

## I. INTRODUCTION

This is the Interim Report of the Technical Assistance Collaborative TAC and the Human Services Research Institute (HSRI) to the Iowa Department of Human Services (DHS) related to the redesign of Iowa's Mental Health (MH), Intellectual and Developmental Disability (ID-DD) and Brain Injury (BI) system. The report, and all the activities leading up to the report, is based on the recently enacted Senate File 525. It is the intent of TAC and DHS to share this report with the Legislative Interim Committee established under SF 525 as a prelude to the formal report to be produced for the Interim Committee by December 9, 2011.

SF 525 provides guidance for both the structure and the process of reforming the Iowa MH/ID-DD system. SF 525 envisions a uniform statewide system of core services accessed and managed through a set of regional entities that would assure service access and care coordination for non-Medicaid services. Based on the Legislative history and the contents of SF 525, and on the statements of Legislative leaders associated with the Legislation, we understand the overall goals of SF 525 are to:

- In the context of available resources, assure timely, consistent and equitable access of the citizens of Iowa to a uniform set of core services designed to produce positive outcomes for consumers and their families and for the communities in which they live;
- In the context of available resources, and being respectful of the strengths and traditional practices of the existing MH and ID-DD service systems, begin to transition towards integrated community services modalities: (a) that are consistent with Iowa's *Olmstead* plan; and (b) for which there is sufficient evidence that the services modalities will produce positive outcomes for consumers and their families;
- Assure the quality and cost effectiveness of the MH and ID-DD service systems through implementation of best practice services, strengthened overall state and regional monitoring and quality improvement, and consistent and timely data submission and analysis;
- Make best use and maintain effective stewardship of scarce public services resources through reduction of duplicative administrative functions and costs; and
- Implement a MH/ID-DD system that is simple, clear, transparent, easy to access, and understandable to all consumers, families, providers, and other stakeholders.

The primary purpose of this Interim Report is to synthesize and communicate the consensus recommendations of the Workgroups as required by SF 525. Seven Workgroups have been meeting over the past three months to consider the organizational and operational challenges outlined in SF 525, and to come to consensus recommendations for reform of the MH and ID-DD systems. In addition to the requirements of SF 525, the Workgroups were guided in their deliberations by two major sets of principles: (a) the Iowa *Olmstead* Plan; and (b) the uniform set of consumer outcome and system

performance measures developed by the ID-DD, Mental Health and Children Services Workgroups. These are listed in Chapter III below.

DHS and TAC made an effort to have the deliberations of the service system-oriented work groups (MH, ID-DD, Children's Services, and BI) as consistent as possible. These workgroups, with the exception of BI, each addressed: (a) outcome and performance measures; (b) eligibility; (c) core services; (d) services for people with dual or multi-occurring disabilities; (e) workforce development; and (f) provider qualifications and monitoring. The other work groups, Regionalization, Judicial, and Psychiatric Medical Institutions for Children (PMIC) had more individualized agendas, and also expected to rely on the recommendations developed by the services Workgroups. The recommendations of each of the seven Workgroups are summarized in chapters IV through X below.

It is important to emphasize that this is an interim report.<sup>1</sup> DHS will think through the implementation tasks and costs associated with the recommendations, and will present a logically consistent set of recommendations to the Interim Committee once this interim report is digested.

More importantly, this report is just the beginning of a process that will ultimately result in better and more cost effective services for the citizens of Iowa. Any change process, including the redesign and reform of the Iowa MH and ID-DD service systems, must start from and be respectful of a baseline of existing services, providers, system relationships, funding approaches, etc. And, no change process can take place in a vacuum. Consumer and family needs and choices are constantly changing. Science and practice based knowledge of what services work best for people continues to improve. National Health Reform and the Affordable Care Act are already presenting new challenges and opportunities for state governments. The redesign and reform process in Iowa must take place in the context of these constant, on-going changes.

TAC and HSRI have attempted to inform the process by providing background information on: (a) best and promising practices reflected in the literature; and (b) experiences of other states with regard to implementing preferred practices. Because of our national policy work, we have also been able to keep workgroup participants informed about new policy directions and potential financial resources emanating from the federal government. These include new Medicaid standards and requirements (Centers for Medicare and Medicaid Services - CMS); new mental health best practices and initiatives (SAMHSA); new activities related to the Americans with Disabilities Act and the integration mandate of the *Olmstead* decision (Department of Justice and CMS); and new housing resources for people with disabilities (HUD).

As will be described below, the three months of activities leading up to the production of this interim report have been intensive and complicated. TAC and HSRI would like to express our deepest gratitude

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<sup>1</sup> Note: SF 525 intended the Children's and BI Workgroups to have a two-year life span. The other Workgroups were intended to finish their recommendations within the three-month timeframe reflected in this report.

to all the DHS staff who dedicated time and effort to the Workgroup process. DHS made sure all the logistics of meetings, conference calls, document review, etc. worked smoothly and in a timely manner.

In addition, the participants of the Workgroups volunteered many hours, not only to participate in Workgroup meetings, but also to read materials and to bring new information to share with other Workgroup participants, both in an effort to make the maximum amount of contribution to the process. Equally important, Workgroup members came to the meetings ready to listen, to learn and to attempt to forge consensus about the best direction forward for Iowa. This made the Workgroup process more effective, and contributed to the generation of many excellent recommendations.