



Department of
HUMAN SERVICES

***Iowa Mental Health and Disability
Services Commission Annual Report***

December 2021

Contents

Executive Summary	2
Part 1: Overview of Commission Activities During 2021.....	3
Part 2: Recommendations for Changes in Iowa Law in 2021	7
Summary.....	11
MHDS Commission Membership 2020 – 2021	11

INTRODUCTION

This 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 2019, and (2) recommendations formulated by the Commission for changes in Iowa law.

Iowa Mental Health and Disability Services Commission Annual Report

Executive Summary

The Mental Health and Disability Services Commission (Commission) met a total of eleven times during 2021. All meetings were held virtually via Zoom. The Commission provided consultation on the Children's Behavioral Health System Rules, recommended the adoption of four MHDS Region's Policy and Procedure Manuals, and submitted their annual Service Cost Increase letter. The Commission also heard the following presentations: Person-Centered Positive Behavioral Supports (PCPBS) Training Project, Medicaid Eligibility and Enrollment, Eligibility for Home and Community Based Services (HCBS) Waivers, Supported Employment as an Evidence-Based Practice, Assertive Community Treatment (ACT) in Iowa: Progress and Challenges, Iowa Center for School Mental Health, an overview of community supports for individuals with intellectual and developmental disabilities, review of statewide regional data regarding core services, 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 aligns with Family First Legislation and be evidence-based.
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.

Part 1: Overview of Commission Activities During 2021

Meetings

The Commission held eleven virtual meetings in 2021. Due to the COVID-19 pandemic, meetings were held via Zoom, a virtual format. 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 Department of 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 (Hampton) was elected Chair of the Commission and Lorrie Young (Mason City) was elected Vice-Chair.

Membership

Russell Wood (Hampton) and Richard Whitaker (Davenport) were appointed to serve a second term. John Parmeter (Des Moines) completed his second term in April and resigned from the Commission. In July, four new appointees joined the Commission: Sarah Berndt (Wayland) was appointed to represent as a Coordinator of Disability Services, Don Kass (Remsen) was appointed to represent as a County Supervisor, June Klein-Bacon (Waterloo) was appointed to represent as a Service Advocate for Brain Injury, and Jeff Sorensen (Muscatine) was appointed to represent as a County Supervisor. The following vacancies remain on the MHDS Commission: one County Supervisor seat, one Provider of Children's MHDD Services, and an AFSCME representative.

Administrative Rules

The Commission consulted with the MHDS Division on the development, review, and approval of two administrative rule packages. These packages were:

- Regional Governance Agreements – the amendment to 441 – Chapter 25 added a method for allocating a region's cash flow amount in the event a county leaves the region. The amendment was presented to the Commission in June 2021 to be noticed for publication. The rules were approved for adoption in September 2021.
- MHDS Incentive Fund – the amendment to 441 – Chapter 25 implemented the incentive fund for Mental Health Disability Services (MHDS) regions for the purpose of providing financial incentives for outcomes met from services provided by MHDS regions. The rules implement the process for a region to apply for funds, establish the criteria for eligibility and set time frame for review and approval of applications, reporting and financial review. The amendment was presented to the Commission in September 2021 as an emergency rules package to be approved. The amendment was presented concurrently to the Commission to be noticed in September 2021.

MHDS Region Policy and Procedure Manual Review

In January, the Commission recommended to Director Garcia that a proposed change to the Southern Hills Regional Mental Health Policy and Procedure Manual be approved. The change was to include updates and clean-up of language to accommodate Children's Behavioral Health and Complex Needs legislation.

In April, the Commission recommended to Director Garcia that a proposed change to the Care Connections of Northern Iowa Policy and Procedure Manual be approved. The changes were to include updating the name and website, adding an explanation of the name change in the Introduction and Vision, and an addition of a graphic regarding the name change.

In May, the Commission recommended to Director Garcia that a proposed change to the Central Iowa Community Services Policy and Procedure Manual be approved. The changes were to include updates to reflect counties joining the region, adjustment, and update of language regarding the contracting process, client participation costs and organizational representative payee services funding, combined access points for adult mental health and disability services and children's behavioral health services and added children as an eligible population group for crisis stabilization community-based services and crisis stabilization residential services.

In August, the Commission recommended to Director Garcia that a proposed change to the Rolling Hills Community Services Region's Policy and Procedure Manual be approved. The change was to include changes to add counties to the geographical area served as well as access points.

Service Cost Increase Recommendation

In July, the Commission was charged with formulating a recommendation for non-Medicaid expenditures growth funding to the Department and the Council on Human Services. The Commission recommended a 0.2% increase to account for the growth in Iowa's total population, and an additional 2.4% increase to account for inflation. These figures were based on the most recent census data and the inflation model used by the Substance Abuse and Mental Health Services Administration (SAMHSA) 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 to evaluate potential costs related to the sustainability of a Certified Community Behavioral Health Clinic (CCBHC) model.

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 Public Policy Manager, Bill Kallestad, presented the DD Council's five-year state plan.

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 2021, 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

John Parmeter provided updates of the Children’s State Board in January and February. Richard Whitaker was appointed the new representative from the MHDS Commission to the Children’s Board in February, and provided updates in March, May, July, and September.

Person-Centered Positive Behavioral Supports Training

In January, Connie Fanselow from MHDS Division presented an overview of the Person-Centered Positive Behavioral Support Training (PCPBT) Project.

Medicaid Eligibility and Enrollment

In February, Amela Alibasic from Iowa Medicaid Enterprise presented a high-level overview of Medicaid eligibility and enrollment.

Statewide Regional Dashboards

In March, Rose Kim from MHDS Division presented and reviewed the FY2020 Statewide Report from the MHDS Regions, which included regional data for FY2021 2nd quarter.

Eligibility for Home and Community Based Services (HCBS) Waiver

In April, LeAnn Moskowitz from IME presented on eligibility for Home and Community Based Services (HCBS) waivers, the role of IME and the role of Managed Care Organizations (MCOs) in determining eligibility.

Supported Employment as an Evidence-Based Practice – Individual Placement Support (IPS)

In June, Lin Nibelink from MHDS Division, Rachel Phipps from Hope Haven, Inc. and Ethan Price from Plains Area Mental Health Center presented on Individual Placement Support (IPS), an evidence-based practice for supported employment, and the Advancing State Policy Integration for Recovery and Employment (ASPIRE) grant.

Intellectual Disability/Developmental Disability Community Services

In July, Susan Seehase with Iowa Association of Community Providers presented an overview of community services available to individuals with intellectual and developmental disabilities as well as challenges faced by individuals and service providers.

Assertive Community Treatment (ACT) as an Evidence-Based Practice

In August, Nancy Williams, M.D. from the University of Iowa Carver College of Medicine, University of Iowa Health Care presented an overview of the Assertive Community Treatment (ACT) model as well as the progress and challenges faced in Iowa.

Iowa Center for School Mental Health

In October, Gerta Bardhoshi, Ph.D. from the University of Iowa, College Education and Brad Niebling from the Iowa Department of Education presented an overview of the new Iowa Center for School Mental Health.

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 2020. 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 to moving into more integrated settings. The four major barriers have been identified as: (1) interfering behaviors, (2) under-developed social skills, (3) health and safety concerns, and (4) individual, family, or guardian reluctance. Annual planned reductions in number of SRC beds continue, with a focus on planning transition back to the community from the first day of admission and reducing the need for SRC admissions. Iowa's Money Follows the Person grant project has been an effective tool in supporting former SRC residents in their transition to community living.

Professional Development Activities

The Commission holds an annual meeting each May focused on training and development, which included:

Commission Duties

Theresa Armstrong reviewed the Commission's statutory duties, with particular attention to rule making.

Ethical Considerations

Assistant Attorney General Gretchen Kraemer 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

Nancy Freudenberg, Department Bureau Chief for Policy Coordination, presented an overview of the Department's administrative rulemaking process with particular attention to the Commission's role in it.

Coordination with MHDS Division

MHDS Division Administrator Marissa Eyanson, Community Services and Planning Bureau Chief Theresa Armstrong, along with other staff from the Division of Mental Health and Disability Services 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
- Department/IDPH Alignment
- 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)
- COVID vaccinations for individuals with disabilities

- COVID Recovery Iowa
- 9-8-8 National Crisis Line Implementation Plan
- Employment First – ASPIRE Grant
- Certified Community Behavioral Health Clinics (CCBHCs)
- Inpatient Bed Tracking Study Committee
- Mental Health workforce issues
- IA Health Link and other Iowa Medicaid Program changes
- The Children’s System State Board
- Medicaid Waiver Programs
- MHDS Division Requests for Proposals
- Peer support services

Part 2: Recommendations for Changes in Iowa Law in 2022

Innovative and expanded services have been made available in some of Iowa’s 14 MHDS Regions. Some have developed or are providing funding for additional “core-plus” services 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 beyond the serious emotional disturbance (SED) diagnosis.

The Commission is also concerned following changes to MHDS Regional fund balance guidelines per SF619. These changes only allow for a maximum 5% fund balance. 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 in order to ensure appropriate access to Iowans with mental health needs, intellectual and developmental disabilities and brain injuries 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 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 growth and innovation over time.
3. The MHDS Commission recommends that the Legislature implement a children’s services system which utilizes a full array of nationally recognized, evidence-based

models of care for children in the state who have behavioral and mental health needs, intellectual and developmental disabilities, and brain injuries.

4. The MHDS Commission recommends that the Legislature create an environment that encourages and supports the provision of core services, as well as the development of additional services, including 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 state resource centers and mental health institutes.
5. The MHDS Commission recommends that the Legislature address consistency of services within and across regions, standardizing definitions of services, and identifying expected outcomes to assure a system where regions focus on achieving outcomes that have been identified by the Legislature as priorities.
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 consumers.
8. The MHDS Commission recommends stable and secure funding of the State Resource Centers for ongoing programs and services, staff wages and training, and maintenance of facilities. The State Resource Centers are a vital option in the continuum of providers for individuals with intellectual disabilities and other disabilities.
9. The MHDS Commission recommends a specific plan for individuals with disabilities be developed, with regards to the COVID-19 pandemic, to ensure that individuals don't fall through the cracks.

To create a system that realizes this vision and incorporates these policy statements, the MHDS Commission recommends the following specific actions:

1. 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 abuse, disability, and brain injury services.

The workforce shortage in Iowa continues and has worsened over the past year. The shortage of psychiatrists and the barriers to accessing acute psychiatric care in our state are still readily apparent. Special incentives encourage and support Psychiatrists, Psychologists, Psychiatric Physician Assistants, Advanced Registered Nurse Practitioners, and other mental health and substance abuse 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, provider reimbursement rates from all payers, including Medicaid, 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 community mental health centers and agencies providing substance abuse 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 which funds the MHDS Regions to provide services for the needs of individuals with behavioral health, mental health, intellectual/developmental disabilities and brain injuries.

The MHDS Regions need a stable funding system that allows them to continue to provide current services and gives the flexibility to develop new and innovative services. The funding must be adequate to fund services for the needs of individuals with behavioral 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 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 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 Family Functional Therapy (FFT) are examples of two mental health related evidence-based programs implemented in Iowa. Develop services 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.

5. Funding and incentives should be developed and maintained to encourage supports and services in Iowa, which have shown effectiveness. Training for professional and direct care staff is necessary to achieve effectiveness. Reimbursements to providers must be adequate to provide this training. Governmental entities will have to be able to generate revenue to fund this reimbursement change.

Summary

There have been extraordinary changes to the MHDS system over the last year. 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

MHDS Commission Membership 2020 – 2021

Russell Wood (Chair)	Regional Administrator; Central Iowa Community Services (CICS) Regional CEO	Hampton
Lorrie Young (Vice Chair)	Substance Use Disorder Treatment Provider; Prairie Ridge	Mason City
Betsy Akin	Parent or Guardian of a resident at a State Resource Center	Corning
Sarah Berndt	Coordinator of Disability Services	Wayland
Diane Brecht	ID/DD Provider	Cedar Rapids
Teresa Daubitz	Service Advocate - UnityPoint	Cedar Rapids
Janee Harvey	Iowa Department of Human Services; Division Administrator of Adult, Children and Family Services	Des Moines
Don Kass	County Board of Supervisor	Remsen
June Klein-Bacon	Service Advocate – Brain Injury	Waterloo
Shari O'Bannon	Parent of a Child Consumer	Storm Lake
Timothy Perkins	Veteran	Des Moines
Jeff Sorensen	County Board of Supervisor	Muscatine
Maria Sorensen	Consumer	Greenfield
Cory Turner	Iowa Department of Human Services; Division Administrator of Mental Health and Disability Services, Facilities	Cherokee
Richard Whitaker	Community Mental Health Center; Vera French	Davenport
Lorrie Young	Substance Use Disorder Treatment Provider; Prairie Ridge	Mason City