# Department of HUMAN SERVICES

## Life in the Community For Everyone

## Olmstead Plan Framework 2016-2020

**Revised March 2019** 

## Olmstead Plan Framework 2016-2020 Life in the Community for Everyone

**INTRODUCTION:** The Department of Human Services (DHS) is committed to actions, opportunities, and efficiencies that promote the vision of "Life in the Community for Everyone." This document provides a framework for community living built on nine outcome goals. To accomplish these goals DHS will work with service recipients, families, advocates, MHDS Regions, providers, state agencies, and other stakeholders to address barriers and improve access to community living.

The nine **OUTCOME GOALS** are "big picture" statements that describe the positive life experiences that should be available to lowans with disabilities and mental illnesses. Each of nine outcome goal areas have four components that will help guide you through the information contained in this document:

- 1. **OBJECTIVES** are specific "pieces" that come together to form the big picture. Considered together, these objectives in each of nine areas of community living define "where we want to be." Each of the nine goals also identifies a "priority area of focus," which is recognized as needing attention.
- 2. PROGRAMS, ACTIVITIES & POLICIES are specific actions being implemented to achieve measureable progress toward the outcome goals and objectives. These include programs and policies managed by DHS or other state agencies, and activities of other organizations that support the vision of life in the community for everyone. These describe "what we are doing to make progress." Each of these activities is more fully described in an accompanying document (or through links within this document when in electronic form) to provide more detailed information about what it is, who is responsible for making it happen, the expected timeline, and how it is funded.
- 3. INDICATORS OF PROGRESS are the types of information that will be gathered and reviewed at least annually to measure progress toward the outcome goals and objectives. These are the questions we will be asking. These indicators include data that can be collected through systems (things we can count) and through gathering the opinions of individuals with disabilities and mental illnesses and their families through personal experience surveys. These describe "how we can tell we are getting there."
- 4. DATA AND LINKS TO DATA SOURCES report on the indicators of progress. This column contains links to reports, websites, and other information that describe "where we are now," as well as reporting information gathered through personal experience surveys. In this way, as new data is collected and made available, you will be able to review it and see how we are progressing toward the outcome goals.

	Olmstead Plan Framework 2016-2020		
WHERE WE WANT TO BE:	WHAT WE ARE DOING TO MAKE PROGRESS: HOW WE CAN TELL WE ARE GETTING THERE: ARE NOW:		
OUTCOME GOALS & OBJECTIVES	PROGRAMS, INDICATORS LINKS TO DATA ACTIVITIES & POLICIES OF PROGRESS SOURCES		
€ ←			
	OUTCOME GOALS		
1. ACCESS TO SERVICES:	Individuals with disabilities and mental illnesses have timely and convenient access to services and supports that are responsive to their needs and preferences, and are provided by a qualified, well-trained, and supported workforce.		
2. LIFE IN THE COMMUNITY INTEGRATION:	<b>COMMUNITY</b> Individuals with disabilities and mental illnesses are valued, respected, and active members of their communities.		
3. LIFE IN THE COMMUNITY EMPLOYMENT:	Children with disabilities and mental health conditions are appropriately educated in integrated settings. Adults with disabilities and mental illnesses are employed in integrated settings of their choice, earning competitive wages and benefits. Older adults with disabilities and mental illnesses engage in meaningful activities of their choice.		
4. LIFE IN THE COMMUNITY HOUSING:	Individuals with disabilities and mental illnesses live in integrated settings of their choice that are safe, decent, affordable, and accessible.		
5. LIFE IN THE COMMUNITY TRANSPORTATION:	Individuals with disabilities and mental illnesses have adequate transportation to get to the places they need and want to go.		
6. PERSON- CENTEREDNESS:	Individuals with disabilities and mental illnesses are supported and empowered to make informed choices about their personal goals, daily activities, individualized service plans, and civic involvement.		
7. HEALTH AND WELLNESS:	Individuals with disabilities and mental illnesses receive quality health care and are supported in living healthy lives.		
8. QUALITY OF LIFE AND SAFETY:	Individuals with disabilities and mental illnesses are safe, free from all forms of neglect and mistreatment, and are empowered to improve their quality of life.		
9. FAMILY AND NATURAL SUPPORTS:	URAL Individuals with disabilities and mental illnesses are supported by family members and friends of their choice, and hav		

OUTCOME GOAL #1	ACCESS TO SERVICES Individuals with disabilities and mental illnesses have timely and convenient access to services and supports that are responsive to their needs and preferences, and are provided by a qualified, well-trained, and supported workforce.				
<ul> <li>Individuals h</li> <li>Individuals h</li> <li>Services and</li> <li>Services and</li> </ul>	<ul> <li>R ACCESS TO SERVICES:</li> <li>ave the information, skills, and support they need to access disability-related services and supports.</li> <li>ave meaningful choices in selecting services and service providers.</li> <li>d supports are available timely and within reasonable proximity.</li> <li>d supports meet quality standards, are effective, and resources are used efficiently.</li> <li>d supports are provided by qualified, well-trained, and adequately supported individuals.</li> <li>OF FOCUS: Provider &amp; Workforce Capacity - coordinated activities to increase provider workforce skills and competencies to serve individuals with interfering behavior, multi-occurring conditions, and complex health needs, and support workforce retention and growth.</li> </ul>				
PROGRAMS, ACTIVITIES, AND POLICIES	<ul> <li>Community Capacity Building Activities:</li> <li>CHILDREN'S SERVICES - Planning and implementing a children's mental health services system, starting with mental health crisis and wellbeing collaboratives based on workgroup recommendations and legislation</li> <li>CRISIS SERVICES - Mental Health and Disability Services (MHDS) regional expansion of comprehensive crisis response services and crisis residential services</li> <li>BEHAVIOR ANALYST GRANTS - Iowa Department of Public Health (IDPH) Board Certified Behavior Analyst (BCBA) and Board Certified Assistant Behavior Analyst (BCaBA) Grants Program</li> <li>CORE PLUS SERVICES - Mental Health and Disability Services (MHDS) regional expansion of "core plus" or "additional core services (crisis services, subacute, mental health courts, jail diversion programs, and intensive post-release service coordination)</li> <li>ASSERTIVE COMMUNITY TREATMENT (ACT) - Expansion of ACT teams statewide and use of similar team approach designed for persons with intellectual disabilities</li> <li>TELEHEALTH - Expanded use of telehealth by Medicaid and other funders</li> <li>COMPLEX NEEDS – Develop and implement recommendations on access to and coordination of mental health disability, and substance use disorder services, particularly for individuals with complex needs</li> </ul>				

	ACCESS TO SERVICES (cor	ntinued)
PROGRAMS, ACTIVITIES, AND POLICIES (continued)	<ul> <li>Information &amp; Service Coordination Activities:</li> <li>CASE MANAGEMENT - Implementation of community based</li> <li>INTEGRATED HEALTH HOMES - Implementation of Integra</li> <li>MHDS REGIONAL COMPETENCES - MHDS Regional servitrauma-informed competences</li> <li>BED TRACKING - Carematch psychiatric bed tracking system</li> <li>PERSON CENTERED PLANNING - Home and Community E Centered Planning</li> <li>NURSING FACILITY SCREENING - Preadmission Screening</li> <li>NO WRONG DOOR - Iowa Department on Aging (IDA) Life I COMPASS information &amp; referral</li> </ul>	ted Health Homes Programs (IHH) statewide ices delivered with co-occurring, evidence based, and m Based Services (HCBS) Waiver Services Person g and Resident Review Program (PASRR)
	<ul> <li>Training Activities:</li> <li>PROVIDER TRAINING - Iowa Association of Community Pro (HCBS) web-based and direct Provider Training and Technic</li> <li>PREPARE TO CARE DIRECT SERVICE TRAINING - A con administered by the Iowa Department of Public Health</li> <li>RECRUITMENT &amp; RETENTION - Iowa CareGivers' Direct C</li> <li>PEER &amp; FAMILY PEER SUPPORT - University of Iowa Peer</li> <li>RECIDIVISM REDUCTION - Department of Corrections (DO Grant training</li> <li>PRE-SERVICE TRAINING - University of Iowa Pre-Service T</li> <li>PRIMARY HEALTH CARE PROVIDER TRAINING - Medicai training</li> </ul>	cal Assistance npetency-based training for direct service professionals are Workforce Recruitment and Retention Initiatives Support & Family Peer Support Training Program IC) Second Chance Act Statewide Recidivism Reduction Training for Health Professionals
	INDICATORS OF PROGRESS:	LINKS TO DATA SOURCES:
	tal Health and Disability Services (MHDS) Regions that meet all 14 ccess standards [Regional Reports]	(7) MHDS Regional Annual Reports http://dhs.iowa.gov/mhds-providers/providers- regions/regions/annual-reports

ACCESS TO SERVICES (co	ntinued)				
<ul> <li>proportion of MHDS Regions providing the core plus service of Residential Crisis Beds [Regional Reports]</li> </ul>	(8) MHDS Region	al Service Data ov/mhds-providers	s/providers-		
<ul> <li>proportion of MHDS Regions providing the core plus service of Mobile Crisis Response [Regional Reports]</li> </ul>	regions/regions/list				
<ul> <li>proportion of MHDS Regions providing the core plus service of Jail Diversion [Regional Reports]</li> </ul>	<ul> <li>(9) MHDS Outcomes and Performance Measure (OPM): Regional Dashboard</li> </ul>				
<ul> <li>proportion of MHDS Regions providing the core plus service of Assertive Community Treatment [Regional Reports]</li> </ul>	Live link to information is under construction				
<ul> <li>proportion of MHDS Regions offering identified evidence based practices (Iowa Administrative Code Chp. 25) [Regional Reports]</li> </ul>					
<ul> <li>proportion of the state where regional "core plus" crisis, subacute, jail diversion, mental health courts, or intensive post-release care coordination services are available [Regional Reports]</li> </ul>					
<ul> <li>number of individuals on Home and Community Based Services (HCBS) Waiver waiting lists by waiver [IAHLink]</li> </ul>		ent of Human Serv			
<ul> <li>proportion of individuals with an intellectual disability who meet ICF/ID level of care who are living in intermediate care facilities for persons with intellectual disabilities (ICF/IDs) [IAHLink]</li> </ul>	Guinnary				
<ul> <li>proportion of individuals with intellectual disability who meet ICF/ID level of care being served on the HCBS Intellectual Disability Waiver [IAHLink]</li> </ul>					
<ul> <li>proportion of individuals with a primary behavioral health diagnosis that use inpatient psychiatric hospital services [IAHLink]</li> </ul>					
<ul> <li>proportion of children with a primary behavioral health diagnosis served in a Psychiatric Medical Institution for Children (PMICs) per year [IAHLink]</li> </ul>	http://dhs.iowa.g	ov/ime/about/perfo	ormance-data		
PERSONAL EXPERIENCE QUESTIONS:	(6) Iowa Participa Iowa Medicaid Ei	ant Experience Sun nterprise	rvey (IPES),		
Survey Responses	Yes	No	I Don't Know o No Response		
Are you using your approved services? [IPES Q410]	92.1%	4.2%	3.6%		

## ACCESS TO SERVICES (continued)

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Survey Responses	Yes	No	<u>I Don't Know or</u> <u>No Response</u>
Did you decide to use your current service providers? [IPES Q408-1]	87.9%	4.8%	7.3%
Does all your staff know how to help you? [IPES Q426]	87.3%	1.2%	11.5%
<ul> <li>Does your staff spend all the time with you that they are supposed to? [IPES Q412]</li> </ul>	84.8%	1.2%	13.9%
• Are you happy with the staff who help you plan your services? [IPES Q526]	92.1%	0.6%	7.3%
Are you happy with the staff who provide your services? [IPES Q527]	64.2%	1.2%	34.5%
• Is it easy to make contact with service staff or case manager? [IPES Q407]	84.2%	5.5%	10.3%
<ul> <li>Does any of your staff do things that you don't like when they are working with you or for you? [IPES Q428]</li> </ul>	7.9%	80.0%	12.1%
Do your services and providers make your life better? {IPES Q528]	90.3%	4.2%	5.4%

OUTCOME GOAL #2

## LIFE IN THE COMMUNITY – INTEGRATION

Individuals with disabilities and mental illnesses are valued, respected, and active members of their communities.

#### **OBJECTIVES FOR COMMUNITY INTEGRATION:**

- Individuals have the information, skills, and support they need to effectively participate in community life.
- Individuals are recognized as valued, respected, and active members of their communities.
- Individuals are included in their communities and participate in activities of their choice.
- Individuals have regular interactions with persons who do not have disabilities and who are not paid staff.

#### **PRIORITY AREA OF FOCUS:**

**Policies Supporting Community Access** - coordinated activities bring all community-based services into full compliance with the HCBS (Home and Community Based Services) Settings rules

PROGRAMS, ACTIVITIES, AND POLICIES	<ul> <li>Community Transition Activities:</li> <li>INTEGRATED SETTINGS - HCBS (Home and Community Based Services) Settings Rule transition plan and implementation</li> <li>COORDINATED TRANSITION SUPPORTS - Money Follows the Person (MFP) Grant program</li> <li>BEHAVIORAL SUPPORT – Iowa Technical Assistance and Behavior Support (I-TABS) Program</li> <li>AUTISM RESOURCES - Woodward State Resource Center Autism Resource Team</li> <li>OPTIONS COUNSELING - MDS (Minimum Data Set) Section Q Options Counseling</li> <li>SRC CENSUS REDUCTION - Planned annual census reduction for State Resource Centers (SRCs)</li> <li>I-START - CSS Region prevention and intervention services for individuals with ID/DD and complex behavioral needs</li> </ul>	
	<ul> <li>Information &amp; Training Activities:</li> <li>MENTAL HEALTH FIRST AID (MHFA) and Youth Mental Heat</li> <li>POST-SECONDARY TRANSITION PLANNING - Department</li> </ul>	0
	Special Education	
	Special Education INDICATORS OF PROGRESS:	LINKS TO DATA SOURCES:
DATA COLLECTE	INDICATORS OF PROGRESS:	LINKS TO DATA SOURCES: (4) Iowa Health Link Reports (Medicaid Managed
<ul> <li>number of mem Individuals with</li> </ul>	INDICATORS OF PROGRESS:	LINKS TO DATA SOURCES:

## LIFE IN THE COMMUNITY – INTEGRATION (continued)

PERSONAL EXPERIENCE QUESTIONS:	(6) Iowa Participa Medicaid Enterpr	int Experience Sur ise	vey (IPES), Iowa
Survey Responses	Yes	No	I Don't Know or No Response
• Do you feel you get to choose the things you want to do in your life? [IPES Q515]	81.2%	4.2%	14.5%
<ul> <li>Have you told anyone on your team you would like more choice in picking the things you do? [IPES Q516]</li> </ul>	4.2%	21.2%	74.5%

## OUTCOME GOAL #3

LIFE IN THE COMMUNITY - EMPLOYMENT

Children with disabilities and mental health conditions are appropriately educated in integrated settings. Adults with disabilities and mental illnesses are employed in integrated settings of their choice, earning competitive wages and benefits. Older adults with disabilities and mental illnesses engage in meaningful activities of their choice.

#### **OBJECTIVES FOR COMMUNITY EMPLOYMENT:**

- Children are engaged in appropriate early childhood or individualized educational services and supports in their local schools.
- Transition age youth and young adults are engaged in skill building and training to prepare for competitive employment and independent living.
- Individuals of any age can choose to engage in lifelong learning activities.
- Individuals have the information, skills, and support they need to effectively secure and maintain employment.
- Individuals are employed (or self-employed) in settings where the majority of employees do not have disabilities and they are fully integrated with co-workers, customers, vendors, and others to the same extent as workers without disabilities.
- Individuals are employed in jobs of their choice.
- Individuals earn minimum wage or above and receive wages and benefits comparable to persons without disabilities doing the same work.
- Older adults choose when to retire and are engaged in meaningful activities of their choice after retirement.

#### **PRIORITY AREA OF FOCUS**:

Integrated and Competitive Employment - coordinated activities to move individuals beyond pre-vocational work activities and increase participation in integrated and competitive employment

	LIFE IN THE COMMUNITY - EMPLOYM	MENT (continued)		
PROGRAMS, ACTIVITES, AND POLICIES	<ul> <li>Statewide Employment Activities:</li> <li>COMPETITIVE EMPLOYMENT - Coordinated DHS and Iowa Vocational Rehabilitation Services (IVRS) initiatives to increase the number of individuals with disabilities who are competitively employed</li> <li>MEDICAID EMPLOYMENT SERVICES - Implementation of new rules for redesigned Medicaid employment services</li> <li>Information &amp; Training Activities:</li> </ul>			
	<ul> <li>SUPPORTED EMPLOYMENT TRAINING</li> <li>CUSTOMIZED EMPLOYMENT TRAINING</li> <li>POSTSECONDARY TRANSITION PROJECT - Department o Transition Project</li> <li>Work Incentive &amp; Asset Development Activities:</li> <li>WORK INCENTIVES - Benefits planning, Social Security work</li> </ul>			
	WORKFORCE INNOVATION - Iowa Vocational Rehabilitation Workforce Innovation and Opportunity Act (WIOA) implementa     INDICATORS OF PROGRESS:			
DATA COLLECTE				
<ul> <li>proportion of cl attend a regula</li> <li>proportion of cl the day [IDEA</li> </ul>	nildren with Individualized Education Programs (IEPs) ages 3-5 who ar early childhood education program [IDEA page 22 - 33.73%] nildren with IEPs who are in the regular classroom 80% or more of page 20 - 65.63%] th aged 16 and above with IEPs that	(2) Iowa Department of Education State Performance Report for IDEA Part B (May 13, 2017) (for FFY 2015) <u>https://www.educateiowa.gov/sites/files/ed/documen</u> <u>ts/Iowa%20Part%20B%20Annual%20Performance%2</u> <u>0Report%20FFY%202015.pdf</u>		
contain each o 94.74%] • proportion of ye	f the required components for secondary transition [IDEA page 36 -			

LIFE IN THE COMMUNITY - EMPLOY	MENT (contin	ued)	
<ul> <li>proportion of working age (18-64) adults with disabilities who are employed [E1st online]</li> </ul>	(1) Employment First, Iowa Coalition for Integrat Employment (ICIE) Employment Outcomes Data Collection Pilot Report (April 2016) http://employmentfirst.leadcenter.org/iowa		outcomes Data
proportion of child members with SED who attended school regularly [IAHLink]	mtp.//employmen	itin st.ieaucenter.	orgnowa
<ul> <li>number and proportion of individuals receiving HCBS Waiver and Habilitation services who are competitively employed [IAHLink]</li> </ul>	_ (4) Iowa Health L	ink Reports (Med	icaid Managed
<ul> <li>proportion of working age individuals served on the Intellectual Disabilities Waiver who are employed or self-employed in integrated settings [IAHLink]</li> </ul>			al reports)
<ul> <li>average hours worked in a 2-week period for individuals who are employed [IAHLink]</li> </ul>	-		
<ul> <li>average wages earned in a 2-week period for individuals who are employed [IAHLink]</li> </ul>			
average hourly earnings for individuals who are employed [IAHLink]			
<ul> <li>HCBS members who are not employed and report they are involved in meaningful integrated day activities [IAHLink]</li> </ul>			
PERSONAL EXPERIENCE QUESTIONS:	(6) Iowa Participa Iowa Medicaid Ei		ırvey (IPES),
Survey Responses	Yes	No	I Don't Know or No Response
If you are working, do you like your job? [IPES Q801]	27.0%	16.2%	56.7%
If you want to, can you work more hours? [IPES Q805]	16.2%	5.4%	78.4%
Do you get paid enough for the work you do? [IPES Q811]	18.9%	2.7%	78.4%

Period of Time	at Job	<u>0 to 3</u> months	<u>6 to 12</u> months	<u>1 to 2</u> years	<u>5 years or</u> <u>more</u>	<u>No</u> respons
How long have you worked at your job? [IPES Q803] Hours per Week Worked		5.4%	0.0%	2.7%	16.2%	75.7%
		Less than 10 hours	<u>11 to 20</u> <u>hours</u>	<u>21 to 30</u> <u>hours</u>	<u>31 to 40</u> <u>hours</u>	<u>No</u> response
How many here	ours a week do you work? [IPES Q804]	8.1%	13.5%	2.7%	2.7%	73.0%
<ul> <li>Individual</li> <li>Individual</li> <li>Children</li> <li>Older adu</li> </ul>	FOR COMMUNITY HOUSING: s have the information, skills, and support they need to effect s live in integrated community settings of their choice with the ive in their family homes with the supports they need. Its have the supports they need to age in place. s have meaningful choices in where and with whom they live	e supports they		mmunity hous	sing.	
	s live in housing that is safe, affordable, and accessible.           EA OF FOCUS:         Housing Resources and Availability - conand accessible housing.	ordinated activities	s to increase ad	ccess to safe, a	ffordable,	
PROGRAMS, ACTIVITIES, AND POLICIES	<ul> <li>Housing Access Activities:</li> <li>RENT SUBSIDIES - Iowa Finance Authority (IFA) H</li> <li>HOUSING DATABASE – IFA's web-based Iowahou</li> <li>TAX CREDITS - IFA Low Income Housing Tax Cred</li> </ul>	singsearch.org	idy Program			

	LIFE IN THE COMMUNITY - H	OUSING (cont	inued)		
PROGRAMS,       Activities to Keep People in Their Homes:         ACTIVITIES,       PACE (Program of All Inclusive Care for the Elderly)         HOME MODIFICATION - Home Modification Tax Credit Proposal         Activities to Reduce Homelessness:         PATH (Projects for Assistance in Transition from Homelessness)         SOAR (SSI/SSDI Outreach, Assistance and Recovery Program)         PERMANENT SUPPORTIVE HOUSING (an Evidence Based Practice)					
	INDICATORS OF PROGRESS:	LINK	S TO DATA SOU	JRCES:	
DATA COLLEC	TED:	(5) Iowa Homeless Community Alliand	Point in Time Coun	t, Institute for	
proportion of in	<ul> <li>proportion of individuals experiencing homelessness [IaHPinTime]</li> </ul>		https://www.icalliances.org/iowa-data-and-reports/		
<ul> <li>proportion of in disability [laHF</li> </ul>	ndividuals experiencing homelessness who have a severe PinTime]				
PERSONAL EXI	PERIENCE QUESTIONS:	(6) Iowa Participant Iowa Medicaid Ente	• •	(IPES),	
Survey Respons	ses	Yes	No	<u>I Don't Know or</u> <u>No Response</u>	
Do you feel safe where you live? [IPES Q463]		94.5%	2.4%	3.0%	
• Do you feel sa	• Do you feel safe with the people you live with? [IPES Q462]		0.6%	62.4%	
	• Do you need any special equipment or changes to your home or vehicle to make your life easier and safer? [IPES Q464]		68.5%	7.3%	

## LIFE IN THE COMMUNITY - TRANSPORTATION

Individuals with disabilities and mental illnesses have adequate transportation to get to the places they need and want to go.

#### **OBJECTIVES FOR COMMUNITY TRANSPORTATION:**

- Individuals have the information, skills, and support they need to find and use transportation in their community.
- Individuals are able to get to the places they need to go.

PRIORITY	<b>CAREA OF FOCUS:</b> Transportation Access - coordinated activities to increase access to transportation services that support full community integration
PROGRAMS, ACTIVITIES, AND POLICIES	<ul> <li>Transportation Access Activities:</li> <li>MOBILITY MANAGEMENT SERVICES - Department of Transportation (DOT) statewide mobility management services</li> <li>NEMT - Non-Emergency Medical Transportation through Medicaid</li> <li>HCBS WAIVER funded Transportation Services</li> <li>PUBLIC TRANSIT – Department of Transportation regional and urban public transit and paratransit services</li> </ul>
• Transportati	on data under development

OUTCOME GOAL #6	PERSON-CENTEREDNESS Individuals with disabilities and mental illnesses are supported and empowered to make informed choices about their personal goals, daily activities, individualized service plans, and civic involvement.			
<ul> <li>Individuals h decision ma</li> <li>Individuals e</li> <li>Individuals a</li> </ul>	A OF FOCUS: Informed Choice - coordinated activities to infuse person-centered principles and practices into all areas of			
PROGRAMS, ACTIVITIES, AND POLICIES	service planning and delivery.         Information and Training Activities:         • CONSUMER PARTICIPATION - Office of Consumer Affairs (OCA)         • PUBLIC GUARDIANSHIP - Office of Substitute Decision Maker         • ALTERNATIVES TO GUARDIANSHIP – Iowa Legal Aid informational materials         • GUARDIANSHIP REVEW - Iowa Supreme Court Guardian and Conservatorship Task Force         • CIVIC ENGAGEMENT - DD Council Projects: IDAction, InfoNET, and annual Make Your Mark Self-Advocacy Conference         • SELF-DIRECTION and Support Broker Training         Self-Direction Activities:         • CONSUMER DIRECTION - Consumer Directed Attendant Care and Consumer Choices Option         • PEER SUPPORT AND FAMILY PEER SUPPORT SERVICES			

INDICATORS OF PROGRESS:	LINKS TO DATA SOURCES: (4) Iowa Health Link Reports (Medicaid Managed Care monthly, quarterly, and annual reports)		
DATA COLLECTED:			
<ul> <li>Number of members using the Consumer Choice Option (CCO) to access HCBS Waiver services (by waiver) [IHLink]</li> </ul>	http://dhs.iowa.gov/ime/about/performance-data		<u>iance-data</u>
PERSONAL EXPERIENCE QUESTIONS:	(6) Iowa Participant Experience Survey (IPES), Iowa Medicaid Enterprise		
Survey Responses	Yes	No	I Don't Know o No Response
• Do you feel you have been a part of planning your services? [IPES Q401]	91.5	1.2	7.3
<ul> <li>Do your services include all the things you told your team you need and want? [IPES Q402]</li> </ul>	88.5	3.6	7.9
<ul> <li>Do you know you can change your services when you want to? [IPES Q403]</li> </ul>	80.6	12.1	7.3
<ul> <li>Do you feel you could file a complaint regarding your services if needed? [IPES Q514]</li> </ul>	90.3	3.6	6.1
Do you feel you understand your rights? [IPES Q502]	92.7	3.0	4.2
• Do you feel you are treated with dignity and respect? [IPES Q507]	7.9	11.5	80.6

## **HEALTH AND WELLNESS**

Individuals with disabilities and mental illnesses receive quality health care and are supported in living healthy lives.

#### **OBJECTIVES FOR HEALTH AND WELLNESS:**

- Individuals have the information, skills, and support they need to work with health care providers and make health care choices.
- Individuals receive quality physical and mental health care services.
- Individuals direct and manage their health care services.
- Individuals live healthy lives and have the knowledge, resources, and supports needed to maintain their wellness.

PRIORITY ARE	<b>EA OF FOCUS:</b> Coordinated Health Care - Increase access to information, resources, and care coordination
PROGRAMS, ACTIVITES, AND POLICIES	<ul> <li>Mental Health Awareness, Treatment, and Recovery Activities:         <ul> <li>NAVIGATE for First Episode Psychosis - model implemented by Eyerly Ball, Abbe, and Siouxland Community Mental Health Centers to offer specialized treatment for older adolescents and adults experiencing a first episode of psychosis.</li> <li>SUICIDE PREVENTION - Iowa Department of Public Health's (IDPH) Iowa Plan for Suicide Prevention</li> <li>AWARENESS TRAINING – Iowa Department of Education Advancing Wellness and Resilience Education Grant Program</li> </ul> </li> <li>Care Coordination Activities:         <ul> <li>CASE MANAGEMENT - Iowa HealthLink community based case management and health incentives</li> <li>CARE COORDINATION TEAMS - Integrated Health Homes and Chronic Condition Health Homes</li> </ul> </li> </ul>

## **HEALTH AND WELLNESS (continued)**

INDICATORS OF PROGRESS:	LINKS TO DATA SOURCES:		
<ul> <li>DATA COLLECTED:</li> <li>number of adult Medicaid members with mental illness or developmental disabilities who receive at least one preventive ambulatory care visit a year [IHLink]</li> <li>proportion of Medicaid members with serious mental illness (SMI) who have care coordination for all aspects of their physical and mental health [IHLink]</li> <li>number of individuals with SMI or SED (serious emotional disturbance) receiving mental health services through Medicaid funding [IHLink]</li> <li>number of individuals with SMI or SED receiving mental health services through MHDS Regional funding [RSD]</li> <li>proportion of Medicaid members with SM or SED prescribed 2 or more specified psychotropic medications [IHLink]</li> </ul>	<ul> <li>(4) Iowa Health Link Reports (Medicaid Managed Care monthly, quarterly, and annual reports) http://dhs.iowa.gov/ime/about/performance-data</li> <li>(7) MHDS Regional Annual Reports http://dhs.iowa.gov/mhds-providers/providers- regions/regions/annual-reports</li> <li>(8) MHDS Regional Service Data <u>http://dhs.iowa.gov/mhds-providers/providers-regions/regions/list</u></li> <li>(9) MHDS Outcomes and Performance Measures (OPM): Regional Dashboard</li> <li>Live link to information is under construction</li> <li>(6) Iowa Participant Experience Survey (IPES), Iowa Medicaid Enterprise</li> </ul>		
PERSONAL EXPERIENCE QUESTIONS:			
Survey Responses	Yes	No	<u>I Don't Know or</u> <u>No Response</u>
• Did you and your team talk about health issues when your plan was being developed? [IPES Q451]	85.5%	5.5%	9.1%
• Do the services you receive help with your health needs? [IPES Q453]	45.4%	1.2%	53.3%
Do the services you receive help you manage your stress and stay well? [IPES Q481]	32.1%	0.61%	67.3%

## **QUALITY OF LIFE AND SAFETY**

Individuals with disabilities and mental illnesses are safe, free from all forms of neglect and mistreatment, and are empowered to improve their quality of life.

#### **OBJECTIVES FOR QUALITY OF LIFE AND SAFETY:**

- Individuals have the information, skills, and support they need to effectively advocate on quality of life issues.
- Individuals make their own informed life choices and understand and accept responsibility for reasonable risk and the consequences of the choices they make.
- Individuals feel safe and are safe in their homes and communities.
- Individuals are satisfied with their overall quality of life.

PRIORITY ARE	A OF FOCUS: Self-Determination - coordinated activities to increase informed decision-making by individuals and support them in making their own life choices				
PROGRAMS, ACTIVITIES, AND POLICIES	EMERGENCY PLANNING - IDPH (Iowa Department of Public Health) Emergency Preparedness for People with Disabilities				
	<ul> <li>IOWA ABLE FOUNDATION - loan program</li> <li>ABLE ACCOUNTS - (Achieving a Better Life Experience) Accounts and other asset development strategies</li> </ul>				

INDICATORS OF PROGRESS:	(4) Iowa Health Link Reports (Medicaid Managed Care monthly, quarterly, and annual reports)		URCES:
DATA COLLECTED:			
<ul> <li>proportion of members in HCBS (Home and Community Based Services) Waiver settings by population who are involved with major incidents [IAHLink]</li> </ul>	http://dhs.iowa.gov/ime/about/performance-data		
<ul> <li>proportion of members in PMIC (Psychiatric Medical Institutions for Children) settings by population who are involved with major incidents [IAHLink]</li> </ul>			
PERSONAL EXPERIENCE QUESTIONS:	(6) Iowa Participant Experience Survey (IPES), Iowa Medicaid Enterprise		
Survey Responses	Yes	No	<u>I Don't Know c</u> <u>No Response</u>
Do you feel you have any safety issues? [IPES Q460]	8.5%	86.1%	5.5%
Do your services help you stay safe? [IPES Q461]	93.9%	1.8%	4.2%
<ul> <li>Is there any place you go that you don't feel safe, such as work, school, restaurants, stores, or other community areas? [IPES Q465]</li> </ul>	3.6%	92.7%	3.6%
<ul> <li>Has anyone hit or hurt you in any way in the past two years? [IPES Q470]</li> </ul>	0.61%	98.2%	1.2%
Do you know what to do if someone is hurting you? [IPES Q473]	90.3%	4.8%	4.8%

OUTCOME GOAL #9	FAMILY AND NATURAL SUPPORTS Individuals with disabilities and mental illnesses are supported by family members and friends of their choice, and have social connections within their communities.			
<ul> <li>OBJECTIVES FOR FAMILY AND NATURAL SUPPORT:</li> <li>Individuals have the information, skills, and support they need to effectively make choices about family and natural supports.</li> <li>Individuals make their own choices about family members or friends to be involved in service planning and decision making.</li> <li>Individuals develop natural relationships and feel they belong in their communities.</li> <li>Parents and families have adequate information and support to advise and advocate for their children or other family members.</li> </ul>				
PRIORITY AREA OF FOCUS: Access to Information and Resources - coordinated activities to increase information and resources available to individuals and their family members in navigating the services system and connecting with natural supports				
PROGRAMS, ACTIVTIES, AND POLICIES	<ul> <li>Information &amp; Networking Activities:</li> <li>PEER SUPPORT AND FAMILY SUPPORT SERVICES</li> <li>FIND (Families of Iowa Network on Disabilities) online forum (ASK Resource Center)</li> <li>NATURAL SUPPORTS - Support groups and community resources</li> </ul>			
INDICATORS OF PROGRESS:		DATA SOURCES:		
PERSONAL EXPERIENCE QUESTIONS:		(6) Iowa Participant Experience Survey (IPES), Iowa Medicaid Enterprise		
Survey Responses		Yes	No	I Don't Know or No Response
<ul> <li>Does someone help you if you don't understand your rights? [IPES Q503]</li> </ul>		32.7%	6.1%	61.2%
Does the same person help you make decisions about your life? [IPES Q504]		27.3%	7.3%	65.5%
Do you agree with the decisions people make about your life? [IPES Q505]		30.3%	3.0%	66.7%

### SOURCES OF DATA AND OUTCOMES INFORMATION IN THIS PLAN:

- (1) Employment First, Iowa Coalition for Integrated Employment (ICIE) Employment Outcomes Data Collection Pilot Report (April 2016), <a href="http://drivedisabilityemployment.org/iowa#quicktabs-states\_big\_screen=0">http://drivedisabilityemployment.org/iowa#quicktabs-states\_big\_screen=0</a>
- (2) Iowa Department of Education State Performance Report for IDEA Part B (May 13, 2017) (for FFY 2015) <u>https://www.educateiowa.gov/sites/files/ed/documents/Iowa%20Part%20B%20Annual%20Performance%20Report%20FFY</u> <u>%202015.pdf</u>

(3) Iowa Department of Human Services, Iowa Medicaid Enterprise Monthly Slot and Waiting List Summary http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hcbs/waivers (scroll down and click on *HCBSC Waiver Waiting List Information*)

(4) Iowa Health Link Reports (Medicaid Managed Care monthly, quarterly, and annual reports) http://dhs.iowa.gov/ime/about/performance-data

(5) Iowa Homeless Point in Time Count, Institute for Community Alliances <u>https://www.icalliances.org/iowa-data-and-reports/</u>

(6) Iowa Participant Experience Survey [of HCBS members], Iowa Medicaid Enterprise (Nov. 2017)

(7) MHDS Regional Annual Reports (by region) http://dhs.iowa.gov/mhds-providers/providers-regions/regions/annual-reports

(8) MHDS Regional Service Data (by region) http://dhs.iowa.gov/mhds-providers/providers-regions/regions/list

(9) MHDS Outcomes and Performance Measures (OPM): Regional Dashboard (online version under construction)

(10) SAMHSA Uniform Reporting System (lowa 2016), <u>https://www.samhsa.gov/data/sites/default/files/lowa-2016.pdf</u> (includes data on individuals with SMI or SED)

(11) State of the States in Developmental Disabilities Projects, <u>http://stateofthestates.org/documents/lowa.pdf</u>

### ADDITIONAL DATA RESOURCES AVAILABLE:

Complex Service Needs Workgroup Report (Dec. 2017) http://dhs.iowa.gov/sites/default/files/ComplexServiceNeeds\_WorkgroupReport.pdf

Implementation Status Report Regarding the Mental Health Service System for Children, Youth and their Families (Dec. 2017) <a href="http://dhs.iowa.gov/sites/default/files/MHDS-Report\_Children.Youth\_Families-FULL.pdf">http://dhs.iowa.gov/sites/default/files/MHDS-Report\_Children.Youth\_Families-FULL.pdf</a>

Iowa Department of Transportation ADA Transition Plan (Dec. 2017) https://iowadot.gov/Accessiblesidewalks/pdfs/ADA\_Transition\_Plan\_Final.pdf?ver=2012-05-11-093803-677

Iowa Health Link Managed Care Annual Performance Report (July 2016-June 2017) Jan. 2018 http://dhs.iowa.gov/sites/default/files/7.2017\_6.2017-Managed-Care-Annual-Performance-Report.pdf

Iowa Regional and Urban Passenger Transportation Services https://iowadot.gov/transit/pdf/IowaPassengerTransportationServices.pdf

Mental Health and Disability Services Redesign Progress Report (Dec. 2016) http://dhs.iowa.gov/sites/default/files/MHDS\_Redesign\_Update\_Report\_Final\_SFY17.pdf

Older lowans 2017 – State Data Center of lowa and lowa Department on Aging (May 2017) <u>http://www.iowadatacenter.org/Publications/older2017.pdf</u>

Review of the Outcomes and Effectiveness Of Mental Health Services Provided under the Iowa Health and Wellness Plan (Dec. 2017) <u>http://dhs.iowa.gov/sites/default/files/IHAWP-Mental-Health-Services-2017-FULL-final.pdf</u>

Revision Date: March 2019