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MENTAL HEALTH, MENTAL RETARDATION, DEVELOPMENTAL DISABILITY AND BRAIN INJURY COMMISSION

SYSTEM REDESIGN PROGRESS REPORT

August 24, 2005

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WHY THIS REPORT?

New law requires the Mental Health, Mental Retardation, Developmental Disabilities and Brain Injury Commission (MHMRDDBI Commission) to report progress on redesigning adult and child systems for mental health, developmental disability, and brain injury in January and July each year (Iowa Code 225C.6A). This is the July, 2005, progress report on system redesign. Prior progress reports were filed July 16, 2004, and January 20, 2005.

DESCRIPTION OF THE ADULT REDESIGN EFFORT

Iowa has embarked on a major redesign of our system of services for persons with mental health needs and other disabilities. The vision is to transform our system to one that reflects choice, empowerment, and community -- where individuals receive necessary, high quality services and supports on an equitable, timely and convenient basis, enabling them to live, learn, work, recreate and otherwise contribute in their chosen communities. The MHMRDDBI Commission is leading this redesign.

The Commission began the redesign of the adult system in January, 2003, and the design of the children's system in October, 2004. Both processes have engaged consumers and key stakeholders in developing, championing, and implementing the redesign. The Commission issued the Adult System Redesign report January 23, 2004. The report recommends that several aspects of the current system for delivering adult disability services be changed to provide better access to services, fund core services to more people statewide, equalize county funding obligations, and distribute funds on a more equitable basis. It is a blueprint for system changes in the coming years.

The General Assembly passed legislation in 2004 that supported the redesign (HF 2537) and set out implementation duties for the Department of Human Services and the Commission. That legislation is now codified as Iowa Code section 225C.6A "Mental health, developmental disability, and brain injury service system redesign implementation".

REDESIGN BENEFITS FOR ADULTS WITH MH/MR/DD/BI NEEDS

Once implemented, the adult system redesign proposals will provide the following benefits for the adults it serves:

- More individual self-direction through better information and outreach, service coordination, and funding distribution based on standardized functional assessment of needs
- More services in local communities through universal initial service coordination and crisis services, core services, residency instead of legal settlement, funding distribution based on uniform assessment of needs, and reassessment of institutional funding and roles
- Streamlined eligibility for individuals with mental illness, developmental disabilities, or brain injuries through standardized functional assessments and standardized financial eligibility

PROGRESS ON ADULT SYSTEM REDESIGN SINCE JANUARY, 2005

Commission, DHS, and County Progress

Several new members have joined the Commission since January of this year, including three of four legislative members. Carl Smith and Jane Halliburton were elected as Chair and Vice-Chair of the Commission in May 2005. The Commission has taken some time this year to review system redesign mission, goals, and developments to date for the benefit of those new members. The Commission, the Department of Human Services, and county MHDD administrators (Central Points of Coordination, or CPCs) have taken several actions to meet the legislative directives of Iowa Code 225C.6A and to further redesign goals:

- A leadership team representing the Governor's Office, the Department of Human Services, the Iowa Consortium for Mental Health, and the MHMRDDBI Commission attended a National Governor's Association regional meeting in Chicago on transforming mental health systems. The team identified three key results for the Iowa system design effort to work toward:
 - Make services consumer driven
 - Reduce system disparities
 - Increase positive outcomes for individuals

The Commission will be holding a retreat in September, 2005, in which they will consider how to focus the system redesign effort on these results.

- A revised administrative rule (IAC 441- 25) effective July 1, 2005, allows DHS to accurately count numbers of individuals receiving services through county administrations, the DHS state payment program, DHS state institutions, and Medicaid payment systems. Data collected under this revised rule can now be analyzed so that the Commission can issue cost estimates for serving additional populations and providing core services statewide.
- Federal grant money has been identified to support hiring a new data analyst to assist current DHS staff in analyzing and reporting the unduplicated data.
- The Functional Assessment work team (composed of DHS statistical, fiscal, and policy staff, CPC staff, provider agency staff, and mental health service consumers) is piloting use of a functional assessment tool for adult mental health consumers in several counties. They are led by the work of the Iowa Mental Health Consortium. The Consortium is also developing a functional assessment tool to be used for uniform functional assessments of children with serious emotional disturbances. This work team will end its work soon, as no appropriation passed to support it.
- System redesign proposals have been further developed by the Mental Health Institutions work team, the Resource Center work team, and the Case Rate work team.

Legislative Progress

This year the Commission introduced a system redesign bill that would have implemented three essential parts of the January, 2004, system redesign blueprint:

- Change the way county property taxes are levied to support mental health and developmental disability services
- Transfer case management responsibility for some individuals with disabilities from “state case” legal settlement status to management by the county where the individual lives;
- Provide money to support further development and implementation of uniform functional assessment tools and processes for all Iowa adults with mental illness, mental retardation, developmental disability, or brain injury.

Neither the original bill proposal nor several revisions were successful. The Commission did not support all of revised versions. In the end, no system redesign legislation was passed this year. Without appropriation, the work of the functional assessment team will not continue.

The Commission was pleased that the General Assembly enacted House File 420, a mental health parity bill, this spring, assuring additional accessibility to mental health treatment for some of Iowa’s citizens. The system design effort had identified inadequate mental health insurance coverage as a service gap. This new legislation will assure more adults with mental illness reach their desired outcomes.

DESCRIPTION OF THE SYSTEM DESIGN EFFORT FOR CHILDREN

The Commission has been working on knitting together a statewide system of care focused on children with diagnosed or diagnosable serious emotional disturbance (SED), developmental delays and behavioral needs and their families. This is a broad effort involving families of children with disabilities, private primary health care and day care providers, Iowa Department of Human Services, Iowa Department of Education, Iowa Department of Public Health, and other key constituencies. They appointed an Oversight Committee to direct this work.

The Oversight Committee has collected and analyzed system design ideas from participants in an October, 2004, Conference and assembled data about existing initiatives and programs that are successfully supporting families of children with disabilities.

SYSTEM DESIGN BENEFITS FOR CHILDREN

The Committee and the Commission recognized that they are seeking outcomes for children with SED/MR/DD/BI needs that are similar to the outcomes sought by Iowa’s Early Care, Health and Education System for all children ages 0-5:

- Healthy Children
- Secure and Nurturing Families
- Children that are Successful in School
- Secure and Nurturing Child Care Environments
- Safe and Supportive Communities

The Committee continues to work on indicators that will allow them to measure progress toward these outcomes for children and their families.

PROGRESS ON SYSTEM DESIGN FOR CHILDREN WITH MH/MR/DD/BI NEEDS SINCE JANUARY, 2005

The Oversight Committee recognized that they needed more input from families of children with disabilities and from providers and others prior to designing a model system of care. In April and May, they held

workshops in Burlington, Dubuque, and Storm Lake to find out more about how people access services and how the state is meeting their needs. Armed with that information, the Committee drafted a model for a system of care in May. The model includes these components:

- A system that is driven by families of children with disabilities and by youth with disabilities. “Driven” means that families and youth are informed and are part of all decision-making that affects them individually or as a matter of state policy. It also means that the system supports family networking and peer support
- A “lighthouse locator” system. The “lighthouse locator” is websites and call centers that are promoted and linked in such a way that families and service providers can easily access disability-related information and services. It is also a trained network of real people available in local communities to provide face-to-face information to families, schools, health care providers, employers, and others seeking answers to disability-related questions.
- “System Navigators” to work with families that need more intensive support, training, and mentoring than that available through the lighthouse locator system. System Navigators will also be instrumental community organizers for local disability communities, building local family networks and linking local services.
- Linked service planning for children and families with multiple needs.
- Disseminating, using, and setting standards that incorporate best practice research for service delivery
- Training on the model system for all stakeholders including families of children with disabilities and youth with disabilities.

The Committee then held a series of Community Conversations in ten communities across the state in June and July, presenting and discussing the model, and getting feedback on how this model could be improved and implemented. In the past month, the Committee has revised the model based on the input from stakeholders, and begun to organize its findings into a report to the Commission. Commission decisions on adopting and implementing the model and other recommendations will occur this fall.

The Commission was pleased that the General Assembly enacted House File 538 and the Iowa Cares Act this spring, assuring additional services for some of Iowa’s children with serious emotional disturbance. The system design effort had identified inadequate mental health services for children with serious emotional disturbances as a service gap. This new legislation will assure more children reach their desired outcomes.

NEXT STEPS

The Commission will be holding a retreat to continue system redesign planning. It will consider how best to make services consumer driven, reduce system disparities, and increase positive outcomes for individuals. It will consider how to strengthen the team of consumers, governmental leaders, legislators, advocates, and service providers so that implementation of the system design plans can move forward. An appropriation to support the system design effort will be crucial to continued progress. The Commission will continue to work with partners in the executive branch, state departments, the legislature, and county governments to obtain revenue that supports implementation of system design goals.

Respectfully,



Carl Smith
Chair, MH/MR/DD/BI Commission

CS/BF/bf

CC: Legislative Services Agency
Caucus Staff