

**JOINT MEETING OF THE MHDS COMMISSION & IOWA MENTAL HEALTH PLANNING COUNCIL**  
**May 18, 2022**  
**12:30 am to 4:00 pm**  
**Zoom – approved by MHDS Commission 6/16/2022 & IMHPC 7/20/2022**

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**MHDS COMMISSION MEMBERS PRESENT:**

Sarah Berndt	Jeff Sorensen	Richard Whitaker
Sue Gehling	Sen. Sarah Trone Garriott	Russell Wood
Janee Harvey	Cory Turner	Lorrie Young
Jack Seward, Jr.	Dr. Ken Wayne	

**MHDS COMMISSION MEMBERS ABSENT:**

Betsy Akin	Diane Brecht	June Klein-Bacon
Rep. Dennis Bush	Rep. Lindsay James	Sen. Jeff Edler
Teresa Daubitz	Don Kass	

**MENTAL HEALTH PLANNING COUNCIL MEMBERS PRESENT:**

Mavis Anema	Vienna Hoang	Jennifer Robbins
Teresa Bomhoff	Rep. Bob Kressig	Kristin Roof
Rachel Cecil	Todd Lange	Dr. Shaad Swim
Linda Dettmann	Megan Marsh	Heather Thomas
Jim Donoghue	Edward Murphy	Michele Tilotta
Kyra Hawley	Donna Richard-Langer	
Theresa Henderson	Brad Richardson	

**MENTAL HEALTH PLANNING COUNCIL MEMBERS ABSENT:**

Jacquie Easley	Anna Killpack	Rep. Ann Meyer
Kris Graves	Katie McBurney	Sen. Nate Boulton
Michael Kaufmann	Hannah Olson	

**OTHER ATTENDEES:**

Theresa Armstrong	Peggy Huppert	Chloe Paulson
Jenny Britton	Michael Jenkins	Mary A. Petersen
Amy Campbell	Bill Kallestad	Libby Reekers
Liz Cox	Victoria Keith	Flora A. Schmidt
Wendy DePhillips	Julie Maas	Peter Schumacher
Tom Eachus	Ralph Marasco	Kelsey Thien
John Hedgecoth	Elizabeth Matney	Annie Uetz
Cindy Hess	Todd Noack	Derrick Willis

**Materials Referenced:**

*Iowa Developmental Disabilities (DD) Council Overview & Update PowerPoint Presentation*  
*Iowa Center of Excellence for Behavioral Health Overview PowerPoint Presentation*

**DHS Welcome**

The meeting was called to order at 12:30 p.m. Theresa Armstrong, DHS, Division of Community Mental Health and Disability Services welcomed everyone to the meeting and thanked them for their commitment to Iowan with disabilities.

### **MHDS Commission Member and Iowa Mental Health Planning and Advisory Council Member Introductions**

Wendy DePhillips led a roll call of MHDS Commission members, Iowa Mental Health Planning and Advisory Council members and the representative from the Iowa Developmental Disabilities Council and requested they introduce themselves and note their position on the Commission or Council.

### **Iowa Developmental Disabilities (DD) Council Overview and Update**

Bill Kallestad, Public Policy Manager, DD Council thanked the Commission and Planning Council for inviting him to speak and shared the PowerPoint presentation, "Iowa Developmental Disabilities (DD) Council Overview & Update". Bill reviewed the mission and vision of the DD Council and briefly touched on establishment of the DD Councils nationwide as well as the funding and oversight. Bill noted that nationally DD Councils in each state, including Iowa, act in tandem with their state University Centers for Excellence in Developmental Disabilities (UCEDD) and the state Protection and Advocacy organization. The DD Council has a federal mandate to engage in advocacy for systems change, to ensure that individuals with developmental disabilities have services in the community, culturally competent resources, and that they can live independently in communities they choose.

The DD Council has a prescriptive membership, much like the Planning Council and the Commission. 60% of the members must be people with disabilities and their family members, and within that 60%, one third must be individuals with developmental disabilities, one third must be family members, and one third can be either. In addition to that there are mandated agencies that must be represented, including Iowa Vocational Rehabilitation Services (IVRS), Iowa Medicaid Enterprise (IME), the Iowa Department on Aging (IDA), Iowa Department of Public Health (IDPH), The Department of Education (DE), Disability Rights Iowa (DRI), and The University of Iowa Center for Disabilities and Development (CDD). The Governor appoints all these members.

Bill shared information about Capitol Chats and weekly InfoNet newsletters submitted by the DD Council as well as the upcoming 2021 Iowa Youth Leadership Academy in July and the Make Your Mark Conference scheduled for September.

### **Iowa Mental Health Planning and Advisory Council (IMHPC) Overview and Update**

Teresa Bomhoff shared an overview of the Mental Health Planning Council and its activities. She noted several differences between the MHDS Commission and the Council including that the Council is authorized by federal law and required as a condition of Iowa receiving federal Community Mental Health Block Grant funds, members are elected according to Council bylaws, and the Council meets bi-monthly (six times a year). Teresa reviewed the Council's three purposes to review Iowa's Mental Health Block Grant Plan and make recommendations to DHS, to advocate for adults with serious mental illness, children with serious emotional disturbance and their families, and other individuals with mental illness, and to monitor, review, and evaluate the allocation and adequacy of mental health services within the state. Teresa also reviewed the federal membership requirements and member categories.

Teresa noted that the Planning Council's bylaws require at least three standing committees. The Executive Committee composed of the Planning Council's officers, the Nominations Committee which recommends applicants for membership to the Planning Council, and the Monitoring and Oversight Committee, which develops and recommends a list of priorities for MHDS.

## **MHDS Commission Overview and Update**

Wendy DePhillips provided a brief overview of the MHDS Commission stating it was created by state statute, and its membership is prescribed by Iowa Code and members are appointed by the Governor and confirmed by the Senate. The Commission is comprised of representatives from counties, providers, MHDS Regions, Department designees, consumers of services and their family members, advocates, and non-voting legislative members.

Commission duties include advising the Department of Human Services, Mental Health Administrator on administration of the mental health and disability services (MHDS) system, adopting administrative rules relating to mental health or disability programs, adopting standards for Community Mental Health Centers (CMHCs) and their services, adopting standards for the provision under medical assistance of individual case management services, to set standards for services available to persons with disabilities, to review licensing standards used by DHS or the Department of Inspections and Appeals for facilities providing those services, to assure grievances in those areas are responded to and handled appropriately, to adopt necessary rules for how grants are handled, and to report on all of these to the Governor and to the General Assembly. Lorrie reviewed the statutory requirements of the MHDS Commission as well and provided a brief update on recent MHDS Commission activities over the last year.

Russell Wood reviewed current work of the MHDS Commission including approving new administrative rules for Community Mental Health Centers, anticipate reviewing regional management plans due to recent legislation changes, and orientation of new Commission members at the regular May meeting. Russell talked about the differences between the MHDS Commission as a governing and advisory board and the work of the Mental Health Planning and Advisory Council.

## **University of Iowa Center of Excellence**

Julie Maas, Department of Human Services introduced herself and reviewed the development, purpose, and award of the Center of Excellence for Behavioral Health (CEBH). Derrick Willis, Director, Iowa University Centers for Excellence in Developmental Disabilities (UCEDD), introduced himself and provided background information on UCEDD and its partnership with DHS and other agencies. Torie Keith, Program Manager, Center for Disabilities and Development (CDD) reviewed the PowerPoint presentation regarding CEBH which provides a background and overview of the CEBH as well as current and upcoming work being done with MHDS Regions, Evidence-Based Practice and Behavioral Health Service Providers.

There was discussion regarding whether there would be assistance for providers with regards to fidelity reviews and follow-ups. There was discussion regarding having UCEDD provide an overview and update presentation for the MHDS Commission and Mental Health Planning Council to discuss their current workplans.

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

Elizabeth Matney, Director, Iowa Medicaid Enterprise (IME), provided an update on American Rescue Plan Act (ARPA) dollars related to Home and Community Based Services (HCBS). It was noted that these dollars came from states being able to pull down an extra 10% in Federal Medicaid Assistance Percentage (FMAP), which turned into state dollars to improve quality, access, and workforce. Iowa submitted a plan, which was published on the DHS website and discussed at monthly townhall meetings to secure essential feedback. The plan was amended based on this feedback and was submitted to the Centers for Medicare and Medicaid (CMS) in the Fall of 2021. Approval of this plan was received.

Some of the large projects associated with this plan include funds to HCBS providers for recruitment and retention bonuses. \$70M for recruitment and retention bonuses have done out. Another round will go out soon with a third round expected. Another major project is an expansive evaluation of the overall behavioral health, disability, and aging system. The main pillars for the evaluation include state policies and procedures (administrative rules, HCBS waivers, State Plan) and how they compare to other states and the nation overall, overutilized and underutilized services and which give the highest return of outcomes for members (reduced hospitalizations, emergency room visits). The evaluation will occur over the course of the year with recommendations on how to realign waivers, updates for policies and procedures and services that are missing or no longer needed under waiver.

Other projects include a statewide provider training platform. Stakeholder provider engagement will be essential as the desire is to be a value add and lift of administrative burden for providers, competency-based and able to follow a person so trainings don't need to be repeated. IME is also looking at a pilot for a community-based neurorestorative for children with the hope of keeping more children in Iowa. Also looking at a pilot for therapeutic foster care that will offer a package of Medicaid services to wrap around the children and their families. Additional projects include assisting attracting employees by paying off educational loan, health information technology and infrastructure grants, which could include assisting HCBS providers to update their IT, electronic health records (EHR), provide home modifications, etc., and building out a direct care registry to help providers find appropriate workers for their positions. The ARPA funding plan information for HCBS can be found on the Medicaid website: <https://dhs.iowa.gov/ime/about/initiatives/ARPA>. The page is updated regularly.

There was discussion regarding recertification for Certified Nurses Aides (CNAs) and the federal "rule of seven" which notes that a CNA must work in an institution or facility for so many days to retain their certification. There was discussion regarding the public health emergency (PHE) and the continuous eligibility requirements will likely continue past July. IME is putting together a toolkit with information related to what members will need to do to update their contact and other information for when the PHE ends. This information will go out prior to the end of the PHE.

There was discussion regarding issues with home health access especially in rural areas and the monthly provider and townhall meetings. Information about the townhall meetings can be found on the website: <https://dhs.iowa.gov/ime/about/advisory-groups/townhall>. There was discussion regarding the healthcare IT grants. It was noted that funds will be distributed through the Managed Care Organizations (MCOs), which is required by CMS. Interested providers need to apply with the plans for how dollars will be spent.

There was discussion regarding request for proposal (RFP) for the MCOs. The contract term for Amerigroup is coming to an end, which required an RFP to be issued. The proposals were due May 11, 2022. Five proposals have been received and very large. A team of evaluators will take a few months to review and come together on scoring. Hope to award one or two contracts by late August.

### **Children's System State Board Update**

Rich Whitaker reported that the Children's Behavioral Health System State Board met on Tuesday, May 10, 2022. Rich noted that the meeting was in-person with a zoom option to view the meeting, however those attending via Zoom are unable to participate. Rich reviewed the highlights of the meeting.

- Theresa Armstrong, Bureau Chief, Community Planning & Supports provided an overview of the administrative rule changes to Chapter 25, "Disability Management" for the five-year administrative rules review. Theresa noted that changes for the five-year review are non-

substantive as they are to correct code references, update old language and remove obsolete content.

- Information on the Iowa Department of Conditions for Learning was discussed and what it will provide to at-risk students.
- There was a stakeholder engagement presentation from Elizabeth Matney, Director, Iowa Medicaid Enterprise about the contract with Mathematic who are conducting a systemwide evaluation on services, gaps, access, etc. The evaluation will look at data from the MCOs and IME as well as a policy review. Want to ensure equitable access for services, staff are feeling well-trained and competent, and providers feel that they have the necessary supports.
- There was an update from DHS on the Health and Human Services (HHS) Alignment and the functional organizational chart was reviewed.
- There was discussion on metrics and outcomes and recommendations which centered on workforce.

## **MHDS Update**

### HHS Alignment

Theresa Armstrong noted that the Final Change Packet recommendations have been released and can be found on the HHS Alignment website <https://hhsalignment.iowa.gov/>. Theresa stated that there was pending language in the appropriations bill to drive work and finalize bringing agencies together. Current work includes a focus on developing an agency mission, vision, and guiding principles as well as branding and logo. This information should be release over the next few months. Leadership staff is also working on developing a more specific table of organization.

### Suicide Awareness

New marketing campaign launched by the Iowa Department of Public Health (IDPH) and Your Life Iowa (YLI) to help address the increase in suicide within the state. This campaign while applicable for everyone is specifically geared toward youth with a focus on marketing in social media (YouTube, TikTok, etc.) and streaming services (Hulu).

### 988

Theresa informed the Commission that 988 will be effective as of July 16, 2022 and replaces the current National Suicide Lifeline. Iowa currently has two lifeline centers (Foundation 2 and CommUnity). The Substance Abuse and Mental Health Services Administration (SAMHSA) has awarded \$1.5M to each of the centers over the next two years for infrastructure and start-up (staffing for calls and follow up). The goal is to have a 95% in-state answer rate with a warm transfer to mobile response. However, at this time 988 will not be operating as a dispatch, but this model is being assessed to see if it is possible in the future.

### Project Recovery Iowa

Formerly called COVID Recovery Iowa, Project Recovery Iowa will continue utilizing Federal Emergency Management Agency (FEMA) dollars through August 2022. Mental Health Block Grant dollars will assist in continuing Project Recovery Iowa through the end of SFY 2023.

### Certified Community Behavioral Health Clinics (CCBHC)

Theresa provided a brief history of CCBHCs in Iowa and noted that 12 providers have been awarded grants from SAMHSA to be CCBHCs. Another grant opportunity is available and up to 10 providers could reapply for funds. These providers must submit DHS letters of support with their applications.

## MHDS Regions

Theresa noted that Polk County MHDS Region has made some recent changes including ending their contract with Polk County Health Services and pulling regional services under the county umbrella. Theresa noted that Polk County and DHS were still in discussions to ensure that Polk County is operating under the requirements for a MHDS region. Theresa updated the Commission about the performance-based contracts with the MHDS Regions which include DHS staff participating on regional evidence-based practices (EBP) workgroups.

There was discussion regarding communication and coordination between federal and state agencies for veterans. It was noted that IDPH and YLI manage suicide prevention and are applying for grants due to the increase in suicide due to the stressors of the pandemic. They work closely with state veterans. The 988-planning grant also had representation by state veterans. It was noted that work is still needed to be more connected. It was noted to Lori Reynolds with Central Iowa VA Center has had groups get together about veterans' health and suicide prevention. There is also a monthly meeting conducted by Lori Raymond, which is attended by DHS and IDPH staff.

**The MHDS Commission and Iowa Mental Health Planning and Advisory Council took a 15-minute break from 2:45 p.m. to 3:00 p.m.**

## **Legislative Panel Discussion**

Senator Sarah Trone Garriott and Representative Dennis Bush both of whom serve on the MHDS Commission introduced themselves and thanked the groups for the work they do.

Senator Trone Garriott noted that legislators were still waiting on a budget and expressed her thanks to those who advocated, especially around increasing reimbursement rates, and making sure direct staff could be paid more, as this did have an impact. In the proposed House budget, there is a \$51M increase overall, so it is unlikely that all service lines will see increased rates. Due to the Department of Justice investigation and Glenwood Resource Center closing, Home and Community Based Services (HCBS) are likely to see the most opportunities for increased rates. Senator Trone Garriot indicated that they should see an amendment next week and that there was still an opportunity to reach out to leadership on important issues.

Senator Trone Garriott reviewed different bills and their status. These bills include aligning Medicaid reporting requirements with other processes (waiting for Governor signature), licensing psychiatric Ph.D. interns so that they can bill insurance for services, a bill to create a panel to decrease the delay for newborn screenings in Iowa as the state is not aligned with federal screenings, increase in intensive psychiatric beds at state hospitals. This bill did not pass both chambers but could be in the budget bill or added to the amendment. SF2415, which addresses the amount of reserve for MHDS Regions, hasn't passed but could be in the budget bill or added to the amendment.

Representative Bob Kressig reviewed NAMI statistics on the status of inpatient beds in Iowa and current efforts underway to develop a repayment program to retain practitioners. Representative Kressig noted that he added language to legislation to require school districts to add the suicide prevention lifeline on school identification cards. Representative Kressig noted mental health conditions

in his community noting that the largest provider of mental health services in Iowa is the correctional system.

There was discussion regarding loan forgiveness for psychiatry and the importance of this type of legislation as well as the Medicaid recoupment bill recently signed by the Governor. There was discussion on mental health in the K-12 setting and need for early intervention. There was discussion regarding critical care access and the need for children's crisis and critical care access throughout the state. There was discussion regarding the issue with not being able to cross state lines for services if they are closer than an in-state placement. There was discussion on wait times for psychiatrists and psychologists as well as public school funding. It was noted that as it is an election year it is a good time for people to reach to legislators to get them on record about what they are willing to do for mental health services in public schools and mental health. There was discussion regarding the need for quality-of-life issues (housing, schools, mental health, childcare, etc.) to be supported. There was discussion regarding LGBTQ legislation as well as the change in funding for MHDS Regions from county tax levy to state appropriation.

**Public Comment**

No public comment

**Adjourn**

The meeting adjourned at 3:50 p.m.

Minutes respectfully submitted by Wendy DePhillips.