STATE OF IOWA DEPARTMENT OF

Health AND Human

SERVICES

Iowa Mental Health and Disability Services Commission Combined Annual and Biennial Report

December 2022

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Iowa Mental Health and Disability Services Commission Combined Annual and Biennial Report

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INTRODUCTION

This Combined Annual and Biennial Report of the Iowa Mental Health and Disability Services (MHDS) Commission is submitted pursuant to Iowa Code § 225C.6(1)(h)-(i). The report is organized in three parts: (1) an overview of the activities of the Commission during 2020, (2) recommendations formulated by the Commission for changes in Iowa law, and (3) an evaluation of the extent to which services to persons with disabilities are actually available to persons in each county in the state and the quality of those services, and the effectiveness of the services being provided by disability service providers in this state and by each of the State Mental Health Institutes established under Chapter 226 of the Iowa Code and by each of the State Resource Centers established under Chapter 222 of the Iowa Code.

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EXECUTIVE SUMMARY

The Mental Health and Disability Services Commission (Commission) met a total of eleven times during 2022. The Commission held two hybrid meetings with individuals meeting in-person and virtually via Zoom, one in-person meeting and eight Zoom meetings. The Commission provided consultation on the administrative rules for Community Mental Health Centers (CMHCs), MHDS (mental health and disability services) Regional Funding, emergency rules for the MHDS Regional Incentive Fund, recommended the adoption of three MHDS Region's Policy and Procedure Manuals, and submitted their annual Service Cost Increase letter. The Commission also heard the following presentations: Update from the Advisory Council on Brain Injury, Brain Health Now, 9-8-8 Implementation Planning Grant, Iowa Vocational Rehabilitation Service Workforce Presentation, Multisystemic Therapy as Evidence-Based Practice, Workforce Initiatives, Update on Iowa Medicaid Projects for Home and Community Based Services (HCBS), Introduction to Community Services, Supports & Medicaid HCBS Waiver, Collaborative Care Model of Mental Health, Iowa Peer Workforce Collaborative, Update on the State Facilities, University of Iowa Center for Excellence of Behavioral Health, MHDS Regions Evidence-Based Practice Workgroups, updates from the Children's Behavioral Health System State Board meetings, and the State Resource Center Barrier Report.

The Commission offers the following recommendations to the General Assembly:

1. Aligning with the Certified Community Behavioral Health Clinic (CCBHC) model, expand the availability, knowledge, skills, competitive compensation and benefits of professionals, paraprofessionals and direct support workers by implementing incentive programs to train, recruit and retain these professionals including but not limited to loan forgiveness programs and opportunities for fellowships.
2. Create a uniform, stable and adequate funding system for MHDS Regions to provide current services and gives flexibility to develop new and innovative services for individuals with behavioral health, mental health, intellectual/developmental disabilities, and brain injuries.
3. Develop an integrated service system for children with serious emotional disturbances, intellectual/developmental disabilities and brain injuries to be coupled with the Children's Behavioral Health System that is evidence-based and aligns with Family First Legislation.
4. Create and maintain a data infrastructure that facilitates ongoing evaluation of the implementation of evidence-based, evidence supported and promising practices through adequate funding of such infrastructure.
5. Develop and maintain funding and incentives to encourage supports and services in Iowa which have shown effectiveness, including training for professional and direct care staff and reimbursements to providers to adequately provide this training.
6. Full implementation of mental health and behavioral health parity for all public and commercial insurance plans per the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).

The Commission provided evaluation of the state's disability services system including the report of county and regional services and the report of the Mental Health Institutes (MHI), State Resource Centers (SRC), and disability services.

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PART 1: OVERVIEW OF COMMISSION ACTIVITIES DURING 2022 MEETINGS

The Commission held eleven meetings in 2022. Due to the COVID-19 pandemic, meetings were held via Zoom, a virtual format for the first three months of 2022. In March, the MHDS Commission decided to start hybrid meetings (in-person & zoom) in April. However due to low in-person attendance the Commission decided to have hybrid meetings once per quarter, and all other meetings would be virtual only. 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 200 interested persons and organizations and are made available to the public on the Iowa Department of Health and 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 20 guests in addition to Commission members and Department staff.

OFFICERS

In April, Russell Wood (Ames) was elected Chair of the Commission and Lorrie Young (Mason City) was elected Vice-Chair.

MEMBERSHIP CHANGES

Betsy Akin (Corning), Teresa Daubitz (Cedar Rapids) and Cory Turner (Cherokee) were appointed to serve a second term. Shari O'Bannon (Storm Lake), Timothy Perkins (Johnston), and Maria Sorensen (Greenfield) completed their first terms in April 2022 and resigned from the Commission. In May, two new appointees joined the Commission: Sue Gehling (Breda) was appointed to represent as a Provider of Children's MHDD Services and Dr. Kenneth Wayne (Clive) was appointed to represent Veterans. The following vacancies remains on the MHDS Commission: one Consumer representative, one Parent of a Child Consumer representative, and one AFSCME representative.

ADMINISTRATIVE RULES

The Commission consulted with the Division of Behavioral Health and Disability Services on the development, review, and approval of four administrative rule packages. These packages were:

- MHDS Incentive Fund – the amendment to 441 – Chapter 25 implemented the incentive fund for Mental Health Disability Services (MHDS) regions for the purpose of providing financial incentives for outcomes met from services provided by MHDS regions. The rules implement the process for a region to apply for funds, establish the criteria for eligibility and set time frame for review and approval of applications, reporting and financial review. The amendment was presented to the Commission in September 2021 as an emergency rules package to be approved. The amendment was presented concurrently to the Commission to be noticed in September 2021. These rules were approved for adoption in January 2022.
- MHDS Regional Funding – the amendment to 441 – Chapter 25 implemented the changes to Iowa Code 225C and 331 as directed by 2021 Iowa Acts (SF619), which created a general fund standing appropriation to the Department for distribution to the MHDS Regions through performance-based contracts. The rules were amended to describe the requirement and process for the regions to certify with the Department the amount of the ending fund balance for the previous fiscal year, implement criteria and reporting instructions for eligible financial

encumbrances, outline requirements and goals for performance-based contracts between the Department and the MHDS regions, and establish quarterly regional service system payments to a MHDS region's combined account. The amendment was presented to the Commission to be noticed in December 2021. These rules were approved for adoption in February 2022.

- CMHC – the amendment to 441- Chapter 24 established a set of standards to be met by all designated CMHCs. These rules defined the process that the Department will use to designate at least one CMHC for addressing the mental health needs of the county or counties comprising a catchment area in accordance with Iowa Code Chapter 230A, identify the target populations and core services to be served by CMHCs, and identify a formal accreditation review process. The amendment was presented to the Commission to be noticed in January 2022. These rules were approved for adoption in April 2022.
- Five Year Administrative Rule Review – the amendments to 441 – Chapters 25 & 38 implemented changes required by the five-year review of all administrative rules. The five-year review was to update language and code references, remove obsolete items and provide clarification, but did not contain any substantive changes to the rules. The amendment to 441 – Chapter 25 was presented to the Commission to be noticed in June 2022. These rules were approved for adoption in September 2022. The amendment to 441 – Chapter 38 was presented to the Commission to be noticed in July 2022. These rules were approved for adoption in October 2022.

MHDS REGION POLICY AND PROCEDURE MANUAL REVIEW

In June, the Commission recommended to the Department that a proposed change to the Polk County MHDS Region Policy and Procedure Manual be approved. The changes were primarily to remove Polk County Health Services and add Polk County MHDS Region.

In June, the Commission recommended to the Department that a proposed change to the Central Iowa Community Services Region Policy and Procedure Manual be approved. The changes included updating information for the Adult Advisory Committee, identified funds to be maintained by Regional Fiscal Agent and removed language regarding funds being maintained by member counties, updated information on the application and enrollment process, updated CICS office information, added Behavioral Health Intervention Services (BHIS) as a service under mental health outpatient therapy, added Developmental Disability population group for subacute services, and other administrative changes.

In July, the Commission recommended to the Department that a proposed change to the Sioux Rivers MHDS Region Policy and Procedure Manual be approved. The changes primarily included adding Emmett County to the region.

SERVICE COST INCREASE RECOMMENDATION

In July, the Commission provided a recommendation for non-Medicaid expenditures growth funding to the Department and the Council on Human Services. The Commission recommended a 0.2% increase to account for the growth in Iowa's total population, and an additional 3.23% increase to account for inflation. These figures were based on the most recent census data and the average cost of healthcare in the United States according to the US Labor Department Bureau of Labor Statistics (BLS), respectively. The Commission recommended addressing Iowa's MHDS workforce shortage with a multi-pronged approach which include the evaluation of the sufficiency of all Medicaid fee schedules and increasing the maximum allowable fund balance for Iowa's MHDS Regions. The Commission also encouraged the Department to support fully funding the standing state appropriations for the regional mental health

services each year, and to evaluate potential costs related to the sustainability of a Certified Community Behavioral Health Clinic (CCBHC) model.

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 IMPHC. In May, Iowa Developmental Disabilities (DD) Council Public Policy Manager, Bill Kallestad, provided an overview of the DD Council and an update on their current work.

COORDINATION WITH THE IOWA GENERAL ASSEMBLY

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

REPORTS AND INFORMATIONAL PRESENTATIONS

During 2022, 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 changes, including:

Children's Behavioral Health System State Board

Rich Whitaker provided updates of the Children's State Board in January, March, May, July, and October.

Update from the Advisory Council on Brain Injury

In January, Maggie Ferguson and Jim Pender from the Department, and Brenda Easter from the Advisory Council on Brain Injury presented an overview of the state program for brain injury, reviewed the Advisory Council's State Plan for 2022-2026, and provided information on the current traumatic brain injury (TBI) grant.

Brain Health Now

In February, Debi Butler and Claira Kapraun from Brain Health Now presented an overview of the anti-stigma program as well as the current work of the organization on the local, state, and national level.

9-8-8 State Implementation Planning Grant

In February, Julie Maas from the Department presented an overview of the National Suicide Prevention Lifeline and development of 988 to become the national 3-digit number for the prevention lifeline.

Iowa Vocational Rehabilitation Services (IVRS) Workforce Presentation

In March, Daniel Tallon from IVRS presented on the organization and their services, including its partnerships with human services, education, and workforce.

Multisystemic Therapy as Evidence-Based Practice

In April, Rich Whitaker and Joyce Morrison from Vera French CMHC presented on Multisystemic Therapy (MST), an evidence-based practice, and its implementation, funding, and success at Vera French.

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Workforce Initiatives

In April, Beth Townsend from Iowa Workforce Development presented an overview of the recommendations from the Children's Mental Health Workforce Workgroup as well as proposed legislation and current workforce initiatives.

Iowa Developmental Disabilities Council

In May, Iowa Developmental Disabilities (DD) Council Public Policy Manager, Bill Kallestad, provided an overview of the DD Council and an update on their current work.

Iowa Center of Excellence for Behavioral Health (CEBH)

In May, Julie Maas from the Department as well as Derrick Willis and Torie Keith from the Iowa University Centers for Excellence in Developmental Disabilities (UCEDD) presented an overview on UCEDD and its partnership with the Department and other agencies as well as an overview of the CEBH and the current work being done with MHDS regions and evidence-based practice and behavioral health service providers.

Update on Iowa Medicaid Projects for Home and Community Based Services (HCBS)

In May, Elizabeth Matney from Iowa Medicaid presented an update on American Rescue Plan Act (ARPA) dollars related to Home and Community Based Services (HCBS).

Introduction Community Services, Supports and Medicaid Home and Community Based Services Waivers

In May, Marissa Eyanson and Paula Motsinger from the Department presented an orientation to the Iowa Medicaid State Plan and its services as well as the purpose of each of the Medicaid HCBS waivers, eligibility and determination, waiver slots and waiting lists as well as reserved capacity slots and Money Follows the Person (MFP).

Collaborative Care Model

In August, Dr. Joyce Vista-Wayne presented on the Collaborative Care Model and its use in extending the psychiatric workforce capacity by utilizing primary care physicians in a triadic care model with Behavioral Health Care Managers (BCHM) and psychiatric consultants.

Iowa Peer Workforce Collaborative

In August, Kellee Thorburn McCrory from the University of Iowa, National Resource Center for Family Centered Practice presented an update on the work of the Iowa Peer Workforce Collaborative including accomplishments, growth in the field, and training opportunities.

Crisis Services Panel

In August, Julie Maas and Eric Preuss from the Department and Drew Martel from Foundation 2 presented on Crisis Services in Iowa including the array of services in Iowa, Your Life Iowa and 988 crisis services. Suzanne Watson and Molly Brown from Southwest Iowa MHDS Region presented on information from the MHDS Regions Data Analytics Group and current data on Mobile Crisis Response in the Southwest Iowa MHDS Region.

State Resource Center Barrier Report

In October, Woodward and Glenwood 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 2021. 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 that prevent an individual to moving into more integrated settings. These barriers indicate there is a need to continue to increase community service providers' capacity to meet the needs described below. The four major barriers have been identified as: (1) interfering behaviors, (2) under-developed social skills, (3) health and safety concerns, and (4) individual, family, or guardian reluctance. Transition work with individuals, guardians, community providers and MCOs continues at both Resource Centers, with a particular focus on the Glenwood closure in 2024. Iowa's Money Follows the Person grant project has been an effective tool in supporting former SRC residents in their transition to community living.

Certified Community Behavioral Health Clinics (CCBHCs)

In October, Joshua Rubin from Health Management Associates (HMA) and Laura Larkin from the Department presented on CCBHCs, and a current opportunity offered by the Substance Abuse and Mental Health Services Association (SAMHSA) for states to develop a planning grant to apply to become a demonstration state.

Iowa Center of Excellence for Behavioral Health

In October, Torie Keith from the Iowa University Centers for Excellence in Developmental Disabilities (UCEDD) presented on the purpose of CEBH as well as which EBPs are the Center's focus, information regarding an environmental scan conducted to determine what is currently being provided and where the gaps are, the key takeaways from this scan, and next steps for the Center.

MHDS Regions Evidence-Based Practices Workgroup

In October, Suzanne Watson from Southwest Iowa MHDS Region and Rob Aiken from the Department presented on the makeup of the MHDS Regions, regional access to EBPs, partnering with HHS through a deliverable in Regions' performance-based contracts, the makeup of the workgroups, the work of these groups as well as their recommendations. In addition, they discussed next steps for Iowa HHS and recommendations for changes to administrative rules.

PROFESSIONAL DEVELOPMENT ACTIVITIES

The Commission holds an annual meeting each May focused on training and development, which included:

Commission Duties

Theresa Armstrong from the Department reviewed the Commission's statutory duties, with particular attention to rule making.

Ethical Considerations

Assistant Attorney General Krissa Mason 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

Nancy Freudenberg, 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 DIVISION

Behavioral Health and Disability Services State Director, Marissa Eyanson, Bureau Chief Theresa Armstrong, along with other staff from the Department 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 a variety of relevant issues and initiatives, notably including:

- Active Legislation regarding MHDS
- Legislative Session updates
- HHS Alignment
- MHDS Regional changes
- MHDS System Funding
- Department budget, staffing, and services
- Department facilities operations
- Department of Justice (DOJ) investigation and report
- Crisis Services
- Community Services Mental Health Block Grant
- Additional Block Grant funding from Substance Abuse Mental Health Services Administration (SAMHSA)
- COVID/Project Recovery Iowa
- 9-8-8 National Crisis Line Implementation Plan
- Employment First – ASPIRE Grant
- Certified Community Behavioral Health Clinics (CCBHCs)
- Suicide Awareness Campaign
- Mental Health workforce issues
- IA Health Link and other Iowa Medicaid Program changes
- The Children's System State Board
- Medicaid Waiver Programs
- Requests for Proposals
- Peer support services

PART 2: RECOMMENDATIONS FOR CHANGES IN IOWA LAW IN 2023

Innovative and expanded services have been made available in Iowa's 14 MHDS Regions. Regions are providing a significant investment in the development of, and ongoing funding of crisis services. Some have developed or are providing funding for services beyond core including, mental health commitment prescreening and justice-involved services including mental health courts, jail diversion services, and mental health services in jails; and evidence-based treatment, such as peer wellness centers. Some Regions are providing services to populations beyond those mandated such as to individuals with developmental disabilities and brain injuries and to children without a serious emotional disturbance (SED) diagnosis. These activities contribute to positive outcomes for individuals utilizing these services.

The Commission is concerned following changes to MHDS Regional fund balance guidelines per SF619, which was passed in 2021.These changes only allow a Region to carry forward a maximum 5% fund balance beginning in SFY2024. We believe that good business practices require 45 days of operating capital, which equates to an 18% fund balance versus the 5% that is currently in Iowa Code. Failure to make this change could negatively impact the ability to fund services and the salaries of those providing services.

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

Vision: The MHDS Commission envisions a Mental Health and Disabilities service system that offers supports, services, and funding that meet the needs of all Iowans, 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 continues to 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/developmental disabilities and brain injuries need to be able to live in the community when possible and institutions when necessary.
2. The MHDS Commission recommends that the Legislature continue to focus on a stable and predictable long-term funding structure for child and adult behavioral, mental health, intellectual/developmental disability and brain injury services that is appropriate to support growth and innovation over time.
3. The MHDS Commission recommends that the Legislature continue to support the implementation and expansion of a children's services system which utilizes a full array of nationally recognized, evidence-based models of care for all 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 continue to support an environment that encourages and supports the provision of core services, as well as the development of additional services, including services that help maintain community tenure such as an appropriate level of transportation, the expansion of services to additional populations, such as developmental disability and brain injury services in all areas of the state, and access to an array of services including the state resource center and mental health institutes.
5. The MHDS Commission recommends that the Legislature direct the Department to address consistency of services within and across regions, including but not limited to, standardizing definitions of services.
6. The MHDS Commission recommends that services included as part of performance-based contracts have stable identified resources available such as funding and workforce.
7. The MHDS Commission recommends that regulatory oversight and required training be commensurate with the intensity of services provided and potential risk to clients.
8. The MHDS Commission recommends stable and secure funding of the State Resource Center and Mental Health Institutes for ongoing programs and services, staff wages and training, and maintenance of facilities. These are vital in the continuum of services and supports available in Iowa.

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/benefits of professionals, paraprofessionals, and direct support workers as an essential element in building community capacity and enhance statewide access to a comprehensive system of quality mental health and disability services. In alignment with the Certified Community Behavioral Health Clinic model implement incentive programs to train, recruit, and retain professionals and paraprofessionals qualified to deliver high quality mental health, substance use disorder, disability, and brain injury services.

   The workforce shortage in Iowa continues and has worsened over the past year. The shortage of psychiatrists and other prescribers, and the barriers to accessing acute psychiatric care in our state are still readily apparent. In addition, the ability to hire and retain therapy providers continues to be a significant workforce challenge.

   Special incentives encourage and support Psychiatrists, Psychologists, Psychiatric Physician Assistants, Advanced Registered Nurse Practitioners, and other mental health and substance use disorder 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. Such 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 should be expanded at all areas throughout the state to encourage professionals to provide services in Iowa. The MHDS Commission encourages the Legislature to evaluate the appropriateness of noncompete clauses that are being utilized by some agencies, which reduces available workforce and restricts access, especially in rural areas. This evaluation may include identifying mental health professionals who currently have, or previously have had contracts with noncompete clauses, and the impact it has on access to services.

   Wages, benefits, and training for direct care workers must be competitive. To achieve this, all provider reimbursement rates, including rates for outpatient mental health services, from all payers, including Medicaid, and private insurance, need to be set at a level that is adequate to preserve service stability for clients, build community capacity, and enable safety net providers (including CMHCs and agencies providing substance use disorder treatment) to offer and expand access to services that meet the complex needs of individuals served by the MHDS system. Telephonic therapy should be a reimbursable service in limited circumstances where the internet access or the client's technological skill level are inadequate. Access to the internet must continue to be enhanced throughout the state to permit greater utilization of telehealth.

2. Continue to ensure a uniform, stable and adequate system, with flexibility to develop new and innovative services, which funds the MHDS Regions to provide services for the needs of individuals with behavioral health, mental health, intellectual/developmental disabilities, and brain injuries regardless of geography or age.

3. Develop a robust system of services which are readily available for children with mental health and 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 mental health issues including serious emotional disturbances, intellectual/developmental disabilities and brain injuries is critical to their health and well-being. It must make effective and efficient use of our scarce resources and potentially reduce costs to the adult mental health system. Early intervention and prevention are essential 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. Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT) are examples of two mental health related evidence-based programs implemented in Iowa. Services need to be developed in Iowa that negate or reduce the need for out of state placements for children with complex needs.

   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 must ensure that the state continues adequate funding for this system.

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.

   The state must develop and maintain a data infrastructure necessary to evaluate the impact of the supports and services provided using systemically consistent outcome measures. 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. The development of any new data systems should include input from end users and should be able to migrate data from legacy systems to reduce administrative burden.

5. Funding and incentives should be developed and maintained to encourage supports and services for individuals in Iowa with behavioral health needs and disabilities, which are evidence-based, evidence supported and promising practices. Training for professional and direct care staff is necessary to achieve effectiveness. Reimbursements to providers must be adequate to provide this training and maintain an adequate and qualified workforce. Training should be required for entities who provide funding and evaluation of these programs.

6. Full implementation of mental health and behavioral health parity for all public and commercial insurance plans per the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). More information on MHPAEA can be found on the U.S. Centers for Medicare & Medicaid Services (CMS) **here**.

PART 3: EVALUATION OF THE STATE DISABILITY SERVICES SYSTEM

The extent to which services to persons with disabilities are available to persons in each county in the state and the quality of those services, and the effectiveness of the services being provided by disability service providers in this state and by each of the state mental health institutes established under Chapter 226 and by each of the state resource centers established under Chapter 222. (Iowa Code 225C.6(i)).

REPORT OF THE COUNTY AND REGIONAL SERVICES

When the Iowa Legislature passed Senate File 2315 during the 2012 session, counties were required to regionalize; plan, develop, and fund a set of core services; share state and local funding; and plan for expanded services and services to additional population groups as funds became available. 15 new mental health and disability service regions were created through 28E Agreements, governed by members of county boards of supervisors in consultation with representatives of provider agencies and clients and families. The implementation of the new system commenced on July 1, 2014.

The Regions' 28E agreements provide for some flexibility in a county's ability to change regions. Legislation in 2020 allowed counties in the County Social Services (CSS) Region to break away and organize an additional region. Effective July 1, 2021, Emmett joined Sioux Rivers, Humboldt and Pocahontas joined Rolling Hills Community Services Region and Cerro Gordo, Hancock, Webster, and Wright joined Central Iowa Community Services Region.

Legislative Changes

In 2017, SF 504 created a statewide workgroup co-chaired by the Department of Human Services and Department of Public Health that included representatives from law enforcement, mental health and substance use disorder providers, hospitals, the judicial system, NAMI, and the MHDS Regions. The statewide workgroup created "The Complex Needs Workgroup Report" which resulted in the passing of HF 2456. HF 2456 named the regions responsible for providing access to and funding intensive crisis services, access centers, assertive community treatment, and intensive residential service homes. The legislation requires a minimum of:

- 6 Access Centers that include:
    - Assessment capabilities,
    - Residential subacute,
    - Residential crisis stabilization, and
    - Direct access to substance use disorder treatment
- 22 Assertive Community Treatment Teams, and
- Intensive Residential Service Homes for 120 slots.

These intensive services will require careful investment and multi-party collaborations to have successful outcomes.

In 2018, Governor Reynolds signed Executive Order 2 creating the Children's System State Board. The Board was directed to submit a strategic plan for building a children's mental health system with concrete solutions to the challenges that exist relating to children's mental health in the State of Iowa. The strategic plan resulted in the passing of HF690 which established the Children's Behavioral Health

System and the Children's Behavioral Health System State Board. HF690 named the Regions responsible for providing access to the following core behavioral health services for children.

- Assessment and evaluation relating to eligibility for services
- Behavioral health outpatient therapy
- Education services
- Medication prescribing and management
- Prevention
- Behavioral health inpatient treatment.
- Crisis stabilization community-based services
- Crisis stabilization residential services
- Early identification
- Early intervention
- Mobile response

The Regions are also responsible for funding core services for children who meet the following requirements:

- Under the age of 18 and resident of the State of Iowa
- Diagnosed with a serious emotional disturbance
- Child's family has a family income equal to or less than five hundred percent of federal poverty level as defined by the most recently revised poverty income guidelines published by the United States department of health and human services
- A child's family whose household income is between one hundred and fifty percent but not more than five hundred percent of the federal poverty level shall be eligible for behavioral health services subject to copayment, a single statewide sliding fee scale, or other cost-sharing requirements approved by the department

In 2021, SF 619 changed the way MHDS Regions are funded, from a system based on county property taxes to a 100% state-funded system. The bill creates General Fund standing appropriation to the Department for distribution to the Regions through performance-based contracts. The bill also allowed for pay equity for telehealth delivered mental health care regardless of where the provider or patient are located. HF891, provided $1 million to reduce the waiting list for the Children's HCBS waiver, provided $3.9 million to increase the rates for Psychiatric Medical Institutions for Children (PMICs), and provided $11 million to increase rates for HCBS and habilitation services.

In 2022, HF2578, the House Appropriations Bill increased pay for front line staff, including $14.7 million for direct care staff providing home and community-based services, provided $7.4 million to take up to 200 Iowans with intellectual disabilities off the ID/HCBS waiver wait list, instructed the Department to implement a tiered rate reimbursement methodology for psychiatric intensive inpatient care, provided $1.2 million to increase rates for providers of behavioral health intervention services (BHIS) to children, and provided $385,000 to increase rates for providers of applied behavioral analysis services.

Other Changes Impacting the MHDS System

MHDS Evidence Based Practices Workgroups:

Suzanne Watson from Southwest Iowa MHDS Region and Rob Aiken from the Department provided a presentation on the EBP workgroups and their charge to partner with the Department to improve service provision by promoting use of EBPs. A workgroup was assigned to review each EBP identified in

rule or code (IAC 441-25.5 or Iowa Code 331), their requirements, identify and develop resources, training, and gain expertise, and make recommendations for amendment of rules, as needed. Each workgroup met with stakeholders and providers to gain knowledge and provided a report to the EBP Steering Committee each month, culminating to a final report to EBP Steering with recommendations towards the implementation, expansion, elimination, or replacement of an EBP. The EBP Steering Committee made final recommendations to HHS by June 30, 2023.

Iowa Health Link:

Amerigroup Iowa and Iowa Total Care are the managed care organizations (MCOs) for the State and are responsible for providing services to most Iowa's Medicaid members. In August 2022, the State announced that Molina Healthcare of Iowa would begin providing services in July 2023 as an MCO, and that Amerigroup Iowa, whose contract was set to expire at the end of SFY23, had been awarded a new contract to continue to operate in Iowa as an MCO.

CMS HCBS Service Rules:

The Centers for Medicare & Medicaid Services (CMS) issued regulations that define the settings in which it is permissible for states to pay for Medicaid HCBS. The purpose of the rules is to ensure that individuals receive Medicaid HCBS in settings that are integrated in and support full access to the greater community. This includes opportunities to seek employment and work in competitive and integrated settings, engage in community life, control personal resources, and receive services in the community. Providers of congregate care settings have developed transition plans to meet the criteria.

The State submitted an updated statewide settings transition plan (STP) to CMS on April 1, 2016. States are required to have the new rules implemented by 2022. Iowa submitted their final statewide transition plan to CMS on July 8, 2022. More information about the plan can be found **here**.

CMHC Rules:

The Department amended Iowa Administrative Code 441- Chapter 24 to establish a set of standards to be met by all designated CMHCs. These rules also define the process that Department will use to designate at least one CMHC for addressing the mental health needs of the county or counties comprising a catchment area in accordance with Iowa Code Chapter 230A, identify the target populations and core services to be served by CMHCs, and identify a formal accreditation review process. These rules were effective July 1, 2022.

Iowa Olmstead Plan:

The Department continues to work with the Olmstead Consumer Task Force and other stakeholders to update the plan framework, include background information on programs and initiatives, and identify data to objectively measure outcomes for Iowans with disabilities and progress toward plan goals. The Olmstead Plan for 2021-2025 is currently under revision.

Service Access and Quality of Services Regions

Service Access

MHDS Regions submit quarterly reports on core access standards and monthly updates on additional cores services development to the Division of Behavioral Health and Disability Services with the

Department. These reports reflect the availability of services for children and adults statewide. Click **here** to see the most recent report.

- Ten regions have Crisis Stabilization Community Based Services for adults. Of the remaining regions, two are developing the service.
- All 14 regions either have developed or contract with another region for Crisis Stabilization Residential Services Beds for adults.
- Twelve regions have Mobile Response with one region in development.
- Twelve regions have developed or contract with another region for Subacute services with three regions in the planning and development stages for new programs and one developing additional capacity.
- Thirteen regions have Assertive Community Treatment (ACT) available through a total of 18 ACT teams, with four regions developing in additional counties.
- One region has Intensive Residential Services with twelve regions developing this service.
- Twelve regions have services available through at least one of the 7 Access Centers currently in operation with three regions in the development stage
- Twelve regions have Mobile Response for children with one region in development.
- Eleven regions have Crisis Stabilization Community Based Services for children available within the region, with three regions developing new programs and two developing additional capacity.
- Five regions have Crisis Stabilization Residential Services for children available within the region, with six other regions also contracting for services through these programs. Eight regions are developing additional programs or additional capacity.
- The 988 Suicide and Crisis Lifeline, formerly the National Suicide Prevention Lifeline, went live on July 16, 2022, for call, text, and chat. HHS is contracted with Foundation 2 Crisis Services and CommUnity Crisis Services and Foodbank to provide 988 Crisis Services in Iowa. These services include 24/7 call, chat, and text, follow up services, warm handoffs to mobile response, and connection to local community-based crisis services.

Additional core services developed by the regions include jail diversion and transition programs, as well as pre-screenings for individuals under civil commitment. Some regions are providing wellness recovery centers in rural areas and are also offering Crisis Intervention Training (CIT) for law enforcement.

Areas of Achievement

The MHDS Regions continue to surpass expectations in the development of core and additional core services. Initially there was an intentional investment into Community Based Services by the regions to meet access standards. HF 2456 highlighted the focus over the last two years and moved Crisis Services into the core service domain, and are now a requirement of the regional service array such as Mobile Response, 23-hour observation, Crisis Stabilization, and Subacute Services

HF690 established the Children's Behavioral Health System and directed MHDS Regions to develop the core and additional core services displayed above. This has enhanced broader collaboration between the regions to help families access services for their children. The MHDS Regions continue to develop and expand these services as some regions already provided services to children before the system implementation.

HF2546 established tiered reimbursement rates for inpatient psychiatric care. By January 1, 2023, HHS will implement a tiered reimbursement rate for inpatient psychiatric care with rates determined based on level of care.

Concerns and Identified Gaps

- Continued workforce shortage including direct care staff, prescribers, therapists and other mental health and behavioral health providers.
- Challenge for providers when Managed Care Organizations (MCOs) do not provide correct and timely payments. Payment rates are often inadequate to cover the actual cost of providing services.
- Pre-authorization requirements are not consistent or timely across the MCOs. MCOs lack knowledge on evidence-based practices such as ASAM or the nature of the services provided.
- While some rates have been increased, the lack of comprehensive rate increases for mental health and substance use disorder treatment services, and the impact on hiring and retainment of quality staff.
- Lack of timely access to and availability of a comprehensive array of services that can effectively serve individuals with severe multiple complex needs. Siloed services related to brain injury (BI), intellectual disabilities/developmental disabilities (ID/DD) and addictions contributes heavily to this issue as most MHDS Regions do not fund BI services, and BI is not recognized as a multi-occurring condition with serious mental illness (SMI) or addiction.
- The lack of intensive psychiatric hospital beds that shifts responsibility for acute care settings to the community hospital network which currently lacks the ability to appropriately treat individuals with severe multiple complex needs. The Legislature has sought to address this issue with HF2546, which established tiered reimbursement rates for inpatient psychiatric care, but it continues to be a concern at this time.
- Lack of specification and standardized training requirements for administration of the Mayo Portland Adaptability Inventory-IV (MPAI-IV) for assessors.

REPORT OF THE MHI, SRC, AND DISABILITY SERVICES COMMITTEE

Mental Health Institutes (MHIs)

The primary issues of concern for both Cherokee and Independence Mental Health Institutes (MHIs) continue to be recruitment and retention of staff and a high volume of inquiries vs. a low volume of availability for psychiatric care. Current bed capacity at Cherokee MHI is 24 adult beds and 12 child / adolescent beds. For at Independence MHI, capacity remains at 40 adult beds and 16 child / adolescent beds. The MHI average length of stay continues to rise furthering the availability problem.

MHIs continue to experience a high volume of inquiries despite significant bed availability in the private sector. In addition, patients who need inpatient psychiatric care alongside additional support often spend a significant amount of time waiting in emergency rooms due to private sector hospitals denying admission. Additional support needs of this cohort of higher complexity patients are varied and include those who need heightened supervision, such as those at risk of falls or elopement, individuals who need additional support with activities of daily living such as eating, mobility or hygiene, and those who present heightened assaultive or aggressive behaviors that may be disruptive or dangerous to others. To address this concern, the Legislature approved a Medicaid rate adjustment for inpatient psychiatric care to create a tiered reimbursement mechanism that will enhance the reimbursement for more complex patient care. The rate enhancement is anticipated to be effective January 1, 2023. By targeting Medicaid investment toward high complexity patients, it is anticipated that community hospitals will secure the additional capacity to care for patients with a greater array of needs reducing the volume of MHI

inquiries and the amount of time that high complexity patients wait in emergency rooms for an admission to inpatient psychiatric care.

Recruitment and retention, specifically with regards to nursing staff, are a focus as the MHIs attempt to address staffing shortages and try to stay competitive with the overall job market. Child / adolescent bed capacity remains a focus as HHS has seen this as a space with the most significant, ongoing need for additional capacity both in inpatient psychiatry and in residential care and treatment settings. The MHIs are also reviewing the forensic, or justice-related service needs to determine how and where this population can best be served.

State Resource Centers (SRCs)

On April 7, 2022, the Department announced the closure of the Glenwood Resource Center (GRC). The decision was based on a variety of factors including the inability of GRC to meet many of the U.S. Department of Justice (DOJ) requirements related to a looming consent decree. In addition, GRC continued to experience significant recruitment and retention problems for front line and clinical staff. GRC had a census of 152 at the time of the closure announcement. However, transitions to both community settings and Woodward Resource Center (WRC) have begun. As of October 20, 2022, the GRC census was 127 and the WRC census was 122. The Department will continue to monitor GRC residents for at least 1 year after their moves to ensure a successful transition. Closure of GRC is expected sometime in 2024. The final consent decree from the DOJ has not yet been received. However, in addition to its discussions with the DOJ, the Department has made and continues to make necessary, positive changes within the facilities based on internal review, continuous quality improvement, and in anticipation of the consent decree.

Areas of concern

Currently there is little communication between the state facilities and community-based settings with most of it being during an individual's transition to or from the community. Cross-system data sharing would enhance and improve the linkages within the MHDS System. This could allow facilities to monitor and lend expertise to the course of treatment for individuals who've returned to community-based services and would help HHS system planners better determine the efficacy of services provided.

The nature of the work at the MHIs is changing due to serving individuals with progressively more acute or severe symptoms and behaviors, as well as the increase in admissions of persons who are also involved with the criminal justice system. This shift presents challenges for retaining nursing staff because of the difficulty in serving these individuals and increased safety concerns due to not having dedicated security staff at the MHIs. Additionally, increased staff training is needed to ensure the team members are prepared to meet the changing needs and populations of individuals served by the MHIs safely and effectively.

Lastly, in addition to serving adults with serious complex needs, there is a need for increased specialization within the MHI and SRC institutions to meet the needs of highly complex, traumatized youth. This is primarily due to an increasing demand to serve both child welfare and justice involved youth at the MHIs and the SRCs. This increased need may also point to a need for improved upstream interventions including primary and secondary prevention and early intervention services such as stigma reduction, parenting classes, crisis and suicide prevention, long term recovery support, and peer support groups. In addition, additional investment in community-based justice involved services and the

development of alternative, community-based residential care options would help to ensure that youth are able to gain access to care prior to needing the high intensity intervention of an MHI or SRC.

CONCLUSION

There have been extraordinary changes to the MHDS system over the last two years. The development and expansion of core services and regional collaboration have transformed the system with the goal of more effectively and efficiently serving Iowans with disabilities and mental health conditions. The Commission also sees both opportunities and challenges in ensuring that service providers and funders continue to operate and meet the needs of Iowans across the state. We urge all stakeholders to recognize what has been accomplished and renew their commitment to work together to ensure that our MHDS system has adequate and predictable resources to meet the challenges of transition and growth, and to achieve high quality and long-term stability.

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

Russell Wood, Chair

IOWA
HHS

Appendix A: MHDS Commission Membership 2022

MEMBER	REPRESENTS	CITY
Betsy Akin	Parent or Guardian of an Individual Residing at a State Resource Center	Corning
Sarah Berndt	Regional Service Coordinator	Wayland
Teresa Daubitz	Service Advocate (Unity Point)	Ely
Diane Brecht	ID/DD Providers – Iowa Association of Community Providers	Central City
Sue Gehling	Provider of Children's MHDD Services	Breda
Janee Harvey	DHS Director's Nominee	Des Moines
Don Kass	County Supervisor	Remsen
June Klein-Bacon	Advocate – Brain Injury	Waterloo
Jack Seward	County Supervisor	Washington
Jeff Sorensen	County Supervisor	Muscatine
Cory Turner	DHS Director's Nominee	Cherokee
Dr. Kenneth Wayne	Veterans	Clive
Russell Wood, Chair	Regional Administrator	Ames
Richard Whitaker	Community Mental Health Center (Vera French)	Davenport
Lorrie Young, Vice-Chair	Substance Use Disorder Service Provider; Iowa Behavioral Health Association	Mason City
Representative Dennis Bush	Speaker of the House (ex-officio)	Cleghorn
Senator Jeff Edler	Senate Majority Leader (ex-officio)	State Center
Representative Lindsay James	House Minority Leader (ex-officio)	Dubuque
Senator Sarah Trone Garriott	Senate Minority Leader (ex-officio)	Windsor Heights