

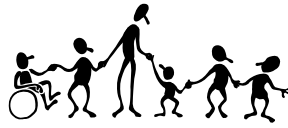
## **OLMSTEAD CONSUMER TASKFORCE AGENDA**

*Friday January 14, 2011, 10:00 a.m. – 3:00 p.m.*

*Conference Phone 1-866-685-1580, Conference Code 8412697451*

*United Way Building, 1111 9<sup>th</sup> Street, Des Moines, Iowa  
Conference Room B-C*

- 10:00 Introductions and Comments -Chair Jerry Mayes
- 10:15 Approval of Minutes from December 3, 2010  
Meeting-Attachment
- 10:20 Approval of thank you letter to Director Krogmeier  
Approval of letter of Taskforce support for the Iowa  
Olmstead Plan
- 10:30 Presentation and discussion with MHDS Division  
Leadership Jeanne Nesbit and Theresa Armstrong-  
Attachment
- 11:30 Nominations Committee Report-Alice Holdiman
- 11:55 Lunch-Available on Site
- 1:00 Bylaws Committee for First Reading Approval-Jim  
Paprocki- Attachment
- 1:45 Legislative Committee Report- Dawn Francis and  
Casey Westhoff- 3 attachments
- 2:15 2011 Taskforce Activities Planning-Executive  
Committee
- 2:50 Member Comments and Public Comment
- 3:00 Adjourn



## Iowa Human Needs Advocates

### THE AFFORDABLE CARE ACT and the IOWA DHS OLMSTEAD PLAN

*Iowa Human Needs Advocates support full implementation of the Patient Protection and Affordable Care Act (PPACA), the strategic priorities outlined in the DHS Olmstead Mental Health and Disability Services Plan, and state funding for the 10% non-federal match (FMAP) to promote PPACA initiatives.*

The Patient Protection and Affordable Care Act (PPACA), also called the Affordable Care Act, is best known for its provisions extending health insurance to an estimated 32 million additional Americans currently lacking coverage. This will be accomplished in part by the expansion of Medicaid eligibility to individuals up to 133% of federal poverty level in 2014, to be fully funded by the federal government until 2016. (Federal funding gradually declines to 90% of total costs between 2016 and 2020.) This will open the door to health coverage for many previously uninsured adults with mental illness and other disabilities who have had inadequate access to primary care.

What is less well known about the Affordable Care Act are its many provisions to improve the quality of health care, including important opportunities for States to expand home and community based services for lowans with mental illness or other disabilities and to reduce reliance on institutionally-based care. These opportunities come at a time when the Iowa Department of Human Services, in consultation with hundreds of stakeholders across the State, is developing an Olmstead Plan for Mental Health and Disability Services geared precisely to this objective. The support of the Legislature for this Plan is critically important in moving Iowa towards full compliance with the U.S. Supreme Court's 1999 *Olmstead* decision, which found that people with disabilities are entitled to receive the supports they need in the least restrictive setting consistent with their needs.

A fully supported Affordable Care Act means that hundreds of thousands of lowans would gain access to the primary care, behavioral health and disability services they need, with substantial federal support. Iowa's efforts to comply with *Olmstead* principles could receive a significant boost through participation in such initiatives as extension and expansion of the Money Follows the Person grant to help people transition out of institutions. The Affordable Care Act can also help states to promote the "health home concept," using a 90% federal match (FMAP) to support coordination of primary, mental health, specialty and prevention services across service settings. This, too, will improve the quality of life for lowans with disabilities.

#### **Policy Recommendations**

- 1. Support full implementation of the Affordable Care Act (Patient Protection and Affordable Care Act-PPACA)**
- 2. Support strategic priorities identified by DHS in its Olmstead Mental Health and Disability Services Plan, such as community emergency crisis services to reduce reliance on hospitalization and other institutionally-based care.**
- 3. Provide funding for the non-federal match, as required, for such important PPACA initiatives as development of health home service delivery models and the extension and expansion of Money Follows the Person.**

For more information contact:  
Dawn Francis, Iowa SILC, 515-282-0275  
Casey Westhoff, The Arc of Iowa, 515-210-6686

# IOWA MENTAL HEALTH AND DISABILITY SERVICES COMMISSION

## 2011 LEGISLATIVE PRIORITIES

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*The Iowa Mental Health and Disability Services (MHDS) Commission recognizes that the members of this General Assembly face an unusually daunting task in allocating scarce resources and maintaining a balanced State budget. In making those difficult decisions, we remind you to carefully consider the health and safety needs of our most vulnerable citizens and recognize the human as well as the financial costs associated with policy and funding choices.*

*When essential and cost-effective supportive services to people with mental health and disability-related needs are not adequately funded, the result is more emergency room visits, more emergency psychiatric hospitalizations, more involvement with law enforcement, corrections, and the courts, more abuse and neglect, and potentially more preventable deaths. We urge you to preserve the necessary and basic supports of daily living for Iowans with special needs by fully funding the MHDS Commission's modest allowable growth recommendation to the Governor, and by supporting cost effective mental health and disability-related services that are needed more than ever in these difficult economic times.*

*At a time when so many Iowans are suffering because of lost income, jobs, health care benefits, and homes, are struggling to recover from natural disaster losses, and are facing the challenges of returning from military deployments, our community mental health and disability services system is a critical safety net for a growing number of individuals and families. We have identified the following four priorities for mental health and disability services in Iowa:*

### PRIORITY 1:

#### ENSURE THE BASIC MENTAL HEALTH AND DISABILITY NEEDS OF IOWANS

Fund cost-effective mental health, intellectual disability, developmental disability, and brain injury services at a level adequate to meet basic needs.

### PRIORITY 2:

#### BUILD COMMUNITY CAPACITY

Take steps designed to build community capacity to serve Iowans with mental health, intellectual and developmental disabilities, and brain injuries in non-institutional settings.

### PRIORITY 3:

#### ADOPT PROPOSAL FOR REVISING IOWA CODE CHAPTER 230A

Adopt recommendations for revisions to Iowa Code Chapter 230A, governing the organization and operation of Community Mental Health Centers in Iowa.

### PRIORITY 4:

#### LAY THE FOUNDATION FOR REVISING IOWA CODE CHAPTER 229

Further develop recommendations for revisions to Iowa Code Chapter 229, governing mental health commitments in Iowa.

### PRIORITY 1:

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Approved December 2, 2010

## ENSURE THE BASIC MENTAL HEALTH AND DISABILITY NEEDS OF IOWANS

### **Fund cost-effective mental health, intellectual disability, developmental disability, and brain injury services at a level adequate to meet basic needs.**

**PRINCIPLE:** Maintain needed services and allow growth necessary to eliminate waiting lists and prevent more expensive interventions and placements, give counties flexibility in determining when growth is needed, and take steps to integrate primary health care, mental health care, and substance abuse services.

### **STRATEGIES:**

- (1) ***SUPPORT OLMSTEAD PLAN*** - Adequately fund the services and activities identified and prioritized in the DHS Olmstead Plan for Mental Health and Disability Services to make the plan a reality.
- (2) ***REPLACE PROPERTY TAX CAP*** - Replace the dollar cap on county property tax levies with a levy rate cap and allow counties flexibility in determining which base year to use as the capitation rate. The dollar cap has remained unchanged since 1997. It has been estimated that if the 1996 levy rates were applied today, there would be approximately \$50 million more county dollars available to fund current service needs.
- (3) ***PROTECT COUNTY FUND BALANCES*** - Hold counties harmless for increased fund balances resulting from the enhanced FMAP (Federal Medical Assistance Percentage) for FY 2010.
- (4) ***PROMOTE MENTAL HEALTH PARITY*** - Build on the Affordable Health Care Act to achieve Mental Health Parity for all insurers. Parity in private insurance coverage would reduce reliance on public mental health services and would better support a comprehensive array of services statewide.
- (5) ***RETAIN OPEN ACCESS*** - Retain open access to mental health medication. Preferred drug lists requiring prior approval for exceptions may be a generally effective cost containment measure, but create the potential for even greater costs when applied to mental health medications. The medications with the fewest side effects are often the newest and not the 'preferred medications.' Consumers who experience unpleasant side effects from older medications are less likely to stay on them and, as a result, are more likely to be hospitalized or require other more expensive forms of treatment.
- (6) ***ALLOW MEDICAID SUSPENSION*** - Allow for the suspension rather than the termination of Medicaid benefits for persons entering a correctional facility for up to 12 months. If it is determined that person remains eligible for benefits at the time of release, benefits could then be immediately reinstated and the individual would have prompt access to mental health medications and necessary treatment that will help deter re-offending.
- (7) ***SHIFT COMMITMENT COSTS*** - Transfer the costs of commitments and persons in state hospitals from counties to the State as another step toward the elimination of legal settlement. Increase the use of mental health jail diversion programs and special needs courts and promote other appropriate alternatives to commitment.

(8) **INTEGRATE SERVICES** - Develop an implementation plan for integration of primary health care, mental health care, developmental disability, brain injury, and substance abuse services as a part of federal healthcare reform, following a the basic characteristics of a comprehensive, continuous, and integrated System of Care model.

(9) **PROMOTE SYSTEM EFFICIENCIES** - Promote cost-saving efficiencies and less-restrictive service options including:

- **COMMUNITY-BASED** - Redirecting resources from expensive institutional care to more cost-effective community-based services Initiating or increasing client participation for some services
- **CONSISTENT** - Evaluating Medicaid program integrity, regulations, and policies for efficiency and consistency in meeting the needs of lowans
- **EFFECTIVE** - Replicating programs that demonstrate cost-effectiveness and positive outcomes for people
- **MODERN** - Utilizing technology to improve system efficiency
- **FOCUSED** - Insuring that federal funds received for health care purposes are obligated to health care and not diverted for other use
- **SIMPLIFIED** - Minimizing processes and paperwork to reduce costs

## PRIORITY 2:

### BUILD COMMUNITY CAPACITY

**Take steps designed to build community capacity to serve lowans with mental health, intellectual and developmental disabilities, and brain injuries in non-institutional settings.**

**PRINCIPLE:** Adults and children should have access to needed services and supports in their communities and should not have to resort to nursing home or institutional living.

#### **STRATEGIES:**

(1) **ADDRESS WORKFORCE SHORTAGES** - Address the critical shortage of mental health and other professionals by:

- **SUPPORTING TRAINING & CREDENTIALING** - Supporting efforts to develop a competency-based curriculum and credentialing system for direct support professionals that values and promotes community-based services mental health and disability-related services through the use of established learning systems such as the College of Direct Support. Building competent direct support professional workforce also requires that training become a direct cost.

- **EXPANDING MENTAL HEALTH RESIDENCIES** - Developing and implementing a plan to expand opportunities for community psychiatry residency positions and training for psychiatric physician assistants, psychiatric nurse practitioners, and psychiatric social workers at multiple locations in Iowa.
- **UTILIZING PEER SUPPORT** - Expanding the use of trained and credentialed peer support specialists and family support services.
- **EXPANDING ASSERTIVE COMMUNITY TREATMENT (ACT)** – Building on the five existing Assertive Community Treatment (ACT) teams to establish statewide coverage.

(2) **DEVELOPING CRISIS STABILIZATION** - Developing crisis stabilization beds and sub acute care beds statewide utilizing a recovery model as recommended by the Acute Care Task Force and further supporting recovery with wellness centers, drop in centers, and peer support services.

(3) **EXPANDING CHILDREN'S SYSTEMS OF CARE** - Building on Iowa's two current children's system of care projects in northeast and central Iowa to create a comprehensive statewide system for children's disability services.

(4) **INCREASING WAIVER FLEXIBILITY** - Raising the monthly individual cap on waiver services for children to provide flexibility and support the ability of families to keep their children at home, in school, and out of expensive residential placement. If families cannot access critical services such as respite care when they need it, children are vulnerable to abuse and neglect or out-of-home placement.

(5) **EXPANDING BRAIN INJURY SERVICES** - Eliminating the need for a waiting list for brain injury services by fully funding the HCBS Brain Injury Waiver at the projected level of growth approved by the Centers for Medicare and Medicaid Services (CMS) and by removing the dollar funding cap that prohibits the provision of services at a level necessary to prevent institutionalization or out of state placement.

(6) **EXPANDING ID WAIVER** - Amending the HCBS Intellectual Disabilities Waiver to include individuals with autism spectrum disorders and determine eligibility through an individual clinical assessment based on functional impairment.

PRIORITY 3:

ADOPT PROPOSAL FOR REVISING IOWA CODE CHAPTER 230A

**Adopt recommendations for revisions to Iowa Code Chapter 230A,  
governing the organization and operation of  
Community Mental Health Centers in Iowa.**

**PRINCIPLE:** Community mental health centers should play a critical role in the statewide system that serves Iowans who have mental health disorders and/or experience mental health related crises. The recommendations are proposed with a long-term vision of (1) Establishing a statewide organized public safety net of services for Iowans of all ages who have mental health disorders; (2) making an array of core safety net services available to Iowans regardless of their place of residence or economic circumstance; and (3) assuring to provision of quality services.

**STRATEGY:** **UPDATE CHAPTER 230A** - Revisit the original proposal presented in 2010 for updating the statutory provisions governing the role and operation of community mental health centers to reflect current needs and expectation as one step in implementing improvements to Iowa's system of public mental health and disability services. Consider the role of CMHCs in the implementation of federal health care reform and the establishment of a comprehensive, continuous, and integrated System of Care model, including the use of technological enhancements such as telemedicine.

PRIORITY 4:

LAY THE FOUNDATION FOR REVISING IOWA CODE CHAPTER 229

**Further develop recommendations for revisions to  
Iowa Code Chapter 229, governing mental health commitments in Iowa.**

**PRINCIPLE:** The number of mental health commitments in Iowa is growing and too often individuals go through commitment proceedings because it is the path of least resistance to a "bed," not because the person truly needs to be committed. Alternatives need to be developed that are less expensive and more effective in addressing the needs of individuals in need of mental health services.

**STRATEGY:** **REVISE CHAPTER 229** – A workgroup including representatives of the judicial system and the mental health system is currently meeting to develop recommendations for changes in the commitment process. We support coordinated and continued efforts to review and update Chapter 229 to better meet the needs of Iowans with mental illness, to alleviate the burden of unnecessary commitment proceedings on the services system, and minimize the disruption in the lives of individuals experiencing mental health crises. Our recommendations to develop crisis stabilization services, expand Assertive Community Treatment statewide, and increase the use of mental health jail diversion programs and special needs courts are examples of systemic changes that can also contribute to the reduction of unnecessary commitments.



## Iowa Olmstead Consumer Task Force

January 12, 2011

Dear Iowa Legislators,

In the Americans with Disabilities Act of 1990 (ADA), Congress described the isolation and segregation of individuals with disabilities as a serious and pervasive form of discrimination. 42 U.S.C. § 12101(a)(2), (5). Title II of the ADA, which proscribes discrimination in the provision of public services, specifies, *inter alia*, that no qualified individual with a disability shall, “by reason of such disability,” be excluded from participation in, or be denied the benefits of, a public entity’s services, programs, or activities. §12132. Congress instructed the Attorney General to issue regulations implementing Title II’s discrimination proscription. See §12134(a). One such regulation, known as the “integration regulation,” requires a “public entity [to] administer ... programs ... in the most integrated setting appropriate to the needs of qualified individuals with disabilities.” 28 CFR § 35.130(d). A further prescription, here called the “reasonable-modifications regulation,” requires public entities to “make reasonable modifications” to avoid “discrimination on the basis of disability,” but does not require measures that would “fundamentally alter” the nature of the entity’s programs. §35.130(b)(7).

In *Olmstead v. L.C.* (527 U.S. 581, 1999) the U.S. Supreme Court held that:

- It is illegal to force individuals with disabilities to live in institutions to receive services they could receive in community settings with the appropriate supports.
- Unnecessary institutional segregation constitutes discrimination *per se*, which cannot be justified by a lack of funding.

Each state must make sure waiting lists for community services move at a reasonable pace.

DHS convened a statewide steering committee, later given the name of the Iowa Olmstead Real Choices Consumer Task Force, which gathered input that shaped an early working plan called the 2001 Iowa Plan for Community Development.

Today, the Iowa Olmstead Consumer Task Force includes people with disabilities, family members of people with disabilities, advocates for disability rights, and representatives of key state agencies. Over the past eight years the Task Force has worked to implement Governor Vilsack's Executive Order 27. This order specifically directs the Task Force to do the following:

“The Olmstead Real Choices Consumer Task Force and the Department of Human Services shall advise the Governor's Office on workable strategies for addressing barriers to community integration for individuals with disabilities and for developing a well-coordinated and seamless service delivery system, wherein State agencies, counties, and localities work together in a more cohesive manner to deliver needed services, including the identification of specific state law, administrative rules, or policy changes that could eliminate existing barriers, and recommended strategies for on-going communication and coordination of efforts between agencies.”

To learn more about the Olmstead Decision and its implementation in Iowa,  
visit <http://www.olmsteadrealchoicesia.org>

Iowa still has much work to do to comply with these *Olmstead* mandates. As such, the Iowa Olmstead Consumer Task Force recommends the following legislative priorities for 2011:

### **Iowa Olmstead Consumer Task Force 2011 Legislative Priorities**

- The Iowa Olmstead Consumer Task Force supports the 2011 Legislative Priorities of the Iowa Mental Health and Disability Services Commission, with the understanding that these priorities serve all Iowans with disabilities as described in the Americans with Disabilities Act (ADA). Especially Priority 1. Strategy 1. SUPPORT OLMSTEAD PLAN, the development of which the Taskforce has been very involved with for the past year. The four Commission Legislative Priorities for 2011 are as follows, and further details of these priorities are listed in the attached document “Iowa Mental Health and Disability Services Commission 2011 Legislative Priorities”:

**Priority 1:** Ensure the basic mental health and disability needs of Iowans.

**Priority 2:** Build community capacity.

**Priority 3:** Adopt proposal for revising Iowa Code Chapter 230A.

**Priority 4:** Lay the foundation for revising Iowa Code Chapter 229.

- The Iowa Olmstead Consumer Task Force supports the 2011 Legislative Priority of the Iowa Human Needs Advocates regarding the Affordable Care Act and the Iowa DHS Olmstead Plan. There are three policy recommendations, and further details of these priorities are listed in the attached document “Iowa Human Needs Advocates – The Affordable Care Act and the Iowa DHS Olmstead State Plan”.

**Policy Recommendation 1:** Support full implementation of the Affordable Care Act (Patient Protection and Affordable Care Act – PPACA).

**Policy Recommendation 2:** Support strategic priorities identified by DHS in its Olmstead Mental Health and Disability Services Plan, such as community emergency crisis services to reduce reliance on hospitalization and other institutionally-based care.

**Policy Recommendation 3:** Provide funding for the non-federal match, as required, for such important PPACA initiatives as development of health home service delivery models and the extension and expansion of Money Follows the Person (a federal grant that Iowa received to move people out of Intermediate Care Facilities for the Mentally Retarded (ICFMRs) and into home and community based living so they can live independently).

Respectfully,

Jerry Mayes, Ph.D.  
Chair, Iowa Olmstead Consumer Task Force

## **DHS Internal Olmstead: 18-month (January 1, 2011 – June 30, 2012) ACTION AGENDA**

### **Strategic Priority 1**

**Educate Iowans about the potential of people with mental illness, brain injury or other disabilities to make positive contributions.**

#### **1.1.c: SFY11/SFY12**

*Think Beyond the Label* – Build on the national media campaign by customizing the message within the State, to promote public awareness and to make the business case for hiring people with disabilities.

### **Strategic Priority 2**

**To promote full community inclusion for people with mental illness, brain injury or other disabilities.**

#### **1.6.a: SFY11/SFY12 (see Strategic Priority 7: 3.3.b)**

Develop a common language and definitions for community and facility based providers to improve communications, that reflects a commitment to empowerment of individuals, and a focus on strengths and functional needs rather than a diagnosis.

### **Strategic Priority 3**

**Improve access to services for individuals in crisis and their families.**

#### **2.1.a: SFY11/SFY12**

Promote alternatives and complements to hospital-based emergency and inpatient services for urgent behavioral health care needs of adults and children through the development and expansion of community-based access centers and crisis stabilization beds.

#### **2.1.b: SFY11/SFY12 (see Strategic Priority 7: 3.3.a)**

Expand provider capacity to address behaviors related to co-occurring mental illness and intellectual disabilities through deployment of I-PART.

#### **2.1.c: SFY11/SFY12**

Expand the capacity of the state mental health facilities as resource centers for the community provider network, in helping individuals to stay in the community.

#### **2.1.f: SFY11/SFY12**

Develop emergency mental health services in pilot areas.

## **DHS Internal Olmstead: 18-month (January 1, 2011 – June 30, 2012) ACTION AGENDA**

### **2.1.g: SFY11/SFY12**

Expand access to training for community based providers (including primary care providers as well as non-prescribing mental health professionals) in behavioral health medication management.

### **2.3.b: SFY11/SFY12**

Maintain and continue to enhance Iowa's web based Information & Referral services for people with disabilities and older Iowans and make cross-training of information regarding services and supports regarding all disabilities available.

### **2.3.c: SFY11/SFY12 (see Strategic Priority 6: 3.2.d)**

Develop a network of trained parent mentor navigators and educators for parents of children with disabilities, including Serious Emotional Disturbance.

### **2.4.a: SFY11/SFY12**

Expand educational programs for law enforcement and the judicial branch on the symptoms of and supports for mental illness and other disabilities.

### **2.4.b: SFY11/SFY12**

Continue the work of the Court Mental Health Work Group.

### **2.4.c: SFY11/SFY12**

Establish vehicles for communication among law enforcement, the judicial branch and MHDS about options available for diversion, and alternatives to arrest, detention, incarceration and commitment.

### **2.8.g: SFY12 (see Strategic Priority 7: 3.3.c)**

Identify opportunities to improve discharge planning to meet the needs of individuals for services in the communities of their choice.

### **2.10.g: SFY12**

Work with the Veterans Administration, the Iowa Dept of Veterans Affairs and veterans' organizations to develop collaborative approaches to meeting the needs of veterans with mental health issues and/or brain injuries and their families.

## **DHS Internal Olmstead: 18-month (January 1, 2011 – June 30, 2012) ACTION AGENDA**

### **Strategic Priority 4**

**Ensure appropriate services and settings by strengthening the tools and processes used to assess individual support needs.**

#### **2.8.a: SFY11/SFY12**

Strengthen implementation of PASRR for lowans prior to admission to nursing homes, to identify individuals with mental illness or intellectual disabilities and to insure that placement is appropriate and needed services are available.

#### **2.8.b: SFY11/SFY12 (see Strategic Priority 7: 3.4.e)**

Develop and implement policies and procedures for Implementation of new federal requirements to ensure the rights of nursing home residents to choose where they receive their long term supports and services, including referral to local contact agencies for options counseling, and transition services as appropriate.

#### **2.8.c: SFY12**

Explore use of a standardized functional assessment tool (the Supports Intensity Scale) in determining service and support needs for people with intellectual disabilities.

### **Strategic Priority 5**

**Establish the leadership, necessary partnerships and infrastructure for a service system expanding opportunities for competitive employment.**

#### **1.3.b: SFY11/SFY12**

Analyze current policies and practice regarding transition, and determine, with engagement of the Dept of Education, how these can be strengthened to support integrated employment as a preferred outcome for students moving into the adult service system. This should include clarity of post secondary and national service options to further prepare students for adult life.

#### **3.1.a: SFY11/SFY12**

Continue current work in collaboration with the SELN and other State agency partners, including Dept of Education, IVRS, IWD, Dept for the Blind, Iowa DD Council, Dept of Human Rights and others to develop and implement a statewide competitive employment plan for people with disabilities or mental illness.

#### **3.4.d: SFY12**

Build community provider capacity for Supported Employment services.

## **DHS Internal Olmstead: 18-month (January 1, 2011 – June 30, 2012) ACTION AGENDA**

### **Strategic Priority 6**

**Develop frameworks for advancing the integration and coordination of primary care, mental health, substance abuse, disability, and other services.**

#### **3.2.a: SFY11/SFY12**

Develop and maintain a mental health delivery system that meets the needs of children with SED in the community by extending children's mental health systems of care: (1) Continue to build the sustainability of the NE Iowa Community Circle of Care; (2) Support state-funded systems of care for children in Polk/Warren Counties; (3) Seek support for the E Central Iowa Children's Mental Health Initiative; (4) Promote expansion to additional regions in Iowa, with emphasis on the western region of the State.

#### **3.2.c: SFY11**

Develop service definitions and expectations regarding the use of remedial services and integration of remedial services with other services. Improve coordination and quality of mental health services by transferring remedial services administration to the Iowa Behavioral Health Plan.

#### **3.2.d: SFY11**

Continue to develop and support a statewide network of trained family navigators and educators, that help families of children with developmental disabilities and other special health care needs make informed healthcare decisions and navigate the service system, and offer web-based resources (DHS Family 360/Family to Family Health Information Center initiative).

### **Strategic Priority 7**

**Deploy the resources of public residential institutions and Iowa's Money Follows the Person grant, in tandem with other federal and state initiatives, to maximize support for community integration and reduce reliance on institutionally based services.**

#### **3.3.a: SFY11 (see Strategic Priority 3: 2.1.b)**

Expand provider capacity to address behaviors related to co-occurring mental illness and intellectual disabilities through deployment of the Iowa Program Assistance Response Team (I-PART).

#### **3.3.b: SFY11/SFY12**

Develop a common language and definitions for community and facility based providers to improve communications, that reflects a commitment to empowerment of individuals, and a focus on strengths and functional needs rather than a diagnosis.

#### **3.3.c: SFY11/SFY12 (see Strategic Priority 3: 2.8.g)**

Continue to strengthen discharge planning at Resource Centers and orient internal operations to reductions in length of stay.

## **DHS Internal Olmstead: 18-month (January 1, 2011 – June 30, 2012) ACTION AGENDA**

### **3.4.a: SFY11**

Explore extension of Iowa's MFP demonstration to 2016 (with continuation of operations to 2019) to assist individuals living in facilities transition to more independent community settings.

### **3.4.b: SFY11**

Explore expansion of MFP transition services and supports to additional populations receiving facility based care.

### **3.4.c: SFY12**

Build provider capacity to ensure access to community based crisis intervention, behavioral programming and mental health outreach services.

### **3.4.e: SFY11/SFY12 (see Strategic Priority 4: 2.8.b)**

Develop policies and procedures for implementation of new federal requirements to ensure the rights of nursing home residents to choose where they receive their long term supports and services, including referral to local contact agencies for options counseling, and transition services as appropriate (MDS 3.0 Section Q).

### **3.5.a: SFY12**

Work with the Iowa Finance Authority to ensure availability of HCBS Waiver Rent Subsidies to support MFP participants and other individuals on Waivers.

### **3.5.b: SFY12**

Advocate for system changes or accommodations for people with disabilities at local public housing authorities in the federal Housing Choice Voucher (Section 8) application process to enable the same access as individuals without disabilities.

## **Strategic Priority 8**

### **Improve service outcomes by promoting efficient and cost effective best practices.**

### **4.1.c: SFY11/SFY12**

Continue to collaborate with the IDPH to review accreditation standards and policies used for both mental health and substance abuse services and develop protocol to cross-accept accreditation determinations made by each agency, similar to deemed status applied to national accreditation by IDPH and DHS.

## **DHS Internal Olmstead: 18-month (January 1, 2011 – June 30, 2012) ACTION AGENDA**

### **Strategic Priority 9**

#### **Develop and expand workforce competencies.**

##### **4.3.a: SFY11/SFY12**

Partner with the IDPH and other agencies and organizations to identify and define direct support professional competencies and the curricula needed to provide effective services to individuals with mental illness and other disabilities, including, as appropriate, training supporting the expansion of evidence-based practices in Iowa.

##### **4.3.d: SFY11**

Explore developing an incentive strategy to assist providers that improve retention and performance of direct support professionals, including strategies linking reimbursement to competency-based skill development training and on-site supports.

### **Strategic Priority 10**

#### **Implement an effective performance and accountability infrastructure.**

##### **5.1.b: SFY12**

Provide for annual stakeholder review of this Plan and recommendations for updating.

### **Strategic Priority 11**

#### **Develop a plan for long term system financing.**

##### **5.5: SFY12**

Collaborate with counties and key stakeholders in the development of recommendations for long term system funding, to include an assessment of the options available under the Affordable Care Act, including mental health parity, health home and the benchmark plan.