

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. The shortage of psychiatrists and other prescribers, and the barriers to accessing acute psychiatric care in our state are still readily apparent. In addition, the ability to hire and retain therapy providers continues to be a significant workforce challenge.

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.

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.

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 CMHCs 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 system. Early intervention and prevention are essential to reduce the incidence, prevalence, personal toll, and fiscal cost of mental illness, 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. Multi-Systemic Therapy (MST) and Functional Family Therapy (FFT) are examples of two mental health related evidence-based programs implemented in Iowa. 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. 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 over the last two years. The development and expansion of core services and regional collaboration have transformed the system with the goal of more effectively and efficiently serving lowans 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 lowans 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.

Russell Wood, Chair

Appendix A: MHDS Commission Membership 2022

MEMBER	REPRESENTS	CITY
Betsy Akin	Parent or Guardian of an Individual Residing at a State Resource Center	Corning
Sarah Berndt	Regional Service Coordinator	Wayland
Teresa Daubitz	Service Advocate (Unity Point)	Ely
Diane Brecht	ID/DD Providers – Iowa Association of Community Providers	Central City
Sue Gehling	Provider of Children’s MHDD Services	Breda
Janee Harvey	DHS Director’s Nominee	Des Moines
Don Kass	County Supervisor	Remsen
June Klein-Bacon	Advocate – Brain Injury	Waterloo
Jack Seward	County Supervisor	Washington
Jeff Sorensen	County Supervisor	Muscatine
Cory Turner	DHS Director’s Nominee	Cherokee
Dr. Kenneth Wayne	Veterans	Clive
Russell Wood, Chair	Regional Administrator	Ames
Richard Whitaker	Community Mental Health Center (Vera French)	Davenport
Lorrie Young, Vice-Chair	Substance Use Disorder Service Provider; Iowa Behavioral Health Association	Mason City
Representative Dennis Bush	Speaker of the House (ex-officio)	Cleghorn
Senator Jeff Edler	Senate Majority Leader (ex-officio)	State Center
Representative Lindsay James	House Minority Leader (ex-officio)	Dubuque
Senator Sarah Trone Garriott	Senate Minority Leader (ex-officio)	Windsor Heights