

Report #1 on DHS Internal Olmstead January 15, 2010 through July 2010 Work Plan

Goal 1: Identify and implement strategies that allow lowans in crisis to maintain their current living arrangements.

Strategy 1: Establish Mobile Crisis Response Services to stabilize and meet the need of the Consumer with Developmental Disabilities in the community; avoid inappropriate inpatient hospitalizations and transfers to the State Resource Centers. (Originates from the Woodward Resource Center)

- Completed: Future reports will report on activities of the teams.

Strategy 2: Provide Mobile Crisis Response Services (MCRS) for individuals with mental illness.

- Started: In the process of exploring with Magellan.

Strategy 3: Examine the processes, needs of individuals, and current gaps in services to identify how the state can reduce the number of lowans placed out of state for treatment.

- Research by Jeanne Nesbit, Susan Smith & Deb Johnson on the MN crisis care approach for DD identified:
 - MN crisis services funded through an expensive respite waiver (note: ICF daily rate exceeds the waiver rate)
 - Minnesota uses Adult and Child Foster Care licensure
 - Facilities need to have a small population
 - Consumer needs to stay for a short time
 - Foster Care requirements aren't sufficient for Iowa; Compare to a specialized ICF/MR waiver home
 - Need a mechanism to appropriately route consumers
 - Need an alternative to Acute Care, MHI or jail for persons with MI
- We need to know what rules/licensing requirements impact providing these services in Iowa:
 - How these adult foster care home facilities differ from ICF/MRs in general
 - Licensure requirements (DIA opinion on licensure for serving Dual Dx (MI/DD) vs MI only)
- IMD status is key; age 22-64 without a funding stream (visiting a 16-bed acute MH facility in Minnesota in early March)

Goal 2: lowans have choice in where they live whenever possible and in work opportunities when appropriate and how they participate in their community of residents.

Strategy 1: Continue implementation of Iowa's MFP (Money Follows the Person) grant. Target: 528 individuals over 5 years (through 2012)

- Progress: 178 consumers referred since September 2008
 - Increase in consumers who signed informed consent to begin transition planning:
Calendar year 2008: 46 and Calendar year 2009: 77
 - Increase in consumers who transitioned out of the ICF/MR to a qualified community living arrangement:
Calendar year 2008: 9 and Calendar year 2009: 54
 - MFP ends in 2012; may request a no-cost extension for grant activities at that time

Strategy 2: Develop new HCBS waiver services to address key barriers to members living successfully in the community, including Crisis Intervention, Mental Health Outreach and Behavioral Intervention.

- HCBS waivers:
 - Currently on the second draft of proposed waiver rules; plan to file the rules by March 1st
 - Training: must be competency based, should be built into the cost of services and encouraged by DHS through various incentives
 - Certification: training could qualify direct care staff for certification
 - Collaboration: Resource Centers, U of Iowa CDD (Bob Bacon) and IME, working with team members to align curriculums/trainings
 - Barrier: Appropriate housing following stabilization, crisis or not

Strategy 3: Advance competitive employment opportunities for persons with disabilities by acting on the State Employment Leadership Network (SELN) model to identify opportunities to improve employment outcomes achieved by the individuals receiving publicly financed support.

- Started SELN Self-assessment (weaknesses, strengths and a time frame for going forward)
- Partnering with state agencies through the State Governance Group focused on employment for persons with disabilities lead by Iowa Vocational Rehabilitation Services (Not current focus, while we gather data in SELN)
- March 3, 2010 Statewide Stakeholder event facilitated by SELN; input will be used to formulate a set of employment based outcomes for Iowa, either as an employment work plan or as a larger employment initiative across all service systems.

Goal 3: Develop and expand staff competencies, service capacity, and assure quality within the provider network.

Strategy 1: Use web-based training opportunities such as the College of Direct Support (CDS) with two additional proposed strategies: 2) Expand training opportunities for providers and 3) Develop curriculum on best practices for persons with dual diagnosis

- Training through CDS: currently have 241 enrolled and about 800 Supported Community Living providers on-board
- Sustaining CDS training after Real Choices funding expires: CMS has indicated that MFP funding could be used to fund 100% of the training under crisis intervention; IME will submit a MFP proposal seeking approval
- I-PART (Iowans Program Assistance Response Team) progress: meeting every 7-10 days, agreement on 1) definition of psychotropic medication, 2) methodology for gradual psychotropic reduction review and 3) interclass polypharmacy; John Kalachnik and Dr. Kline reviewing materials and decisions with State Drug Utilization Review Sub-Committee on MH

Goal 4: Improve care coordination and informed choice for members.

Strategy 1: Incorporate care coordination and informed choice into the Medicaid Health Information Technology Plan.

Strategy 2: Address strategies for electronically sharing information on vacancies placements, and client needs.

Strategy 3: Develop providers' health information technology infrastructures.

- First visioning session completed; Goals of “one source of information,” and improve the quality of care and cost effectiveness; Working to identify 1st, 2nd, 3rd, etc. steps
- Community providers want e-records
- Issue is on maintaining once established; Medicaid Long Term Care health record could be the answer
- Future will include e-prescribing

Respectfully submitted,

Jeanne Nesbit, Administrator
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