

OLMSTEAD CONSUMER TASKFORCE AGENDA

SPECIAL MEETING

MONDAY JUNE 14TH, 2010 10:00 a.m.- 3:00 p.m

conference phone 1-866-685-1580, conference code 8957365810

UNITED WAY BUILDING, 111 1 9TH ST, DES MONES, IOWA

CONFERENCE ROOM F

BRIEF AGENDA

- 10:00 A.M. Welcome and Introductions
- 10:15 Olmstead State Plan Work Input—Bob Bacon, other CDC staff and DHS
- 11:45 Lunch
- 1:00 Continue work on Plan
- 2:30 Brief review by members of todays efforts
- 3:00 Adjourn

please note that since this is a special meeting all regular business will be taken care of at July Meeting which will be held at Urbandale Public Library on July 16th

also, briefly today , committee list will be distributed for your consideration

Also Go To Meeting details will follow next week prior to meeting

▲ Life in the Community for Everyone:

Developing Our Olmstead Plan for Mental Health and Disability Services

Iowa Department of Human Services – MHDS Division

Public Discussions

May – June 2010



Iowa's Roadmap to Transformation

This slide presentation is meant to accompany a review of the Department's draft State plan for mental health and disability services.



Iowa's Roadmap to Transformation

Brief Review: Why a Plan?

- To reflect and promote a common set of values**
- To define the outcomes we want for individuals, families and our service system**
- To allow us to measure progress**
- To keep us focused, especially in lean times**



Iowa's Roadmap to Transformation

Brief Review: Why a Plan?

- Help to integrate our many initiatives**
- Promote evidence-based decision making**
- Set the framework for monitoring results and continuous improvement**



What is *Olmstead* and Why an Olmstead Plan?

1999 U.S. Supreme Court decision (*Olmstead v. L.C.*)

- ***Impacts all* people with disabilities, regardless of age or diagnosis.**
- **Long term supports and services must be delivered in the most integrated setting consistent with the individual's needs.**
- **Eliminate barriers to full community participation.**



What is an Olmstead Plan? (cont'd)

- **Planning Responsibilities of Iowa DHS**
 - **State Mental Health Plan**
 - **State Developmental Disabilities Plan**
 - **State Olmstead Plan**

- **DHS has elected to develop a single, comprehensive plan for mental health and disability services...**

**DHS Olmstead Plan for Mental Health
and Disability Services**



The Planning Process: Laying the Foundation

Our starting point:

- **The historical perspective on Iowa's service system (posted on the State Plan website: <http://www.iowamhdsplan.org>)**
- **What have stakeholders been telling us? (Review and analysis of past stakeholder reports and recommendations, also posted on the website)**



The Planning Process: Laying the Foundation

- What are the basic principles to guide us in transform our mental health and disability services system?**
- What would a transformed system look like?**

Developed guiding principles and a description of a transformed system with input from hundreds of lowans. (Both are posted on the web site)



DHS Olmstead Plan for Mental Health and Disability Services

Our Vision:

A life in the community for everyone.



The Planning Process: Getting to Goals

**We've defined what we want in a
transformed system—**

What are the overall goals?



The Planning Process: Getting to Goals

- 1. Community – *Welcoming and aware***
- 2. Access – *People getting what they need***
- 3. Capacity – *The system can deliver it to all***
- 4. Quality – *Responsive, effective, efficient***
- 5. Accountability – *Results for consumers
and taxpayers***

Note: Goals align with guiding principles for decision making



The Planning Process: Getting to Goals

Goals are:

- The pillars of our system**
- The guideposts on the way to achieving our vision**
- Long term and broad**



The Planning Process: Breaking this down so we can work on it

EVERYTHING is related to EVERYTHING ELSE!

- **Complexity is inherent**
 - **Complexity of system (Awareness, access, capacity and quality are intertwined)**
 - **Complexity of people (who may have disabilities, substance abuse issues, medical conditions, etc.)**

- **This is why we need a comprehensive plan.**



Developing a Framework: From Goals to Objectives

- They answer the question “How?”**
- The list is wide-ranging—the “how” for all goals, all aspects of transformation**
- Objectives tend to be multi-year**
- They often serve more than one goal**
- Priorities can change from year to year**



Developing a Framework: From Objectives to Action Steps

Initiative—both current and proposed—to:

- Achieve specific measurable outcomes**
- Help us progress towards objectives**

Action steps can serve more than one objective.



Developing a Framework: Does current work serve our objectives?

Initial focus is on scope of activities within our control

- **MHDS**
- **Iowa Medicaid Enterprise**
- **DHS Field Offices**
- **DHS Divisions**



Developing a Framework: Does current work serve our objectives?

Current partnerships and collaboration in system transformation

- ❑ Iowa Department of Public Health**
- ❑ Iowa Finance Authority**
- ❑ Iowa Department of Transportation**
- ❑ Other external partners**



Developing a Framework:

Drafting a list of Action Steps

**Cataloguing our current initiatives by
objective(s) served**

**Identifying other possible initiatives that will
help us progress towards those
objectives**



Framework for a Five Year State Plan for MH and Disability Services

- Vision**
- Description of the transformed system**
- Principles**
- Goals**
- Objectives**
- Action steps (including milestones and timetables)**



DHS Olmstead Plan for Mental Health and Disability Services

What's next?

**It's time to come back to stakeholders about
setting priorities.**



Strategic Priorities: Our Action Agenda

Sets of initiatives, current or proposed, that address a compelling need related to system transformation

(Sometimes we'll be opportunistic.)

(Sometimes we have to do something anyway.)



Strategic Priorities: Our Action Agenda

**Primary focus of DHS' and
partner's energy and resources
for the next one to five years**



DHS Olmstead Plan for Mental Health and Disability Services

Please join the conversation.

All ideas and comments are welcome.



DHS Olmstead Plan for Mental Health and Disability Services

**Visit the State Plan website at
<http://www.iowamhdsplan.org> for new
postings and invitations to comment.**

DESCRIPTION OF THE TRANSFORMED SYSTEM (5-13-10)

In a transformed system:

1. *Iowans increasingly recognize, value, and respect individuals with mental illness or disabilities as active members of their communities.* Disability is viewed as a natural part of the human experience, and mental illness is regarded as a health condition like any other.
2. *Each adult and child has timely access to the full spectrum of supports and services needed.* Individuals and families are provided information about supports and services, and assistance in navigating seamless support systems. Everyone receives services and supports regardless of ability to pay in a system free of inequity or bias. People with disabilities and/or mental illness get services based on functional need. Co-occurring conditions are recognized as the expectation rather than the exception in meeting service needs, and are not a barrier to services. The unique needs and culturally diverse character of Iowa's population are acknowledged and supported. The needs of individuals and families in crisis are promptly addressed using cost-effective interventions to keep families intact and people at home.
3. *Communities offer a comprehensive, integrated, and consistent array of services and supports that are individualized and flexible.* Adults and children in need of mental health services have access to a system of care offering a well-planned, coordinated array of services and supports that facilitate recovery and build resilience to face life's challenges. Adults and children with disabilities access a coordinated system of care providing the supports they need to live, learn, work and recreate in communities of their choice. Mental illness, substance abuse, intellectual disabilities, and general medical conditions commonly coexist, and the complexity of service needs is acknowledged and appropriately addressed.

The system promotes and supports individual responsibility for health and wellness including prevention, early identification and intervention. Youth have access to a coordinated array of coordinated supports and services to assist them in a seamless transition to work and independent living. Competitive employment is the first option in planning for community living and full inclusion.

4. *State and local policies and programs align to support the legislative vision of resiliency and recovery for Iowans with mental illness, and the ability of Iowans with disabilities to live, learn, work, and recreate in communities of their choice.* Barriers to community living are eliminated for adults and children through State and local collaborative initiatives in housing, transportation, early childhood programs, child welfare, public assistance, substance abuse, juvenile justice and the correctional system.
5. *Investing in people through appropriate training, salary and benefits improves workforce and organizational effectiveness.* The workforce is skilled, trained and able to fully respond to the diverse needs of individuals and families served.
6. *Communities recognize and respect the ability of people (1) to make informed choices about their personal goals, about the activities that will make their lives meaningful, and about the amounts and types of services to be received; and (2) to understand the*

consequences and accept responsibility for those choices. Services are provided in the least restrictive setting consistent with an individual's needs.

7. *Individuals and families actively participate in the service planning process; in evaluating the effectiveness of providers, supports and services; and in policy development.* Adults with mental illness or disabilities and families of children with disabilities take an active role in directing resources available to meet their needs. The system provides flexible funding for services and individualized supports.
8. *Innovative thinking, progressive strategies and ongoing measurement of outcomes lead to better results for people.* Quality is ensured through implementation of evidence-based, best and emerging practices with a focus on measurable client and system outcomes and continuous improvement. Objective outcomes and indicators, measures of program fidelity, and fiscal accountability are supported through effective information systems, data management and reporting.
9. *Adequate funding and effective management of supports and services promotes positive outcomes for Iowans.* Resources are redirected to support effective and coordinated systems, and provider reimbursements incentivize desired outcomes. The roles of state and local partners and responsibilities for outcomes are clearly defined.

A Life in the Community For Everyone

Principles Guiding a Transformed System

1. **Public awareness and inclusion**....Iowans increasingly recognize, value, and respect individuals with mental illness or disabilities as active members of their communities.
2. **Access to services and supports**....Each adult and child has timely access to the full spectrum of supports and services needed.
3. **Individualized and person-centered**....Communities offer a comprehensive, integrated, and consistent array of services and supports that are individualized and flexible.
4. **Collaboration and partnership in building community capacity**....State and local policies and programs align to support the legislative vision of resiliency and recovery for Iowans with mental illness, and the ability of Iowans with disabilities to live, learn, work, and recreate in communities of their choice.
5. **Workforce and Organizational Effectiveness**....Investing in people through appropriate training, salary and benefits improves workforce and organizational effectiveness.
6. **Empowerment**....Communities recognize and respect the ability of people (1) to make informed choices about their personal goals, about the activities that will make their lives meaningful, and about the amounts and types of services to be received; and (2) to understand the consequences and accept responsibility for those choices.
7. **Active Participation**....Individuals and families actively participate in the service planning **and delivery** process; in evaluating effectiveness of providers, supports and services; and in policy development.
8. **Provider accountability and results**....Innovative thinking, progressive strategies and ongoing measurement of outcomes lead to better results for people.
9. **Government responsibility and accountability**....Adequate funding and effective management of supports and services promotes positive outcomes for Iowans.

Definitions

Goals are the broad long term results towards which efforts and resources are to be directed in order to transform Iowa's mental health and disability service system. The five goals of this plan are over arching themes emerging from years of public dialogue with stakeholders. **Objectives** are more specific, shorter term end results that help us refine our thinking about what it takes to achieve our goals. Many objectives listed serve more than one goal. **Action steps** are initiatives to achieve specific measurable outcomes that help us progress towards the objectives under which they are listed. They too can serve more than one. Action steps will be refined to include measures of success, milestones and timetables. **Strategic priorities** are the sets of initiatives that will be the primary focus of the Department's energy and resources (budget) over the next one to two years, because of the importance of the need addressed, the opportunities currently available to make significant progress in addressing that need, or other factors such as new statutory mandates. Resources will not be focused solely on strategic priorities, since there are on-going responsibilities and important work to be done on a wide range of initiatives. Strategic priorities do provide focus and clarity in transformation efforts.

**Olmstead Plan for Iowa: Olmstead Consumer Taskforce
State Plan Committee Recommendations (5/7/10)**

Deleted: Mental Health and Disability Services

Key

- Action steps that support a strategic priority (SP) are in **bold** font. If they are **already underway**, they are also in *italics*.
- Action steps not linked to a strategic priority, but already underway are in *italics*.

Principle Driven Goals

<p>Goal 1 Communities Welcoming communities that promote the full participation of Iowans with mental illness or disabilities. <i>(Principle 1)</i></p>	<p>Goal 2 Access Increased access to services and supports that individuals need to optimally live, learn, work and recreate in communities of their choice. <i>(Principle 2)</i></p>	<p>Goal 3 Capacity A full array of community based services and supports that is practically available to all Iowans. <i>(Principles 3,4 and 5)</i></p>	<p>Goal 4 Quality High quality services and supports. <i>(Principles 6 and 7)</i></p>	<p>Goal 5 Accountability Clear accountability for achieving service results for Iowans that support individuals to live, learn, work and recreate in communities of their choice. <i>(Principles 8 and 9)</i></p>
<p>Strategic Priority No. 1: Provide education for the general public and target audiences on the potential of people with mental illness or other disabilities to make positive contributions.</p> <p>Strategic Priority No. 2: To promote the importance of full community inclusion for people with mental illness or other disabilities</p>	<p>Strategic Priority No. 3: Improve access to services for individuals in crisis <u>and their families and caregivers.</u></p>	<p>Strategic Priority No. 4: Support competitive employment for people with mental illness or other disabilities.</p> <p>Strategic Priority No. 5: Further develop and sustain children's mental health systems of care.</p> <p>Strategic Priority No. 6: Enhance services and supports to assist individuals in moving to settings that offer optimal community integration.</p>	<p>Strategic Priority No. 7: Promote evidence based, best and emerging practices.</p> <p>Strategic Priority No. 8: Develop and expand staff competencies.</p>	<p>Strategic Priority No. 9: Implement an effective performance and accountability infrastructure.</p> <p>Strategic Priority No. 10: Develop a plan for long term system financing.</p>

Olmstead Plan for Iowa: Olmstead Consumer Taskforce State Plan Committee Recommendations (5/7/10)

Deleted: Mental Health and Disability Services

Goal 1 – Communities

Welcoming communities that promote the full participation of Iowans with mental illness or disabilities and older Iowans. (Principle 1)

Obj. 1.1 Improve public awareness of positive contributions of people with mental illness and disabilities and older Iowans.

a. Think Beyond the Label – implement in Iowa the national media campaign to make the business case for hiring people with disabilities and older Iowans. (SP 1)

b. Celebrate the 20th Anniversary of the Americans with Disabilities Act (7/26/10) as an opportunity to promote public awareness of the positive contributions of people with mental illness or other disabilities. (SP 1)

Obj. 1.2 Improve public understanding of the causes and effects of mental illness and other disabilities for all ages and of effective supports and services, through public awareness and education initiatives.

a. Provide continuing support for the Mental Health First Aid initiative to enhance public awareness of the risk signs for mental illness, including suicide. (SP 1)

Obj. 1.3 Expand involvement of young people and adults with mental illness or other disabilities in workforce and volunteer projects

a. Support the involvement of young people and adults with disabilities in Americorps or other national service programs. (SP 2)

Obj. 1.4 Promote active participation of people with disabilities (mental illness or other disabilities) on State and local boards, councils and commissions and provide tools to support active participation.

a. Partner with the Mental Health and Disability Services Commission, the Mental Health Planning Council, the Iowa Developmental Disabilities Council, the Olmstead Consumer Task Force, the ARC and other groups to identify strategies to support people with disabilities for participation on State, regional and local boards, councils and commissions dealing with any topic of interest to the individual, not just disability-related topics. (SP 2)

Deleted: policy making bodies

Obj. 1.5 Promote adoption of a common, people first language about mental illness, disability and older adults, and all aspects of the service system that reflects the dignity and potential of the individual and the values of consumer and family driven planning and service delivery.

Olmstead Plan for Iowa: Olmstead Consumer Taskforce
State Plan Committee Recommendations (5/7/10)

Deleted: Mental Health and
Disability Services

- a. Create a dictionary of 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 medical diagnosis.
- b. Extend use of the common language to policies and administrative rules.

Goal 2 – Access

Increased access to services and supports that individuals need to optimally live, learn, work, and recreate in communities of their choice. (Principle 2)

Obj. 2.1 Improve access to appropriate community based services for individuals in crisis and their families and care givers.

- a. Expand crisis stabilization services for adults and children at demonstration sites in the State. (SP 3)**
- 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). (SP 3)**
- c. 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. (SP 3)**
- d. Build provider capacity to ensure access to community based crisis intervention, behavioral programming and mental health outreach services. (SP 3 - See also SP 6 and Obj 3.3)**
- e. Develop emergency mental health services in pilot areas. (SP 3)**

Obj. 2.2 Increase awareness in schools of mental health issues and promote screenings to identify and refer children and youth at risk.

- a. Improve access to school-based mental health services, including teacher access to consultations with mental health professionals. (SP 3)**
- b. Collaborate with the Iowa Department of Public Health's TeenScreen program to address suicide risks. (SP 3)**
- c. Promote and provide Mental Health First Aid training and support for school systems, child welfare providers, and members of the public to create appropriate awareness of mental health and disability issues and improve capability for individuals to recognize and appropriately respond to individuals experiencing mental health issues and crises. (SP 3)**

**Olmstead Plan for Iowa: Olmstead Consumer Taskforce
State Plan Committee Recommendations (5/7/10)**

Deleted: Mental Health and Disability Services

d. Develop a collaborative response (DHS and the Iowa Department of Education) to school crisis situations including use of the Disaster Behavioral Health Response Team and other MHDS services. (SP 3)

e. Collaborate with the Iowa Department of Education in the development of strategies to promote awareness of the emotional and physical risks of bullying, especially towards students with disabilities, and to implement full compliance with Iowa's anti-bullying law.

Deleted: promote

Obj. 2.3 Improve awareness of mental health, disability, and older adult issues in the judicial branch, law enforcement, etc. to promote access to appropriate treatment settings.

Deleted: and

a. Establish vehicles for communication about available alternatives to commitment. (SP 3)

b. Expand educational programs for law enforcement and the judicial branch about the symptoms of mental illness, dementia and other disabilities. (SP 3)

c. Work collaboratively to determine the most appropriate level of care for individuals who are found incompetent to stand trial, or determined to be not guilty by reason of insanity. (See also Obj. 2.6)

Obj. 2.4 Maintain the capacity to provide timely, effective mental health support in response to natural and human-caused disasters.

Comment [m1]: Mental health support is not just for people with existing mental health issues. Need emergency preparedness for all.

a. Expand Disaster Behavioral Response Team services statewide. (SP 3)

b. Expand Mental Health First Aid training statewide. (SP 3)

Obj. 2.5 Build awareness and capacity of communities to serve people with disabilities during emergencies due to natural and man-made disasters, and of people with disabilities to plan and prepare for such emergencies.

a. Design and implement regional and state trainings for community emergency planners to increase awareness and understanding of the needs of individuals with disabilities during emergencies.

b. Evaluate the Iowa Department of Public Health's Community Access Project as a vehicle for educating communities and people with disabilities about emergency preparedness issues.

Obj. 2.6 Strengthen the State's ability to support informed choice by people with mental illness or other disabilities and older adults who need services.

**Olmstead Plan for Iowa: Olmstead Consumer Taskforce
State Plan Committee Recommendations (5/7/10)**

Deleted: Mental Health and Disability Services

- a. Maintain and continue to enhance Iowa's web based Information & Referral service for people with disabilities. (Iowa COMPASS)
- b. Develop a network of trained parent mentor consultant/navigators for parents of children with disabilities, including Serious Emotional Disturbance. (See Obj. 3.2)
- c. Develop outreach strategies for more proactive dissemination of information about available services and supports.
- d. Continue to work towards a "No Wrong Door" concept in access to services by expanding the role of providers in eligibility determination and assessment.

Comment [m2]: How does ADRC fit here? (See Obj 3.2 d)

Obj. 2.7 Improve system capacity to conduct consistent assessments to best determine service and support needs.

- a. Strengthen implementation of Pre Admission Screening and Resident Review (PASRR) for Iowans entering nursing homes, to identify individuals with mental illness or intellectual disabilities and to prevent inappropriate placement.
- b. *Explore use of the Supports Intensity Scale (SIS) tool in determining service and support needs for people with intellectual disabilities.*
- c. *Explore use of a standardized functional assessment tool to determine service and support needs for people with mental illness and implement upon agreement.*
- d. Identify a standardized functional assessment tool for people with brain injury and non-intellectual disabilities.
- e. Work collaboratively to determine the most appropriate level of care for individuals who are found incompetent to stand trial, or determined to be not guilty by reason of insanity. (See also Obj 2.3)

(f. Assure the Medicare and Medicaid policies with respect to hospital discharge prevent unnecessary institutionalization.)

Obj. 2.8 Improve access to services and supports by creating or expanding affordable transportation options for Medicaid members.

a. Incorporate a Medicaid transportation brokerage as a Medicaid State Plan service.

Obj. 2.9 Improve access to mental health services for underserved populations.

**Olmstead Plan for Iowa: Olmstead Consumer Taskforce
State Plan Committee Recommendations (5/7/10)**

Deleted: Mental Health and
Disability Services

a. Explore with Iowa Medicaid Enterprise (IME) opportunities to integrate mental and physical health services for older adults.

b. **Improve access for individuals with co-occurring disorders.** (SP 6 - See also Objective 4.2)

c. Identify options for less acute care for those with mental illness and disabilities.

Deleted: access needs/

d. Explore strategies to enhance access to services in underserved areas, including rural communities, through telehealth and other technologies.

e. Improve access to services for homeless individuals with mental illness. (See Obj. 3.5)

f. Work with Iowa Medicaid and providers to develop service definitions and expectations regarding the use of remedial services for children.

Obj. 2.9 Continue to address barriers to access that are created by "county of legal settlement" and related funding issues.

Obj. 2.10 Promote early, accurate diagnoses and referrals for individuals at risk of misdiagnosis or non-diagnosis.

a. Provide parents and health professionals with tools to learn the signs of autism and other developmental disabilities as early as possible (such as the Act Early Initiative).

b. Brain injury [To consult with Iowa Department of Public Health and the Brain Injury Association.]

c. Promote awareness by professionals and parents of Iowa's system of early intervention for children at risk of developmental delays (Early Access program).

Goal 3 – Capacity

A full array of community based services and supports that is practically available to all Iowans (Principles 3, 4, and 5)

Obj. 3.1 Support strategies for asset development to promote independence and self reliance for people with mental illness, disabilities or older adults, including promotion of competitive employment as the preferred outcome of services, personal savings, home ownership, and entrepreneurship.

a. Continue current work in collaboration with the State Employment Leadership Network (SELN) and other State agency partners, including Department of Education, Voc Rehab, Workforce Development, Department for the Blind, Governor's DD Council, Department of Human Rights and

**Olmstead Plan for Iowa: Olmstead Consumer Taskforce
State Plan Committee Recommendations (5/7/10)**

Deleted: Mental Health and Disability Services

others to develop and implement a statewide competitive employment plan for people with disabilities or mental illness. (SP 4)

b. Work in collaboration with the Board of Regents and Community Colleges to educate and encourage people with disabilities and their families to pursue higher education.

b. Continue to strengthen inter-agency partnerships, including the DHS state facilities, community mental health centers, Iowa Medicaid Enterprise and MHDS to provide incentives and expand the capacity of the provider network to offer supported employment for people with mental illness or disabilities. (SP 4)

c. Engage people with mental illness and other disabilities, and family members and regional employment and investment boards in the design of employment service models and supports, to drive successful high school and adult transitions to competitive employment. (SP 4)

Comment [m3]: Engage potential employers as well.

d. Continue outreach and education to people with mental illness and disabilities on available federal work incentives and asset development opportunities. (SP 4)

Comment [m4]: What about asset development action steps: asset limits/policy re SSI?

e. Establish early on the expectation that people with mental illness and disabilities will be employed as much as possible.

Deleted: [Language on asset development]

Obj. 3.2 Expand systems of care for people of all ages, with access centers in communities statewide providing assessment, navigation and information.

a. Extend children's mental health systems of care in Iowa: (1) Continue to build the sustainability of the Northeast Iowa Community Circle of Care; (2) Support state-funded systems of care for children in Polk/Warren Counties and promote expansion to additional regions in Iowa; (3) Seek support for the East Central Iowa Children's Mental Health Initiative. (SP 5)

b. Increase inter-agency collaboration for youth with Serious Emotional Disturbance and/or Intellectual and Developmental Disabilities who are transitioning to the adult service system. (SP 5)

c. Continue to develop and support a statewide network of trained family mentors 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).

d. Promote expansion of the DHS Program of All-Inclusive Care for the Elderly (PACE) for older Iowans who meet standards for nursing home care, to enable

**Olmstead Plan for Iowa: Olmstead Consumer Taskforce
State Plan Committee Recommendations (5/7/10)**

Deleted: Mental Health and Disability Services

them to remain living at home rather than be institutionalized, through development of care plans and delivery of comprehensive, integrated prevention services, primary and acute care and long term care by an interdisciplinary team.

Comment [m5]: Develop a plan to increase collaboration among different providers. (See Obj 2.6 d)

Obj. 3.3 Ensure that individuals receiving facility based residential services retain community living options.

a. Extend Iowa's Money Follows the Person demonstration to 2016 (SP 6)

b. Build provider capacity to ensure access to community based crisis intervention, behavioral programming and mental health outreach services. (SP 6 - See also SP 3 and Obj 2.1)

Obj. 3.4 Improve access to safe, affordable and accessible housing.

a. Work with the Iowa Finance Authority to ensure availability of Home and Community Based Services Waiver Rent Subsidies to support Money Follows the Person participants, and other individuals on Waivers . (SP 6)

b. Reduce homelessness for persons with mental illness by leveraging federal funds to expand case management and benefits counseling services.

c. Expand funding for persons with disabilities and older adults to obtain safe, accessible, affordable housing.

Obj. 3.5 Build the capacity, at all levels of service, including state facilities and psychiatric medical institutions for children (PMIC), to serve individuals with high needs who are at risk of out of state placement.

a. Develop provider capacity to serve high need individuals and expand access to the Waivers and State Plan home and community based services.

Deleted: develop provider capacity to serve high need individuals.

b. Expand wraparound services for youth with serious emotional disturbance (SED) and challenging behaviors (SP 3 - See also SP 5 and Obj 3.2, and SP 7 and Obj 4.2)

Obj. 3.6 Implement pre-service and in-service training to improve healthcare, social services and education for people with mental illness or other disabilities.

a. Expand training of medical and dental students, and other health professionals, including education on current and emerging trends in service delivery.

Deleted: pre-service

b. *Expand initiatives to train pediatricians, family practice physicians and physician extenders in diagnosis and treatment of children with Serious Emotional Disturbance.*

**Olmstead Plan for Iowa: Olmstead Consumer Taskforce
State Plan Committee Recommendations (5/7/10)**

Deleted: Mental Health and
Disability Services

c. Expand access to training for community based providers in psychotropic medication management, methodology for gradual medication reduction and inter-class poly-pharmacy. (SP 3)

Goal 4 – Quality

High quality services and supports. (Principles 6 and 7)

Obj. 4.1 Improve services to individuals with co-occurring mental health and substance abuse disorders.

a. Provide training and technical support for providers to build co-occurring capabilities and promote holistic approaches to service needs. (SP 7)

b. Develop a curriculum on best practices for individuals with dual diagnoses. (SP 7)

c. Collaborate with the Iowa Department of Public Health (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. (SP 7)

Obj. 4.2 Promote the use of treatments based on best available scientific knowledge

a. Expand Assertive Community Treatment services in Iowa. (SP 7)

b. Promote utilization of the Wraparound concept to provide integrated and flexible supports to individuals and families. (SP 7 - See also SP 3 and Obj.2.1, SP 5 and Obj 3.2, and Obj. 3.5)

c. Improve competitive employment outcomes by expanding Supported Employment services in partnership with the State Employment Leadership Network (SELN). (SP 7 - See also SP 4 and Obj. 3.1)

Obj. 4.3 Develop a statewide retention and recruitment plan for the direct support workforce.

Deleted: care

a. Partner with providers in developing cross-disabilities training for all direct support workers. (SP 8)

Deleted: provider

b. Expand access to the web-based College of Direct Support that offers a wide range of on-line training and education programs targeted for direct support workers and their supervisors. (SP 8)

Deleted: care

**Olmstead Plan for Iowa: Olmstead Consumer Taskforce
State Plan Committee Recommendations (5/7/10)**

Deleted: Mental Health and Disability Services

c. Explore developing an incentive strategy to assist providers improve retention of direct support staff, including strategies related to competency-based skill development training, on site supports, and compensation. (SP 8)

Deleted: care and

d. Partner with the Iowa Department of Public Health (IDPH) and other agencies and organizations to identify and define direct support worker competencies and supporting curricula needed to serve individuals with mental illness and other disabilities, including, as appropriate, training supporting the expansion of evidence-based practices in Iowa. (SP 8)

Deleted: care

e. Provide training and education to individuals who self-direct their services to supervise and train their own support staffs.

Obj. 4.4 Increase quality of services through enhanced accreditation standards and processes (1) For community mental health centers as providers of an array of core services; and (2) For individual services offered by other providers.

a. Develop proposed revisions to Iowa Administrative Code 441-24.1 (225C) governing provider and service accreditation

Obj. 4.5 Expand participation of individuals and families in their care and choices, including use of self direction.

a. Promote use of the Consumer Choice Option for HCBS Waiver participants, giving them control over an individualized budget for a portion of their supports.

b. Expand use of self direction to individuals with mental illness.

c. Provide monthly reports to all individuals on Medicaid or Waiver programs showing where service dollars are being spent to determine the appropriateness of all expenditures.

Obj. 4.6 Support and provide educational and training opportunities in cultural competence for organizations and people working with individuals with mental illness and other disabilities, to ensure that consumers receive effective, understandable, and respectful services provided in a manner compatible with their cultural beliefs, practices and preferred language.

a. Work with Iowa's higher education system to coordinate an effort to recruit culturally diverse and appropriately trained mental health and disability professionals.

Goal 5 – Accountability

Administrative accountability for service delivery, and results: supporting individuals to live, learn, work and recreate in communities of their choice. (Principles 8 and 9)

Olmstead Plan for Iowa: Olmstead Consumer Taskforce
State Plan Committee Recommendations (5/7/10)

Deleted: Mental Health and
Disability Services

Obj. 5.1 Secure and maintain an inter-agency collaboration and focus on removal of barriers to community living, in coordination with the Olmstead Consumer Task Force, the MHDS Commission, the Mental Health Planning Council, and the Iowa Department on Aging Commission.

a. In collaboration with relevant stakeholders, pursue aggressively opportunities presented by the health care reform legislation to expand home and community-based services.

Obj. 5.2 Expand outcomes measurement and reporting systems, with standardized processes to monitor consumer outcomes.

a. Strengthen Iowa's compliance with National Outcome Measures (NOMs) reporting through continued implementation of outcomes reporting. (SP 9)

b. Begin work to incorporate National Core Indicators in outcomes reporting for the developmental disabilities service system. (SP 9)

Obj. 5.3 Strengthen accountability for service system outcomes through a data management strategy that informs policy and measures program impact.

a. Expand capacity and utilization of DHS stored data to provide detailed reporting on target populations (demographics, diagnoses, service utilization, outcomes, etc.). (SP 9)

b. Create a mental health and disability service system data dashboard (or standardized reports) to promote awareness of system and provider results and to promote continuous improvement. (SP 9)

c. Use standardized incident reporting to collect and report system-wide data. (SP 9)

Obj. 5.4 Collaborate with internal and external partners in reviewing and aligning policies towards community inclusion through redirection of resources for more effective outcomes.

a. Identify initial targets as priorities for alignment of reimbursement with expected outcomes, such as supported employment services leading to competitive employment. (SP 10)

Obj. 5.3 Collaborate with counties and key stakeholders in the development of recommendations for long term system funding.

**Changes and Additions to the State Plan Framework
Made in Response to OTF State Plan Committee Recommendations
as well as the Full Taskforce at its 5/14/10 Meeting**

1. Obj. 1.2 (Highlighting the positive contributions of people with mental illness and disabilities) was made more prominent – it is now Obj. 1.1.

2. Obj. 1.3.a was amended to include support for the involvement of people with disabilities not only in AmeriCorps and other national service initiatives but also in locally developed initiatives.

3. The language of Obj. 1.4.a on strategies to support the civic involvement of people with disabilities was strengthened, by clarifying that they should be candidates for membership on any board, council or commission of interest to them, not just those dealing with disability issues.

Wording was also changed to include financial assistance, along with other tools supporting people's involvement in boards and commissions.

4. The language of Obj. 1.5 was strengthened to emphasize use of people first language. The action step on creation of a dictionary of common language for community and facility based providers was strengthened to emphasize use of the language of empowerment and a focus on functional needs rather than an individual's diagnosis.

5. Strategic priority 2 and objective 2.1 were amended to include supports for families as well as individuals in crisis.

6. Obj. 2.2.d was amended to call for collaboration not only with the Department of Education but also area education agencies in developing a response to crisis situations.

7. A new action step Obj. 2.3.b was added regarding the education of law enforcement and the court system on the symptoms of mental illness and disability.

8. A new Objective 2.5 was added to address emergency preparedness for people with disabilities, with two action steps relating to building community capacity to respond appropriately to the needs of individuals during and after an emergency, and to helping people with disabilities plan for emergencies.

9. Obj 2.5.c was added to encourage self identification by people with disabilities to community emergency preparedness planners.

10. Action step Obj. 2.6.c on strategies for proactive dissemination of information to individuals and families is the result of earlier input (Fall 2009) by the Task Force.

11. Obj. 2.6.c was amended to call for proactive dissemination not only of information but also training opportunities for individuals and families about the service system and options available.

12. Action step 2.7.f was added, on finding ways to improve the hospital discharge planning process to avoid unnecessary institutionalization.

13. Obj. 2.9.b was amended to clarify that access to services needs to be improved for people with *all* co-occurring disorders (not just mental illness and substance abuse).

14. Obj. 3.1 was considerably strengthened, at the recommendation of the Committee, with the addition of several action steps related to asset development.

- Obj. 3.1.b: Working with the Regents and community colleges to promote the pursuit of higher education for young people with disabilities.
- Obj. 3.1.c: The Committee recommended engagement not only with consumers and family members but also with regional workforce investment boards. Medicaid Infrastructure Grant staff suggested that rather than focusing on the boards in the development of service models, community providers should be encouraged to take stock of the labor market in their region and tailor their employment services accordingly.
- Obj. 3.1.d: Education on financial literacy, the Earned Income Tax Credit and the Individual Development Accounts has been added.
- Obj. 3.1.e: The Committee's recommendation on establishing the early expectation of productive employment was reworded for greater specificity.
- Obj. 3.1.f: An action step related to promotion of self employment was added.
- Obj. 3.1.g: An action step was added related to identification of desired outcomes of employment services and the development of common data sets among partners.
- Obj. 3.1.h: The importance of current education and training on work incentives was highlighted.

15. In response to the concern that insufficient attention was given to the housing needs of people with disabilities, Obj. 3.4.c was added to highlight the importance of implementing the Iowa Finance Authority's Housing Plan for Persons with Disabilities.

16. It was clarified in Obj. 3.6.a that dental students and dentists need training to improve their services to individuals with disabilities.

17. In Obj. 4.3, the disability-friendly term "direct support workers" is now uniformly used.

18. In Obj. 4.3, a new action step (e) was added, calling for training for people who self direct their services so that they are better equipped to hire, train and supervise their direct support workers.

19. In Obj. 5.1, an action step has been added to set up a work group to pursue opportunities under federal healthcare reform legislation for States to expand home and community based services.

There were a number of changes in wording adopted to clarify meaning or to heighten emphasis.

Olmstead Plan for Mental Health and Disability Services: DRAFT State Plan Framework (6/10/10)

Vision: A Life in the Community For Everyone

Principles Guiding a Transformed System

1. **Public awareness and inclusion**....Iowans increasingly recognize, value, and respect individuals with mental illness or disabilities as active members of their communities.
2. **Access to services and supports**....Each adult and child has timely access to the full spectrum of supports and services needed.
3. **Individualized and person-centered**....Communities offer a comprehensive, integrated, and consistent array of services and supports that are individualized and flexible.
4. **Collaboration and partnership in building community capacity**....State and local policies and programs align to support the legislative vision of resiliency and recovery for Iowans with mental illness, and the ability of Iowans with disabilities to live, learn, work, and recreate in communities of their choice.
5. **Workforce and Organizational Effectiveness**....Investing in people through appropriate training, salary and benefits improves workforce and organizational effectiveness.
6. **Empowerment**....Communities recognize and respect the ability of people (1) to make informed choices about their personal goals, about the activities that will make their lives meaningful, and about the amounts and types of services to be received; and (2) to understand the consequences and accept responsibility for those choices.
7. **Active Participation**....Individuals and families actively participate in service planning; in evaluating effectiveness of providers, supports and services; and in policy development.
8. **Accountability and results for providers**....Innovative thinking, progressive strategies and ongoing measurement of outcomes lead to better results for people.
9. **Responsibility and accountability for government**....Adequate funding and effective management of supports and services promotes positive outcomes for Iowans.

Definitions

Goals are the broad long term results towards which efforts and resources are to be directed in order to transform Iowa's mental health and disability service system. The five goals of this plan are over arching themes emerging from years of public dialogue with stakeholders. **Objectives** are more specific, shorter term end results that help us refine our thinking about what it takes to achieve our goals. Many objectives listed serve more than one goal. **Action steps** are initiatives to achieve specific measurable outcomes that help us progress towards the objectives under which they are listed. They too can serve more than one. Action steps will be refined to include measures of success, milestones and timetables. **Strategic priorities** are the sets of initiatives that will be the primary focus of the Department's energy and resources (budget) over the next one to two years, because of the importance of the need addressed, the opportunities currently available to make significant progress in addressing that need, or other factors such as new statutory mandates. Resources will not be focused solely on strategic priorities, since there are on-going responsibilities and important work to be done on a wide range of initiatives. Strategic priorities do provide focus and clarity in transformation efforts.

**Olmstead Plan for Mental Health and Disability Services:
DRAFT State Plan Framework (6/10/10)**

Key

- Action steps that support a strategic priority (**SP**) are in **bold** font. If they are *already underway*, they are also in *italics*.
- Action steps not linked to a strategic priority, but already underway are in *italics*.

Principle Driven Goals				
Goal 1 Communities	Goal 2 Access	Goal 3 Capacity	Goal 4 Quality	Goal 5 Accountability
<p>Welcoming communities that promote the full participation of lowans with mental illness or disabilities. <i>(Principle 1)</i></p>	<p>Increased access to information, services and supports that individuals need to optimally live, learn, work and recreate in communities of their choice. <i>(Principle 2)</i></p>	<p>A full array of community based services and supports that is practically available to all lowans. <i>(Principles 3 and 4)</i></p>	<p>High quality services and supports. <i>(Principles 5, 6 and 7)</i></p>	<p>Clear accountability for achieving service results for lowans that support individuals to live, learn, work and recreate in communities of their choice. <i>(Principles 8 and 9)</i></p>
<p>Strategic Priority No. 1: Provide education for the general public and target audiences on the potential of people with mental illness or other disabilities to make positive contributions.</p> <p>Strategic Priority No. 2: To promote the importance of full community inclusion for people with mental illness or other disabilities</p>	<p>Strategic Priority No. 3: Improve access to services for individuals in crisis and their families.</p> <p>Strategic Priority No. 4: Strengthen assessments through adoption of appropriate tools and processes to ensure appropriate services and settings.</p>	<p>Strategic Priority No. 5: Support competitive employment for people with mental illness or other disabilities.</p> <p>Strategic Priority No. 6: Further develop and sustain children’s mental health systems of care.</p> <p>Strategic Priority No. 7: Enhance services and supports to assist individuals in moving to settings that offer optimal community integration.</p>	<p>Strategic Priority No. 8: Promote evidence based, best and emerging practices.</p> <p>Strategic Priority No. 9: Develop and expand staff competencies.</p>	<p>Strategic Priority No. 10: Implement an effective performance and accountability infrastructure.</p> <p>Strategic Priority No. 11: Develop a plan for long term system financing.</p>

Olmstead Plan for Mental Health and Disability Services: DRAFT State Plan Framework (6/10/10)

Goal 1 – Communities

Welcoming communities that promote the full participation of Iowans with mental illness or disabilities. (Principle 1)

Obj. 1.1 Improve public awareness of positive contributions of people with mental illness and disabilities, and public understanding of the dignity of independence.

- a. **Develop a web based tool kit in collaboration with state and other partners to assist community groups in promoting public awareness of positive contributions of people with mental illness and disabilities, celebrating the anniversary of the Americans with Disabilities Act and other observances, and outreach to other organizations committed to changing public attitudes. (SP 1)**
- b. **Create a statewide speakers bureau and video lending library that can make individuals with lived experience in mental health or other disabilities and/or expertise available to present information and raise awareness. (SP1)**
- c. ***Think Beyond the Label – Continue implementation in Iowa of the national media campaign to make the business case for hiring people with disabilities. (SP 1)***
- d. *Re-establish and strengthen the Office of Consumer Affairs and its role in securing regional and statewide consumer and family input.*
- e. **Conduct targeted outreach to families and guardians of individuals with disabilities to raise awareness of supports and services available for community living, including meaningful employment. (SP 1)**
- f. **Integrate public awareness initiatives undertaken under this Plan objective with awareness initiatives pursuant to the Governor’s Task Force on Dependent Adults Final Report (Recommendations II.C –D), balancing the focus on abilities and contributions of people with disabilities with their fundamental right to live and work in environments that are safe and free from neglect, abuse, discrimination or exploitation. (SP 1)**

Obj.1.2 Improve public understanding of the causes and effects of mental illness and other disabilities for all ages and of effective supports and services, through public awareness and education initiatives.

- a. ***Provide continuing support for the Mental Health First Aid initiative to enhance public awareness of the risk signs for mental illness, including suicide. (SP 1)***

Olmstead Plan for Mental Health and Disability Services: DRAFT State Plan Framework (6/10/10)

Obj. 1.3 Expand involvement of young people and adults with mental illness or other disabilities in workforce and volunteer projects

- a. ***Support the involvement of young people and adults with disabilities in Americorps or other national service programs, as well as locally developed initiatives. (SP 2)***

Obj. 1.4 Promote active participation of people with disabilities (mental illness or other disabilities) on State and local boards, councils and commissions and provide tools and financial assistance to support active participation.

- a. ***Partner with the Mental Health and Disability Services Commission, the Mental Health Planning Council, the Iowa Developmental Disabilities Council, the Olmstead Consumer Task Force, the ARC and other groups to identify strategies to support meaningful participation by people with disabilities State, regional and local boards, councils and commissions dealing with any topic of interest to them, not just disability-related matters. Strategies could include expansion of peer support and leadership and advocacy training, and creative approaches to removal of barriers such as transportation. (SP 2)***
- b. **Create new opportunities for involvement of people with mental illness or other disabilities in DHS policy planning and program development and monitoring, in such areas as the DHS response to national healthcare reform legislation, Home and Community Based Services Waivers, and Health Information Technology. (SP 2)**
- c. **Make resources available to local non-governmental organizations such as service providers and foundations to assist in promoting involvement of people with disabilities on governing boards, advisory groups, etc. (SP 2)**

Obj. 1.5 Promote adoption of a common, people first language about mental illness, disability, and all aspects of the service system that reflects the dignity and potential of the individual and the values of consumer and family driven planning and service delivery.

- a. Create a dictionary of 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.
- b. Extend use of the common language to policies and administrative rules.

Olmstead Plan for Mental Health and Disability Services: DRAFT State Plan Framework (6/10/10)

Goal 2 – Access

Increased access to information, services, and supports that individuals need to optimally live, learn, work, and recreate in communities of their choice. (Principle 2)

Obj. 2.1 Improve awareness and access to appropriate community based services, including prevention services, for individuals in crisis and their families.

- a. ***Expand crisis stabilization services for adults and children at demonstration sites in the State. (SP 3)***
- 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). (SP 3)***
- c. ***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. (SP 3)***
- d. ***Build provider capacity to ensure access to community based crisis intervention, behavioral programming and mental health outreach services. (SP 3 - See also SP 6 and Obj. 3.3)***
- e. ***Develop emergency mental health services in pilot areas. (SP 3)***
- f. ***Expand access to training for community based providers in psychotropic medication management, methodology for gradual medication reduction and inter-class poly-pharmacy. (SP 3 - See also Obj. 3.6)***

Obj. 2.2 Increase awareness in schools of mental health issues and promote screenings to identify and refer children and youth at risk.

- a. ***Improve access to school-based mental health services, including teacher access to consultations with mental health professionals, and awareness of and access to available resources to promote acceptance of children with mental health disorders and/or disabilities. (SP 3)***
- b. Partner with the Department of Education and institutions of higher education in Iowa to expand access to teacher training in mental health issues, crisis prevention and intervention, and access to the mental health service system.
- c. ***Collaborate with the Iowa Department of Public Health's TeenScreen program to address suicide risks. (SP 3)***

**Olmstead Plan for Mental Health and Disability Services:
DRAFT State Plan Framework (6/10/10)**

- d. ***Promote and provide Mental Health First Aid training and support for school systems, child welfare providers, and members of the public to create awareness of mental health and disability issues and improve the capability for individuals to recognize and appropriately respond to individuals experiencing mental health issues and crises. (SP 3)***
- e. ***Continue to collaborate with the Iowa Department of Education, the area education agencies, and local school districts in the development of a response to school crisis situations, including use of the Disaster Behavioral Health Response Team and other MHDS services. (SP 3)***

Obj. 2.3 Strengthen the State's ability to support informed choice by people with mental illness or other disabilities who need services.

- a. *Continue to work towards a "No Wrong Door" concept in access to services. No Wrong Door refers to a system that welcomes people in need wherever they try to gain access to services.*
- b. *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.*
- c. *Develop a network of trained parent mentor consultant/navigators for parents of children with disabilities, including Serious Emotional Disturbance (see Obj 3.2)*
- d. *Develop outreach strategies for more proactive dissemination of information about available services and supports, including training opportunities for individuals, their families, and providers of natural supports.*

Obj. 2.4 Improve awareness of mental health and disability issues in the judicial branch, law enforcement, and among community emergency responders, to promote access to appropriate treatment settings.

- a. ***Establish vehicles for communication among law enforcement, the judicial branch and MHDS about options available for diversion, and alternatives to incarceration and commitment. (SP 3)***
- b. *Establish vehicles for communication and education about alternatives to full guardianship and conservatorship*
- c. ***Expand educational programs for law enforcement and the judicial branch on the symptoms of mental illness and other disabilities. (SP 3)***

Olmstead Plan for Mental Health and Disability Services: DRAFT State Plan Framework (6/10/10)

Obj. 2.5 Continue collaboration with State partners to strengthen and improve ex-offender re-entry programs and processes to ensure access to mental health services and other supports essential to successful community living.

Obj.2.6 Maintain the capacity to provide timely, effective mental health support in response to natural and human-caused disasters.

a. *Expand Disaster Behavioral Health Response Team services statewide. (SP 3)*

b. *Expand Mental Health First Aid training statewide. (SP 3)*

Obj. 2.7 Work with the Division of Homeland Security & Emergency Management and the Departments of Human Rights and Public Health to build awareness and capacity of communities to serve people with disabilities during and after a disaster event, and of people with disabilities to plan and prepare for emergencies.

- a. Coordinate with other agencies in the design and implementation of regional and state trainings for community emergency planners to increase awareness and understanding of the needs of individuals with disabilities during emergencies.
- b. Work with the Iowa Department of Public Health to assess the Community Access Project as a vehicle for educating communities and people with disabilities about emergency preparedness issues.
- c. Promote self-identification by people with disabilities to assist community emergency preparedness planners to respond to their needs.

Obj. 2.8 Improve system capacity to conduct consistent assessments to best determine service and support needs.

a. *Strengthen implementation of Pre Admission Screening and Resident Review (PASRR) for Iowans 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. (SP 4)*

b. *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 transition services as appropriate. (MDS 3.0, Section Q) (SP 4 – See also Obj 3.3)*

c. *Explore use of a standardized functional assessment tool in determining service and support needs for people with intellectual disabilities.*

Olmstead Plan for Mental Health and Disability Services: DRAFT State Plan Framework (6/10/10)

- d. *Explore use of a standardized functional assessment tool to determine service and support needs for people with mental illness and implement upon agreement.*
- e. Explore use of a functional assessment tool for people with brain injury and non-intellectual disabilities.
- f. Explore use of a functional assessment screening tool to identify mental health and disability issues for all children and youth.
- g. Identify opportunities to improve discharge planning to meet the needs of individuals for services in the communities of their choice.

Obj. 2.9 Improve access to services and supports by creating or expanding affordable transportation options for Medicaid members.

- a. *Incorporate a Medicaid transportation brokerage as a Medicaid State Plan service, providing more efficient use of resources and enhanced access to transportation.*
- b. *Explore with the broker possible expansion of transportation brokerage services beyond Medicaid population services, using alternative funding and financial reporting.*

Obj. 2.10 Improve access to mental health services for underserved populations.

- a. *Explore with Iowa Medicaid Enterprise (IME) opportunities to integrate behavioral, mental and physical health services for older adults to maximize their ability to remain independent in the community.*
- b. *Expand access to mental health services to adults over age 65 under the Iowa Plan for Behavioral Health's Senior Connect, a program that will provide this age group with access to appropriate Iowa Health Plan Services and continuity of care across the lifespan.*
- c. *Develop and make available training for case managers on mental health screening for older adults. (See also Obj. 3.6)*
- d. **Improve access for individuals with all multi-occurring disorders (SP 8 - See also Objective 4.1)**
- e. Identify options for creation of community-based alternatives to acute care, to better meet the varying and changing needs of consumers.

Olmstead Plan for Mental Health and Disability Services: DRAFT State Plan Framework (6/10/10)

- f. *Explore strategies to enhance access to services in underserved areas, including rural communities, through tele-health and other technologies.*
- g. *Improve access to services for homeless individuals with mental illness through participation in Projects for Assistance in Transition from Homelessness (PATH) and SSI/SSDI Outreach, Assistance and Recovery (SOAR) Technical Assistance Initiative. (See Obj. 3.4)*

Obj. 2.11 Continue to address barriers to access that are created by county of legal settlement and related funding issues.

Obj. 2.12 Promote early, accurate diagnoses and referrals for individuals.

- a. *Provide parents, schools and health professionals with tools to learn the signs of autism and other developmental disabilities as early as possible.*
- b. *Promote adequate support for Iowa's ABCD II (Assuring Better Child Health Development) recommendations for promotion, prevention and treatment services for the healthy mental development of young children, including maternal screening for depression. [To be augmented.]*
- c. *Provide support as requested to IDPH and the Brain Injury Resource Network [Recommendations to be augmented through consultation with IDPH, BIA and BI advocates]*
- d. *Promote awareness by professionals and parents of Iowa's system of early intervention for children at risk of developmental delays (Early Access program). [To be augmented.]*

Goal 3 – Capacity

A full array of community based services and supports that is practically available to all Iowans (Principles 3 and 4)

Obj. 3.1 Support strategies for asset development to promote independence and self reliance for people with mental illness or other disabilities, including promotion of competitive employment as the preferred outcome of services, personal savings, home ownership, and entrepreneurship.

- a. ***Continue current work in collaboration with the State Employment Leadership Network (SELN) and other State agency partners, including Department of Education, Voc Rehab, Workforce Development, Department for the Blind, Governor's DD Council, Department of Human Rights and others to develop and implement a statewide competitive employment plan for people with disabilities or mental illness. (SP 5)***

**Olmstead Plan for Mental Health and Disability Services:
DRAFT State Plan Framework (6/10/10)**

- b. Work in collaboration with the Board of Regents and community colleges to educate and encourage people with disabilities and their families to pursue higher education.
- c. ***Engage people with mental illness and other disabilities, family members, and community providers in the design of employment service models and supports that meet the labor market needs of the region, to drive successful high school and adult transitions to competitive employment. (SP 5)***
- d. ***Continue outreach and education for people with mental illness and disabilities on financial literacy, available federal work incentives and other asset development opportunities (e.g., Earned Income Tax Credit, Individual Development Accounts, etc.). (SP 5)***
- e. Provide education and training opportunities to youth with serious emotional disturbance or disabilities and their families to establish an early understanding of asset development options and to prepare for competitive employment. Work with Parent-Educator Connection staff, Special Education Directors and disability support groups to invite students and their parents to the trainings.
- f. ***Continue to promote self-employment as a viable asset development strategy through workshops and technical assistance targeted to individuals with disabilities and their families. (SP 5)***
- g. Collaborate with Iowa Workforce Development, Iowa Vocational Rehabilitation Services, Department for the Blind, CPCs, the Iowa Association of Community Providers, and other partners, to establish common data sets regarding desired outcomes of employment and day services. (SP 5)
- h. ***Continue regionalized trainings on the Ticket to Work program, the Employment Network, work incentives and the Medicaid-Buy-In (MEPD) program to community disability providers, case managers and CPC Directors. (SP 5)***

Obj. 3.2 Expand systems of care for people of all ages, with access centers in communities statewide providing assessment, navigation and information.

- a. ***Extend children's mental health systems of care in Iowa: (1) Continue to build the sustainability of the Northeast Iowa Community Circle of Care; (2) Support state-funded systems of care for children in Polk/Warren Counties and promote expansion to additional regions in Iowa; (3) Seek support for the East Central Iowa Children's Mental Health Initiative. (SP 6)***

**Olmstead Plan for Mental Health and Disability Services:
DRAFT State Plan Framework (6/10/10)**

- b. ***Increase inter-agency collaboration for youth with Serious Emotional Disturbance and/or Intellectual and Developmental Disabilities who are transitioning to the adult service system. (SP 6)***
- c. *Convene a work group to develop service definitions and expectations regarding the use of remedial services and to integrate remedial services with other services.*
- d. *Continue to develop and support a statewide network of trained family mentors 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). (See also Obj. 2.3)*
- e. *Promote expansion of the DHS Program of All-Inclusive Care for the Elderly (PACE) for older lowans who meet standards for nursing home care, to enable them to remain living at home rather than be institutionalized, through development of care plans and delivery of comprehensive, integrated prevention services, primary and acute care and long term care by an interdisciplinary team.*

Obj. 3.3 Ensure that individuals receiving facility based residential services retain community living options.

- a. ***Extend Iowa's Money Follows the Person demonstration to 2016 (SP 7)***
- b. ***Build provider capacity to ensure access to community based crisis intervention, behavioral programming and mental health outreach services. (SP 7 - See also SP 3 and Obj 2.1)***
- c. ***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 transition services as appropriate (MDS 3.0 Section Q). (SP 7 – See also Obj. 2.8.)***

Obj. 3.4 Improve access to safe, affordable and accessible housing.

- a. ***Work with the Iowa Finance Authority to ensure availability of Home and Community Based Services Waiver Rent Subsidies to support Money Follows the Person participants and other individuals on Waivers. (SP 7)***
- b. ***Advocate for system changes or accommodations for people with disabilities at local public housing authorities in the federal Housing***

**Olmstead Plan for Mental Health and Disability Services:
DRAFT State Plan Framework (6/10/10)**

Choice Voucher (Section 8) application process to enable the same access as individuals without disabilities. (SP 7)

- c. *Reduce homelessness for persons with mental illness by leveraging federal funds to expand case management and benefits counseling services (Projects for Assistance in Transition from Homelessness (PATH) and SSI/SSDI Outreach, Assistance and Recovery (SOAR) Technical Assistance Initiative. (See also Obj. 2.10)*
- d. Support the efforts of the Iowa Finance Authority to expand availability of affordable and accessible housing in Iowa.

Obj. 3.5 Build the capacity at all levels of service to serve individuals with high and/or complex needs.

- a. Develop provider capacity to serve high and/or complex need individuals, including the provision of acute, sub acute, residential and community transition services.
- b. Expand access to the Waivers and State Plan Home and Community Based Services.
- c. ***Expand wraparound services for youth with serious emotional disturbance (SED) and challenging behaviors and their families (SP 3 - See also SP 6 and Obj. 3.2, and SP 8 and Obj. 4.2)***

Obj. 3.6 Implement pre-service and in-service training to improve healthcare, social services and education for people with mental illness or other disabilities.

- a. *Expand pre-service and in-service training of medical and dental students and other health professionals, including education on:*
 - *Current and emerging trends in service delivery*
 - *Early diagnosis and identification*
 - *Impact of mental health disorders on other health conditions.*
- b. *Expand initiatives to train pediatricians, family practice physicians and physician extenders in diagnosis and treatment of children with Serious Emotional Disturbance, autism or other developmental disabilities, and brain injury. (See also Obj 2.12)*
- c. ***Expand access to training for community based providers in psychotropic medication management, methodology for gradual medication reduction and inter-class poly-pharmacy. (SP 3 – See also Obj. 2.1)***

Olmstead Plan for Mental Health and Disability Services: DRAFT State Plan Framework (6/10/10)

- d. *Expand access to training for DHS child welfare workers on the identification of mental health issues and referral for appropriate treatment.*
- e. *Develop and make available training for case managers on mental health screening for older adults. (See also Obj. 2.10)*
- f. *Address the shortage of certified behavioral analysts in Iowa.*

Goal 4 – Quality

High quality services and supports. (Principles 5, 6 and 7)

Obj. 4.1 Improve services to individuals with multi-occurring conditions including mental health, substance abuse, cognitive and intellectual disabilities.

- a. ***Provide training and technical support for providers to build their capabilities to address multi-occurring conditions and promote holistic approaches to meet individuals' service needs. (SP 8 – See also Obj. 2.10)***
- b. ***Develop a curriculum on best practices for individuals with multi-occurring diagnoses, and their families. (SP 8)***
- c. ***Collaborate with the Iowa Department of Public Health (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. (SP 8)***

Obj. 4.2 Promote the use of practices based on best available scientific knowledge

- a. ***Expand Assertive Community Treatment services in Iowa. (SP 8)***
- b. ***Promote utilization of the Wraparound concept to provide integrated and flexible supports to individuals and families. (SP 8 - See also SP 3 and Obj. 2.1, SP 6 and Obj. 3.2, and Obj. 3.5)***
- c. ***Improve competitive employment outcomes by expanding Supported Employment services in partnership with the State Employment Leadership Network (SELN). (SP 8 - See also SP 5 and Obj. 3.1)***

Obj. 4.3 Develop a statewide retention and recruitment plan for the direct care workforce.

- a. ***Partner with providers in developing cross-disabilities training for all direct support professionals. (SP 9)***

**Olmstead Plan for Mental Health and Disability Services:
DRAFT State Plan Framework (6/10/10)**

- b. ***Expand access to the web-based trainings such as the Brain Injury Association's brain injury training for providers, and the College of Direct Support that offers a wide range of on-line training and education programs targeted for direct support professionals and their supervisors, to assist them in their pursuit of a career path and to facilitate mobility from one provider setting to another. (SP 9)***
- c. Explore the establishment of a single statewide Learning Management System to address the training needs of providers, State employees, family members and providers of natural supports to build capacity to address the needs of individuals with mental illness or other disabilities.
- d. ***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. (SP 9) [To be augmented through consultation with provider organizations.]***
- e. ***Explore options to eliminate current cost constraints on staff training linked to provider reimbursement policies. (SP 9) [To be augmented through consultation with provider organizations.]***
- f. ***Partner with the Iowa Department of Public Health (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. (SP 9)***
- g. Provide education and training opportunities to individuals who self-direct their services, on recruitment, hiring and firing, training, and supervision of their support staff.

Obj. 4.4 Increase quality of services through enhanced accreditation standards and processes (1) For community mental health centers as providers of an array or core services; and (2) For individual services offered by other providers.

- a. *Develop proposed revisions to Iowa Administrative Code 441-24.1 (225C) governing provider and service accreditation.*
- b. ***Involve participation of individuals and families in review and revision of policies and standards. (SP 2 - See also Obj. 1.4)***

Obj. 4.5 Expand participation of individuals and their families in determining their service plans and increase their ability to make informed choices, including the use of self direction.

Olmstead Plan for Mental Health and Disability Services: DRAFT State Plan Framework (6/10/10)

- a. *Promote use of the Consumer Choice Option for HCBS Waiver participants, giving them control over an individualized budget for a portion of their supports.*
- b. Align quality oversight and standards for CCO with other HCBS quality standards
- c. Expand use of self direction to individuals with mental illness.

Obj. 4.6 Support and provide educational and training opportunities in cultural awareness and sensitivity for organizations and people working with individuals with mental illness and other disabilities, to ensure that consumers receive effective, understandable, and respectful services provided in a manner compatible with their cultural beliefs, practices and preferred language.

- a. Work with Iowa's higher education system to coordinate an effort to recruit a culturally diverse (in terms of ethnicity, age, income, rural versus urban, etc.) and appropriately trained mental health and disability workforce.

Goal 5 – Accountability

Administrative accountability for service delivery, and results: supporting individuals to live, learn, work and recreate in communities of their choice. (Principles 8 and 9)

Obj. 5.1 Secure and maintain an inter-agency collaboration and focus on removal of barriers to community living, in coordination with the Olmstead Consumer Task Force, the MHDS Commission, and the Mental Health Planning Council.

- a. In collaboration with relevant stakeholders, pursue opportunities presented by national healthcare reform legislation to expand home and community based services.

Obj. 5.2 Expand outcomes measurement and reporting systems, with standardized processes to monitor consumer outcomes

- a. ***Strengthen Iowa's compliance with National Outcome Measures (NOMs) reporting through continued implementation of outcomes reporting. (SP 10)***
- b. **Begin work to incorporate National Core Indicators in outcomes reporting for the developmental disabilities service system. (SP 10)**
- c. **Build IME's capacity to implement core quality measures recommended by the U.S. Department of Health and Human Services for children's healthcare under the Children's Health Insurance Program Reauthorization Act (CHIPRA; Public Law 111-3). (SP 10)**

Olmstead Plan for Mental Health and Disability Services: DRAFT State Plan Framework (6/10/10)

- d. **Build IME's capacity to implement quality standards for adult healthcare services upon promulgation of guidelines by the U.S. DHHS. (SP 10)**

Obj. 5.3 Strengthen accountability for service system outcomes through a data management strategy that informs policy and measures program impact.

- a. **Expand capacity and utilization of DHS stored data to provide detailed reporting on target populations (demographics, diagnoses, service utilization, outcomes, etc.). (SP 10)**
- b. ***Create a mental health and disability service system data dashboard (or standardized reports) to promote awareness of system and provider results and to promote continuous improvement. (SP 10)***
- c. **Collaborate with the Iowa Department of Public Health in development of the Health Information Technology (HIT) infrastructure required for implementation of national healthcare reform. (SP 10)**
- d. **Use standardized incident reporting to collect and report system-wide data. (SP 10)**
- e. Clarify the consumer complaint process and explore ability to provide consumers with access to complaint information.
- f. Explore with counties and other partners issuance of an annual individual consumer report on services and costs.
- g. Acknowledge programs that are achieving excellent outcomes.

Obj. 5.4 Collaborate with internal and external partners in reviewing and aligning policies towards community inclusion through redirection of resources for more effective outcomes.

- a. **Identify initial targets as priorities for analysis of reimbursement rates and possible alignment of reimbursement with expected outcomes, such as supported employment services leading to competitive employment. (SP 11)**

Obj. 5.5 Collaborate with counties and key stakeholders in the development of recommendations for long term system funding.