

MENTAL HEALTH AND DISABILITY SERVICES COMMISSION
January 20, 2011, 9:30 am to 3:00 pm
Iowa Lutheran Hospital, Conference Rooms A & B, Dining Level B
700 East University Avenue, Des Moines, Iowa
MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Neil Broderick	Cindy Kaestner (by phone)
Lynn Crannell	Pat Penning
Richard Crouch	Laurel Phipps
Julie Fidler Dixon	Susan Koch-Seehase
Rick Hecht	Dale Todd
Jan Heikes	Gano Whetstone
Richard Heitmann	Jack Willey
Chris Hoffman	Craig Wood

MHDS COMMISSION MEMBERS ABSENT:

Senator Merlin Bartz	Representative Lisa Heddens
Senator Jack Hatch	Linda Langston
Representative Dave Heaton	

OTHER ATTENDEES:

Theresa Armstrong	DHS, MHDS, Community Services & Planning
Diane Diamond	DHS, Targeted Case Management
Connie Fanselow	DHS, MHDS, Community Services & Planning
Lauren Hansen	Lutheran Services in Iowa
Julie Jetter	DHS, MHDS, Community Services & Planning
Jeanne Nesbit	DHS, MHDS Division Administrator
Liz O'Hara	U of Iowa, Center for Disabilities & Development
Charles Palmer	DHS Director
Mary Peterson	DHS, Mental Health & Disability Services
Joe Sample	Iowa Department on Aging
Deb Eckerman Slack	ISAC County Case Management Services
Casey Westhoff	The Arc of Iowa
Robyn Wilson	DHS, MHDS, Community Services & Planning

CALL TO ORDER

Chair Jack Willey called the meeting to order at 9:35 am. Jack welcomed Commission members and guests and led introductions.

CONFLICTS OF INTEREST

No conflicts of interest were identified for today's meeting.

APPROVAL OF MINUTES

Neil Broderick made a motion to approve the minutes of the December 2, 2010 meeting and the January 4, 2011 telephone meeting as presented. Laurel Phipps seconded the motion. The motion passed unanimously. Cindy Kaestner was present by phone for the vote.

COMMUNITY MENTAL HEALTH CENTER (CMHC) BILL UPDATE

Cindy Kaestner reported on the status of the proposal to revise Chapter 230A. Representative Lisa Heddens requested that Legislative Services put the bill in draft form and indicated she would be in contact with Representative Dave Heaton to discuss sponsoring it. Jan Heikes noted that she and Craig Wood attended the ISAC (Iowa State Association of Counties) Legislative Review Committee meeting yesterday and that group identified some issues of concern that should be shared with the Commission. Craig outlined three issue areas:

- First, if the current redesign bill, HF 45, passes it would seem logical that the Chapter 230A proposal would become part of that redesign.
- Second, once there is a community mental health center assigned to a county in a catchment area, there is a question whether that county is limited to contracting with only that CMHC, or if they can also contract with others as they do now. Craig said he doesn't think the proposal precludes the option to contract with additional providers, but it probably should be clarified. Cindy agreed, saying that the intent was that counties could contract with providers in addition to their designated CMHC to offer consumer choice; she thought specific reference was made to that in the bill draft, but she will check the language.
- Third, on page 4, after line 4, (cc) adds new language about a period of time for counties to self-select the initial catchment area affiliation and requirements for a county to change their catchment area affiliation or contract with another provider. The purpose of that language is to address a situation where a problem may develop in the relationship between a county and a provider and allow counties to be able to change their affiliation. This language makes the establishment of the requirements for doing so an MHDS Division responsibility. The ISAC group said they would prefer to see that be a Commission responsibility and recommended that the word "division" be changed to "commission."

Cindy Kaestner indicated that the most important point is to have a procedure worked out with everyone having input into the development of the requirements and procedures. Chris Hoffman agreed, saying that that the process should not be too difficult, but should have enough substance so that changes are not just made on a whim.

Craig said that it should be a stakeholder-developed process and since the Commission includes representatives of the key stakeholders, it would make sense for them to be involved. Cindy agreed, noting that everyone involved needs to be part of the discussion. Jan Heikes commented that when the Commission rewrote their duties last year, they retained the requirement that all administrative rules coming out of the MHDS Division would come before the Commission and if this process were established by administrative rule, the Commission would have an opportunity to review it before it was finalized. Craig suggested that perhaps the proposed language should say that rules will drafted to identify the requirements.

Cindy Kaestner suggested, and Jack Willey agreed, that the Commission should follow-up with Representative Heddens on the status of the bill.

GRUNDY COUNTY PLAN AMENDMENTS

Julie Jetter presented proposed amendments to the Grundy County Plan. A group of five counties in central Iowa, including Marshall, Tama, Grundy, Jasper, and Poweshiek, have been working together to bring their County Management Plans into alignment. Most of the changes to the plans are structural. They have added the new appeal process that goes directly to an administrative law judge. Grundy County is lowering its income guidelines from 185% of poverty to 150% of poverty, to come into alignment with the other counties, which is an adverse change, or “unfriendly” amendment, that requires approval. Julie noted that the Grundy County CPC does not expect the lower income amount to affect anyone currently being served or anyone that they are aware of at this time to be potentially served. The five counties want to have the same income and resource guidelines and service authorization requirements for all the people they serve.

Craig Wood made a motion to recommend approval of the amendment to the Director. Rick Hecht seconded the motion. The motion passed unanimously. Cindy Kaestner was present for the vote by phone.

Craig asked Julie how many regional groups of counties she is aware of that are currently working together. Julie identified at least five regional groups. Craig noted that very few counties are not involved in working with other counties in some kind of regional planning. He also noted that while Linn County is not, it does a lot of work cooperatively with Johnson County, and sometimes with other counties in the area.

CONSUMER AND FAMILY DVD

Craig passed out copies of the Eastern Iowa Consumer and Family DVD that he shared at the December Commission meeting. The DVD features consumers and families talking about the services they receive, the impact services have on their lives, and how they and others would be affected by service cuts. Craig noted that he contacted two legislative committee chairs, Representative Linda Miller and Representative Dave Heaton, and gave copies to them. They told him they would look at the DVD and possibly ask Craig to come to a committee meeting to talk about it. Craig said he thinks it is an important way to get consumer and family voices to legislators because it's often difficult for them to hear from many of the people who are affected. The video includes comments from 15 families in about 13 minutes. He said it is clear that the people on the DVD are not talking about a broken system, but about services they are receiving that are working for them.

DHS/MHDS DIVISION UPDATE

DHS Budget and Facilities – Jeanne Nesbit presented an update on DHS and MHDS activities. She began with the budget issues that have been in the news about the State facilities. Jeanne noted that last year there was a 10 percent across-the-board budget reduction in DHS operations, which includes facilities and field staff. Some one-time money was found to put into appropriations for fiscal year 2011. Senate File 2088 was also passed, which included the State Early Retirement Incentive Program (SERIP). That called for filling about half the positions vacated by the program at about half the former cost. It also called for the consolidation of information technology (IT), and the elimination of positions that remain open six months. All were measures designed to reduce State expenditures. There was still an \$85 million shortfall in the budget and if the savings from those measures didn't add up to \$85 million, the Department of Management was authorized to reduce operations appropriations to meet any remaining shortfall. Everyone worked on saving money in their respective areas. The remaining reduction was anticipated to be about 9 percent and was expected to come earlier in the year than it did. The actual reduction was more than the anticipated amount and came at the end of December, which is almost halfway through the fiscal year.

Jeanne explained that the facilities are part of the operations budget and about 85 percent of their costs are for staff. Because they are staff intensive, the only way to save significant amounts of money in a short time is to make staff cuts. Personnel are governed by collective bargaining agreements which include processes, notice, and provisions for "bumping" based on seniority. All of those processes take some time, so even with rapid approval of a plan for reduction in force, mid-March would be about the earliest that savings could be realized. That meant potentially closing about 100 beds in the mental health system, closing the boys' unit at Toledo, and reducing the number of beds for girls at Toledo. Jeanne said Charlie Krogmeier immediately arranged to meet with legislators in the facility areas and with caucus staff so they would have a clear understanding of what would happen if the cuts were made. Last Friday, Chuck Palmer

came on board as DHS Director and he immediately began talking to people about the impact of cuts and the options available. Jeanne said she is confident that people are working hard on what can be done to manage the system effectively.

Craig Wood commented that he doesn't think local hospitals can absorb the number of people from cutting 100 beds at the MHIs. He said he supports deinstitutionalization, but recognizes that it can't be done suddenly before adequate community capacity is built.

DHS DIRECTOR CHARLES PALMER

DHS Director Chuck Palmer joined the meeting. He told the group he is glad to be back at DHS and that while some things have changed in the 12 years he has been away, some of the issues are still very similar. He said he is impressed with the hard work and dedication of the people at all levels of the Department. He started as Director last Friday with a \$27 million budget adjustment for DHS, which is about 10 million more than they had planned. Before he left, Charlie Krogmeier identified the implications of the reductions for the Human Services Council. The Department was aware that cuts were coming, but not how deep they would be or how they would be allocated. He said it is clear to the Governor that preserving the health and safety of the people we serve and the people who are serving those people is first and foremost. That is a major concern for DHS and for the Department of Corrections. Staffing in facilities simply cannot be reduced to a level where health and safety is jeopardized. He noted that in many cases the individuals being served in State facilities would not be there if other alternatives were available to them. Many of the individuals there have already gone through multiple community placements. In the future, he said, we could build a system with more alternatives, but they do not exist today, so it can't be as simple as closing units either.

The Department is establishing that it will maintain staffing and services at the level they were at on January 1 and working to find the funding to do that. The Governor will address that in his budget message next week. DHS leadership met with the legislators from the affected areas as soon as possible because they didn't want any unnecessary anxiety for communities, staff, residents, and families. Director Palmer said he has tried to move as swiftly as possible with the support of the Governor and has also said to legislators that a longer term plan is needed and this is an opportunity for reorganization. There is now a bill in the House that repeals the current mental health system, but doesn't identify what a new system would look like. There is also a more refined bill proposed by Senator Hatch but it is still at a fairly high conceptual level and there is a lot more development to be done.

The Governor also believes that some serious work on the mental health system needs to be done. Director Palmer said he has been asked to share his "vision" with legislators next week and that his view is also still at a fairly high level of conceptualization. He said he believes the system needs to be driven by principles that are clear and followed. There needs to be a predictable system of core services that

every lowan has a right to expect no matter where they reside. There will be some thinking through of the scope of populations that will be covered and who will be affected. There is interest in closer working relationships between mental health and substance abuse as well as brain injury, intellectual disability, autism, and other conditions. Once there is agreement on what the services should be, it will need to be determined who will deliver them, where we have the capacity in the State, and how we develop capacity where it is needed. He said that includes capacity of health care professionals. Iowa is 47th in the nation in psychiatry and that has to be part of what we work on in terms of providing lowans in 99 counties with access to the care they need.

Director Palmer said many people would have this redesign effort fold into national health care reform. That is still an interesting debate at the federal level, but as a state, Iowa has to plan and follow the law as it exists now. The systems change has huge implications for DHS because so many services are funded through the Medicaid program. Thought also needs to be given to the children's system and the interface between mental health, child welfare, and juvenile justice. Once the delivery system is laid out, it must be funded. There are multiple funding streams including Medicaid, private insurance, State appropriations, and the role of the counties going forward. He said it is unlikely there will be 99 systems, but there is room for good discussions with counties in looking at those issues.

The Mental Health Institutes need to be looked at within the context of the whole and whether any one of them should be closed is a premature question. We are not ready to take MHI beds off-line. Many of those beds are in place because there is nothing else and it may be hard to find alternatives, especially in the more rural settings where the MHIs are located. Director Palmer said he is hopeful that by the end of this legislative session there will be a clear path established, adding that right now there are more questions than answers, but there is a commitment to move the agenda forward.

Craig Wood commented that he appreciates hearing that the plan for the facilities is to hold firm at the January levels. He noted that Director Palmer not only served as a DHS Director formerly, but also as a head of MHDD (Mental Health and Developmental Disability) services, and it is fortunate to have him back with his history in the services system. Craig said House File 45 mentions a lack of core services, but in his view there are core services – for people with mental illness they are the MHIs and for people with intellectual disabilities (ID) they are Medicaid services. Craig said those services are available to people with mental illness and ID in every county by state law. The State can pass a new law requiring additional services, but the reason that has not been done is because of the cost. If people with brain injuries, other developmental disabilities, autism, or others are added to the mandated populations that counties must serve, that will cost money. He said that all counties provide the core services the State requires them to provide and the reason there is disparity is because most counties exceed what is required. Disparity can be eliminated by bringing the level of services down to the minimum required, but that doesn't improve the service array; to do that, more money needs to be put into the system no matter how it is structured. There isn't sufficient

money in the system to do a better job just by moving it around. He said it is important that legislators understand that.

Chris Hoffman asked if Director Palmer has a vision of how to address mental health in the corrections population. Chuck Palmer responded that he believes the current Department of Corrections Director John Baldwin is very aware of the amount of mental illness within the corrections system, is bringing on more psychiatric capacity, and is being more sensitive to the treatment of people with MI in the corrections system. He said it is recognized that people who are not being served by the mental health system in the community quite often get into the corrections system. If there were more adequate treatment, intervention, housing, case management, or other services, some of those individuals might avoid doing things that get them into the corrections system in the first place. Communities that have active crisis intervention, jail diversion, and other services can help address that. He said we need a more adequate delivery system available across the state; it would require money, and systems working together, but there would be a return on the investment.

Chris Hoffman noted he has found that in working with individuals while they remain on parole and under the supervision of a parole officer, there are resources to support them and they have done well, but once that supervision and support ends and they do not have access to those supports, they do not continue to do as well.

Craig Wood commented that during a system redesign effort about five years ago, the Commission recommended a \$6 million investment on a statewide basis for emergency services, including crisis intervention/mobile crisis teams, and a recommendation for another \$3 million for children's services. The legislature chose to make only \$1.5 million available for both. He said we have not lacked for great ideas, but we have lacked for funding. Director Palmer talked about needing crisis services and jail diversion programs; Linn County has programs we are going to be talking about eliminating it because we can't afford them anymore.

Dale Todd commented that he does not believe mental health issues have gotten much attention in the legislature. He said he is glad the discussion is going on and that there is a high level of cooperation between the Commission and the Department.

Laurel Phipps commented that work needs to be done on the growing problem of addressing the needs of veterans with PTSD (Post Traumatic Stress Disorder).

Chuck Palmer thanked the Commission members for the work they do and indicated he wants to keep having discussions about these issues and finding areas of agreement where we can move forward.

MHDS UDPATE

Jeanne Nesbit continued with the update on MHDS activities:

Crisis Stabilization Services – A contract has been signed by Magellan Behavioral Health and DHS with Hillcrest Family Services to provide crisis stabilization services in Northeast Iowa. Work is still being done on a contract for the Waterloo area and the parties are close to an agreement. DHS was authorized by Charlie Krogmeier to work with Magellan on the project because Magellan can only fund Medicaid eligible individuals. With DHS funding available for non-Medicaid eligible individuals, the project can make services available to any one with needs them. Jeanne said she will be discussing the project with Chuck Palmer soon.

Jan Heikes noted that Northeast Iowa Behavioral Health (NEIBH) is a subcontractor under the Hillcrest contract. Jan said she's excited that they have individualized plans to do what will work best in each area. NEIBH serves Clayton, Howard, Allamakee, and Winneshiek counties. They will be starting 23-hour respite beds in local hospitals where they will have peer support and screening. They will be working on hospital diversion and training peer support staff. She said that from the local level, the project has been a great community builder. Hillcrest is also serving Dubuque, Jackson, and Washington counties.

Court Mental Health Workgroup – The Court Mental Health Workgroup will be reporting to the Joint Appropriations Sub-Committee for Health and Human Services on January 25th. Jeanne is developing a talking paper, which she will also share with the Commission. The group identified about 65 issues with the mental health commitment law, Chapter 229, but was not able to reach consensus on how to make changes. The group did agree on where the issues are, which Jeanne described as an “over-subscribed, underfunded system.” One of the issues law enforcement participants raised was the frustration of driving people around the State to find an available bed. Related to that issue are several questions including how many beds are needed, if diversion programs are available or needed, and whose job it should be to locate a bed.

The group learned that the process is different from one location to another and the law is interpreted differently in different areas. Judges think they are writing orders clearly. Doctors are not necessarily interpreting the orders in the same way. One approach identified was to look at a state with a richer array of services. The group decided to table making any recommendations for changing the law and focus on what can be done now. Training is an issue. David Boyd, the State Court Administrator from the Judicial Branch, is working with DHS to put together training for magistrates and medical professionals so they can communicate more effectively. Jeanne is working with Neil Fagan, of the Iowa Hospital Association, on the bed issue. They are looking at finding a low cost way of identifying where vacancies may be available and determining capacity. There is also work being done on putting together a way for individual communities to make a process map that would help everyone understand the local process and their role in it. The goal is a somewhat more uniform, more

understandable approach that makes it easier to find an acute care bed when one is needed.

Rick Hecht commented that he is glad the process is being looked at and would really like to see some resolution of the issues. He said he often hears from his sheriff's department about the difficulties it presents to them. He said he is pleased the Director talked about not reducing the number of beds currently available because it is often hard for local jurisdictions to find any bed and follow through with getting the person transported there for treatment. Jack Willey said he believes the individual process maps will help everyone, although there will still be issues with finding beds and getting people to them when they are needed. Neil Broderick commented that juvenile justice also needs to be addressed. He said that when the system is squeezed, kids often don't get served, but everyone gains if the child is treated early and avoids getting involved in the adult system.

Provider Workgroup - DHS has been working with a group of providers and has submitted a provider study. There are a number of requirements made of providers that aren't funded, which creates problems with finding time and staff to do what needs to be done. The group recommended a list of things to work on together.

State Payment Program – The State Payment program is still within budget and is projected to remain so for the next few months. It has not been necessary to re-institute a waiting list. It will be reviewed again before May.

Coordination of projects – MHDS is working with projects including the Family Support 360 navigators and the new Office of Consumer Affairs and asking them to come together to learn more about Medicaid and the Olmstead Plan. It is important to ensure that they all have consistent messages and that they are all welcoming and helpful to anyone who comes to them seeking assistance. The concept is to avoid “silos” and make sure everyone is connected and communicating.

Co-occurring training – DHS has been providing co-occurring training that has primarily been seen as focused around mental health and substance abuse. The contractors have been asked to make sure that the training model is clearly inclusive of all needs and populations and that it is focusing on a whole-person, person-centered approach regardless of disability or diagnosis.

Olmstead Plan – The Olmstead Plan is wrapped up as much as possible at the moment. It is a living document and is designed as a five-year plan. An 18-month plan has also been developed for work in the areas where funding has been identified and all of the Community Services and Planning Bureau staff will be assigned to areas of that plan. The internal DHS Olmstead group is also working on it. Progress will be posted on the website so people can see what is getting done.

Dale Todd asked if the proposal by Governor Branstad to terminate recent State employee hires would affect MHDS. Jeanne responded that anyone who was hired as

SERIP replacement could potentially be affected as a probationary employee, but many of those in the MHDS Division would be facility workers who would fall under the health and safety category.

Craig Wood noted that he attended the Department of Public Health public hearings on health benefit exchanges under health care reform. They talked about the newly eligible individuals who would be added to the Medicaid population under the 133% of poverty income guidelines and he said he thought it was interesting to note that the IME staff person there said there would not be any asset limitation on that group. He said he had also heard references to a managed care entity for behavioral health and it was his understanding that there could not be a mental health carve-out and the managed care entity would have to manage all Medicaid services.

Gano Whetstone expressed her hope that redesign efforts would do away with legal settlement in Iowa.

Data Collection – Jan Heikes asked Jeanne if she could talk about data collection and how that might fit into redesign. Jeanne explained that the Department went from using the ICOMS (Iowa Consumer Outcomes Measurement System) data collection tool to CHI (Consumer Health Inventory) because the community mental health centers already had to use CHI in working with Magellan and aligning with what the Medicaid funder was already requiring made good sense. The ICOMS data that was collected still exists and can be used.

Robyn Wilson and Julie Jetter talked about county data collection. Julie reported that 56 to 58 counties are in compliance right now. Counties are submitting data multiple times before they achieve compliance. In switching to the new CSN (Community Service Network) some had to manually merge with old COMIS (County Mental Health Management Information System) data. Robyn said it has been a time-consuming effort to run the data and check for compliance. Julie noted that they have asked counties to change their systems, not just their spreadsheets when problems are found, but often they don't get the system information changed so the same problems reoccur later. (See explanatory notes from February 17, 2011 meeting discussion.)¹

House File 45 - Jeanne asked Robyn and Julie to share a one-page summary they prepared of the mental health portion of House File 45, which passed last night. They clarified that the amount it designated to the Risk Pool is \$25 million. The bill would change how ID (Intellectual Disability) Waiver slots will be allocated and allocates \$20 million of the \$25 million to remove persons from county waiting lists (or counties that may start waiting lists) and sustain those persons in services for 2 fiscal years or until improvements in the current system can be developed and enacted. The allocation of those funds will be handled by the Risk Pool Board.

The bill also calls for:

- The State (on a phased-in basis) to fully assume the nonfederal share of costs for Medicaid programs that counties now pay

- The State to assume a greater role in funding the adult mental health and disabilities system by July 1, 2012 to provide property tax relief and greater statewide equity
- Implementing a new statewide services system structure by July 1, 2012, which shifts the balance of responsibilities for the services system between the State and counties to ensure greater uniformity and create sufficient size to develop effective services while maintaining the county role in addressing the individualized needs of clients

Julie noted that the language had been modified from “regional services system” to simply “services system.” The bill also repeals several existing Code sections pertaining to the current services system:

- County Mental Health, Mental Retardation, and Developmental Disabilities (MHMRDD) Services Fund (Iowa Code Section 331.424)
- County MHMRDD Services Fund Joint State-County Planning, Implementing, and Funding (Iowa Code Section 331.438)
- Eligibility for State Payment (Iowa Code Section 331.439)
- MHMRDD Services – Central Point of Coordination Process – State Case Services (Iowa Code Section 331.440)
- Funding Pools (under Iowa Code Section 426b)

Julie also noted that the bill includes amendments relating to allowed growth funding:

- The Governor shall submit an allowed growth factor (AGF) adjustment on or before January 27, 2011 (previously January 11, 2011)
- The allowed growth factor adjustment shall be enacted within 30 calendar days of the date the Governor’s recommendation is submitted to the General Assembly
- The Governor’s recommendation and the AGF enactment shall incorporate measures to ensure that the funding appropriated during the 2011 legislative session to the risk pool in the property tax relief fund to eliminate county waiting lists for services can be relied upon to remain available for the long term support of services to the individuals who were removed from waiting lists

Allowed Growth – Craig Wood noted that the Commission’s recommendation to the Governor was for about \$20 million in allowed growth and asked if the members still think they should continue to press for that request as the Governor will be submitting his recommendation next week. Jack Willey asked if Julie and Robyn had information on the number of counties with waiting lists and the number of individuals affected. Robyn responded that she believes five counties currently have (or have recently had) waiting lists:

- Lucas County – 1 or 2 people
- Clinton County – about 46 to 48 people
- Polk County – about 704 people

- Scott County – about 90 people
- Crawford County – has recently had 3 people but they are or will be receiving services by next week
- The total number on waiting lists on December 1 was about 836

Craig Wood said he understands that procedurally to implement a waiting list, the county board of supervisors has to certify that the county is fully encumbered and wanted to clarify how, if this passes, counties would establish that they had a waiting list prior to July 1. Robyn responded that this bill makes the Risk Pool Board responsible for the \$20 million and they would most likely need to determine how that should work. Currently under the Risk Pool rules there is a pay-back for counties with fund balances over 5 percent. Of the 2010 Risk Pool recipients, only one county was able to keep the money they received and the rest had to pay it back because of their fund balances.

FMAP – Craig Wood commented that the FMAP (Federal Medical Assistance Percentage) non-federal share for Iowa prior to the enhanced federal stimulus rate was 37% and he had expected it would go back that, but it is actually going to about 39%, which is higher than it has been. He said that number apparently means that relative to other states, Iowa has fared somewhat better through the economic recession, but an increased Medicaid participation rate will require increased state or county funding to meet Medicaid program expenses. He said if the \$20 million is intended to last for two years, counties that don't go into deficit and waiting lists in State fiscal year (SFY) 2012 will during SFY 2013 if there is no more allowable growth. Craig said he recommends that the Commission continue to advocate for additional growth because all counties will be affected by the increased Medicaid participation rate.

Craig asked if Robyn and Julie had any data yet from counties on their SFY12 and SFY13 budgets. Julie indicated that most of the counties have fund balances as a result of the enhanced FMAP that will carry them through SFY12. They estimate that about one-third or more of the counties will struggle in SFY13 and another one-third or so will struggle in SFY14.

Dale Todd make a motion for the Chair to send a letter on behalf of the Commission to the Governor re-emphasize its allowed growth request in light of the outlook for SFYs 2013 and 2014. The motion was seconded by Laurel Phipps. The motion passed unanimously.

Craig Wood noted that he had been unable to attend the public hearing on House File 45, but had submitted written testimony and shared that information with the Commission members.

A lunch break was taken at 12:05 p.m.

The meeting resumed at 1:00 p.m.

IOWA PROGRAM ASSISTANCE RESPONSE TEAM (I-PART)

Susan Smith from Woodward State Resource Center (WSRC) presented an overview and update on I-PART activities. The goal of the Iowa Program Assistance Response Team is to provide assistance and support to community service providers and families in managing challenging and unsafe behaviors that interfere with the long-term goals of the people they serve. Assistance is offered through on-site behavioral consultations and community trainings so that people can retain their residential setting and avoid:

- Involuntary discharge
- Application to State Resource Centers
- Psychiatric hospitalizations
- Arrest or jail
- Out-of-state placements

The activities are funded by:

- Iowa Department of Human Services
- Money Follows the Person Grant
- Home and Community Based Services Waiver
- Mosaic's Road to Community Grant

On-site consultations include three components:

1. Referral
2. Consultation
3. Follow-up

Referral includes:

- determining eligibility – eligible individuals must be Iowa residents, have a diagnosis of mental retardation, and also have a mental illness or autism spectrum disorder
- obtaining consent
- entering into a provider agreement
- completing a consultation request form
- risk level assessment to determine the individual's risk level compared to that of others on the waiting list

If the request is for a second consultation, more is expected from the provider.

Consultation includes two parts:

1. First Half
 - observations
 - interviews with the individuals, staff, and family
 - review of records, including the person's medication history and current plan so that decisions can be made based on data
 - assessments, including preferences, functional skills, and language or communication factors

2. Second Half

- Designing a behavioral support plan (BSP) with the participation of the community members and input of staff
- Finding out what resources are available
- Training staff or family members, including demonstrations and time for answering questions
- Setting up a data collections system, including identifying what type of data to collect and a developing a plan for reporting to keep focused on objective measures
- Addressing logistics needed to make things work and identifying who is going to do what

Follow-up includes:

- Contacts by email and phone
- Troubleshooting and minor changes
- Celebrating success
- As needed, follow-up on site visits for further observation or troubleshooting

People Served - The Team has been operating since January 2010. They have received 260 inquiries and referrals. The Team has provided 122 consultations all over the State of Iowa and completed 79 follow-up on-site visits. Some of the individuals referred are not eligible because they don't have the appropriate diagnosis. Sometimes individuals are put on a waiting list and never served because the problem has resolved itself without I-PART involvement by the time that person's name is reached on the list. There are usually about 40 people on the waiting list.

The 122 people served include:

- 84 males
- 38 females
- most are between the ages of 16 and 30

Most of the consultations are to individuals living in HCBS (Home and Community Based Services) Waiver homes. The next largest group live in family homes, and some live in ICFs/MR (Intermediate Care Facilities for Persons with Mental Retardation) or other settings.

Measuring effectiveness – Of the 122 individual consultations, 30 of them experienced one or more setbacks. The types of setbacks included:

- Hospitalizations – 64%
- Discharges – 17%
- Jail – 14%
- Resource Center admission – 3%
- Out-of-state placement – 2%

Quality of life – A behavior checklist and rating scale is used to assess the effect of treatment. High scores reflect poor quality of life and lower scores reflect improvement in aberrant behavior and quality of life. The average score of the individuals served dropped from 73 to 43.

Consultation social validity – Following each consultation, a survey is distributed to community stakeholders. Fifty survey forms were returned during 2010. Eighty-eight percent of the respondents rated the services provided as excellent or very good.

Trainings – During 2010 I-PART also provided 62 full day community-at-large trainings at 23 locations across Iowa, with 2795 people participating. Four full day training topics are offered:

1. Behavior Support Plans and Relationships; Behavior Analysis Certification for Professionals
2. Dialectical Behavior Therapy; Psychotropic Medication Advocacy
3. Behavioral Analysis Certification for Consumers; Condition Yourself as a Reinforcer; Autism Spectrum Disorders
4. Inclusion; Functional Communication; Team Building and Conflict Resolution

One of the goals of training is to try to address the staff turnover issue that is common among community providers. I-PART also provided 43 miscellaneous trainings during 2010. These additional trainings were shorter sessions on various topics presented to a variety of groups. The Team members have also been involved in efforts to avoid out-of-state placements and assisting Iowans receiving services out of state in returning to Iowa. In a year's time, the program has been recognized by several other states as an effective model for improving services for individuals, families, and providers that they might be interested in using.

PLANNING CALENDAR

Next month's meeting is on February 17 at Iowa Lutheran Hospital. Jennifer Steenblock from the Iowa Medicaid Enterprise is planning to present on the implementation of the Affordable Care Act in Iowa.

For future meetings, Richard Heitmann suggested a presentation by Iowa Advocates for Mental Health Recovery on the new Office of Consumer Affairs. Julie Fidler Dixon suggested a presentation on autism spectrum disorders and services.

PUBLIC COMMENT

Jack Willey urged the Commission members and others to communicate with their local legislators.

Laurel Phipps asked everyone to keep veterans issues in mind, noting that PTSD (Post Traumatic Stress Disorder) is a pressing need.

Gano Whetstone commented that she would like to see mental health workers involved in drug education programs in schools. She said she understands there are currently some therapists going into schools to work with youth.

No other public comment was offered.

The meeting was adjourned at 1:40 p.m.

Minutes respectfully submitted by Connie B. Fanselow.

ⁱ *From the minutes of the February 20, 2011 meeting: Craig Wood noted that the discussion on data collection appearing on page 10 of the January 20 meeting minutes stated that “56 to 58 counties are in compliance” and said he disagrees with that statement because all counties have turned in the required data so they are all “in compliance.” He said the issues discussed have to do with how computer systems are communicating and technical aspects associated with filling out data fields, and that the statement gives a false impression that counties are not turning in data, when they are. Julie Jetter and Robyn Wilson acknowledged that the minutes correctly reflected what was said, noting that data “compliance” is the term used, and that it does not mean that counties have failed or refused to submit data, but rather that the data for all counties has not yet been received in a form that could be processed by the State.*

Craig commented that one example of being out of compliance was that Linn County did not provide employer identification numbers for vendors that the county did not actually pay. He also noted that this is the first year Robyn and Julie have done some training for counties on how to fill out the data reporting forms. He said there are issues with how fields are filled out and that entering correct data may not match what is required for number of spaces or other specific criteria and that other issues have arisen in transferring data from one computer system to another. Craig said he wanted the minutes to clearly reflect that counties are making an effort to do what is required to collect data and feels that the word “compliance” implies that counties are not cooperating, which is not true. He said he believes that information legislators have received has led them to believe in error that counties are not doing what they should.

This discussion and clarification will be placed in the January 20, 2011 minutes.