APPENDIX N1:

CMHC Survey Responses

Mental Health Systems Improvement Project
Rank Order Distribution of Key Services by Percent Responding "YES"

Key Service Development Priority	Number of Respondents	YES Responses	Percent of responses	Rank
Mobile crisis services	36	5	13.9%	1
Supported housing	36	5	13.9%	1
Supported employment	36	5	13.9%	1
Mobile crisis teams	36	6	16.7%	2
Targeted case management	36	7	19.4%	3
Multi-systemic family therapy	36	9	25%	4
Autism spectrum disorders services	36	10	27.8%	5
Crisis intervention teams	36	10	27.8%	5
Community-bases crisis interventions for children and youth	36	11	30.6%	6
Crisis stabilization	36	12	33.3%	7
Co-occurring MH and MR	36	15	41.7%	8
Case Management	36	16	44.4%	9
Motivational enhancement	36	16	44.4%	9
Prevention and early intervention	36	16	44.4%	9
Family psycho-education	36	17	47.2%	10
Outcomes measurement tools	36	20	55.6%	11
Co-occurring MH and SA	36	20	55.6%	11
Behavioral health and rehabilitative services	36	21	58.3%	12
Navigation, planning, linking, coordinating follow-up and monitoring	36	23	63.9%	13
Mental health advocacy	36	23	63.9%	13
School mental health service	36	27	75%	14
Recovery-oriented services	36	29	80.6%	15
Illness and medication management	36	29	80.6%	15
Telephone crisis services 24/7	36	31	86%	16
Outpatient mental health services for children	36	32	88.9%	17
Functional assessment and diagnosis	36	33	91.7%	18
Cognitive behavioral therapy	36	34	94.4%	19

CPC Survey Responses

Mental Health Systems Improvement Project

Table 7: Rank Order Distribution of Key Services by Percent Responding "Yes"

Key Service Development Priority	Number of Respondents	YES Responses	Percent of Respondents	Rank
Mobile crisis services	95	16	16.8%	1
Mobile crisis teams visit people in their homes or community sites, and others meet clients in clinics or hospital emergency rooms	95	20	21.1%	2
Motivational Enhancement	95	28	29.5%	3
Autism Spectrum Disorders Services	95	34	35.8%	4
Mental Health ciris intervention services provided by teams of mental health workers (psychiatrists, RNs, MSWs, psychologists, psychiatric technicians	95	35	36.8%	5
Community-based crisis interventions for children and youth	95	36	37.9%	6
Multi-systemic Family Therapy	95	42	44.2%	7
School Mental Health Services	95	47	49.5%	8
Supported Housing	95	48	50.5%	9
Outcomes measurement tools in order to monitor consumer outcomes in programs.	95	52	54.7%	10
Case Management	95	54	56.8%	11
Recovery Oriented Services	95	54	56.8%	12
Supported Employment	95	55	57.9%	13
Family Psychoeducation	95	56	58.9%	14
Prevention and Early Intervention	95	56	58.9%	15
Cognitive Behavioral Therapy	95	61	64.2%	16
Targeted Case Management	95	62	65.3%	17
COD: Mental Health and Substance Abuse	95	63	66.3%	18
Crisis Stabilization and Response including 24/7 crisis emergency service that is prepared to respond to person experieincing acute emotional, behavioral or social dysfunctions inpatient or other protective environment for treatment	95	63	66.3%	19
Behavioral Health and Rehabilitative Services	95	66	69.5%	20
Mental Health Advocacy	95	66	69.5%	21
Outpatient MH for Children	95	68	71.6%	22
COD: Mental Health and Mental Retardation	95	70	73.7%	23
Navigation planning, linking, coordinating, follow-up, monitoring, consultation and education.	95	70	73.7%	24
Illness and Medication Management	95	82	86.3%	25
Functional assessment, and diagnosis to determine the specific needs of the recipient and to develop an individual plan of services.	95	85	89.5%	26
Telephone Crisis Services 24/7	95	85	89.5%	27

DHS Proposed Legislative Package

2008 Legislative Session

Policy area and code site (if available): Mental Health and Disability Services

MHDS 1: Emergency Mental Health Crisis Services (LSB 5362)

Briefly summarize the proposed change:

"Emergency mental health crisis services" means a coordinated system of mental health crisis services which provides an immediate response to assist a person experiencing a mental health crisis. An "Emergency Mental Health Services Provider" is defined as an organization, such as a community mental health center, that is accredited by the Department of Human Services to provide emergency mental health crisis services.

The proposed change calls for the creation of new code for the establishment, accreditation and operation of emergency mental health crisis services.

(1) The code would be promulgated to establish standards and procedures for certification of emergency mental health crisis service programs. The persons who need those services are persons who are experiencing a mental health crisis or are in a situation likely to turn into a mental health crisis if supportive services are not provided. The Department of Human Services would contract directly with Community Mental Health Centers or Emergency Mental Health Services Providers for the operation of an emergency mental health program certified under this law.

(2) This code would apply to the department, to entities that request accreditation to provide emergency mental health crisis services and to state-contracted agencies that request accreditation to provide emergency mental health services.

(3) This code would relate only to the accreditation of programs providing emergency mental health crisis services. It is not intended to regulate other mental health service programs or other emergency service programs.

Reason for change:

There are no state-wide standards for the establishment, accreditation and operation of emergency mental health crisis services in the state. This is proposed as a result of recommendations from the legislatively-directed mental health systems improvement workgroups.

Budget and/or workload impact:

There is an impact in terms of workload for creating the revisions in Code which can be completed by MHDS and legislative staff; changes to the Code are related to the budget package submitted by DHS/MHDS to the executive and legislative branches this session.

$6,000,000 is being requested to establish 24/7 emergency/crisis response services, provided by CMHC's regionally throughout Iowa.

Impact on the population we serve:

If enacted this would provide a safety net for all Iowans in need of emergency mental health crisis services throughout the state.

____Technical __X_Policy

Explanation on LSB 5362: Emergency Mental Health Crisis Services

Section 1a.

Why is an Emergency Mental Health Crisis Services system important to Iowa?

Currently, all Iowan's do not have access to Emergency Mental Health Crisis Services. In a recent survey, less than.20% of the counties in Iowa report having any type of emergency mental health crisis services.

The goals of emergency mental health crisis services include prevention of escalation of life events to crises, relief of the immediate distress of persons in crisis, prevention of individuals from doing harm to themselves or others, and promotion of independence for those who require ongoing mental health and /or substance abuse services. These goals, if available to all Iowans, are intended to stabilize individuals through community-based crisis services with the ultimate goal of reducing inappropriate hospitalizations or jail placements.

Emergency Mental Heath Crisis Services *should provide welcoming and empathic*, co-occurring-disorder-capable crisis intervention, stabilization, support, counseling, pre-admission screening for persons requiring emergency psychiatric hospitalization, detoxification and follow-up services in all counties and for all people. This system currently does not exist for all Iowans.

All Iowans need access to Emergency Mental Health Crisis Services

- Every Iowan – not just the chronically mentally ill may need these services.
- Included are individuals with a diagnosed mental illness or co-occurring mental illness and substance abuse disorder.
- All individuals experience crises.
- All ages and all income levels (those who are insured, under-insured, or uninsured) may be affected.

Section 1b

How Does One Become an Emergency Mental Health Care Crisis Provider?

- Providers shall be accredited or approved by the Department to provide Emergency Mental Health Crisis Services.

Section 2a and b

Features of a crisis include:

- All individuals can experience a mental health crisis
- A person's perceptions determine the importance and significance of a crisis.
- Crises are usually time-limited episodes
- Crises are not necessarily pathological, as they may encourage growth and change,

Section 2c, d and e

Characteristics of Emergency Mental Health Crisis Services include:

- Welcoming, universal participation
- Focuses on individual strengths, not weaknesses
- A hopeful vision of recovery
- Co-occurring capability
- Empowered partnership of stakeholders
- Inclusion of the process of continuous quality improvement of services

Goals of Emergency Mental Health Crisis Services are:

- Symptom reduction,
- Stabilization of the individual
- Restoration of the individual to a previous or enhanced level of functioning.

- Connection to continuing care at the appropriate level of intensity, matched to individual family needs and requests

Section 3a and b

1) The Mental Health and Disability Services Division (MHDS) recommends that Community Mental Health Centers and other community providers apply for competitive state block grants (SBG). It is recommended that the funding of program capacity-developing operational grants is done with the General Fund through the Department of Human Services. These block grants may operate on a quarterly "settle-up" basis to offset uncompensated time to the limit of the grant award. The request is for the annual amount of $6 million for up to ten (10) state block grants of $600,000 each. MHDS has recently added staff to develop and monitor budgets, contracts, and grants as well as develop emergency mental health crisis technical assistance. The Division has experience in the development, issuance, monitoring and oversight of federal mental health block grants that are procured on an annual basis. The Division proposes to develop the Request for Proposal in early spring of 2008 for implementation in January of FY2009.

2) In order to appropriately consider the needs and interests of various stakeholders associated with Emergency Mental Health Crisis Services, to monitor the development of these services and to sustain long-term change, it is recommended that the MHDS Division develop and convene an interagency, coalition/network to monitor these services on a statewide basis. A wide range of stakeholders should be involved in a state-supported collaborative related to service implementation, utilization and future modifications of the acute mental health delivery system. This includes coordination with other mental health, substance abuse and co-occurring mental health and substance abuse services available through the state. The Division is already developing internal capacity to provide state leadership in this initiative through staffing provided through legislative support in FY2007 and FY2008.

Anticipated outcomes include the following:

- Increased utilization for mobile crisis and wraparound services
- Decreased inappropriate admissions to inpatient psychiatric units
- Decreased inappropriate admissions to correctional facilities
- Decreased readmissions to inpatient psychiatric units
- Decreased involvement by law enforcement in the management of community mental health incidents

Additional Future Actions Needed

(1) It is likely that Code needs to be promulgated to establish standards and procedures for accreditation of emergency mental health crisis service providers. There should also be modifications to Ch. 24 for the inclusion of standards related to emergency mental health crisis services. The individuals who need those services are persons who are experiencing a mental health crisis or are in a situation likely to turn into a mental health crisis if supportive services are not provided. The Department of Human Services intends to contract directly with Community Mental Health Centers or emergency mental health services providers for the operation of an emergency mental health crisis services program.

(2) Code should apply to the Department's responsibilities of statewide leadership and oversight of emergency mental health crisis services, to entities that request accreditation to provide emergency mental health crisis services and to state-contracted agencies that request accreditation to provide emergency mental health services.

(3) Code should relate only to the accreditation of programs providing emergency mental health crisis services. It is not intended to regulate other mental health service programs or other emergency medical service programs.

How are Emergency Mental Health Crisis Services different from Emergency Disaster Responses Services?

Disaster services are put into effect following a defined natural or man-made event such as a flood, tornado, hurricane, blizzard or act of terrorism adversely affecting individuals and communities. Disaster mental health counseling is provided immediately after the event, during mitigation and in long-term recovery. In addition, personnel who respond to the event may require Critical Incident Stress Management debriefing to reduce their

risk of acquiring post-traumatic stress and depression. Emergency mental health crisis providers deal with daily acute emergencies. Emergency mental health crisis providers are trained in disaster response and may be part of the statewide effort when a Presidential Declaration has occurred. The Department is working to include the emergency mental health service providers in the plan for disaster mental health response.

DHS Proposed Legislative Package

2008 Legislative Session

Policy area and code site (if available): Mental Health and Disability Services

MHDS 2: Children's Mental Health Services (LSB 5355)

Briefly summarize the proposed change:

There is a lack of code or rule regarding the specific provision of children's mental health services and in certain areas of code children are specifically omitted as an eligible population. The Department of Human Services – Division of Mental Health and Disability Services propose the use and modification of model federal legislation currently being proposed in this area. (See attached).

Reason for change:

As a result of recommendations from the legislatively-directed mental health systems improvement workgroups there exists a need for development of state-supported children's mental health services throughout the state of Iowa.

The Spring 2006 Legislature directed the Department of Human Services (DHS) – Division of Mental Health and Disability Services (MH & DS) to make the changes necessary to "implement a comprehensive, continuous, and integrated state mental health services plan in accordance with the requirements of sections 225C.4 and 225C.6 and other provisions of this chapter, by increasing the department's responsibilities in the development, funding, oversight, and ongoing leadership of mental health services in this state..."

This legislation also states that "the general assembly intends that efforts focus on the goal of making available a comprehensive array of high-quality, evidence-based consumer and family-centered mental health services and other support in the least restrictive, community=based setting appropriate for a consumer..."

Per recommendation from the legislature, the MHDS worked with several stakeholder groups to identify various needs and gaps in the public mental health service system and make recommendations for changes. The mental health systems improvement workgroups and steering committee identified particular service gaps and disparities in mental health services for children and their families and has made recommendations for improvements. As current Iowa Code does not adequately identify mental health service responsibilities or eligibility requirements for children, it is necessary to create code that achieves this.

Budget and/or workload impact:

There is an impact in terms of workload for creating the revisions in Code which can be completed by MHDS and legislative staff; changes to the Code are related to the budget package submitted by DHS/MHDS to the executive and legislative branches this session.

Development of legislation in this area will increase the workload of the MHDS Accreditation staff as there will be a need to development, implement, and monitor standards.

$3,000,000 is being requested to assist in the development of an infrastructure and local projects for children's mental health services.

Impact on the population we serve:

Youth who have mental health service needs will have access to core safety net mental health services in the least restrictive setting possible, preferably at home with their families and the need for more costly, high end care will be reduced.

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Explanation of LSB 5355 DP – Children's Mental Health Services

NEED: Although children's mental health services exist in Iowa children's mental health services are neither sufficient nor coordinated with other aspects of the children's services network such as child welfare, juvenile justice, primary health care, substance abuse, or education services. Families are often left on their own to find services; service availability is limited, unavailable and varies statewide; and resources to support youth with mental health needs are limited. The juvenile justice and/or child welfare systems often become the systems of "default" which causes unnecessary burden and cost to those systems while also not adequately meeting youth and family needs.

There is a lack of code or rule regarding the specific provision of children's mental health services and in certain areas of code children are specifically omitted as an eligible population. As current Iowa Code does not adequately identify mental health service responsibilities or eligibility requirements for children, it is necessary to create legislation and code that achieves this.

PURPOSE: Per legislation passed in 2006, the Department of Human Services (DHS) – Division of Mental Health and Disability Services (MHDS) was directed to make the changes necessary to "implement a comprehensive, continuous, and integrated state mental health services plan in accordance with the requirements of sections 225C.4 and 225C.6 and other provisions of this chapter, by increasing the department's responsibilities in the development, funding, oversight, and ongoing leadership of mental health services in this state..."

This legislation also states that "the general assembly intends that efforts focus on the goal of making available a comprehensive array of high-quality, evidence-based consumer and family-centered mental health services and other support in the least restrictive, community-based setting appropriate for a consumer..."

The purpose of the proposed legislation is to ensure that youth with mental health disorders have access to mental health treatment, services, and supports in the least restrictive setting so they can live with their families and remain in their community.

INTENT: To meet the mental health needs of youth more appropriately in the community to prevent or reduce utilization of more costly, restrictive care such as institutional care, residential treatment, out of state placements, or other out of home placements; reduce unnecessary involvement of youth who have mental health needs with law enforcement, corrections, and juvenile justice; reduce unnecessary youth involvement with child welfare services; etc.

The Department of Human Services – Division of Mental Health and Disability Services proposes modifications to 225C to establish the state mental health authority's responsibility to develop, implement, oversee, and manage the comprehensive community based children's mental health system in Iowa.

Section 1-Purpose and definition
The purpose of this bill is to establish a comprehensive, community based children's mental health system. Appropriate community level mental health services in Iowa currently do not exist on a consistent statewide basis. Some services and supports exist but are limited by funding, location, and insurance status of the family. As a result youth with serious mental health needs and their families often become unnecessarily involved with the juvenile justice and/or child welfare systems, or other out of home placements because they cannot access more appropriate community based mental health services.

The definition of a child or youth with serious emotional disturbance (SED) is a federal definition, and provides a framework for defining the population in need of comprehensive community based mental health services. As identifying youth with SED is a federal requirement of states, it is necessary that Iowa implement and use criteria to identify and assess youth who have a SED. Additionally, Iowa has received one federal grant and is working on a second federal grant with the Substance Abuse and Mental Health Services Administration to build systems of care for youth with SED which also require the use and implementation of standardized criteria to identify and assess youth with a SED. The language in the bill which addresses the transition age 18-21 population is being included to fulfill requirements in Chapter 225C.6A, directing the department that the "redesign of the children's system shall address issues associated with an individual's transition between the two systems as " they are at risk for many negative outcomes without adequate supports. The language in this bill promotes a more seamless transition from the child to adult mental health system.

Establishing the Mental Health and Disability Services Division as the lead responsible agency of the oversight and management of the children's mental health system also fulfills requirements set forth in 225C and HF909, and is the consistent with federal requirements for states to establish a "state mental health authority". This language simply reinforces existing responsibilities of MHDS to provide leadership, oversight, and funding in order to create a comprehensive, community based mental health service system that reduces inequalities of treatment, minimizes reliance on institutionally-based services, and diverts people with mental illness form unnecessary with the legal system to provide needed services, and promotes strengths-based, community and family driven services and supports.

Section 2-Initial Implementation

The services in the children's mental health system will be provided by local providers using practices that are appropriate for the culture and needs of their community within the parameters of being evidenced based and consistent with system of care principals. The state will contract with these providers to develop services and supports that wrap services around a family, are responsive to individual and family needs, and provide services in the least restrictive setting possible. The competitive bidding process will allow providers to participate at the level that they are able to.

The Department of Human Services – Division of Mental Health and Disability Services proposes modifications to 225C to meet federal requirements and to carry out requirements set forth in HF 2780, HF 909, and 225C to meet the state mental health authority's responsibilities to develop, implement, oversee, and manage a comprehensive community based children's mental health system in Iowa.