



Mental Health and Disabilities Services (MHDS) Commission

Sunset Report

April 2025

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Introduction

This report serves as a structured framework for documenting and transferring critical knowledge, historical context and strategic recommendations from the Mental Health and Disability Services (MHDS) Commission to the Iowa Council on Health and Human Services (HHS Council).

Executive Summary

As the MHDS Commission sunsets and the work transitions to the HHS Council, the MHDS Commission offers the following prioritized recommendations to the General Assembly and the HHS Council to ensure appropriate access to supports and services for Iowans with mental health needs, substance use disorders, intellectual and other developmental disabilities, aging and brain injuries. It also is 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. Specific care components warranting ongoing general assembly attention include:

1. Inadequate access to care is a barrier for Iowans.
2. Inconsistent treatment across the State.
3. Provider networks leading to fragmentation and silos.
4. Deficiency in number of inpatient beds.
5. Workforce shortages from every touch point of care providers such as direct support staff, paraprofessionals, and professionals.
6. Development of an intensive in-home and community-based children's services system.

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. With the sunset of many boards and commissions that encouraged sharing of information, the MHDS Commission wants to ensure that the voices of Iowa's most vulnerable individuals, family members and advocates have a forum where information about access to care and expertise can be shared.
2. The MHDS Commission recommends the legislature and the HHS Council continue to address the workforce shortage. This is essential to ensure the availability of staff to provide the supports and services that individuals with behavioral and mental health needs, intellectual and developmental disabilities and brain injuries need to be able to live in the community when possible and institutions when necessary.

3. The MHDS Commission recommends the legislature and HHS Council continue to focus on a stable and predictable long-term funding structure for child and adult behavioral health, mental health, intellectual/developmental disability and brain injury services support sustainability, growth and innovation over time. This includes workforce at all levels.
4. The MHDS Commission recommends that the legislature and HHS Council continues to support the implementation and expansion of a children's services system which utilizes and funds a full array of nationally recognized, evidence-based models of care for all children in the state who have behavioral and brain (mental) health needs. This includes intellectual and developmental disabilities and brain injuries. We recommend the development of a collaborative model of services between mental health providers and school systems that will integrate the systems to ensure that children receive a "whole child" person-centered planning with a "collaborative one team" approach to care. Collaborative care team development between educational experts and mental health experts has the potential to provide more holistic and consistent care to children.
5. The MHDS Commission recommends the legislature and HHS Council continues to support an environment that encourages and adequately funds the provision of needed services, as well as the development of additional services. This would include 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.
6. The MHDS Commission recommends the legislature and HHS Council direct HHS to address consistency and delivery of needed services within and across Administrative Service Organizations (ASOs) and Aging and Disability Resource Centers (ADRCs), including but not limited to, standardizing definitions of services.
7. The MHDS Commission recommends services included as part of performance-based contracts have stable identified resources available such as funding and workforce.
8. The MHDS Commission recommends that regulatory oversight and required training be commensurate with the intensity of services provided and potential risk to clients.
9. The MHDS Commission recommends stable and secure funding of the State Resource Center (SRC) and Mental Health Institutes (MHIs) for ongoing programs and services, staff wages and training, and maintenance of facilities. These are vital to the continuum of services and supports available in Iowa.
10. The MHDS Commission recommends, pursuant to HF 2673 (page 56), that state agencies prioritize screening and referral for brain injuries. These injuries, which are recognized as a disability and occur at a much higher prevalence in those individuals with behavioral health concerns, makes this intervention imperative.

Historical Overview and Achievements of the MHDS Commission

MHDS Commission Role:

The Iowa Mental Health and Disability Services (MHDS) Commission has been the state policy-making body for the provision of services to persons with mental illness, intellectual disabilities or other developmental disabilities, or brain injury as authorized by Section 225C.5 of the Code of Iowa since 1981.

The MHDS Commission consists of eighteen voting members appointed by the Governor and confirmed by a two-thirds vote of the Senate. MHDS commission members are appointed based on interest and experience in the fields of mental health, developmental disabilities and brain injuries. This ensures adequate representation from persons with disabilities and individuals who have knowledge of disability services.

To ensure cross collaboration, the MHDS Commission held joint meetings twice annually with the Iowa Integrated Health Planning and Advisory Council (I-PAC). Meeting agendas, minutes, and supporting materials were distributed monthly to an email list of over 200 interested persons and organizations and were made available to the public on the Iowa Department of Health and Human Services (Iowa HHS) website. MHDS Commission meetings and minutes serve as an important source of public information on current mental health and disability services (MHDS) issues in Iowa. Duties of the MHDS commission included the following:

- Addressing administrative rules as authorized by Section 225C.5 of the Code of Iowa in consultation with the Division of Behavioral Health and Disability Services on the development, review, and approval of four administrative rule packages.
- Providing recommendations to the Iowa Department of Health and Human Services regarding regional changes to Policy and Procedure Manuals.
- Study and make recommendations based on market conditions, census data, the average cost of healthcare in the United States according to the United States Bureau of Labor Statistics (BLS) and service needs for service rate increases while being acutely cognizant of the workforce shortages; recommending multi-pronged approaches to evaluate Medicaid schedules and allowable fund balances among the MHDS Regions and recommending the deployment evidence based sustainable service models.
- Coordinated with multiple statewide organizations including the Iowa Integrated Health Planning and Advisory Council (I-PAC), the Iowa Developmental Disabilities (Iowa DD) Council, The Governor's Advisory Council on Brain Injuries, and the Children's Behavioral Health System State Board.

- Coordinate with the Iowa General Assembly with four non-voting ex-officio members who represent each party of each house of the Iowa General Assembly.
- 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 for children and adults experiencing developmental disability, brain injury and brain health/mental health conditions. These reports supported the MHDS Commission to deepen their understanding and status of services in Iowa, to recognize promising practices and plan for system changes.
- Coordinating with the Iowa MHDS Behavioral Health Division staff who actively participated in MHDS Commission meetings throughout the year, providing regular, timely and useful information and reports and responded to questions and request from the MHDS Commission members.

The MHDS Commission was committed to relevant issues and initiatives including but not limited to:

- Active legislation regarding MHDS Regions
- HHS alignment
- Behavioral Health and Aging and Disability Service system alignment
- Funding
- MHDS / HHS Department budget, staffing, and services
- Department facilities operations
- Department of Justice (DOJ) investigation and reports
- Crisis Services
- Community Services Mental Health Block Grant
- Additional Block Grant funding from Substance Abuse Mental Health Services Administration (SAMHSA)
- 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
- Iowa Health Link and other Iowa Medicaid Program changes
- The Children's Behavioral Health System State Board
- Medicaid Waiver Programs
- Requests for Proposals
- Peer support services

The MHDS Commission was a group of highly devoted Governor appointed/Senate confirmed members with professional and lived experience across multiple systems in Iowa. They sought to make recommendations and serve as a state policy making body for the provision of services under the MHDS Regional system serving Iowans with mental illness, intellectual disabilities, brain injury or other developmental disabilities. The MHDS Commission ensured adequate representation from persons across disabilities and individuals who have knowledge of and a deep understanding of disability services across systems and that intersection of Iowa law, supports and services on the ground and the experience of the Iowan accessing those services.

Transition Mandate:

With the enactment of House File 2673 on May 15, 2024, Iowa initiated the consolidation of mental health and addictive disorder services into a unified Behavioral Health Service System, leading to the dissolution of the MHDS Commission by July 1, 2025. Current and pertinent updates regarding the HHS System Alignment Implementation can be found on the HHS webpage.

Conclusion

As Iowa once again initiates a dramatically different system of care in our state, the vision must always remain focused on the needs of Iowans. As we implement this new model, the Commission wants to ensure that all stakeholders' voices are heard, especially those impacted by mental health and disabilities. We must ensure access to care, adequate funding for service providers, address the workforce shortage, and ensure predictable resources so that services may continue, and new and innovative services may be supported.

The MHDS Commission members have been deeply invested in the work they were charged with ensuring services were consistent, encouraging stable funding, and focusing on the best interest of all Iowans. Our desire is for the HHS Council to continue working towards the best interests of all stakeholders. By doing so, Iowa will continue to have high quality and innovative services and long-term stability for Iowans.

Critical Resources

Documents

Past MHDS Commission Annual and Biennial Reports filed with the General Assembly can be located on the Iowa Legislature website. [Iowa Legislature - Reports Required to be Filed with General Assembly](#)

Past meeting minutes and agendas can be located on the Iowa HHS website. [Mental Health and Disability Services Commission | Health & Human Services](#)

Websites

Iowa Health and Human Services [Health and Human Services | Health & Human Services](#)

Substance Abuse and Mental Health Services Administration [SAMHSA - Substance Abuse and Mental Health Services Administration](#)

Iowa Primary Care Association [Iowa Primary Care Association - Home](#)

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Appendix A: MHDS Commission Membership List 2025

Member	Represents	City
Betsy Akin	Parent or Guardian of an Individual Residing at a State Resource Center	Corning
Diane Brecht, Chair	ID/DD Providers – Iowa Association of Community Providers	Central City
Linda Dettman	HHS Director’s Nominee	Grimes
Mike Fidgeon	Substance Abuse Service Provider; Behavioral Health Association	Dubuque
Sue Gehling	Provider of Children’s MHDD Services	Breda
June Klein-Bacon	Advocate – Brain Injury	Waterloo
Kellee McCrory	Service Advocate	West Branch
Kathy Norris	HHS Director’s Nominee	Moville
Jack Seward, Co-Chair	County Supervisor	Washington
Terri Steinke	Parent of a Child Consumer	Urbandale
Dr. Kenneth Wayne	Veterans	Clive
Representative Josh Turek	House Minority Leader (ex-officio)	Council Bluffs
Senator Sarah Trone Garriott	Senate Minority Leader (ex-officio)	Windsor Heights

Appendix B: Acronyms

See attached.