

STATE OF IOWA DEPARTMENT OF
Health AND **Human**
SERVICES

Iowa Mental Health and Disability Services
Commission Annual Report

December, 2023

Iowa Mental Health and Disability Services Commission Annual Report

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INTRODUCTION

The Annual Report of the Iowa Mental Health and Disability Services Commission (the Commission) is being submitted pursuant to Iowa Code § 225C.6(1)(h). The report is organized in two sections: (1) an overview of the activities of the Commission during 2023, and (2) recommendations formulated by the Commission for changes in Iowa law.

EXECUTIVE SUMMARY

The Mental Health and Disability Services Commission (Commission) met a total of eleven times during 2023. The Commission held three hybrid meetings with individuals meeting in-person and virtually via Zoom, and eight Zoom meetings. The Commission's October meeting was originally scheduled to be hybrid, but this was changed to virtual only with the closing of the Hoover and Lucas State Office Buildings for renovation. The Commission determined that hybrid meetings will resume once these state buildings reopen. The Commission recommended the adoption of seven (7) MHDS Region's Policy and Procedure Manuals, recommended the designation applications for four (4) Community Mental Health Centers, and submitted their annual Service Cost Increase letter. The Commission also heard the following presentations: Autism Support Program Update, Peer Support & Peer Operated Programs, Veteran's Suicide & the Governor's Conference, Home and Community Based Services (HCBS) Waivers Overview, MHDS Regions Overview & Update, Community Mental Health Center (CMHC) Overview, 988 Suicide & Crisis Lifeline, Individual Placements & Supports (IPS), Intensive Residential Services (IRSH), Certified Community Behavioral Health Clinics (CCBHC) Expansion Grant Panel Discussion, CCBHC Planning Grant Update, 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).

PART I: OVERVIEW OF COMMISSION ACTIVITIES DURING 2023 MEETINGS

The Commission held eleven meetings in 2023. In 2022 the Commission examined their meeting schedule and determined that monthly meetings were necessary to keep up with business, but that most meetings did not need to be a full day or in-person/hybrid. The Commission decided to hold hybrid meetings once per quarter which would be a full day and all other meetings would be a couple hours, focused on the regular business of the Commission and would be via Zoom. 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 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 Diane Brecht (Central City) was elected Vice-Chair.

MEMBERSHIP CHANGES

Diane Brecht (Central City), June Klein-Bacon (Waterloo) and Jack Seward, Jr. (Washington) were appointed to serve a second term. Jeff Sorensen (Muscatine) completed his first term and Lorrie Young (Mason City) completed her second term in April 2022 and resigned from the Commission. The Iowa HHS Director's nominees, Janee Harvey (Des Moines) and Cory Turner (Cherokee), were replaced by Linda Dettmann (Grimes) and Kathy Norris (Merville) respectively. In May, two new appointees joined the Commission: Mike Fidgeon (Dubuque) was appointed to represent Substance Use Disorder Service Providers and Terri Steinke (Clive) was appointed to represent Parent of a Child Consumer. The following vacancies remain on the MHDS Commission: one Consumer representative, one County Supervisor representative, and one AFSCME representative.

ADMINISTRATIVE RULES

In May 2023 Department staff provided an overview of the Red Tape Rules Review being conducted by all state departments. The Commission reviewed the Executive Order and the goals and objectives of the review. Information was provided on the existing rule review and the process that agencies must go through in completing their retrospective analysis. The Commission reviewed the current moratorium and exceptions with regards to administrative rules as well as the Department's strategic goals moving forward. The Commission did not review any administrative rules in 2023.

MHDS REGION POLICY AND PROCEDURE MANUAL REVIEW

In August, the Commission recommended to the Department that a proposed change to the Polk County MHDS Region Policy and Procedure Manual be approved. The changes included

updates to the Regional Governing Board, adding Outpatient Competency Restoration to the service matrix, and updated references to DHS to reflect HHS.

In September, 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 removal and updating of Iowa Code references, updating state agency name from DHS to HHS, updated and addressed new Regional Governing Board structure, adding information for Advisory Committees and Governing Board for conflict of interest, updated service matrix, as well as updated definitions and basic administration changes.

In September, the Commission recommended to the Department that a proposed change to the Rolling Hills Community Services Region Policy and Procedure Manual be approved. The amendments included changes in Iowa Code references as well as references to DHS, revised representation on the Regional Governing Board as defined in HF 471, updated conflict of interest policy, and added Outpatient Competency Restoration to the service matrix.

In October, the Commission recommended to the Department that a proposed change to the Sioux Rivers Mental Health and Disability Services Policy and Procedure Manual be approved. The amendments included: all required changes pursuant to HF471; language, grammar, and code references updated throughout; formatting updated to delineate between adult and children's services; and added new services, including outpatient competency restoration.

In October, the Commission recommended to the Department that a proposed change to the Heart of Iowa Community Services Policy and Procedure Manual be approved. The amendments included: grammatical and verbiage updates throughout; updated code references; updated governing board language; added conflict of interest language; and updated 225 language.

In October, the Commission recommended to the Department that a proposed change to the County Rural Offices of Social Services Policy and Procedure Manual be approved. The amendments included: all required updates pursuant to HF471, removal of Monroe County from service area, and updating provision of services to include services provided in HICS Region.

In October, the Commission recommended to the Department that a proposed change to the Southwest Iowa MHDS Region Policy and Procedure Manual be approved. The amendments included: all required changes pursuant to HF471; updated mission, vision, and values statements; updated Attachment C sliding fee requirements from 250% to 300% of the poverty line; updated location offices; and updated grammar throughout.

COMMUNITY MENTAL HEALTH CENTER (CMHC) DESIGNATION APPLICATIONS

Per Iowa Code 230A, the MHDS Commission is responsible for approving a community mental health center (CMHC) be designated for a specific county or catchment area.

In December 2022, the Commission recommended to the Department that the application for Pathways Behavior Services to be designated the CMHC for Bremer County be approved.

In February 2023, the Commission recommended to the Department that the application for Optimae LifeServices to be designated the CMHC for Jefferson County be approved.

In April 2023, the Commission recommended to the Department that the application for Plains Area Mental Health Center to be designated the CMHC for Sac County be approved.

In June 2023, the Commission recommended to the Department that the application for Myrtue Medical Center Behavioral Health to be designated the CMHC for Shelby County be approved.

In June 2023, the Commission recommended to the Department that the application for Zion Integrated Behavioral Health Service, Inc. to be designated the CMHC for Cass, Audubon, Guthrie, and Green Counties be approved.

In July 2023, the Commission recommended to the Department that the application for Seasons Center to be designated the CMHC for Sioux County be approved.

SERVICE COST INCREASE RECOMMENDATION

In July, the Commission provided a recommendation for non-Medicaid expenditures growth funding to the Department and the Council on Health and Human Services. The Commission recommended a 0.3% increase to account for the growth in Iowa's total population, and an additional 4.0% increase to account for inflation. These figures were based on the most recent census data and the year-over-year inflation based on the Consumer Price Index (CPI) Summary ending May 2023 through 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 continued engagement with stakeholders in the development of a sustainable Certified Community Behavioral Health Clinic (CCBHC) model for the State of Iowa.

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 Executive Director, Brooke Lovelace, 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 2023, 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.

Autism Support Program

In January, Connie Fanselow from the Department presented an overview of the state-funded Autism Support Program including its history, purpose, eligibility, and application requirements as well as limitations and barriers to the program.

Peer Support and Peer Operated Programs

In February, the MHDS Commission received presentations from peer support and peer operated programs in the State.

- Devon McClurken, Executive Director, Office of Recovery Service (ORS) presented an overview of the program including changes from the previous contract that fell under the Office of Consumer Affairs. Kellee McCrory, Training Director, Iowa Peer Workforce Collaborative (IPWC) provided an overview of the program, their four-part workplan, and their 2023 peer training schedule.
- Sara Knox, Director, Iowa Peer Network provided an overview of the program including their mission and goals, sessions, meetings, and upcoming training events.
- Randy Hoover, Director, Freedom Pointe provided an overview of their wellness center program noting that the organization is completely peer run and serves 20 different communities in Webster, Greene, Story, and Boone Counties.
- Mary Issah, Executive Director, NAMI Johnson County, Jenna Briasco, R Place Coordinator and Laura Semprini, Remote Peer Support Coordinator, provided background on NAMI Johnson County, their peer wellness center, R Place in Iowa City, and their remote peer support (RPS) program that is available statewide.
- Todd Noack, Executive Director, Life Connections Peer Recovery Services presented on peer support and peer respite services, including Rhonda's House, a peer run respite home in DeWitt, Iowa.

Veteran's Suicide and the Governor's Challenge

In February, Robert Otto, Suicide Prevention Program Coordinator, Iowa City Veterans Administration Health Care System (VAHCS) provided an overview of the Suicide Prevention Program Report: Veterans Crisis Line/Outreach Fiscal Year 2023, Quarter I, including the functions of the Iowa City VA Suicide Prevention Team. Peggy Dickey, Community Engagement & Partnership Coordinator, Iowa City VAHCS, provided information regarding the work she does with other currently established coalitions that are working on suicide prevention as well

as the work in the communities where there aren't any coalitions. Peggy provided information on the Governor's Challenge on Suicide Prevention.

Home and Community Based Services (HCBS) Waiver Transition Plan

In May, Elizabeth Matney, Director, Iowa Medicaid, presented on the HCBS Waiver Transition Plan developed from a yearlong assessment of the state's behavioral health, aging, and disability services system as well as updates on the current American Rescue Plan Act projects.

Certified Community Behavioral Health Clinics (CCBHC) Planning Grant

In May, Laura Larkin from the Department and Josh Rubin, Health Management Associates (HMA) provided a presentation on CCBHC's and the work that Iowa would be doing over the next year as a planning grant recipient.

HCBS Waivers Overview

In May, LeAnn Moskowitz, Iowa Medicaid provided an overview of the current HCBS waivers including who qualifies, how to apply, HCBS roles and programs, requirements for cost neutrality, funding slots and wait lists.

MHDS Regions Overview & Update

In May, Rob Aiken from the Department provided an overview of the MHDS Regions including upcoming changes due to HF 471.

Community Mental Health Centers (CMHC) Overview

In May, Ginger Kozak from the Department provided an overview of CMHCs in Iowa, including the definition, Iowa Code 230A requirements, the designation process and the Commission's role in that process, and the annual self-assessment requirement.

988 Suicide & Crisis Lifeline

In May, Julie Maas from the Department provided an overview of the 988 Suicide & Crisis Lifeline and the current work going on in Iowa, Year One priorities regarding mobile response warm handoffs, and how mobile response works in Iowa.

Individual Placements and Supports (IPS)

In August, Lin Nibbelink from the Department provided an overview of IPS, an evidence-based practice supported employment model, and background on Employment First and the Advancing State Policy Integration for Recovery and Employment (ASPIRE) Grant.

Intensive Residential Services Home (IRSH)

In August, Rob Akin from the Department presented an overview of IRSH including its history, the role of MHDS Regions in IRSH start up, design and development, standards, eligibility criteria, sites, access standards, and next steps. Stephanie Millard, Director of Mental Health

Services, First Resources Corp. provided background on their IRSH program in Burlington, Iowa.

CCBHC Panel Discussion

In August, MHDS Commission member, Rich Whitaker, provided background on CCBHC in Iowa, and introduced the three panelists who are recipients of CCBHC Expansion Grants from SAMHSA and would be presenting on how their organization improved services and increased service access, including 24/7 crisis intervention services for individuals with serious mental illness (SMI) or substance use disorders (SUD) including opioid disorders, children and adolescents with serious emotional disturbance (SED), and individuals with co-occurring mental health and substance disorders.

Kim Keleher, Director, Plains Area Mental Health Center, provided background on the organization, services they provide, how they implemented CCBHC, benefits & challenges, differences between a CCBHC and a CMHC, and what the organization has learned as a grant recipient.

Janae Schmitt, Director of Business Development, Hillcrest Family Services provided background on the organization including their goals and objectives for CCBHC, and a summary of services implemented with grant funds. Three specific changes that were made with CCBHC Expansion Grant funds were expanding integrated primary care, opening A New Day Walk-In Clinic, and hiring an Armed Forces Services Specialist.

Lorrie Young, Director, Prairie Ridge Integrated Behavioral Healthcare presented on the organization's experience as a CCBHC Expansion Grant recipient including the required CCBHC services and how Prairie Ridge has implemented them, the importance of data and outcomes and outcomes for those being served at Prairie Ridge.

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 2022. 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 from 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) safety due to problematic behaviors, (2) under-developed social skills, (3) health 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.

CCBHC Planning Grant Update

In October, Laura Larkin from the Department presented on CCBHCs, and the grant awarded to Iowa by the Substance Abuse and Mental Health Services Association (SAMHSA) for awarded states to develop a plan to implement and certify CCBHCs in Iowa and apply to become a demonstration state. Laura reviewed the goals and standards for all CCBHCs, including the nine required services. Laura shared success in other states, highlighting significant decrease in wait times in those states who have demonstrated CCBHC.

Provider Prevention and Support Services (PPSS)

In October, Tiffany Liska, Program Director, Elevate CCBHC, shared a presentation on prevention and support services available at Elevate. Tiffany shared their specialized team provides support to system members providing care to individuals with intellectual disabilities, co-occurring mental health diagnoses, and complex behavioral health needs. Tiffany shared their program does follow a set of eligibility requirements including the member served must have: an intellectual disability, enrolled and receiving ID Waiver or Habilitation funding, documented behavioral health challenges, be between the ages of 6-17, and live in a residential-based supported community living setting. Tiffany shared this team meets frequently and adjusts to the needs of those they are serving.

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 rulemaking.

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

Amy Bentley, Department Project Manager Division of Compliance, presented an overview of the Red Tape Rules Review being conducted by all state departments, including the Executive order and the goals and objectives of the review. Amy reviewed the current moratorium on rulemaking and the exceptions as well the Department's strategic goals moving forward.

COORDINATION WITH BEHAVIORAL HEALTH 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 mental health and disability services
- Legislative Session updates
- HHS Alignment
- State Reorganization
- 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)
- 9-8-8 Suicide & Crisis Lifeline
- Employment First – ASPIRE Grant
- Certified Community Behavioral Health Clinic (CCBHC) Planning and Implementation Grants
- 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
- Evidence Based Practices in Iowa
- Service Delivery Alignment
- Medicaid Town Hall meetings

PART 2: RECOMMENDATIONS FOR CHANGES IN IOWA LAW IN 2023

Innovative and expanded services have been made available in Iowa’s 13 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 sustainability, 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 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, intellectual and developmental disabilities, and brain injuries.
4. The MHDS Commission recommends that the Legislature continue to support an environment that encourages and adequately funds the provision of core 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.
5. The MHDS Commission recommends that the Legislature direct the Department to address consistency and delivery of core 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:

- I. 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. **Every level of care providers across the lifespan have been impacted** to include psychiatrists and other prescribers, therapists, nurses, and front-line workers such as direct support professionals, respite providers and others. This shortage has significantly impacted Iowans ability to receive the care they need at every level. It has negatively impacted community providers ability to support individuals and families to access the services they need to remain at home or in the community. For example, families who need to access in home services for children, adults who are ready to transition into community-based settings from inpatient settings, long-term care settings such as nursing facilities, residential care facilities, the state mental health hospitals or correctional facilities.

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.

Special incentives should also be extended to individuals who desire to work in community-based settings with individuals across the lifespan, especially nurses and front-line workers such as direct support professionals and respite providers. The development of such incentives would support the professional work that these additional professionals engage in.

Direct Support Professionals (DSPs) are people who work directly with people of all ages who have a mental illness, physical disability, brain injury, and/or intellectual and other developmental disability with the aim of assisting the individual to become

integrated into his or her community or the least restrictive environment. DSPs provide supports including work with HCBS Waiver and Habilitation Services. DSPs play a vital role in America's workforce and economy including providing supports for employment services.

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 as the impact of the workforce shortage, in general and in specific circumstances, is felt in both urban and rural areas across the State of Iowa. We also recommend that loan forgiveness programs, grants/scholarships for certification programs or training be expanded to include nurses and front-line workers such as DSPs who work in community settings.

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 but not limited to CMHCs, HCBS agencies, 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 and disability system. Early intervention and prevention are essential to reduce the incidence, prevalence, personal toll, and fiscal cost of mental illness, brain injuries, 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. Multisystemic Therapy (MST) and Functional Family Therapy (FFT) are examples of two mental health related evidence-based programs implemented in Iowa. In addition, the State should consider funding a pilot program of the Collaborative Care Model in the pediatric space to facilitate mental healthcare access in that underserved and vulnerable population. 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. The MHDS Commission recommends that the State require 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](#).

CONCLUSION

There have been extraordinary changes to the MHDS system. 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.

A handwritten signature in black ink, appearing to read 'Russell Wood', with a long horizontal flourish extending to the right.

Russell Wood, Chair

Appendix A: MHDS Commission Membership 2023

MEMBER	REPRESENTS	CITY
Betsy Akin	Parent or Guardian of an Individual Residing at a State Resource Center	Corning
Sarah Berndt	Regional Service Coordinator	Wayland
Diane Brecht, Vice Chair	ID/DD Providers – Iowa Association of Community Providers	Central City
Teresa Daubitz	Service Advocate (Unity Point)	Ely
Linda Dettmann	HHS Director’s Nominee	Grimes
Mike Fidgeon	SUD Service Providers - Iowa Behavioral Health Association	Dubuque
Sue Gehling	Provider of Children’s MHDD Services	Breda
Don Kass	County Supervisor	Remsen
June Klein-Bacon	Advocate – Brain Injury	Waterloo
Kathy Norris	HHS Director’s Nominee	Moville
Jack Seward, Jr.	County Supervisor	Washington
Terri Steinke	Parent of a Child Consumer	Urbandale
Dr. Kenneth Wayne	Veterans	Clive
Richard Whitaker	Community Mental Health Center (Vera French)	Davenport
Russell Wood, Chair	Regional Administrator	Ames
Representative Ann Meyer	Speaker of the House (ex-officio)	Fort Dodge
Senator Jeff Edler	Senate Majority Leader (ex-officio)	State Center
Representative Megan Srinivas	House Minority Leader (ex-officio)	Des Moines
Senator Sarah Trone Garriott	Senate Minority Leader (ex-officio)	Waukee