

DHS Olmstead Action Agenda for first 18 months: 1/1/11 through 6/30/12

Introduction

The Department of Human Service's Olmstead Action Agenda for January 2011 through June 2012 is drawn from the Olmstead Plan for Mental Health and Disability Services State Plan Framework (2011 – 2015). The Framework, which is available at www.iowamhdsplan.org, provides the context for this list of action items.

- The Framework lists five goals for transforming Iowa's mental health and disability services system: (1) Creation of Welcoming Communities; (2) Improving Access to Services, (3) Building Capacity to Provide a Full Array of Community Based Services and Supports; (4) Ensuring High Quality Services and Supports; and (5) Accountability for Service Delivery and Results. The Framework proposes 37 objectives, and then lists 140 current and proposed initiatives (action steps) intended to result in measurable progress in achievement of the objectives.
- The Framework offers a road map to guide policy and resource allocation over a five year period (2011 – 2015). The scope of current and proposed initiatives is broad, touching on every aspect of the service system and public policies affecting people with mental illness or other disabilities. While painting this big picture is helpful in understanding how the components of the system interrelate, there is also the practical necessity to focus time and resources in the short term on initiatives (1) likely to yield results in areas critically related to compliance with Olmstead principles, and (2) which are affordable and cost effective. In consultation with stakeholders, eleven strategic priorities have been identified (and are listed below). Action steps related to each of those priorities were selected from the Framework by the Department's internal planning team.
- Note that a number of items on the Action Agenda depend upon leadership and collaboration from DHS partner agencies for an effective, comprehensive Olmstead Plan.
- The Framework and this Action Agenda are living documents, subject to revision based on on-going stakeholder input and changing circumstances. The agenda is not a comprehensive list of departmental initiatives and programs; DHS has significant on-going and diverse responsibilities to fulfill. The Action Agenda does show how the department proposes to focus resources to support the ability of Iowans to live, learn, work and recreate in communities of their choice.

Strategic Priority No. 1: Educate Iowans about the potential of people with mental illness, brain injury or other disabilities to make positive contributions.

DHS action

1.1. c *Think Beyond the Label* – Build on the national media campaign by customizing the message within the State, to promote public awareness and to make the business case for hiring people with disabilities. Target: SFY 11 and SFY12

Strategic Priority No. 2: To promote full community inclusion for people with mental illness, brain injury or other disabilities

DHS action

1.6. a Develop a common language and definitions for community and facility based providers to improve communications that reflects a commitment to empowerment of individuals, and a focus on strengths and functional needs rather than a diagnosis. Target: SFY 11 and SFY12

(See Strategic Priority 7 3.3.b)

Strategic Priority No. 3: Improve access to services for individuals in crisis and their families.

DHS Action

2.1. a Promote alternatives and complements to hospital-based emergency and inpatient services for urgent behavioral health care needs of adults and children through the development and expansion of community-based access centers and crisis stabilization beds. Target: SFY 11 and SFY12

2.1. b Expand provider capacity to address behaviors related to co-occurring mental illness and intellectual disabilities through deployment of I-PART. Target: SFY 11 and SFY12

2.1. c Expand the capacity of the state mental health facilities as resource centers for the community provider network, in helping individuals to stay in the community. Target: SFY11 and SFY12

2.1. f Develop emergency mental health services in pilot areas. Target: SFY11 and SFY12

2.8. g Expand access to training for community based providers (including primary care providers as well as non-prescribing mental health professionals) in behavioral health medication management. Target: SFY 11 and SFY12

2.3.b Maintain and continue to enhance Iowa's web based Information & Referral services for people with disabilities and older Iowans and make cross-training of information regarding services and supports regarding all disabilities available. Target: SFY11 and SFY12

2.3. c Develop a network of trained parent mentor navigators and educator for parents of children with disabilities, including Serious Emotional Disturbance. Target: SFY11 and SFY12 (See Strategic Priority 6 3.2.d)

2.4. a Expand educational programs for law enforcement and the judicial branch on the symptoms of, and supports for, mental illness and other disabilities. Target: SFY11 and SFY12

2.4. b Continue the work of the Court Mental Health Work Group. Target: SFY11 and SFY12

2.4.c Establish vehicles for communication among law enforcement, the judicial branch and the Department of Human Services, MHDS division, about options available for diversion, and alternatives to arrest, detention, incarceration and commitment. Target: SFY11 and SFY12

2.8. g Identify opportunities to improve discharge planning to meet the needs of individuals for services in the communities of their choice. Target: SFY 12 (See Strategic Priority 7 3.3.c)

2.10. g Work with the Veterans Administration, the Iowa Department of Veterans Affairs and veterans' organizations to develop collaborative approaches to meeting the needs of veterans with mental health issues and /or brain injuries and their families. Target: SFY12

Priority No. 4: Ensure appropriate services and settings by strengthening the tools and processes used to assess individual support needs.

DHS Action

2.8. a Strengthen implementation of PASRR for Iowans prior to admission to nursing homes, to identify individuals with mental illness or intellectual disabilities, and to insure that placement is appropriate and needed services are available. Target: SFY11 and SFY12

2.8.b Develop and implement policies and procedures for implementation of new federal requirements to ensure the rights of nursing home residents to choose where they receive their long term supports and services, including referral to local contact agencies for options counseling, and transition services as appropriate. Target: SFY11 and SFY12 (See Strategic Priority 7 3.4.e)

2.8. c Explore use of a standardized functional assessment tool (the Supports Intensity Scale) in determining service and support needs for people with intellectual disabilities. Target: SFY12

Strategic Priority No. 5: Establish the leadership, necessary partnerships and infrastructure for a service system expanding opportunities for competitive employment.

DHS Action

1.3. b Analyze current policies and practice regarding transition, and determine, with engagement of the Department of Education, how these can be strengthened to support integrated employment as a preferred outcome for students moving into the adult service system. This should include clarity of post secondary and national service options to further prepare students for adult life. Target: SFY 11 and SFY12

3.1. a Continue current work in collaboration with the State Employment Leadership Network (SELN) and other State agency partners, including Department of Education, Iowa Vocational Rehabilitation Services (VRS), Iowa Workforce Development (IWD), Department for the Blind, Iowa Developmental Disabilities Council, Department of Human Rights and others to develop and implement a statewide competitive employment plan for people with disabilities or mental illness. Target: SFY11 and SFY12

3.4. d Build community provider capacity for Supported Employment services. Target: SFY12

Strategic Priority No. 6: Develop frameworks for advancing the integration and coordination of primary care mental health, substance abuse, disability, and other services.

DHS Action

3.2. c Develop service definitions and expectations regarding the use of remedial services and integration of remedial services with other services. Improve coordination and quality of mental health services by transferring remedial services administration to the Iowa Behavioral Health Plan. Target SFY 11

3.2. d Continue to develop and support a statewide network of trained family navigator and educators, that help families of children with developmental disabilities and other special health care needs make informed healthcare decisions and navigate the service system, and offer web-based resources (DHS Family 360/Family to Family Health Information Center Initiative. Target: SFY11

3.2.a Develop and maintain a mental health delivery system that meets the needs of children with SED in the community by extending children's mental health systems of care: (1) Continue to build the sustainability of the NE Iowa Community Circle of Care; (2) Support state-funded systems of care for children in Polk/Warren Counties; (3) Seek support for the E Central Iowa Children's Mental Health Initiative; (4) Promote expansion to additional regions in Iowa, with emphasis on the western region of the State. Target: SFY11 and SFY12

Strategic Priority No. 7: Deploy the resources of public residential institutions and Iowa's Money Follows the Person grant, in tandem with other federal and state initiatives, to maximize support for community integration and reduce reliance on institutionally based services.

DHS Action

3.3. a Expand provider capacity to address behaviors related to co-occurring mental illness and intellectual disabilities through deployment of the Iowa Program Assistance Response Team (I-PART). Target: SFY 11 (See Strategic Priority 3 2.1.b)

3.4. a Explore extension of Iowa's Money Follows the Person (MFP) demonstration to 2016 (with continuation of operations to 2019) to assist individuals living in facilities transition to more independent community settings. Target: SFY 11

3.4. b Explore expansion of Iowa's MFP transition services and supports to additional populations receiving facility based care. Target: SFY11

3.3. b Develop a common language and definitions for community and facility based providers to improve communications that reflect a commitment to empowerment of individuals, and a focus on strengths and functional needs rather than a diagnosis. Target: SFY11 and SFY12

3.3. c Continue to strengthen discharge planning at Resource Centers and orient internal operations to reductions in length of stay. Target: SFY11 and SFY12 (See Strategic Priority 3 2.8.g)

3.4.e Develop policies and procedures for implementation of new federal requirements to ensure the rights of nursing home residents to choose where they receive their long term support and services,

including referral to local contact agencies for options counseling, and transition services as appropriate (MDS 3.0 Section Q) Target: SFY11 and SFY12 (See Strategic Priority 4 2.8.b)

3.4. c Build provider capacity to ensure access to community based crisis intervention, behavioral programming and mental health outreach services. Target: SFY12

3.5.a Work with the Iowa Finance Authority to ensure availability of Home and Community Based Services (HCBS) Waiver Rent Subsidies to support MFP participants and other individuals on Waivers. Target: SFY12

3.5. b Advocate for system changes or accommodations for people with disabilities at local public housing authorities in the federal Housing Choice Voucher (Section 8) application process to enable the same access as individuals without disabilities. Target: SFY12

Strategic Priority No. 8: Improve service outcomes by promoting efficient and cost effective best practices.

DHS Action

4.1. c Continue to collaborate with the IDPH to review accreditation standards and policies used for both mental health and substance abuse services and develop protocol to cross-accept accreditation determinations made by each agency, similar to deemed status applied to national accreditation by IDPH and DHS. Target: SFY11 and SFY12

Strategic Priority No. 9: Develop and expand workforce competencies.

DHS Action

4.3. d Explore developing an incentive strategy to assist providers that improve retention and performance of direct support professionals, including strategies linking reimbursement to competency-based skill development training and on-site supports. Target: SFY11

4.3.a Partner with the Iowa Department of Public Health and other agencies and organizations to identify and define direct support professional competencies and the curricula needed to provide effective services to individual with mental illness and other disabilities, including, as appropriate, training supporting the expansion of evidence-based practices in Iowa. Target: SFY 11 and SFY 12

Strategic Priority No. 10: Implement an effective performance and accountability infrastructure.

DHS Action

5.1. b Provide for annual stakeholder review of this Plan and recommendations for updating Target: SFY12

Strategic Priority No. 11: Develop a plan for long term system financing.

DHS Action

5.5.a Collaborate with counties and key stakeholders and consumers in the development of recommendations for long term systems funding to include an assessment of the options available under the Affordable Care Act, including mental health parity, medical home and the bench mark plan.

Target: SFY12