

Iowa

**UNIFORM APPLICATION
2010**

**STATE IMPLEMENTATION REPORT
COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT**

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Center for Mental Health Services

Division of State and Community Systems Development

Introduction:

The CMHS Block Grant application format provides the means for States to comply with the reporting provisions of the Public Health Service Act (42 USC 300x-21-64), as implemented by the Interim Final Rule and the Tobacco Regulation for the SAPT Block Grant (45 CFR Part 96, parts XI and IV, respectively).

Public reporting burden for this collection of information is estimated to average 563 hours per response for sections I-III, 50 hours per response for Section IV-A and 42 hours per response for Section IV-B, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0080); Room 16-105, Parklawn Building; 5600 Fishers Lane, Rockville, MD 20857.

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Adult - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

1. Adult - Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

In the SFY 10 plan, an identified area for improvement was the inadequacy of information systems capacity and the ability to gather outcomes data. While the county management information system allows for quantification regarding some outcomes data, there has not been an adequate means of quantifying quality of care or other NOMS indicators. In SFY 10, Iowa began implementing a consumer outcomes survey, ICOMS. After initial piloting of this survey, it was decided by SMHA leadership to consolidate outcomes reporting within the Magellan Health Care client outcomes surveys, the CHI for adults and CHI-C for children. This will allow providers and clients to use one tool that will meet the needs of multiple stakeholders. These surveys are expected to be implemented by community mental health providers in SFY 11 for their clients with SED and SMI, with reporting of the data to the SMHA.

Inequities in access and quality of mental health services across the state were another area of concern. Iowa has a county based system for adult mental health and disability services that sets minimum eligibility levels for services, but also allows counties to exceed those levels if they choose. This leads to some counties offering services to individuals at higher income levels than others, and offering a wider array of services. The SMHA has attempted to address this by working with a wide variety of stakeholders to understand mental health needs, gaps, and desired services on a local, as well as statewide, basis. In SFY10, the SMHA continued the development of a combined Olmstead Mental Health and Disability State Plan through community forums and access to a website to allow convenient public input. This plan identifies the services that individuals with a mental health issue or disability, stakeholders and the general public feel are essential for a statewide system, regardless of county of residency or legal settlement. As the plan is finalized in SFY 11, it will guide the SMHA and other state agencies in the development of a coordinated, comprehensive, community based system of care for adults and children with mental health and disability needs.

A third area of need was limited educational opportunities for front-line mental health staff. The mental health block grant providers have continued to use a significant portion of their grants to fund education and training in EBP's and promising practices as demonstrated in Section I, 3, Block Grant Expenditures. The SMHA also contracted with the Iowa Consortium for Mental Health to provide training and technical assistance in evidence based practices, as well as reporting of outcomes data. In SFY10, the SMHA provided additional funding for selected community mental health centers to focus on EBP's related to trauma informed care, supported employment, and wraparound. The additional funds were made available to assist the providers in obtaining quality training in the selected EBP, and to fully implement the EBP within their agency. It is expected that the models developed by the selected community mental health centers will be applicable to other providers who wish to implement evidence-based practices.

The SMHA has also coordinated the introduction and expansion of the Mental Health First Aid (MHFA) program in Iowa. MHFA is a 12 hour education and stigma reduction

program offered to the general public. Individuals who work directly with those with mental health needs have found it to be valuable in understanding the challenges that a person with mental illness faces on a daily basis, as well as understanding signs and symptoms of developing mental illness and learning crisis intervention techniques. 700 individuals completed the MHFA course in SFY 2010.

Another issue identified in the SFY10 plan was the limitation of available state funding to fully implement recommendations to address issues identified in the State Plan. Funding of mental health services in SFY10 was positively impacted by American Recovery and Reinvestment Act (ARRA) funds, but this was a short term solution to longer term funding needs of the mental health system. This additional funding will not continue in future years and will lead to more focus on the effectiveness of funded services and the need to coordinate services in order to maximize available dollars for the benefit of those served. The SMHA views the Affordable Health Care reforms as an opportunity to identify essential mental health services needed in a modern mental health system and work toward implementing needed changes to improve access to mental health services for all Iowans.

Adult - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

2. Adult - Summary of the most significant events that impacted the mental health system of the State in the previous FY (2010)

Olmstead Plan for Mental Health and Disability Services

As described in Section 1- Adult, The State of Iowa is developing an Olmstead Plan for Mental Health and Disability Services. The MHDS division is actively seeking input from all stakeholders in Iowa, including consumers, family members, and providers of all types of services, public and private funders of services, and anyone else who would like to provide input. A website has been developed to encourage input. Progress on this plan can be followed at <http://iowamhdsplan.org/>

The Principals, Goals and Objectives of the Olmstead Plan are still in the formation stages. At this time we have established 5 major goal areas:

1. Communities: Welcoming communities that promote the full participation of Iowans with mental illness or disabilities.
2. Access: Increased access to information, services and supports that individuals need to optimally live, learn, work and recreate in communities of their choice.
3. Capacity: a full array of community based services and supports that are practically available to all Iowans.
4. Quality: High quality services and supports.
5. Accountability: Clear accountability for achieving services results for Iowans that support individuals to live, learn, work and recreate in communities of their choice.

The Olmstead Plan for Mental Health and Disability Services is pointing the direction for the MHDS division in our activities of transformation.

Expansion of the *Iowa Plan* for Behavioral Health to Include Mental Health Services for Older Iowans

Effective July 1, 2010 the Department of Human Services expanded the contract with Magellan Health Services to include mental health services for Iowans age 65 and older. This will increase access to mental health services for older adults who are Medicaid eligible.

Integration of a Comprehensive Mental Health Plan into Affordable Health Care

The MHDS Division has hired a staff person dedicated to the inclusion of mental health services into the overall plan for Iowa to move into compliance with the National Affordable Health Care Plan. It is essential that the needed data is collected and compiled to assure that the mental health services needed by Iowans is a part of the overall health care available through the Affordable Health Care Plan implemented in Iowa.

Emergency Mental Health Services

The MHDS division plans to integrate existing Mental Health and Disability Services funds designated for emergency mental health services with Magellan reinvestment funds

distributed through a competitive request for proposals (RFP) process in SFY 11 to begin infrastructure development and provision of emergency mental health services in designated areas. This program will serve both adults and children. Development of emergency and crisis mental health services is a key goal in the DHS Olmstead Plan as a method of reducing reliance on emergency rooms and inpatient hospitals for crises experienced by individuals with mental health and other disabilities.

Mental Health First Aid (MHFA)

The 12 hour MHFA training course can be taken by any member of the public. Most participants choose to do the course for one of three reasons: their work involves contact with the public, they have someone close to them who is affected by a mental health problem, or they see it as their duty as a citizen to learn mental health first aid skills. It is emphasized that the course is not therapy and that it is not a substitute for getting professional help. The training also emphasizes to participants that the course does not qualify them to be a counselor, just as a conventional first aid course does not qualify someone to be a doctor or a nurse. Its role is to promote first aid—the initial help that is given before professional help is sought. In 2010 approximately 700 individuals participated in this training, and 30 additional individuals will be trained as instructors in SFY11, which will provide Iowa with 60 instructors statewide. In 2011, Iowa hopes to train approximately 1200 individuals.

Disaster Behavioral Health Response Training

In June of 2009, the Division of Mental Health and Disability Services developed a Disaster Behavioral Health Response Team, utilizing volunteers to respond to the mental health needs of Iowans following disasters and critical incidents. The state is divided into six regions and the Disaster Behavioral Health Response Team, consisting of over 400 trained members, can be deployed anywhere in Iowa. These teams respond when local resources have been depleted or are insufficient. The goal of the team is to provide an organized response to victims, families, volunteers, first responders, survivors and others affected in order to lessen the mental health effects of trauma. Disaster Behavioral Health Response Team members are trained in a wide range of response skills including but not limited to: Psychological First Aid, Critical Incident Stress Management, Mental Health First Aid and Basic Disaster Training. The Division has trained over 2,220 individuals in the past year to enhance the state's capability to respond to traumatic events.

Within the first year of existence the team has been deployed for numerous natural disaster events and other critical incidents across the state.

Co-occurring Psychiatric and Substance Abuse Disorders Competency and Programs

Recognizing that individuals with co-occurring psychiatric and substance abuse disorders are an expectation, not an exception, DHS, in partnership with Iowa Department of Public Health, has implemented a series of trainings for mental health and substance abuse service providers and other interested stakeholders. The trainings are geared to promote the system changes needed to provide more welcoming, accessible,

comprehensive, continuous, integrated services to individuals and families with co-occurring disorders. The trainings, and onsite agency guidance, incorporate an integrated treatment philosophy and common language using the guiding principles developed by the group to develop specific strategies to implement clinical programs, procedures and practices in accordance with the principles throughout the systems of care. The goal of the trainings is to significantly improve the delivery of care for individuals with co-occurring, psychiatric and substance disorders throughout the entire service system. A system change will also create new and welcoming places for individuals to enter the system and receive the care they need.

This initiative has continued to grow. One hundred and ninety five people representing one hundred and twenty-seven agencies were involved with the trainings in FY2010. These agencies have formed an official organization, Iowa Co-occurring Recovery Network or ICORN. The purpose of ICORN is to be a resource for agencies and communities in the implementation of the co-occurring model. ICORN has leadership group consisting of 13 members. The goal for Iowa is to continue to expand the number of agencies in Iowa who actively participate in the Co-occurring training and process.

Legislative Initiatives and Changes

Prior to the start of the 2010 Legislative Session there was significant debate surrounding the possible closure of one of the four Mental Health Institutes (MHI's). An analysis was conducted that looked at existing programs, persons served, physical plant costs, expenses and renovation costs for relocation and review of each MHI was conducted by a governor appointed MHI Task Force. The 2010 Legislative Session ended with no language contained in any piece of legislation addressing any closure or consolidation of the MHI's. However, due to SFY11 budget restraints, a fewer number of beds will be available.

In 2008, legislation called for an update and revision of Chapter 230A of the Iowa Code which related to community mental health centers. In 2010 a bill based on work done by an advisory committee and endorsed by the Mental Health Commission was proposed. Because the legislative session was shortened as a cost saving measure, it was concluded that the legislation needed continued work for consideration in 2011.

Senate File (SF) 2088 passed in 2010 is a lengthy bill related to the reorganization of state government. Contained within this legislation are some sections directly related to mental health services in Iowa. The appendix of this application includes a summary of the pertinent language.

SF 2088 directs the Department of Human Services to adopt rules to require that unless the manufacturer of a chemically unique mental health prescription drug enters into a contract to provide the state with a supplemental rebate, the drug may be placed on the nonpreferred drug list and will be subject to prior authorization before a medical assistance program recipient is able to obtain the drug. The proposed rules are presently in the phase of receiving public comment.

SF2088 requires the MHDS Commission (formerly known as the MH/MR/DD/BI Commission) to coordinate activities with the governor's Developmental Disabilities council and the Mental Health Planning Council, created pursuant to federal law. SF2088 clarified and streamlined the work to be done by the MHDS Commission.

Finally, SF2088 directs the division of MHDS to develop a comprehensive five year state mental health and disability services plan to be updated annually and to readopt the plan every five years. The plan shall describe the key components of the state's mental health and disability services system, including the services that are community based, state institution based, regional, or state based. The five year plan and each update shall be submitted annually to the MHDS commission on or before October 30 for review and approval. The MHDS division is taking this opportunity to create a state plan using the guidelines of Olmstead and will have one plan titled the "Olmstead Plan for Mental Health and Disability Services.

Adult - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

3. Adult - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

Iowa strives to expend the mental health block grant equally between programs, initiatives, and services for adults with Serious Mental Illness and children with Serious Emotional Disturbances and their families. Some funding, such as that to Community Mental Health Centers, is required to be divided by each agency with 50% of received funding to go toward adult services/programs and 50% to children's services/programs. However, with the concerted effort to transform service delivery throughout the system, the distinct division of funding between adults with SMI and children with SED became more "blended" and tracking of expenditures by specific target populations became less distinct. As described in previous sections of this report, the concerted effort is to create and infuse a mental health system that addresses the multitude of needs with the outcome being that each individual will attain and maintain the ability to live in communities of their choice.

State legislative language mandated that Iowa expend 70% of the MHBG funding to community mental health centers designated by county authorities for development and implementation of evidence based practices. The 70% is calculated after the 5% administrative cost and the \$200,000 for the State Payment Program are subtracted from the original grant received. This formula based funding was distributed to thirty eight (38) community mental health centers (CMHC's) serving approximately 93 of Iowa's 99 counties in SFY10. These contracts were awarded as sole source contracts and ranged from \$251,576 in the most densely populated county (Polk) to \$23,545 in one sparsely populated rural county (Monona). It is important to note that while \$2,202,888 was the total amount of the contracts to CMHC's in SFY10, the final expenditures for SFY10 totaled \$1,833,648.

The majority of the CHMC's utilized the block grant funding to provide training and education of several evidence based practices to their clinicians. CHMC's also dedicated small portions of their contract funding to support efforts in collecting outcome data by consumers. Lastly, some CHMC's dedicated small portions of their funding to pay for direct services to consumers who had no other financial means. Funding of direct services was somewhat elevated in SFY10 due to the economic downturn in Iowa.

For the adults with SMI population, the EBP's included interventions to work with dually diagnosed adults, supported employment, peer support, illness management recovery (IMR) and mental health services to older adults. Most agencies were actively implementing and serving consumers with their chosen evidence based practice during the fiscal year. As would be expected because of changes in workforce, there was, and always will be, a need to train clinicians and develop community partnerships before consumers could be served. The efforts to build clinician and agency competencies and capacity to serve the wide array of individual treatment needs, community needs, and state level needs is a constant challenge. Providers appreciate having a funding source to support continued work to meet the challenges.

In SFY10, another initiative, referred to as “mini-grants”, funded with the block grant were short term contracts with a small number of CMHC’s to do intensive planning, organizing, and integration in three areas – supported employment, wraparound service delivery, and trauma informed care model of service delivery. Fifteen agencies expended a total of \$201,139 with nine sites focused on trauma informed care, six sites in supported employment and one site focused on developing a wraparound service model.

Other block grant funding is expended through intergovernmental agreements with state universities. The Iowa Consortium for Mental Health (ICMH) at the University of Iowa received funding to provide training, consultation, and outcome data gathering. The ICMH staff provided technical assistance to providers in regard to an identified EBP and facilitated discussions about practice issues, specific evidence based practice research and coordinated work between national experts and the CMHC’s. Two “centers of excellence” at the University of Iowa collaborated with the SMHA, state Medicaid authority, various stakeholder groups, and various commissions or councils to develop and begin drafting a statewide, community based plan for a mental health and disabilities service delivery system.

The SFY2010 block grant provided funding to the University of Iowa, Center on Aging, to support ongoing consultation and facilitation to providers specifically developing services for adults with mental health needs over the age of 65. Through regional meetings and educational opportunities, individual CMHC’s learned how to work with primary care physicians and other community providers of services for the older population. Each year, there have been gains in the number of community mental health centers gaining expertise in serving the older population.

Another effort supported was a peer support training academy. This academy was funded through a competitive bid process. The academy developed a curriculum based on the Georgia model of peer support services, trained consumers to become peer support specialists, and consulted with agencies to employ the trained specialists. The peer support training academy also supported participation in a peer support roundtable whose members included agencies currently utilizing peer support specialists, agencies wanting to do so in the future, DHS representatives, representatives from Magellan (the Iowa Medicaid MH/SA managed care contractor), and mental health consumers.

To facilitate the SMHA’s efforts in better data collection, MHBG funds were used to support a contract to develop and implement the Iowa Consumers Outcomes Measurement System (ICOMS). At the start of SFY10, approximately six CMHC’s piloted the instrument. As the year progressed, CMHC’s began to collect information from all adult consumers served. Development of an ICOMS instrument for children and families continued while the adult instrument was being activated. In SFY11, the SMHA has chosen to implement a different tool, the CHI and CHI-C, therefore, ICOMS will not be funded in future years.

The 5 % administrative portion of the block grant funding supports one DHS staff position salary and benefits, stipends and travel costs for the Mental Health Planning Council members to attend regular council meetings, and travel costs for MHPC council members to represent the MHPC on other state level workgroups, committees, and task forces. The administrative cost portion of the grant is also used for other small, one-time, varied funding requests. Some examples include funding for stipends to mental health consumers to attend various in-state conferences, promote mental health awareness, and purchase of materials for conferences, trainings, and MHPC business.

The SPP is a state funded program to pay for costs of mental health services for adults who have no established Iowa county of legal settlement. \$200,000 of the MHBG is legislatively allocated to the State Payment Program (SPP). The funds from the SPP are allocated to the county funding source serving the individual.

Following is a table that includes expenditures for SFY 2010 and very brief descriptions of activities. Some explanations to be aware of when reading the table:

- The SFY10 expenditures represent funding in the FFY09 block grant period.
- Iowa’s FFY09 block grant was \$3,368,868.
- Iowa did not draw down \$92,069 of the FFY09 grant.
- Within the administrative costs expenditures are included some small, one-time funding for mental health awareness, materials for Mental Health First Aid, and equipment needs.

FFY 2009
SFY/10 (July 1, 2009 – June 30, 2010)
Community Mental Health Block Grant

Contractors	Adult with SMI Focus	Children with SED Focus	Both Population Focus	Total Expenditures
CMHC’s (38)	\$916,824	\$916,824		\$1,833,648
CMHC’s (15) – mini-grants	\$79,257	\$23,657	\$98,225	\$201,139
Consortium for Mental Health (U of I)			\$246,467	\$246,467
Center on Aging (U of I)	\$100,856			\$100,856
Center for Developmental Disabilities (U of I)			\$135,862	\$135,862
Outlooks, Inc.(peer support	\$58,149			\$58,149

training)				
Services for youth with SED Aging out of foster care		\$73,137		\$73,137
Local Systems of Care Site		\$74,540		\$74,540
State Payment Program	\$200,000			\$200,000
Co-Occurring Training	\$78,931			\$78,931
Outcome data development/implementation			\$48,700	\$48,700
Consumer Stipends, and conference support	\$14,650		\$4,999	\$19,649
Cross agency workgroup for civil commitment code revisions			\$46,109	\$46,109
Administrative Costs			\$159,974	\$159,974
TOTALS:	\$1,448,667	\$1,088,158	\$739,706	\$3,276,799

Child - Report Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

1. Child - Summary of areas which the State identified in the prior FY's approved Plan as needing improvement

Please refer to Part D, Section 1-Adult summary - Areas which the State identified in the prior FY's approved plan as needing improvement which apply to both the adult and child system.

A need identified in the SFY10 plan was inadequate access to community-based mental health services for children. Complicating factors included a lack of a statewide system and limited access to care coordination. In SFY10, increased numbers of children were served through Systems of Care due to the addition of a state funded site in Polk and Warren Counties. There was also an increase in numbers of children served through the Children's Mental Health Waiver. In SFY10, The Children's Mental Health Waiver was also approved by CMS to offer 10 reserved slots starting in SFY 11 for children returning from out of home placements in order to support successful transition from residential settings to the home and community. The Children's Mental Health Waiver continued to be utilized to capacity with lengthy waiting lists throughout SFY10 and this trend is expected to continue.

Another issue identified was the utilization of out of state placements for children with SED who are unable to be served by in-state providers. In SFY10, the in-state PMIC providers and Iowa Medicaid Enterprise worked together to identify an acuity measurement system that would allow the providers to be reimbursed at higher rates based on the acuity level of the child. The goal of this new system is for providers to be adequately compensated for caring for the highest-needs children. This work was not completed in SFY10 and will continue into SFY11. The SMHA has also assigned a staff member to review every out of state placement in order to identify services and supports needed for the individual to return to Iowa, preferably in a community-based setting.

Child - Report Summary of the most significant events that impacted the mental health system of the State in the previous FY

2. Child - Summary of the most significant events that impacted the mental health system of the State in the previous FY

Please refer to Part D, Section 2, Adult Summary of Significant Events, for information on significant events that impacted both the child and adult mental health systems in SFY 10.

Systems of Care Development

The Community Circle of Care(CCC) in northeast Iowa continued to serve approximately 500 children a year with Serious Emotional Disturbance with over 90% of children served successfully remaining in the least restrictive environment, and 98% of children served were not involuntarily committed for inpatient mental health services. The lead agency for this System of Care is the Child Health Specialty Clinic, Iowa's Title V provider for children with special health care needs. DHS has requested additional state funding for SFY12 to meet the increased nonfederal match portion of this program. This program began its fifth year of operation in October 2010 (FFY 11).

The Central Iowa System of Care (CISOC) in Polk and Warren Counties is a state-funded System of Care operating from a two year state grant. The lead agency is the Child Guidance Center, a community mental health center for children. CISOC has just completed the first year of its contract, and in SFY10 served 52 children with SED in the two county service area. 88% of those served have remained in the least restrictive environment and 100% of children served were not involuntarily committed for inpatient mental health services. In year 2 of the grant, SFY 11, CISOC projects to serve 80 children with SED in the two county catchment areas. DHS has requested state funding in SFY 12 to continue this project.

MHDS, in collaboration with the East Central Iowa Children's Mental Health Initiative, submitted an application for a SAMHSA System of Care grant in December 2009. This application was a community-driven, collaborative effort among stakeholders and families in the five-county catchment area, county mental health leadership, and MHDS. This proposal was not funded in the FFY11 grant cycle but the planning group remains active and involved in promoting Systems of Care in the five county area.

Legislative Initiatives and Changes

Please refer to Part D, Adult, Section 2, in which general legislation from SFY 10 impacting both the Adults with SMI and the Children with SED target populations is reviewed.

In SFY 10, legislation specifically related to children's mental health services was included in House File 2526 , Section 31, which addressed the need to improve coordination and integration of mental health services and outcomes for children, and align those services with the services and outcomes of the child welfare system. To further these goals, the Department of Human Services was directed to develop a plan for transitioning administration of the remedial services program from its current status as a

fee for service plan to inclusion in the Iowa Plan for managed mental health services, under management of Magellan Behavioral Health. A transition committee consisting of providers, DHS staff, and community mental health centers is directed to develop a transition plan by December 31, 2010 and the Department is authorized to implement the plan if the plan meets the legislative intent identified in the legislation.

The movement of remedial services to the Iowa Plan has the potential to increase integration and quality of services, as traditional outpatient mental health services and remedial services provided in the home, schools, and community, would be managed through one system.

Child - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

3.Child - A report on the purpose for which the block grant monies for State FY were expended, the recipients of grant funds, and a description of activities funded by the grant.

Please refer to the Adult portion of this report for general expenditures and a table showing expenditures.

In SFY10, interdepartmental use of block grant funding supported two initiatives. The first ongoing program is a transitional program for youth aging out the state foster care system. The block grant funding is to provide mental health services and supports for children with an SED to promote continued mental health services while the youth moves from the children's system to the adult mental health system. The block grant funding is used as "braided" funding with state funding and other federal funding to serve this targeted population within the child welfare system.

The second initiative is the East Central Iowa Children's Mental Health Initiative referenced in Child, Section 2. This initiative is a local system of care project serving one urban and four rural counties. Again, the block grant funding was "braided" with other funding sources such as child welfare, juvenile justice, and county-based funding. This initiative, with financial support through the block grant originally started about six years ago within the city limits of Cedar Rapids, Iowa. Within a few years, it expanded its area to include Linn County. It's important to note that block grant funding decreased each year but the local project secured other sources of funding to supplement the work being done. Then, in SFY09, this project expanded yet again to include four more rural counties (Johnson, Iowa, Benton, and Jones counties). The project did apply for a grant from SAMHSA for children's mental health systems of care but did not receive a grant in FFY10. Block grant funding was used to help sustain the project until the notifications from the larger SAMHSA grant were made. The future of this project is uncertain although the local community remains supportive and involved in promoting services and supports for children with SED and their families.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	46,861	52,415	52,415	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Increased Access to Community Based Services

Target: Maintain the number of persons accessing community services and maintain the number and types of services and supports available.

Population: Adults with serious mental illness

Criterion: 2:Mental Health System Data Epidemiology
3:Children's Services

Indicator: Number of adults who have received mental health services during the fiscal year from public funding sources.

Measure: This performance indicator is strictly a measure of the numbers of adults served. It does not allow for entry of a numerator or denominator.

Sources of Information: 2009 URS Tables
Source for URS tables is DHS Mental Health Data Warehouse

Special Issues: The State of Iowa receives pertinent client data from county governments on December 1st of each year for the previous fiscal year, per Iowa Code, therefore the data submitted in this table is for SFY09. The information collected from the counties continues to improve in quality. Iowa is now able to cross-match all the data from the State, County, and Federal sources, giving the state much better individualized data and unduplicated persons served.

Significance: Valid estimates of prevalence and penetration rates of treatment are inherently central and core indicators of the system needs and performance

Activities and strategies/ changes/ innovative or exemplary model: Increased concern regarding fiscal constraints is demonstrating that it is very important for all entities to report the most accurate numbers possible of clients and services. The objectives of the Access Goal of the Iowa Olmstead Plan for Mental Health and Disability Services is to build and expand provider capacity, develop emergency mental health services, promote alternatives to hospital based emergency and inpatient services and expand access to training and education for consumers, families, and other natural supports in behavioral health medication management. These objectives will increase access to appropriate services.

Target Achieved or Not Achieved/If Not, Explain Why: The target of maintaining or increasing numbers served was met. The downturn in the state and national economy that began in 2009 has continued, leading to increased usage of publicly funded mental health services. This trend is expected to continue, and will also be affected by the provisions of the Affordable Healthcare Act that will increase eligibility limits for adults to 133% of poverty

level by 2014.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: []

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	10.44	7.48	7.23	N/A	723
Numerator	81	47	--	N/A	--
Denominator	776	628	--	N/A	--

Table Descriptors:

- Goal:** Individuals served by Iowa's Mental Health Institutions and inpatient hospitals will have increased stability upon discharge and will grow stronger in their recovery efforts resulting in fewer readmissions to an inpatient setting.
- Target:** Iowa's target is to reduce the numbers of readmissions to the State hospital system. Iowa is projecting fewer hospitalizations and readmissions. Iowa is working diligently on a State Plan to build community provider capacity and alternatives to hospitalization.
- Population:** Adults with SMI
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
- Indicator:** Percent of readmissions within 30 days of discharge out of total annual discharges from the state hospital system
- Measure:** Numerator-Number of readmissions within 30 days of discharge in SFY 09.
Denominator-Total number of discharges from the state hospital system in SFY09.
- Sources of Information:** URS Table 20A
Source for URS tables is DHS mental Health Data Warehouse
- Special Issues:** Age categories do not align with state's definitions of Adults with SMI and Children with SED. Children & youth 0 to 21 is defined as SED. URS captures 18 - 20 year olds and 21 - 64 year olds. Iowa has 120 State Hospital beds and 617 private care beds, of which 527 are adult, and 90 are designated for children and adolescents. This measure only reports on the State Hospital system. The State Hospitals tend to be the placement of last resort for the most difficult to treatment individuals.
- Significance:** The projected number of readmissions for both 30 days and 180 days would be expected to decrease once emergency mental health services project implementation occurs. State Hospitals are increasingly serving the most challenging consumers which could lead to a negative impact on readmission rates.
- Activities and strategies/ changes/ innovative or** For SFY 11, contracts will be signed between the State, the Managed Behavioral Health Care provider, and community mental health centers to implement emergency mental health pilot projects. The goal is that these pilot projects will positively impact admissions and readmissions to inpatient psychiatric treatment

exemplary model: settings.

Target Achieved There was a reduction in both numbers of admissions and numbers of
or readmissions between SFY2008 and SFY2009, the most recent year for which
Not Achieved/If data is available, therefore the target was achieved. SFY 10 data is not available
Not, Explain Why: at this time therefore the FY10 percentage attained cannot be calculated.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	20.10	6.37	6.25	N/A	N/A
Numerator	156	40	--	N/A	--
Denominator	776	628	--	N/A	--

Table Descriptors:

Goal: Individuals served by Iowa's Mental Health Institutions and inpatient hospitals will have increased stability upon discharge and will grow stronger in their recovery efforts resulting in fewer readmissions to an inpatient setting.

Target: Iowa's target is to reduce the numbers of readmissions to the State hospital system. Iowa is projecting fewer hospitalizations and readmissions. Iowa is working diligently on a State Plan to build community provider capacity and alternatives to hospitalization.

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator: Percent of readmissions within 180 days of discharge out of total annual discharges from the state hospital system

Measure: Numerator-Number of readmissions within 180 days of discharge, in SFY 2009.
Denominator-Number of discharges from the state hospital system, in SFY 2009

Sources of Information: URS Table 20A.
Source for URS tables is DHS Mental Health Data Warehouse

Special Issues: See performance indicator for 30 day readmissions.

Significance: Same performance indicator for 30 day readmissions

Activities and strategies/ changes/ innovative or exemplary model: See performance indicator for 30 day readmissions.

Target Achieved or Not Achieved/If Not, Explain Why: This target for a decreased rate of readmissions was met. There was a reduction in both numbers of admissions and readmissions between SFY2008 and SFY2009, the most recent year for which data is available. SFY 10 data is not available at this time, therefore the SFY10 percentage attained cannot be calculated.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Number of Practices (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	4	6	6	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

- Goal:** To enhance the quality and effectiveness of community-based mental health services to adults with SMI by promoting the implementation of evidence-based mental health practices
- Target:** Iowa will maintain the number of evidence based practices currently implemented and reported through the URS tables. Iowa providers are implementing additional EBP's beyond those reported through the URS tables, however there is no mechanism for reporting this in the current reporting structure.
- Population:** Adults with SMI
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
- Indicator:** Number of evidence based practices implemented by Iowa providers
- Measure:** This is strictly a measure of the number of evidence based practices implemented by Iowa providers from year to year. It does not allow for entry of a numerator or denominator.
- Sources of Information:** 2009 URS Tables
Source for URS Tables is the DHS Data Warehouse
- Special Issues:** Iowa providers are implementing a wider variety of EBP's than those reported through the URS tables, however, the URS reporting is limited to the seven EBP's listed, of which Iowa is implementing six.
- Significance:** Iowa continues to support EBP training and implementation through community mental health providers. Providers have the flexibility to choose the EBP that meets the needs of their unique populations within the limits of their organizational capacity.
- Activities and strategies/ changes/ innovative or exemplary model:** Iowa offered additional funding in SFY 10 to community mental health providers to increase implementation of selected EBP's, including trauma informed care, wraparound, and supported employment. Iowa has historically had low participation in supported employment as mental health providers have not traditionally seen supported employment as part of their service domain. MHBG funding has helped providers begin to receive training and technical assistance in this EBP as well as others selected by the community mental health providers.
- Target Achieved or Not Achieved/If Not, Explain Why:** This is the first year that a target has been identified for this performance indicator. It is expected that Iowa will continue to implement six of the seven EBP's that are measured as part of the NOMS as well as other EBP's.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Supported Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	.29	.38	1	N/A	N/A
Numerator	135	200	--	N/A	--
Denominator	46,861	52,415	--	N/A	--

Table Descriptors:

- Goal:** To enhance the quality and effectiveness of community-based mental health services to adults with SMI by promoting the implementation of evidence-based practices, including supported housing.
- Target:** Increase the number of adults with SMI receiving supported housing.
- Population:** Adults with SMI
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
- Indicator:** The percent of adults with SMI receiving supported housing out of the entire population receiving publicly funded mental health services.
- Measure:** Numerator: The number of adults with SMI who received supported housing in SFY2009.
Denominator: The number of adults with SMI who received mental health services in SFY2009.
- Sources of Information:** URS Table 16.
Source for URS tables is DHS Mental Health Data Warehouse
- Special Issues:** The Iowa system will need to increase its reporting capacity. Currently the numbers reported are estimates from a limited number of providers and Iowa does not have a method of reporting supported housing for adults with SMI. Iowa will be changing its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health, managed care contractor of the Iowa Plan for persons accessing behavioral health services and receiving Medicaid funding. Using the CHI and CHI-C will allow Iowa to gather client-level data for persons funded by Medicaid as well as other public funding sources.
- Significance:** Although there is some housing information available, it is not significant.
- Activities and strategies/ changes/ innovative or exemplary model:** This EBP has been implemented with a very limited number of individuals in Iowa. There is a need for more education and technical assistance regarding this EBP in order to increase provider implementation. Iowa's Olmstead Plan for MHDS addresses capacity in Objective 3.4 "Improve access to safe, affordable, and accessible housing" including advocating for system changes to allow equal access under Section 8, for persons with disabilities.
- Target Achieved or** There was not a goal identified for this indicator in Iowa's previous State plan. The data provided for SFY 08 and 09 does show a small increase in clients

Not Achieved/If receiving supported housing, however, the information provided is an estimate.
Not, Explain Why: Iowa is implementing initiatives to increase the quality of the client-level data provided to the SMHA.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Supported Employment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	.14	1.16	2	N/A	N/A
Numerator	66	606	--	N/A	--
Denominator	46,681	52,415	--	N/A	--

Table Descriptors:

- Goal:** To enhance the quality and effectiveness of community-based mental health services to adults with SMI by promoting the implementation of evidence based practices, including supported employment.
- Target:** Increase the number of adults with SMI receiving supported employment services
- Population:** Adults with SMI receiving services through community mental health centers/providers.
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
- Indicator:** The percent of the population of adults with SMI receiving supported employment services.
- Measure:** Numerator:The number of adults with SMI receiving supported employment services in SFY09.
Denominator: The number of adults with SMI receiving publicly funded mental health services in SFY09.
- Sources of Information:** URS table 16
Source for URS tables is DHS Mental Health Data Warehouse
- Special Issues:** The Iowa Olmstead Plan for MHDS, Goal 3-Capacity includes employment issues. Objective 3 describes a statewide, systemic plan to engage all levels of government, providers, consumers, family members, and other stakeholders to design, develop and implement a statewide competitive employment plan for persons with disabilities and mental illness. Included in the plan is provision for outreach, education, and training opportunities and the promotion of self-employment.
- Significance:** The Iowa system will need to increase its reporting capacity. Currently the numbers reported are estimates from a limited number of providers. Iowa will be changing its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health, managed care contractor of the Iowa Plan for persons accessing behavioral health services and receiving Medicaid funding. Using the CHI and CHI-C will allow Iowa to gather client-level data from persons funded by Medicaid as well as other public funding sources.
- Activities and strategies/ changes/ innovative or** In SFY10, Iowa offered all community mental health providers the opportunity for additional funding for training and technical assistance in three specific EBP's, of which supported employment was one. Six community mental health providers chose Supported Employment as the EBP that they agreed to implement in their

exemplary model: agencies. It is expected that data over the next two years will show an increase in numbers of individuals receiving Supported Employment as these programs fully implement this EBP in their service areas.

Target Achieved The information provided is an estimate although it appears to demonstrate
or increased numbers of adults receiving supported employment. Iowa is
Not Achieved/If implementing initiatives to increase the quality of the client-level data provided to
Not, Explain Why: the SMHA.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Assertive Community Treatment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	.58	.52	1	N/A	N/A
Numerator	270	270	--	N/A	--
Denominator	46,681	52,415	--	N/A	--

Table Descriptors:

- Goal:** To enhance the quality and effectiveness of community-based mental health services to adults with SMI by promoting the implementation of evidence-based practices, including assertive community treatment (ACT).
- Target:** To maintain the capacity to provide Assertive Community Treatment (ACT) services to adults with SMI in Iowa.
- Population:** Adults with SMI
- Criterion:** 1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services
- Indicator:** The percentage of individuals enrolled in ACT programs out of the entire population of those receiving publicly funded mental health service.
- Measure:** The number of unduplicated individuals receiving ACT services annually in Iowa as reported by Magellan Behavioral Health.
- Sources of Information:** Magellan Behavioral Health
URS table 16
Source for URS tables is DHS Mental Health Data Warehouse
- Special Issues:** ACT has been funded in the State of Iowa through a 1915 (b) waiver as part of the Iowa Plan for Managed Behavioral Health Care. SFY2010 was the first year that ACT was available as a State Plan service and not a 1915 (b) waiver services. ACT programs take an extended time period to become fully realized. Community capacity/provider availability, housing and transportation in rural Iowa continue to be problems for the start of new programs, or the expansion of existing ones. Iowa, like the much of the nation struggles to maintain the resources invested in its citizens. The downturn in the economy has been met with the determination to maintain services despite fewer staff and resources.
- Significance:** Estimates by the Iowa Consortium for Mental Health Care suggest that approximately 2000 adults with SMI in Iowa would be appropriate for, and benefit from ACT services. ACT is now a regular State Medicaid Plan service, allowing more people to become eligible to participate.
- Activities and strategies/ changes/ innovative or exemplary model:** ACT in the state of Iowa has proven to be an excellent program for the participants, however, most ACT programs are located in areas of the state with larger population bases. Rural Iowa presents a number of issues for expanding the number of ACT programs including provider capacity and availability, sufficient numbers of appropriate clients to implement a program, and transportation issues for providers.

Target Achieved or Not Achieved/If Not, Explain Why: The number of individuals enrolled in ACT programs has remained constant, however, the rate of utilization has decreased due to increases in the overall population accessing services. Iowa has maintained the capacity available in the previous fiscal year. ACT in the state of Iowa has proven to be an excellent program for the participants. Most ACT programs in Iowa are located in areas of the state with larger population bases and more availability of mental health providers. Rural Iowa presents a number of issues that make it difficult to develop an ACT program including 1. Available providers 2. Appropriate potential clients for the program 3. Appropriate number of clients for the program and 4. Transportation issues for providers. The Olmstead Plan for Mental Health and Disability Services is addressing the critical issue of access to services, including: building capacity/increasing the numbers of appropriately trained providers in Iowa, expanding the capacity of the State MHI system to provide support and technical assistance for community providers, addressing transportation and housing issues of clients. Identifying and addressing these issues will be a substantial step toward increasing utilization of ACT programs.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Family Psychoeducation (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	.36	.33	N/A	N/A	N/A
Numerator	170	175	--	N/A	--
Denominator	46,681	52,415	--	N/A	--

Table Descriptors:

Goal: To enhance the quality and effectiveness of community-based mental health services to adults with SMI by promoting the implementation of evidence-based practices, including family psychoeducation.

Target: Increase the number of individuals with SMI receiving family psychoeducation

Population: Adults with SMI

Criterion: 1: Comprehensive Community-Based Mental Health Service Systems
3: Children's Services

Indicator: The percentage of individuals out of the entire population of those receiving publicly funded mental health services who are receiving family psychoeducation services.

Measure: Numerator: The number of adults with SMI enrolled in family psychoeducation programs in SFY 2009.
Denominator: The number of adults with SMI receiving publicly funded mental health services in SFY 2009.

Sources of Information: URS Table 17
Source for URS tables is DHS Mental Health Data Warehouse

Special Issues: Iowa does not have the ability to report on this EBP with any reliability.

Significance: Participation in this EBP is low.

Activities and strategies/ changes/ innovative or exemplary model: As Iowa begins to gather client-level data, the need for client and family mental health education may be identified as a need, and individuals can be connected with programs that offer evidence based practices such as Family Psychoeducation.

Target Achieved or Not Achieved/If Not, Explain Why: There was no identified target on this indicator in the previous year's plan other than to develop the ability to report on the need or support for this type of program.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Integrated Treatment of Co-Occurring Disorders(MISA) (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	1.20	1.53	2	N/A	N/A
Numerator	560	800	--	N/A	--
Denominator	46,681	52,415	--	N/A	--

Table Descriptors:

- Goal:** To enhance the quality and effectiveness of community based mental health services to adults with serious mental illness and co-occurring disorders by promoting the implementation of Integrated Dual Diagnosis Treatment (IDDT)
- Target:** To expand the capacity to provide Integrated Dual Diagnosis Treatment (IDDT) as an evidence based practice in Iowa
- Population:** Adults with SMI
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
- Indicator:** The percentage of individuals out of the entire population receiving publicly funded mental health services who receive IDDT services.
- Measure:** Numerator: Number of adults receiving IDDT in Iowa as reported in SFY09.
Denominator: Number of adults with SMI receiving publicly funded mental health services in SFY09.
- Sources of Information:** URS table 17
Source for URS tables is DHS Mental Health Data Warehouse
- Special Issues:** The State of Iowa is working diligently on this EBP. There are many providers embracing IDDT. Currently, reporting systems do not show the data needed to verify that a client is part of an IDDT program, therefore the number of verified clients that are participating in this service is approximately 1.5%. In SFY11, Iowa will be changing its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health, managed care contractor of the Iowa Plan for persons accessing behavioral health services and receiving Medicaid funding. Using the CHI and CHI-C will allow Iowa to gather client-level data from persons funded by Medicaid as well as other public funding sources.
- Significance:** Ongoing collaboration with the Iowa Dept. of Public Health, the State Substance Abuse Authority, is occurring to encourage continued expansion of this EBP as well as to evaluate current efforts and plan for future trainings.
- Activities and strategies/ changes/ innovative or exemplary model:** Training, consultation services, and TA from national experts in the IDDT model of services was obtained in SFY 09 and 10. A plan for continued training, site visits, consultation, and TA is in place for SFY11. Local providers have also developed their own advocacy and training organization in order to support co-occurring recovery principles locally and statewide.

Target Achieved According to the data, Iowa achieved the target of expanding access to IDDT for individuals with SMI. The percentage of the total population participating in IDDT
or did increase as well as the number of individuals participating.
Not Achieved/If
Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Illness Self-Management (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	1.10	.48	1.10	N/A	N/A
Numerator	514	250	--	N/A	--
Denominator	46,681	52,415	--	N/A	--

Table Descriptors:

- Goal:** To enhance the quality and effectiveness of community based mental health services to adults with serious mental illness by promoting the implementation of evidence-based practices including illness self-management.
- Target:** To expand the capacity to provide Illness Self-Management as an evidence based practice in Iowa
- Population:** Adults with SMI
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
- Indicator:** The percent of individuals receiving Illness Self-Management out of the entire population receiving publicly funded mental health services
- Measure:** Numerator: Number of Adults receiving Illness Self-Management in SFY2009.
Denominator: Number of Adults with SMI receiving publicly funded mental health services in SFY 2009.
- Sources of Information:** URS Table 17
Source for URS Tables is DHS Mental Health Data Warehouse
- Special Issues:** This EBP lost its momentum when an increased number of providers embraced the IDDT program. The number of programs using illness self-management decreased significantly.
- Significance:** Although this program has not been widely utilized, participants have seemed to embrace it. Providers using this EBP have begun to use Peer Specialists to help facilitate the program, which seems to enhance the client response to the program.
- Activities and strategies/ changes/ innovative or exemplary model:** The Iowa system will need to increase its reporting capacity. Iowa will be changing its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health, managed care contractor of the Iowa Plan for persons accessing behavioral health services and receiving Medicaid funding. Using the CHI and CHI-C will allow Iowa to gather client-level data from persons funded by Medicaid as well as other public funding sources.
- Target Achieved or Not Achieved/If Not, Explain Why:** The target was not achieved, due to a change in the EBP's that community mental health providers chose to focus on. Due to the limited amount of provider capacity in Iowa, not all EBP's can be implemented at the same level or intensity.

ADULT - IMPLEMENTATION REPORT

Transformation Activities: **Indicator Data Not Applicable:**

Name of Implementation Report Indicator: Evidence Based - Adults with SMI Receiving Medication Management (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	N/A	0	N/A	N/A	N/A
Numerator	N/A	0	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Providers in Iowa are not reporting any implementation of this EBP.

Target:

Population: Adults with SMI served through community mental health centers/providers.

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information: URS Table 17

Source for URS tables is DHS Mental Health Data Warehouse

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Unable to report as Adult Consumer Survey has not been conducted per URS tables.

Target:

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model: The Iowa system will need to increase its reporting capacity. In SFY11, Iowa is changing its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health, managed care contractor of the Iowa Plan for persons accessing behavioral health services and receiving Medicaid funding. Using the CHI and CHI-C will allow Iowa to gather client-level information for persons funded by Medicaid as well as other public funding sources.

Target Achieved or Not Achieved/If Not, Explain Why: Without capacity to measure consumer outcomes, there have been no targets established.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Adult - Increase/Retained Employment (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Unable to report due to high response on URS table as "not available".

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model: The Iowa system will need to increase its reporting capacity. In SFY11, Iowa is changing its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health, managed care contractor of the Iowa Plan for persons accessing behavioral health services and receiving Medicaid funding. Using the CHI and CHI-C will allow Iowa to gather client-level data from persons funded by Medicaid as well as other public funding sources.

Target Achieved or Not Achieved/If Not, Explain Why: Without capacity to measure consumer outcomes, there have been no targets established.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Adult - Decreased Criminal Justice Involvement
(Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

**Sources of
Information:**

Special Issues: Unable to report as data not collected for this measure.

Significance:

**Activities and
strategies/
changes/
innovative or
exemplary model:**

The Iowa system will need to increase its reporting capacity. In SFY11, Iowa is changing its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health, managed care contractor of the Iowa Plan for persons accessing behavioral health services and receiving Medicaid funding. Using the CHI and CHI-C will allow Iowa to gather client-level from persons funded by Medicaid as well as other public funding sources.

**Target Achieved
or
Not Achieved/If
Not, Explain Why:**

As previously described in earlier sections, until preliminary data is collected regarding outcomes, targets have not been established.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Adult - Increased Stability in Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues: URS Tables have numbers of consumers living in different settings such as own home, shelters, etc. However, the table does not have data indicating length of present living arrangement or frequency of moves. Without that, the stability of housing can not be measured.

Significance:

Activities and strategies/ changes/ innovative or exemplary model: The Iowa system will need to increase its reporting capacity. In SFY11, Iowa is changing its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health, managed care contractor of the Iowa Plan for persons accessing behavioral health services and receiving Medicaid funding. Using the CHI and CHI-C will allow Iowa to gather client-level from persons funded by Medicaid as well as other public funding sources.

Target Achieved or Not Achieved/If Not, Explain Why:

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Adult - Increased Social Supports/Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model: The Iowa system will need to increase its reporting capacity. In SFY11, Iowa is changing its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health, managed care contractor of the Iowa Plan for persons accessing behavioral health services and receiving Medicaid funding. Using the CHI and CHI-C will allow Iowa to gather client-level information from persons funded by Medicaid as well as other public funding sources.

Target Achieved or Not Achieved/If Not, Explain Why: Again, until preliminary data is collected, it is not possible to establish measurable targets for improvement.

ADULT - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Adult - Improved Level of Functioning (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	0	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Adults with SMI will be able to report positive outcomes of services and supports, including improved level of functioning.

Target: To begin reporting on individuals' Level of Functioning in SFY11 and have a baseline established by the end of SFY12

Population: Adults with SMI

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
4:Targeted Services to Rural and Homeless Populations

Indicator: Adults will be able to report their level of functioning before, during and after receiving community mental health services and supports-number of positive responses regarding level of functioning.

Measure: The percentage of adults reporting improved levels of functioning as a result of receiving community mental health services.

Sources of Information:

Special Issues: Client-level reporting of data is a new project to the State of Iowa. This level of reporting has not been available in Iowa before. The State is excited about the potential uses of such data to target services and resources to areas identified as most in need.

Significance:

Activities and strategies/ changes/ innovative or exemplary model: During SFY10, the ICOMS system was piloted with community mental health centers for adult consumers. Iowa will be changing in SFY 11 to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health Care, the Medicaid Managed Behavioral Health Care provider. Using the CHI and CHI-C will allow Iowa to gather information from persons receiving publicly funded mental health services regarding level of functioning and other identified outcomes.

Target Achieved or Not Achieved/If Not, Explain Why: As previously stated, Iowa needs to collect preliminary data to begin establishing targets for performance measures. The baseline data collection is scheduled to happen in SFY11.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Increased Access to Services (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	33,758	37,227	37,500	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Children with serious emotional disturbance in Iowa will have increased access to mental health services through an array of programs such as the Children's Mental Health Waiver, remedial services, managed care services and local systems of care.

Target: The percentage of children with SED receiving services will increase. Iowa's Olmstead Plan for MHDS has an access goal stating: Increase access to information, services and support that individuals need to optimally live, learn, work and recreate in the communities of their choice. This includes expansion of provider and community capacity to ensure access to community based crisis intervention, behavioral programming, and mental health outreach services.

Population: Children with Serious Emotional Disturbance

Criterion: 2:Mental Health System Data Epidemiology
3:Children's Services

Indicator: SFY09: Number of Children with SED who have received mental health services during each fiscal year as reported in URS tables.

Measure: Number of Children with SED who have received mental health services during each fiscal year as reported in 2009 URS tables. This number is strictly a measure of the numbers of children who received mental health services from public funding sources. It does not allow for an entry in the numerator or denominator.

Sources of Information: URS table 2A
Source for URS tables is DHS Mental Health Data Warehouse

Special Issues: Statistics for this performance indicator are received from Medicaid (which includes children served by Remedial Services, the Children's Mental Health Waiver, and PMIC), Magellan (the Iowa Medicaid Managed Behavioral Health Care provider), and the county mental health and disability system. It is currently not possible to unduplicate children served by the Systems of Care and Juvenile Justice who are also served by the public funding sources listed above.

Significance: It is important to know how many unduplicated children access the various programs which comprise the children's mental health system. Equally important is to consider how to collect data on any child as he/she accesses different services to understand unmet needs, gaps in service capacity and/or system limitations.

Activities and strategies/ Iowa has one established Systems of Care site, a second site began to serve children in SFY10, a third site applied for but did not receive a SAMHSA grant in

**changes/
innovative or
exemplary model:** FFY10, and work has begun in western Iowa to develop wraparound services and eventually a system of care. These projects will all increase access to the public mental health system for children who might not otherwise be eligible due to income guidelines but meet the criteria for SED. The Olmstead Plan for MHDS identifies the need for expansion of the systems of care to other geographic areas of Iowa. The Plan also promotes school-based mental health and the importance of providing mental health consultation and training to educators. Mental Health First Aid is one type of mental health education that has been offered to the education system by the SMHA, and is being implemented by several school districts across the state.

**Target Achieved
or
Not Achieved/If
Not, Explain Why:** The target for FY 2009 was 35,000 which was achieved and surpassed. The downturn in the state and national economy which began in 2009 has continued, leading to increased usage of publicly funded mental health services. This trend is expected to continue in to the next fiscal year. It is assumed that the provisions of the Affordable Health Care Act that affect children will also positively affect children's access to services.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 30 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	40.10	33.63	33	N/A	N/A
Numerator	247	190	--	N/A	--
Denominator	616	565	--	N/A	--

Table Descriptors:

- Goal:** Children served by Iowa's Mental Health Institutions(MHI's) will have increased stability upon discharge and will grow stronger in their recovery efforts so as to have fewer relapses resulting in return to an inpatient setting.
- Target:** Iowa's target is to reduce the number of readmissions to the state hospital system as well as admissions. Iowa is working diligently on a State Plan to build community provider capacity and alternatives to hospitalizations, increasing availability and access to community mental health services such as remedial services, children's mental health waiver services, and community systems of care.
- Population:** Children with Serious Emotional Disturbance
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
- Indicator:** Percent of readmissions within 30 days of discharge out of total annual discharges from the state hospital system
- Measure:** Numerator: Number of readmissions to the state hospital system within 30 days of discharge in SFY2009.
Denominator: Number of discharges from the state hospital system in SFY2009.
- Sources of Information:** URS table20A
Source for URS tables is DHS Mental Health Data Warehouse
- Special Issues:** There is some difficulty collecting data from the MHI reporting system. There is some movement between a state run PMIC and a state hospital, showing a readmission each time but without a discharge to the community. Age categories do not align with state definitions of Adults with SMI and Children with SED. Children and youth 0-21 are defined as SED. URS captures 18-20 year olds and 21-64 year olds.
Iowa has 120 State hospital beds, 37 of which are for children, and 617 private care beds, of which 90 are for children and adolescents. This measure only reports on the State hospital system. The State hospitals tend to be the placement of last resort for the most difficult cases.
- Significance:** Children with mental health issues are best served in their communities. When hospitalization is necessary, every effort should be made to assure a child and family has appropriate community services arranged to lessen the risk of readmission.
- Activities and** Developing and implementing pilot areas for systems of care and emergency

**strategies/
changes/
innovative or
exemplary model:** mental health services, increased number of children served through the children's mental health waiver and refocused use of remedial services should result in decreased need for initial admissions, 30 day readmissions, and 180 day readmissions.

**Target Achieved
or
Not Achieved/If
Not, Explain Why:** Even with the issues related to counting intra-institutional transfers as readmissions, there has been an overall decrease in numbers of children admitted to the state hospitals, as well as number of readmissions within 30 days.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Reduced Utilization of Psychiatric Inpatient Beds - 180 days (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	45.13	37.70	37	N/A	N/A
Numerator	278	213	--	N/A	--
Denominator	616	565	--	N/A	--

Table Descriptors:

- Goal:** Children served by Iowa's Mental Health Institutions (MHI's) will have increased stability upon discharge and will grow stronger in their recovery efforts so as to have fewer relapses resulting in return to an inpatient setting.
- Target:** Iowa's target is to reduce the number of readmissions to the state hospital system as well as admissions. Iowa is working diligently on a State Plan to build community provider capacity and alternatives to hospitalizations, increasing availability and access to community mental health services such as remedial services, children's mental health waiver services, and community systems of care.
- Population:** Children with Serious Emotional Disturbances
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
- Indicator:** Percent of readmissions within 180 days of discharge out of total annual discharges from the state hospital system
- Measure:** Numerator: Number of readmissions to the state hospital system within 180 days of discharge in SFY2009
Denominator: Number of discharges from the state hospital system in SFY 2009.
- Sources of Information:** URS table 20A.
Source for URS tables is DHS Mental Health Data Warehouse
- Special Issues:** Please refer to previous NOM for 30 day readmissions.
- Significance:** Please refer to previous NOM for 30 day readmissions.
- Activities and strategies/ changes/ innovative or exemplary model:** Please refer to previous NOM for 30 day readmissions.
- Target Achieved or Not Achieved/If Not, Explain Why:** Even with the issues related to counting intra-institutional transfers as readmissions, there has been an overall decrease in numbers of children admitted to the state hospitals, as well as numbers and percent of readmissions within 180 days.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Evidence Based - Number of Practices (Number)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	N/A	1	1	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

- Goal:** Children with SED and their families will have access to evidence based practices.
- Target:** Maintain and increase access to EBP's for children with Serious Emotional Disturbance.
- Population:** Children with Serious Emotional Disturbance
- Criterion:** 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services
- Indicator:** Number of EBP's identified in the NOMS(Functional Family Therapy, Multisystemic Therapy, and Therapeutic Foster Care) that are offered by Iowa providers.
- Measure:** Number of identified EBP's offered by Iowa providers.
- Sources of Information:** Community mental health providers and URS tables.
- Special Issues:** While Iowa has had state mandates to use block grant funding to develop and implement EBP's, the SMHA did not specify EBP's to be implemented. Consequently, providers have chosen various EBP's. Child-focused EBP's implemented include Parent Child Interactive Therapy, Interpersonal Psychotherapy Treatment for Adolescents, Incredible Years, and Trauma Focused Cognitive Behavioral Therapy. Functional Family Therapy has been implemented through the juvenile justice system, and has provided data to the SMHA for the first time regarding numbers of clients receiving FFT in Iowa, however these numbers have not been included in URS reporting. It is also difficult to find EBP's that are cost effective and can be used with relatively small populations. Providers in rural areas, in particular, are often challenged to find an EBP that serves a sufficient number to facilitate a high level of practice and fidelity to any specific models.
- Significance:** Evidence based practices are essential to improved outcomes and building a mental health system that promotes recovery, resilience, and improved functioning.
- Activities and strategies/ changes/ innovative or exemplary model:** The SMHA has identified a goal of working with the Juvenile Justice and Child Welfare systems to identify the role of FFT in the children's mental health system so that potentially more children could benefit from this evidence based practice.

Target Achieved No target was identified in the previous year. A target of 1 EBP was identified for SFY10. Iowa does have providers utilizing a variety of EBPs but providers have
or not focused on the three EBPs specifically identified in the NOMS.
Not Achieved/If
Not, Explain Why:

CHILD - IMPLEMENTATION REPORT

Transformation Activities: **Indicator Data Not Applicable:**

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Therapeutic Foster Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues: Iowa does not have therapeutic foster care programs that meet the criteria for evidence based practice. Iowa has chosen to identify a set of EBP's that do not include those identified in the NOM's.

Significance:

Activities and strategies/ changes/ innovative or exemplary model:

Target Achieved or Not Achieved/If Not, Explain Why:

CHILD - IMPLEMENTATION REPORT

Transformation Activities: **Indicator Data Not Applicable:**

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Multi-Systemic Therapy (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal:

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues: Iowa does not have any MST sites on which to report.

Significance:

Activities and strategies/ changes/ innovative or exemplary model: Iowa has chosen to identify a set of EBP's that do not include those identified in the NOM's. Please refer to Section II of the application for descriptions of the identified EBP's.

Target Achieved or Not Achieved/If Not, Explain Why:

CHILD - IMPLEMENTATION REPORT

Transformation Activities: **Indicator Data Not Applicable:**

Name of Implementation Report Indicator: Evidence Based - Children with SED Receiving Family Functional Therapy (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	N/A	1.94	N/A	N/A	N/A
Numerator	N/A	724	--	N/A	--
Denominator	N/A	37,227	--	N/A	--

Table Descriptors:

Goal: The SMHA will initiate dialogue with the Juvenile Justice and Child Welfare systems regarding the role of FFT in the overall children's mental health system.

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues: Iowa has does have 6 FFT teams connected with 5 different service providers. FFT in Iowa is currently funded primarily with juvenile justice and child welfare allocations. Because FFT has been initiated and monitored through juvenile justice services, the providers do not submit data for URS or to the SMHA.

Significance: While FFT is a widely recognized EBP for children with SED, in Iowa it has been primarily provided to the subpopulation of children involved with the Juvenile Justice system who have a co-occurring mental health issue. It is unknown if all children in this subgroup are included in the totals of children identified as receiving publicly funded mental health services.

Activities and strategies/ changes/ innovative or exemplary model: In SFY 11, the SMHA will initiate dialogue with the Juvenile Justice and Child Welfare systems regarding the role of FFT in the overall children's mental health system. This will allow the SMHA to determine appropriate goals and targets for this performance indicator.

Target Achieved or Not Achieved/If Not, Explain Why: There has been no previously identified target for this EBP.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Client Perception of Care (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Iowa is unable to report on this NOM as a child survey was not implemented during this reporting period.

Target:

Population:

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model: The Iowa system needs to increase its reporting capacity. In SFY11, Iowa is changing its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health, managed care contractor of the Iowa Plan for persons accessing behavioral health services and receiving Medicaid funding. Using the CHI and CHI-C will allow Iowa to gather client-level data from persons funded by Medicaid as well as other public funding sources.

Target Achieved or Not Achieved/If Not, Explain Why: As Iowa has not had the ability to measure this outcome, no targets have been established.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Child - Return to/Stay in School (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Iowa is unable to report on this NOM as a child survey instrument was not implemented during the reporting period.

Target:

Population: Children with SED

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

**Sources of
Information:**

Special Issues:

Significance:

**Activities and strategies/
changes/
innovative or
exemplary model:** The Iowa system will need to increase its reporting capacity. In SFY11, Iowa is changing its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health, managed care contractor of the Iowa Plan for persons accessing behavioral health services and receiving Medicaid funding. Using the CHI and CHI-C will allow Iowa to gather client-level information from persons funded by Medicaid as well as other public funding sources.

**Target Achieved
or
Not Achieved/If
Not, Explain Why:** As Iowa is not presently able to capture this information, no targets have been established.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Child - Decreased Criminal Justice Involvement (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Iowa is unable to report on this NOM as a child survey was not implemented during the reporting period.

Target:

Population: Children with SED

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model: The Iowa system will need to increase its reporting capacity. In SFY11, Iowa is changing its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health, managed care contractor of the Iowa Plan for persons accessing behavioral health services and receiving Medicaid funding. Using the CHI and CHI-C will allow Iowa to gather client-level information from persons funded by Medicaid as well as other public funding sources.

Target Achieved or Not Achieved/If Not, Explain Why: As Iowa has not had the ability to measure this outcome, no targets have been established

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Child - Increased Stability in Housing (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Iowa is unable to report on this NOM as a child survey was not implemented during the reporting period.

Target:

Population: Children with SED

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model: The Iowa system will need to increase its reporting capacity. In SFY11, Iowa is changing its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health, managed care contractor of the Iowa Plan for persons accessing behavioral health services and receiving Medicaid funding. Using the CHI and CHI-C will allow Iowa to gather client-level information from persons funded by Medicaid as well as other public funding sources.

Target Achieved or Not Achieved/If Not, Explain Why: As Iowa has not had the ability to measure this outcome, no targets have been established.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Child - Increased Social Supports/Social Connectedness (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Iowa is unable to report on this NOM as a child survey was not implemented during this reporting period.

Target:

Population: Children with SED

Criterion: 1:Comprehensive Community-Based Mental Health Service Systems
3:Children's Services

Indicator:

Measure:

Sources of Information:

Special Issues:

Significance:

Activities and strategies/ changes/ innovative or exemplary model: The Iowa system will need to increase its reporting capacity. In SFY11, Iowa is changing its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health, managed care contractor of the Iowa Plan for persons accessing behavioral health services and receiving Medicaid funding. Using the CHI and CHI-C will allow Iowa to gather client-level information from persons funded by Medicaid as well as other public funding sources.

Target Achieved or Not Achieved/If Not, Explain Why: As Iowa has not had the ability to measure this outcome, no targets have been established.

CHILD - IMPLEMENTATION REPORT

Transformation Activities:

Name of Implementation Report Indicator: Child - Improved Level of Functioning (Percentage)

(1)	(2)	(3)	(4)	(5)	(6)
Fiscal Year	FY 2008 Actual	FY 2009 Actual	FY 2010 Target	FY 2010 Actual	FY 2010 Percentage Attained
Performance Indicator	N/A	N/A	N/A	N/A	N/A
Numerator	N/A	N/A	--	N/A	--
Denominator	N/A	N/A	--	N/A	--

Table Descriptors:

Goal: Iowa is unable to report on this NOM as a child survey instrument was not implemented during the reporting period.

Target:

Population: Children with SED

Criterion:
 1:Comprehensive Community-Based Mental Health Service Systems
 3:Children's Services
 4:Targeted Services to Rural and Homeless Populations

Indicator:

Measure:

Sources of Information:

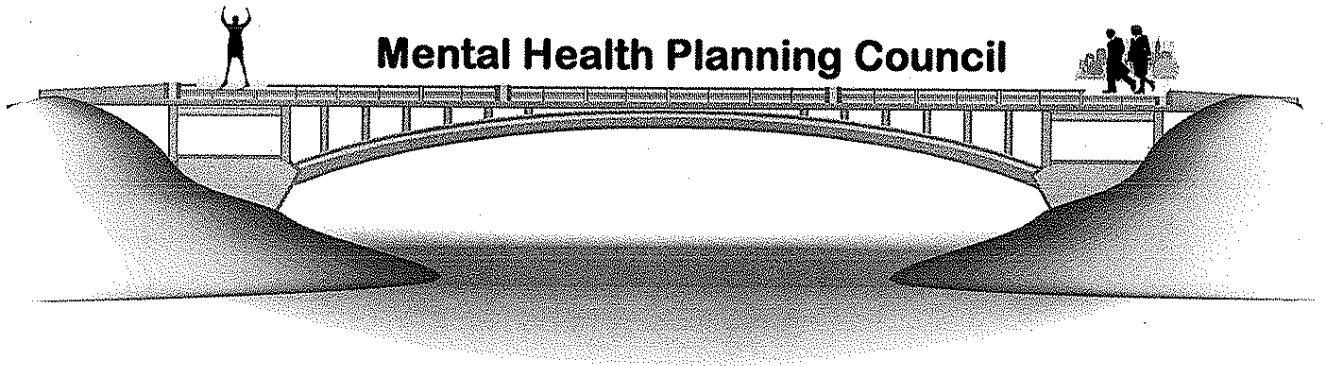
Special Issues: At the present time, Iowa does not have a means of collecting data to report on this measure. Individual providers use different instruments, such as the CANS, CA-LOCUS, and CAFAS, to measure functioning, but there is no method available to collect the data across providers.

Significance:

Activities and strategies/ changes/ innovative or exemplary model: The Iowa system will need to increase its reporting capacity. In SFY11, Iowa is changing its consumer survey tool to the CHI and the CHI-C, the same instrument currently used by Magellan Behavioral Health, managed care contractor of the Iowa Plan for persons accessing behavioral health services and receiving Medicaid funding. Using the CHI and CHI-C will allow Iowa to gather client-level information from persons funded by Medicaid as well as other public funding sources.

Target Achieved or Not Achieved/If Not, Explain Why: As Iowa has not had the ability to measure this outcome, no targets have been established.

Upload Planning Council Letter for the Implementation Report



Bridging the Gap for Iowans with Mental Health Issues

Barbara Orlando
Grants Management Office
Division of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road
Room 7-1091
Rockville, MD 20857

November 28, 2010

RE: Council Support letter to accompany the Implementation Report

Dear Ms. Orlando:

The Iowa Mental Health Planning and Advisory Council is submitting this letter in support of the Implementation Report for the State of Iowa.

The Adult and Children's *Narrative* content of the Implementation report captures the identification of issues needing improvement, the significant events that impacted Iowa's mental health system in SFY 10, and how block grant funds were expended – in both the adult and children's mental health system.

- The need for improvement in data systems and outcomes reporting hinges on the successful use and interpretation of the Magellan Health Care client outcomes surveys - the CHI for adults and the CHI-C for children.
- The effort to have statewide consistency in mental health services hinges on funding and partnerships to implement the Olmstead Mental Health and Disability State Plan once it has been finalized in SFY 11.
- The block grant funds continue to be a source of training dollars for community mental health centers and admirable efforts are being made to expand the Mental Health first aid program in Iowa.
- We applaud the inclusion of mental health services in the Iowa Plan for Iowans age 65 and older.
- We urge the MHDS Division to coordinate with the Iowa Dept. of Public Health in implementing the provisions of the Affordable Health Care Plan including:
 - Utilizing the emergency response personnel under IDPH to provide emergency and crisis mental health services across the state rather than creating a parallel system – an MHDS system and an IDPH system.
 - Mental health first aid training and disaster behavioral health response training would be key provisions to make a state-wide system possible.
 - With the high prevalence of co-occurring conditions – we encourage the development of one system for individuals and families to access. We challenge MHDS and IDPH to develop a common application and paperwork trail to avoid duplication and to have accreditation procedures for providers streamlined.

- We encourage the re-purposing of the Mental Health Institute's to become partners for the provision of mental health services in the rural areas where they are located. For example: participation in emergency and crisis response teams, location of crisis stabilization, sub acute, and respite beds, day care programming, and outpatient clinics.
- It is hopeful there will be some parity realized in the waiver system for children. At the present time, there are 2851 slots for children with intellectual disabilities and 1117 slots for children with mental health disabilities.
- It was very disappointing the East Central Iowa Systems of Care project did not get funding. The two projects we do have in the state have been overwhelmingly effective. The real possibility of having an adequate statewide children's mental health system hinges on systems of care project proliferation.
- Regarding legislative matters –
 - The IMHPC supports the updating and revision of Chapter 230A of the Iowa Code as it relates to community mental health centers.
 - The IMHPC - along with 30 other organizations - have expressed "*no confidence*" in the legislation for a preferred drug list for mental health medications. We have specifically asked for an *indefinite delay in enactment*. The letter was sent to the Governor, state legislative leadership, health and human service committee, DHS, MHDS, and Iowa Medicaid Enterprise. Testimony has been provided at public meetings regarding our objections.
 - More coordination is occurring between the Commission and Council as per state legislation. The Commission and Council have had co-meetings in May and October. The Chairperson of the IMHPC attends Commission meetings. We have access to each other's share point sites for sharing of information. We will be issuing joint legislative priorities.
 - The IMHPC supports the inclusion of remedial services in the Iowa Plan.
- Use of block grant monies
 - The change from contract terms being tied to the federal fiscal year instead of the state fiscal year will help to offer more opportunities for block grant funds to be fully utilized. It was disappointing to see that \$92,069 of the FFY09 grant was not drawn down.
 - We are appreciative the MHDS division used a new initiative for mini grants to further expand the EBP's and best practices a community mental health center can access funds for.
 - The table on page 9 is an excellent synopsis of where the SFY10 funds were spent and will be useful to the Council and especially the Monitoring and Oversight Committee in knowing where the funds were expended.
 - It would be most helpful if we had a similar table set forth for the anticipated expenditure of FFY11 funds so the Council could provide recommendations. Our value as an advisory council is diminished if we receive this information after the fact.
 - The IMHPC supports continued funding for the transitional program for youth aging out of the state foster care system and funding for existing and new systems of care projects.

The MHDS Division has been earnestly searching for ways to report data. Hopefully, Magellan's CHI for adults and the CHI-C for children and adolescents will give us a leg up.

On the following pages, the implementation report indicators are summarized in a chart. Most of the chart indicates N/A.

The population estimate for Iowa is 3,000,000.
 Approximately 6% of the population will have severe mental illness – or – 180,000 people.
 The first adult implementation report indicator indicates 52,415 adults receiving services.
 The first child implementation report indicator indicates 37,500 children receiving services.
 A total of 89,915/3,000,000 = 50% penetration rate.

The penetration rate for use of evidence based practices never exceeds 2% in any category and most often is less than 1%.

Adult Implementation Report Indicators		FY 2008	FY 2009	FY 2010	FY 2010	FY 2010
<i>The Magellan CHI survey tool is supposed to assist in reporting data in the coming year.</i>		Actual	Actual	Target	Actual	Percentage Attained
1	Increased Access to Services from public funding resources	46,861	52,415	52,415	NA	NA
2	Reduced utilization of psychiatric beds # of readmissions within 30 days of discharge /total admissions to state hospital system *	81/776 = 10.44%	47/628 = 7.48%	7.23%	NA	7.23%
3	Reduced utilization of psychiatric beds # of readmissions within 180 days of discharge /total admissions to state hospital system *	156/776 = 20.1%	40/628 = 6.37%	6.25%	NA	NA
4	Evidence Based Practices – how many of the 7 are implemented in Iowa	4	6	6	NA	NA
5	Evidence Based – Adults with SMI receiving Supported Housing	135/46,861 = .29%	200/52,415 = .38%	1%	NA	NA
6	Evidence Based – Adults with SMI receiving Supported Employment	66/46,681 = .14%	606/52,415 = 1.16%	2%	NA	NA
7	Evidence Based – Adults with SMI receiving Assertive Community Treatment	270/46,681 = .58%	270/52,415 = .52%	1%	NA	NA
8	Evidence Based – Adults with SMI receiving Family Psychoeducation	170/46,681 = .36%	175/52,415 = .33%	NA	NA	NA
9	Evidence Based – Adults with SMI receiving Integrated Treatment of Co-Occurring Disorders	560/46,681 = 1.2%	800/52,415 = 1.53%	2%	NA	NA
10	Evidence Based – Adults with SMI receiving Illness Self Management	514/46,681 = 1.1%	250/52,415 = .48%	1.1%	NA	NA
11	Evidence Based – Adults with SMI receiving Medication Management	NA	NA	NA	NA	NA
12	Client Perception of Care	NA	NA	NA	NA	NA
13	Increase/Retained Employment	NA	NA	NA	NA	NA
14	Decreased Criminal Justice Involvement	NA	NA	NA	NA	NA
15	Increased Stability in Housing	NA	NA	NA	NA	NA
16	Increased Social Supports/Social Connectedness	NA	NA	NA	NA	NA
17	Improved Level of Functioning	NA	NA	NA	NA	NA
Child Implementation Report Indicators		FY 2008	FY 2009	FY 2010	FY 2010	FY 2010
<i>The Magellan CHI survey tool is supposed to assist in reporting data in the coming year.</i>		Actual	Actual	Target	Actual	Percentage Attained
1	Increased Access to Services	33,758	37,227	37,500	NA	NA
2	Reduced utilization of psychiatric beds # of readmissions within 30 days of discharge /total admissions to state hospital system *	247/616 = 40.1%	190/565 = 33.63%	33%	NA	NA
3	Reduced utilization of psychiatric beds # of readmissions within 180 days of discharge /total admissions to state hospital system *	278/616 = 45.13%	213/565 = 37.7%	37%	NA	NA
4	Evidence Based Practices – how many of the 3 are implemented in Iowa ** Functional Family Therapy, Multi-systemic Therapy, and Therapeutic Foster Care	NA	1	1	NA	NA
5	Children with SED receiving Therapeutic Foster Care	NA	NA	NA	NA	NA
6	Children with SED receiving Multi-Systemic Therapy	NA	NA	NA	NA	NA
7	Children with SED receiving Family Functional Therapy (juvenile justice and child welfare)	NA	724/37,227 = 1.94%	NA	NA	NA
8	Client Perception of Care	NA	NA	NA	NA	NA
9	Child – Return to/Stay in School	NA	NA	NA	NA	NA
10	Child – Decreased Criminal Justice Involvement	NA	NA	NA	NA	NA
11	Child – Increased Stability in Housing	NA	NA	NA	NA	NA
12	Child – Increased Social Supports/Social Connectedness	NA	NA	NA	NA	NA
13	Child – Improved Level of Functioning	NA	NA	NA	NA	NA

* According to page 3 of 25 of implementation report indicators - Iowa has 120 state hospital beds and 617 private care beds for a total of 737. Of the 617 private care beds, 527 are for adults and 90 are designated for children and adolescents. There was quite a drop in bed availability from 776 to 628 in the adult section and 616 to 565 in the children's section.

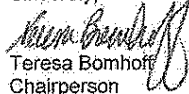
** EBP's used for children are Parent Child Interactive Therapy, Interpersonal Psychotherapy Treatment for Adolescents, Incredible Years, and Trauma Focused Cognitive Behavioral Therapy.

The MHDS Division has committed and capable staff. Additional staff, coordination with other state agencies with similar programming and adequate funding will be needed transform the system and be able to report on outcomes.

The interest of the state legislature will play a large part in the progress made.

Thank you for the opportunity to submit a Council letter with the implementation report.

Sincerely,



Teresa Bomhoff
Chairperson
Iowa Mental Health Planning Council

cc. IMHPC Council members

OPTIONAL- Applicants may use this page to attach any additional documentation they wish to support or clarify their application. If there are multiple files, you must Zip or otherwise merge them into one file.