

RA
790.65
.I6
I69a
1973/74



IOWA MENTAL HEALTH AUTHORITY
PSYCHOPATHIC HOSPITAL
IOWA CITY, IOWA

RA 790.65
.I6
.I69a

IOWA STATE LAW LIBRARY
State House
Des Moines, Iowa 50319

IOWA
COMMUNITY MENTAL HEALTH SERVICES
STATE PLAN

July 1, 1973 - June 30, 1974

TABLE OF CONTENTS

1.)	Review Letter	1
2.)	Introduction to the 314(d) Mental Health State Plan	2
3.)	The Process of Formulating Budget Priorities for the 314(d) Mental Health State Plan	4
4.)	Conclusions Regarding the 1974 Iowa 314(d) Mental Health State Plan Priority Objectives	8
5.)	The 314(d) Mental Health State Plan Budget	10
6.)	The 314(d) Mental Health State Plan Budget as Related to State Plan Objectives	11
7.)	Iowa Mental Health Authority Program Activity with the Community Mental Health Service Delivery System in Iowa	13

COMMITTEE ON MENTAL HYGIENE

Kevin J. Burns
Jo Ann Cole
Margaret Collison
Raymond E. Donlevy
John W. Eckstein, M.D.
James N. Gillman
Louise Goldman
Elizabeth McTigue
James D. Mahoney, M.D.
Richard E. Preston, M.D.
Arnold M. Reeve, M.D., M.P.H.
George W. Sutton, D.O.
Roy E. Warman, Ph.D.
Margaret Westerhof
George Winokur, M.D.

Iowa Mental Health Authority



PSYCHOPATHIC HOSPITAL, IOWA CITY, IOWA 52242
TELEPHONE (319) 353-3901

DIRECTOR
Herbert L. Nelson, M.D.

ASSISTANT DIRECTOR
Floyd H. Sarff, M.A.

SOCIAL WORK CONSULTANT
Warren S. Stutts, M.S.W.

Robert D. Ray, Governor
State of Iowa
Capitol Building
Des Moines, Iowa 50319

Frank Fair, Director
Office for Comprehensive Health Planning
523 East 12th Street
Des Moines, Iowa 50319

Dear Sirs:

As required by federal regulation, the Iowa Mental Health Authority is by this means forwarding for your review the 314(d) Mental Health State Plan, July 1, 1973 - June 30, 1974.

If you have comments, questions or suggestions regarding the plan, we would be pleased to hear from you.

As you know, ultimate approval of the plan is, after your consideration, subject to a final review by staffs of Grants Management and Mental Health Programs, Region VII.

We are hopeful, as usual, that the plan of our office will meet the approval and expectations of all concerned.

Very truly yours,

Herbert L. Nelson, M.D.

Herbert L. Nelson, M.D., Director
Iowa Mental Health Authority

HLN/jlc
Enclosure

INTRODUCTION TO
THE 314(d) MENTAL HEALTH STATE PLAN

The development and implementation of the 314(d) Mental Health State Plan is the responsibility of the Iowa Mental Health Authority, an agency authorized by Congress under Public Law 79-487 in 1946 and placed at the Psychopathic Hospital by the Iowa General Assembly in 1947.

Funds for expenditure through the 314(d) Mental Health State Plan are appropriated by Congress each year and proportionally allocated to the various states by means of a formula based on population and economic indicators regarding the state. The funds are monitored in state use by two offices at Regional Office in Kansas City (Grants Management and Mental Health Programs). The funds are also subject to review by the State Auditor's Office and direct fiscal control is under the Business Office, University of Iowa. There is additional review of the proposed budgeted use of funds by the State Office for Comprehensive Health Planning and the Governor's Office.

The actual amount of 314(d) Mental Health State Plan funds available to the Iowa Mental Health Authority is a decision of the state. Federal regulations provide that not less than 15% of the total state 314(d) funds allocated, must go to the 314(d) Mental Health State Plan. More than 15% may be provided the mental health plan at the discretion of the State Department of Health. The remainder of the 314(d) funds goes to the Iowa State Department of Health.

The amount of funds provided the 314(d) Mental Health State Plan has, through the years, been the minimum of 15%. However, because the population-economic factors of the state have changed over time, in addition to larger Congressional appropriations, the actual money received by the Iowa Mental Health Authority has increased. The following indicates funds available during the last five fiscal years:

1968:	\$108,380.24
1969:	121,388.00
1970:	190,530.00*
1971:	191,537.71
1972:	192,645.58

*The significant increase from 1969 to 1970 was due to a technical change in which the funds were assigned, and not to an increase in overall 314(d) funding.

There is no expectation that the funds will be increased significantly again. The usual \$1,000 to \$2,000 yearly increase is a function of continued change in the state population-economic factors only. The only significant increase in funds which the Mental Health State Plan could realize would be if there were a decision to provide more than the 15%

Introduction to the 314(d)
Mental Health State Plan

Page Two

minimum of the total 314(d) funds, or if additional funds were allocated to it from General State Revenue Sharing, or if the State Legislature were to appropriate money for the 314(d) Mental Health State Plan. At present no state funds are received for the Mental Health State Plan. Indirect support is received in that state appropriations to the University of Iowa, College of Medicine, provides for housing space and state monies which support other services are identified as the soft match for the federal funds.

The fund available for the 1974 (July 1, 1973 - June 30, 1974) Mental Health State Plan is \$195,100. The remainder of this report is concerned with the budgeted use of these funds and the program they support.

It should be noted that this is the community mental health services plan only. Planning for Iowa's four Mental Health Institutes and two Hospital-Schools are the responsibility of the Bureau of Mental Health and Bureau of Mental Retardation, both of which are a part of the State Department of Social Services. Planning for Iowa alcohol programs is the responsibility of the State Alcoholism Programs, Office for Planning and Programming. Planning for Iowa drug abuse programs is the responsibility of the Iowa Drug Abuse Authority.

THE PROCESS OF
FORMULATING BUDGET PRIORITIES
FOR THE
314(d) MENTAL HEALTH STATE PLAN

The Iowa Code establishes the Committee on Mental Hygiene as the policy board of the Iowa Mental Health Authority. The composition of the committee is as follows:

A.) Seven positions by virtue of office held:

1. Commissioner, State Department of Health
2. Commissioner, State Department of Social Services
3. Dean of the Medical College, University of Iowa
4. Director, Bureau of Mental Health
5. Director, Psychopathic Hospital
6. Member, State Board of Public Instruction
7. Member, State Board of Regents

B.) Eight by appointment of the Governor:

8. Representative of Iowa Association for Mental Health
9. Representative of Iowa Association for Retarded Children
10. Representative of Board of Directors, Community Mental Health Centers
11. Representative of Board of Directors, Community Mental Health Centers
12. Representative of Iowa Medical Society
13. Representative of Iowa Psychiatric Society
14. Representative of Iowa Psychological Association
15. Representative of Iowa Society of Osteopathic Physicians and Surgeons

Each Committee member is provided with two forms (copies of which are located at the end of this section): Form Number 1 (Current State Plan Objectives); Form Number 2 (Possible State Plan Objectives). Annually, on Form Number 1, Committee members rank each state plan objective according to their individual views of its priority. On Form Number 2, additional objectives not covered by Form Number 1 are submitted.

The individual rankings are consolidated into a composite ranking for the Committee's use. They then review the state plan objectives of the Office for Comprehensive Health Planning. They also consider comments regarding priorities of objectives from individuals or groups who are not Committee members.

After reaching their final priority ranking of objectives, the Committee then establishes the proposed program and budget for the ensuing year. These proposals are incorporated into the 314(d) Mental Health State Plan and are submitted to the State Office for Comprehensive Health Planning

The Process of Formulating
Budget Priorities...

Page Two

(and Area Health Planning Agencies as appropriate), the Governor's office and the offices of Grants Management - Mental Health Programs of Region VII. Following review by these units and approval by Regional Office, the Iowa Mental Health Authority staff is responsible for implementing the approved plan.

NUMBER 1

CURRENT STATE PLAN OBJECTIVES

(Mark your preference, starting with No.1 as highest)

- The development of community mental health services in areas of the state which heretofore have had no local services.
- The development of more comprehensive services in the community mental health centers which now exist.
- The sponsorship of community mental health center board and staff continuing education activities.
- The sponsorship of accredited training for mental health professionals.
(Stipends)
- The provision of Public Information and Education about Mental Health.
- The maintaining of a central repository for material developed by mental health planning groups.
- Serving as a research, planning and information center in the field of mental health.
- Assuming responsibility for organizing meetings and promoting the coordination of state (public and private) agencies and organizations concerned with mental health.
- To assist centers and other mental health agencies in recruitment of qualified personnel.
- To provide administrative focused consultation services to community mental health centers.
- To provide research focused consultation services to community mental health centers.
- To provide treatment and service program consultation services to community mental health centers.
- To provide direct funding for general budget of community mental health centers.
- To provide funding for special service projects conducted by community mental health centers.

Submitted by: _____

Signature

NUMBER 2

POSSIBLE STATE PLAN OBJECTIVES

(Please add continuation sheets if needed)

SUBMITTED BY: _____

1.) Objective:

Do you want this objective discussed by the committee to determine if it should be included thus either adding on to the list of objectives or deleting one of those objectives already listed?

YES _____ NO _____

2.) Objective:

Do you want this objective discussed by the committee to determine if it should be included thus either adding on to the list of objectives or deleting one of those objectives already listed.

YES _____ NO _____

CONCLUSIONS REGARDING
THE
1974 IOWA 314(d) MENTAL HEALTH STATE PLAN
PRIORITY OBJECTIVES

This 314(d) Mental Health State Plan Budget was formulated and approved, by the Committee on Mental Hygiene, to reflect their conclusions as to priority of state plan objectives. Before presenting the budget and its relationship to objectives, the results of this priority establishing process should be noted.

On the following page is the tabulated report regarding priority ranking of the state plan budget for July 1, 1973 - June 30, 1974. The numbers on the extreme left (1 through 14) indicate the rank ordering with Number 1 being the highest. These 14 objectives refer to the current State Plan objectives (Form Number 1) mentioned in the prior section. No new objectives were added or deleted. However, there was a major re-ordering of the objectives this year as compared to prior years.

PRIORITY RANKING
314(d) STATE PLAN OBJECTIVES

Below is the priority ranking of the fourteen 314(d) objectives based on returns by eleven persons.

Objectives are listed in rank order of priority. Also shown are the mean (average) rating, the range of ratings and the median rating.

In instances where two objectives had identical mean ratings, the objective with the lower median rating was listed first (objectives 11-12), or if median ratings were also identical, the objective with the lower range was listed first (objectives 6-7).

	<u>Ave.</u>	<u>Range</u>	<u>Median</u>
1. Uncovered Areas	1.7	1-9	1
2. More Comprehensive Services	2.7	2-10	2
3. Research, Planning and Information Center	5.3	1-13	5
4. Continuing Education	5.6	3-10	6
5. Treatment and Program Consultation	6.6	3-11	7
6-7 Recruitment of Personnel	6.7	3-11	6
6-7 Administrative Consultation	6.7	3-12	6
8. Research Consultation	7.8	2-14	7
9. Coordination	9.1	3-14	9
10. Accredited Training (Stipends)	9.7	3-14	12
11-12 Public Information and Education	9.8	6-13	10
11-12 Funding Special Projects	9.8	5-13	11
13. Maintain a Central Repository	10.2	4-13	11
14. Direct Funding of Center Budgets	12.2	7-14	13

THE 314(d) MENTAL HEALTH
STATE PLAN BUDGET

Budget Line No. 1:	Central Administration-----	\$58,530
Budget Line No. 2:	Mental Health Education, Training----- and Prevention of Mental Health Problems (Community Consultation)	67,014
Budget Line No. 3:	New Community Mental Health Center----- Development	25,000
Budget Line No. 4:	Continuing Education-----	21,600
Budget Line No. 5:	Accredited Training-----	10,800
Budget Line No. 6:	Comprehensive Services-----	9,156
Budget Line No. 7:	Community Mental Health Centers-----	2,000
Budget Line No. 8:	Public Education and Informa- ----- tion	1,000
	TOTAL	<u><u>\$195,100</u></u>

TO: Program and Grants Management Staff, Department of Health,
Education and Welfare, Regional VII, Kansas City, Missouri

FROM: Arnold M. Reeve, M.D., M.P.H., Commissioner
State Department of Health


Herbert L. Nelson, M.D., Director
Iowa Mental Health Authority

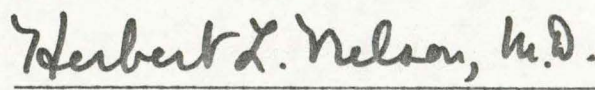
Fred S. Brinkley, Jr., Director
Iowa Drug Abuse Authority

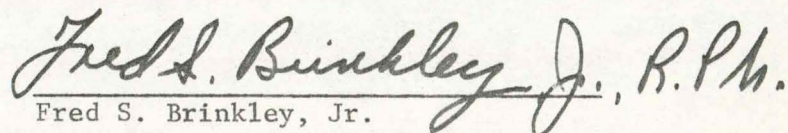
RE: Incorporation of State Plan for Drug Abuse Prevention
by Reference into the 314(d) State Plan.

Following a consideration of the matter, it has been agreed by the three parties undersigned, that the Iowa State Plan for Drug Abuse Prevention is to be incorporated by reference in the 314(d) State Plan for (Public Health) (Mental Health), as required by P.L. 92-255 (Drug Abuse Office & Treatment Act of 1972).

This agreement shall continue until you are so notified by any of the undersigned parties of their respective offices.


Arnold M. Reeve, M.D., M.P.H.


Herbert L. Nelson, M.D.


Fred S. Brinkley, Jr., R.Ph.

THE 314(d) MENTAL HEALTH
STATE PLAN BUDGET
As Related to the
State Plan Objectives

The following describes the 1973 Iowa 314(d) Mental Health State Plan Budget with its accompanying state plan objectives:

Budget Line No. 1: Central Administration: \$58,530

State Plan Objectives Included

- 1.) Serving as a research, planning and information center in the field of mental health.
- 2.) Assuming responsibility for organizing meetings and promoting the coordination of state (public and private) agencies and organizations concerned with mental health.
- 3.) The maintaining of a central repository for material developed by mental health planning groups.

Budget Line No. 2: Mental Health Education, Training and Prevention of Mental Health Problems (Community Consultation): \$67,014

State Plan Objectives Included

- 4.) To provide administrative focused consultation services to community mental health centers.
- 5.) To provide treatment and service program consultation services to community mental health centers.
- 6.) To provide research focused consultation services to community mental health centers.
- 7.) To assist centers and other mental health agencies in recruitment of qualified personnel.

Budget Line No. 3: Community Mental Health Center Development: \$25,000

State Plan Objectives Included

- 8.) The development of community mental health services in areas of the state which heretofore have had no local services.

Budget Line No. 4: Continuing Education: \$21,600

State Plan Objectives Included

- 9.) The sponsorship of community mental health center board and staff continuing education activities.

314(d) Mental Health State Plan Budget
as related to the state plan objectives

Page Two

Budget Line No. 5: Accredited Training: \$10,800*

State Plan Objectives Included

- 10.) The sponsorship of accredited training of mental health professionals.

*No new programs started, previous ones completed with this budget allocation.

Budget Line No. 6: Comprehensive Services: \$9,156

State Plan Objectives Included

- 11.) The development of more comprehensive services in the community mental health centers which now exist.
- 12.) To provide funding for special service projects conducted by community mental health centers.

Budget Line No. 7: Community Mental Health Centers: \$2,000

State Plan Objectives Included

- 13.) To provide direct funding for general budget of community mental health centers.

Budget Line No. 8: Public Education and Information \$1,000

State Plan Objectives Included

- 14.) The provision of Public Education about Mental Health (including Alcohol and Drugs).

IOWA MENTAL HEALTH AUTHORITY
PROGRAM ACTIVITY
with the
COMMUNITY MENTAL HEALTH SERVICE DELIVERY SYSTEM
IN IOWA

The following material describes major program activities of the Iowa Mental Health Authority, as it relates to the various communities in the state regarding the continued development of adequate locally based community mental health services:

1.) Central Administration:

- A.) Communities in Iowa did not have any great interest in federal staffing and construction grants for many good reasons. The elimination of these funds by means of that mechanism and the new reallocation of the federal mental health dollar through State General Revenue Sharing, will give Iowa communities an opportunity to seek the federal mental health dollar under perhaps more favorable conditions. The Authority will be exploring these possibilities during the new fiscal year.
- B.) New 314(d) federal regulations require the incorporation of the state alcohol and drug state plans in the 314(d) public health and/or mental health state plans. Agreements have been made whereby both state plans (alcohol and drugs) will be incorporated by reference in the 314(d) Mental Health State Plan this coming fiscal year.
- C.) Proposed change in federal regulations for state plans 1974-75 will drop the required 15% allocation for the mental health state plan. The Authority will be exploring, this coming fiscal year, the possibility of not only retaining the current 15% funding level, but also of increasing it. Without state appropriations, the 314(d) monies are the only source of operating funds for the Iowa Mental Health Authority. Increased work demands, as a result of the continued shift from institutional to community mental health care, necessitates increased office resources to accomplish the needed tasks that are thus developing.
- D.) The state plan budget provides \$25,000 this coming year for Community Development. The Authority will therefore be exerting its energy in reaching the goal of having available, in all remaining uncovered counties, local community mental health services for adults and children, including those who cannot pay for services. The counties

Program Activity with the
Community Mental Health Service Delivery
System in Iowa

Page Two

this includes are: Lyon, Sioux, Cherokee, Sac, Hamilton, Adair, Warren, Mills, Fremont, Montgomery, Page, Adams, Taylor, Union, Ringgold, Clarke, Decatur, Lucas, Wayne, Appanoose, Davis, Van Buren, Muscatine, Benton, Jones, Delaware and Buchanan (27). The availability of \$25,000 for seed start-up funds will greatly assist in this work. This current fiscal year the Authority is exploring, in a pilot project, the value and effectiveness of a Psychiatric Phone Consultation Service for all uncovered counties.

- E.) This state plan budget provides for the addition of research capability to the Authority. There is a need for systematic research about community service delivery, as it is now clearly the main vehicle for delivery of service to patients in Iowa. As the community mental health system progresses, research capability becomes a necessity.
- F.) This coming fiscal year, the Authority will be involved in a standards revision for community mental health centers. Although centers have been accredited for standards for several years, it is felt at this time the standards should be refined and upgraded.
- G.) The current fiscal year, in order to foster increasing coordination of mental health related state agencies, the Authority initiated regularly scheduled meetings of directors of mental health related state agencies. Those meetings included the state agencies with primary responsibility for working in mental health, alcohol and drugs. In addition, the Authority helped stimulate meetings of all community-based mental health, alcohol and drug facilities in each of the four quadrants of the state. In two quadrants these meetings continue on a regular schedule.
- H.) This current fiscal year the Committee on Mental Hygiene approved efforts for the development of an incorporated Iowa Mental Health Research and Community Services Foundation. The Authority will, this coming year, be working towards its implementation. The Foundation would be designed to attract individual and industry funds for mental health research and community mental health service projects.

Program Activity with the
Community Mental Health Service Delivery
System in Iowa

Page Three

2.) Community Consultation:

- A.) This coming year the Authority will be working with Iowa Community Mental Health Centers in the development and implementation of a uniform state-wide Management Information System. This total system will include the sub-systems of: Accounting; Services Data; Cost Finding and Rate Setting; Program Evaluation.
- B.) In addition to the above automated system which includes the sub-system of Program Evaluation, the Authority will also be focusing major attention on assisting centers with program and patient out-come evaluation models. The program evaluation part will emphasize tending toward the comprehensive center model. The patient out-come evaluation part will focus on patient-set goals.
- C.) Another major thrust this coming year will be assistance by the Authority in the area of mental health research done at the local center level and also in a consortium of research done between centers and other mental health facilities. Properly prepared research design will assist these facilities in attracting additional research funds from various public and private sources. Eventual progress in this area will assist in quality of care provided by all the facilities.

3.) Continuing Education:

- A.) This coming year the Authority will be working on a sophistication of its present continuing education program. Steps will be taken to provide workshops and training sessions for all staff and board of mental health centers in such a way that C.E. credits will be authorized through the University of Iowa. This will not only improve the quality of the programs, but will also assist the Authority and the mental health centers throughout the state to prepare to qualify for forthcoming federal and other public and private funding sources for patient care.
- B.) This coming year the Authority will be finalizing a broadening of its continuing education program. Previously this program had focused on improving the treatment skills of mental health center staffs. Two additional educational

Program Activity with the
Community Mental Health Service Delivery
System in Iowa

Page Four

thrusts will be added: Community Mental Health Center
Management, and Community Mental Health Center Board
Education.

The above describe some of the major program directions for the coming fiscal year. These, plus the other regular, on-going activities of the Authority, are related to the overall goal of developing local community mental health services, in both the public and private sectors, as the major delivery system of mental health care in Iowa. Such a system fully developed would include:

- A.) Inpatient psychiatric care (acute and short-term) through general community hospitals either in psychiatric units or general medical units.
- B.) Residential care (chronic and long-term) through county homes, nursing homes, foster homes, or other similar facilities.
- C.) Specialized inpatient or residential care for adults and children through public and/or private area and regional or state facilities.
- D.) Intermediate care facilities (less than 24-hour inpatient or residential care, but more than outpatient service care), including at least day care with further development into night and weekend care where needed and feasible.
- E.) Outpatient care through main, branch, and traveling office units, including specialized units for categorical needs peculiar to any given area.
- F.) 24-hour emergency service care, including utilization of resources in community hospitals and community mental health centers.
- G.) Consultation Service to non-mental health facilities and personnel, through resources of community mental health centers and other private or public mental health facilities.
- H.) Education Service through resources of community mental health centers and others with educationally oriented resources in the area.

STATE LIBRARY OF IOWA



3 1723 02086 8493