23-hour observation and holding, and or transition beds, mobile crisis response, 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 and to children.

The commission is concerned with the fact that 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." This is contrary to the original intent of the regional concept. The Commission is also concerned that Senate File 504, which requires the regions to spend down their fund balances by SFY 2021, will negatively impact the stability of their funding and limit the ability of MHDS regions to provide innovative services. Some regions have reduced their property tax levies to comply with Senate File 504 rather than establishing new services because they are concerned that they would not have sustainable funding to continue those new services.

The MHDS Commission offers the following recommendations to the General Assembly in order to ensure appropriate access to lowans with mental health needs, intellectual and developmental disabilities and brain injuries to ensure the rights of all lowans to receive supports and services in the community rather than institutions and to ensure that there is a focus on maintaining and increasing the quality of life of lowans served.

VISION

The MHDS Commission envisions a Mental Health and Disabilities service system that offers supports and services and funding for those that meet the needs of all lowans, regardless of their age, disability or address.

To achieve this vision, the MHDS Commission has established the following policy statements:

1. The MHDS Commission recommends that the Legislature should address the workforce shortage to ensure the availability of staff to provide the supports and services that individuals with behavioral and mental health needs, intellectual and developmental disabilities and brain injuries need to be able to live in the community rather than institutions.
2. The MHDS Commission recommends that the Legislature should establish a stable and predictable long-term funding structure for child and adult behavioral and mental health and disability services that is appropriate to support growth and innovation over time.
3. The MHDS Commission recommends that the Legislature should implement a children's services system which utilizes a full array of nationally recognized, evidence-based models of care for children in the state who have behavioral and mental health needs, intellectual and developmental disabilities, and brain injuries.
4. The MHDS Commission recommends that the Legislature should create an environment that encourages and supports the provision of core services, the development of additional services, including services that help maintain community tenure such as transportation, and the expansion of services to additional populations, such as developmental disability and brain injury services in all areas of the state.

To create a system that realizes this vision and incorporates these policy statements, the MHDS Commission recommends the following specific actions:

1. 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 in alignment with the Certified Community Behavioral Health Clinic model by implementing incentive programs to train, recruit, and retain professionals and paraprofessionals qualified to deliver high quality mental health, substance abuse, disability, and brain injury services.

The workforce shortage in Iowa continues and has worsened over the past year. The shortage of psychiatrists and the barriers to accessing acute psychiatric care in our state are still readily apparent. Special incentives encourage and support Psychiatrists, Psychologists, 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 and 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 which are restricted to areas that are designated as "Health Professional Shortage Areas" should be expanded at all levels throughout the state to encourage professionals to provide services in Iowa.

Benefits and training for direct care wages must be competitive. To achieve this, provider reimbursement rates from all payors, including Medicaid, need to 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.

2. Repeal the restriction on the county property tax levy cap for MHDS Regions.

The MHDS Regions need a stable funding system that allows them to continue to provide current services and gives the flexibility to develop new and innovative services including the recently mandated array of crisis services and services for individuals with complex needs, which promise to divert people from emergency rooms, in-patient psychiatric treatment, and jails, and services to children who have mental health needs, intellectual and developmental disabilities and brain injuries.

A repeal of the levy cap allows the regions to address growth, enable the system to meet the needs of children and persons with developmental disabilities, brain injuries, or physical disabilities and would address the wide variances in levies between the MHDS regions and create a more consistent array of supports and services.

3. Develop a robust system of services which are readily available for children with developmental disabilities including intellectual disabilities and brain injuries to be coupled with the Children's Behavioral Health System established in 2019.

An integrated service system for children with serious emotional disturbances, intellectual disabilities, brain injuries and developmental disabilities is critical to their health and well-being, makes effective and efficient use of our scarce resources, and could reduce costs to the adult mental health system. Early intervention and prevention are well-accepted methods to reduce the

incidence, prevalence, personal toll, and fiscal cost of mental illness intellectual disabilities, and developmental disabilities.

The service delivery system for children must align with Family First Legislation and be evidence-based and include intensive, home-based treatment interventions that work with children and their families to improve long-term outcomes and prevent costly, traumatic, and largely unproductive out-of-home placements.

The actions by the Governor and the legislature in creating a system of care for children with Behavioral Health needs was a first step in providing for the needs of children with disabilities in Iowa. Expansion to include the development and management of a system of care for children in other diagnostic groups by the MHDS Regions is paramount. In addition, the Legislature should ensure that the state has adequate funding available for this system and should allow MHDS Regions to increase levies to fund their role, including coordination of care.

4. Create and maintain a data infrastructure that, among other things, facilitates evaluation, on an ongoing basis, of the implementation of evidence-based, evidence supported and promising practices.

Funding and incentives should be developed and maintained to encourage supports and services are provided in Iowa that have shown effectiveness. Training for staff, professional and direct care, is necessary to achieve effectiveness. Reimbursements to providers will have to be adequate to provide this training. Governmental entities will have to be able to generate revenue to fund this reimbursement change.

The state must develop and maintain a data infrastructure necessary to evaluate the impact of the supports and services provided. Partnering across departments and levels of government can reduce the costs of maintaining multiple systems that may be duplicating each other and would allow for better data analytics by creating a uniform structure for data reporting and analysis.