

MENTAL HEALTH AND DISABILITY SERVICES COMMISSION  
JOINT MEETING WITH  
THE IOWA MENTAL HEALTH PLANNING AND ADVISORY COUNCIL  
October 18, 2012, 9:30 am to 3:00 pm  
United Way Conference Center, Room F  
1111 9<sup>th</sup> Street, Des Moines, Iowa  
MEETING MINUTES

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MHDS COMMISSION MEMBERS PRESENT:

Lynn Crannell	Gary Lippe
Richard Crouch	Deb Schildroth
Lynn Grobe	Patrick Schmitz
Representative Dave Heaton	Dale Todd
Richard Heitmann	Suzanne Watson
Chris Hoffman	Gano Whetstone
David Hudson (by phone)	Jack Willey

MHDS COMMISSION MEMBERS ABSENT:

Senator Merlin Bartz	Representative Lisa Heddens
Neil Broderick	Zvia McCormick
Jill Davisson	Laurel Phipps
Senator Jack Hatch	Susan Koch-Seehase

MENTAL HEALTH PLANNING AND ADVISORY COUNCIL MEMBERS PRESENT:

Teresa Bomhoff	Sharon Lambert
Kenneth Briggs Jr.	Todd Lange (by phone)
Jim Chesnik (by phone)	Patrick O'Brien
Jackie Dieckmann	Donna Richard-Langer
Virgil Gooding (by phone)	James Rixner
Kris Graves	Dennis Sharp
Julie Kalambokidis	Kimberly Uhl
Gary Keller	Kimberly Wilson

MENTAL HEALTH PLANNING AND ADVISORY COUNCIL MEMBERS ABSENT:

Ron Clayman	Sally Nadolsky
Tom Eachus	Lori Reynolds
Jim Flansburg	Brad Richardson
Diane Johnson	Joe Sample
Doug Keast	Rhonda Shouse
Amber Lewis	Kathy Stone

OTHER ATTENDEES:

Theresa Armstrong	MHDS, Bureau Chief, Community Serv. & Planning
Robert Bacon	U of Iowa Center for Disabilities and Development
Dave Basler	ChildServe
Kris Bell	Senate Democratic Caucus
Eileen Creager	Aging Resources of Iowa
Kristi Dierking	Warren County CPC Administrator
Cheryl Evans-Prior	Aging Resources of Iowa
Mark A. Hanson	i4a Dallas County
Linda Hinton	Iowa State Association of Counties
Sandi Hurtado-Peters	Iowa Department of Management
Carrie Kobrinetz	House Legislative Staff
Gretchen Kraemer	Attorney General's Office
Charles Palmer	Director, Iowa Department of Human Services
Natasha Retz	Brain Injury Alliance of Iowa
Rick Shults	DHS, Administrator MHDS Division
Deb Eckerman Slack	ISAC County Case Management Services
Sarah Todd	Parent
Ann Wood (by phone)	Office of Consumer Affairs

WELCOME AND CALL TO ORDER

Jack Willey called the Commission business meeting to order at 9:40 a.m., and along with Mental Health Planning Council Chair Teresa Bomhoff, led introductions. No conflicts of interest were identified for this meeting.

APPROVAL OF MINUTES

Patrick Schmitz made a motion to approve the minutes of the September 20, 2012 meeting as presented. Dale Todd seconded the motion. The motion passed unanimously.

MHDS UPDATE

Rick Shults and Theresa Armstrong shared an update on MHDS activities:

Des Moines County Management Plan – Last month the Commission considered proposed amendments to the Des Moines County Management Plan and after an excellent discussion made a recommendation to the Director not to accept the plan. The Director has agreed with that recommendation and has been in conversation with Des Moines County. They have been talking about the different perspectives on the county's financial situation and obligations, and DHS has offered to bring in someone else to give an independent perspective. It is still the county's responsibility to be able to operate in a financially sound way, so there is focus on finding out more fairly quickly. There may be more information by next month.

Transition Committee – Rick shared the updated information that was presented at the last meeting of the Transition Committee:

The vast majority of counties are talking with neighboring counties about joining into regions. The Committee is trying to learn more about the challenges facing some of the counties so they can develop recommendations for any adjustments that may be necessary. They have reviewed the preliminary data available but have not spent a lot of time looking at individual county data. About 29 counties are dealing with serious financial challenges. Work has been done to determine what characteristics these counties have that might make them different from counties that are not experiencing as much difficulty; the differences are subtle. Looking at the data available, there is no single common characteristic, but there are some trends:

- About 65 % of the challenged counties have lower than average county tax levies, but 44 % of counties with lower than average levies are not experiencing serious financial problems.
- The challenged counties have a higher amount of per capita spending on Medicaid and non-Medicaid services. About 63% of the counties have a history of spending more than average per capita for non-Medicaid services; 41% percent of counties that are not experiencing difficulty also show higher than average spending.
- The challenged counties are higher in the number of persons served per 1000 and have more inpatient spending. One county with a relatively small population had paid for a person to receive inpatient treatment at an MHI for two years.
- No single variable stands out and there seem to be a combination of factors, possibly including some that we do not have data to reflect.

Rick was asked if they looked at border counties versus non-border counties. He responded that that have not, but will consider that factor. They did look at urban versus rural and found not significant differences. They also did not find a difference between counties who serve people with developmental disabilities and brain injuries as compared to those who only serve people with intellectual disabilities. There may also be some differences in terms of the State Resource Centers, but that responsibility has now been lifted from the counties.

They have looked at the percentage of the population at or below the poverty level population and the percentage of the population that is Medicaid eligible, as well as unemployment rates without finding significant correlations. There are still other variables that need to be analyzed and that work is continuing. Information will be made available as more is learned.

Rick said he wants everyone to know that these kinds of analysis are being done in the spirit of quality improvement. The State and counties are joint partners in the success of the whole system, so this information is not being gathered and reviewed for placing blame in any way, but for improving how the system works and doing it in a collaborative fashion.

Rick was asked if it would be beneficial to find out how many people in prisons and jails have mental illness. He responded that the State could probably gather that information for prisons, but it would be a more difficult task for jails because there is not a centralized data system. He added that such a task is not in the current charge of the Judicial Workgroup. Rick also noted he is seeing emerging research that attempts to differentiate between individuals who have mental illness and are in the correctional system and those whose mental illness can be identified as the reason they are in the criminal justice system, which may be a subtle but important distinction. He also noted that it is important to provide appropriate and effective treatment to people in all settings.

Rick was asked how a county with serious financial challenges is being defined. Rick responded that he would define it as a county that would be in a negative funding situation if it continues on the course it was on before July 1 of this year. Suzanne Watson noted that another factor is where counties are in the funding cycle and whether they are on the downside or the upside this year. Deb Schildroth asked if there had been any analysis comparing counties with county operated programs and those without. Rick responded that there is really not data to reflect how much that may or may not be a contributing factor.

Rick was asked if the 29 counties are aware that they have been identified as having serious challenges. Rick responded that they are self-identifying to DHS and the information he is reporting is a reflection of what they are reporting. He noted that there may be counties that perceive their problems are more serious than the Department's perception. Patrick Schmitz commented that last month when the Commission discussed the Des Moines County situation there was an obvious difference between where the county thought they were at financially and where the State thought they were at financially. He said he thinks legislators need to be made aware of those varying opinions in looking at how much is needed in the transition fund. Rick said that any evaluation the Department does regarding the transition fund will be completely transparent and will be based on the applications and information received from the counties, so the Department, Legislature, and Governor will all be working off the same set of information.

Jim Rixner asked about the amounts the counties owe the State for Medicaid, what it would mean for the county reserves, and if there will be issues in reaching reconciliation numbers. Rick responded that he has no doubt that the counties and State will be able to come to agreement on the amount of the outstanding bills and reconcile the accounts. Deb Schildroth commented that Story County is working to clean up their numbers for Fiscal Year 2012 and they are still receiving cost settlement reports from FY 2009 and 2010, so the process can go on for several years. The concern for counties is that they will no longer have the State funds coming in that they had in previous years.

Transition Fund – Theresa Armstrong reported that the transition fund rules were passed by the Administrative Rules Committee following the Commission's approval.

DHS held training sessions for counties and about 50 people representing 30 counties attended, including board of supervisors, CPC Administrators, and some county auditors. County applications for transition funds are due November 1<sup>st</sup>. They must be signed by the chair of the county board of supervisors, and the information must be verified by the county auditor. The Department must review the applications and submit its report to the Legislature by December 1<sup>st</sup>. If questions arise as the information is being compiled for the report, DHS can go back to counties for clarification.

Jack Willey commented that there was nowhere in the application for the county to indicate how much funding they think they need. Rick responded that DHS asked for information to be submitted in such a way that the Department could reach that number on a uniform basis for each county that applies. DHS has the responsibility to determine the need and explain to the Legislature how they arrive at that determination; they believe the application asks for the information needed to do that. Jack commented that he thinks it would be helpful to know what the county's perception of its need is in comparison to the DHS determination. Counties can contact Robyn Wilson or Julie Jetter if they have questions.

Sub-acute and Crisis Services – This was one of the areas identified in the redesign legislation and will require the development of administrative rules. DHS has been working with Kevin Martone of TAC (Technical Assistance Collaborative), who is a national expert on mental health issues, on what those rules might look like from a clinical perspective. The Department has met with DIA (Department of Inspections and Appeals) because they are ultimately responsible for these rules. Together, both departments have laid out how they plan to proceed. They will be establishing rules for how sub-acute facilities operate, as well as standards for when a person needs an acute level of care and when a subacute level is appropriate. In many parts of the state there are community-based subacute services that are used effectively, but subacute facility-based services are new and may require some new way of thinking.

Rick was asked if there will be rules written for ACT (Assertive Community Treatment) teams or just for facility-based services. He responded that the Department first needs to look at what is working well for ACT services and how they can be made better or more accessible, but it is probably not the same level of review that is necessary for establishing a new service. Teresa Bomhoff suggested making ACT a core service as part of sub-acute care. Rick responded that he thinks the first step is an analysis what is working well with the current ACT process, and what needs to be improved or expanded to make it more available, more accessible, and more effective.

Representative Heaton commented that when the legislation was passed, legislators did not have a clear picture of what subacute services would look like, but anticipated there would need to be both community-based and facility-based services. He said he thinks that 25 to 30 percent of currently existing acute care beds could be freed up if subacute care was available for those people who are ready to move into it, so building up subacute services should give us more available acute care beds statewide. He said he

has heard from providers across the State that have expressed interest in establishing subacute beds.

Sharon Lambert commented that she is very concerned about the availability of acute care beds in Iowa because a family member who recently had an acute psychiatric incident was held in isolation in a county jail for 18 days until a treatment bed was available for him. Representative Heaton responded that he believes the facility beds exist and the issue is investing the adequate funding to staff them.

Ken Briggs commented that he has, in effect, turned his family home into a mental health facility because he and his wife could not find a bed for their family member. He said his wife spends 10 to 12 hours a day caring for the family member, yet they feel they cannot give her the care she really needs.

Jim Rixner said he agrees with Representative Heaton that the existing beds can be reconfigured to better meet inpatient and subacute care needs. Rick Shults indicated there are currently no State funds available for ACT teams. Jim commented that he is concerned about counties being able to meet the needs of the non-Medicaid population. Rick noted that the decision to have the State take over the non-federal share of Medicaid was made because increasing Medicaid costs were resulting in counties having fewer funds available for non-Medicaid services. The State takeover of the responsibility for Medicaid was intended to allow the counties to take the fixed amount of money they have available to them to pay for all non-Medicaid services, while the State absorbs the cost of Medicaid growth, but there is not any additional support from any source for counties to add to the services they were already offering.

Representative Heaton commented that four of seven counties that are working together to form a region in southwest Iowa have had to lower their property tax levies to the \$47.28 amount set in the redesign legislation. Jack Willey indicated that Jackson County is part of that group and noted that the legislation did not make it mandatory that counties joining into regions pool their money. He said that the group includes Scott County, which will be getting over \$4 million more in funds because their previous levy rate was \$19.80, as well as the four counties that will be seeing their property tax levies reduced. He said if counties with increased levy rates do not agree to pool their funds with counties that are negatively impacted by the levy rate change, some counties will have more money and others will have no way to cover all of their established service costs. Representative Heaton said that compromises were made to get the legislation passed and this may be one of the ramifications, but there are people looking at how to work with counties as they try to come together and there is still an opportunity to work with the legislature to fix problems that need to be addressed.

Balancing Incentives Payment Program (BIPP) – Theresa Armstrong presented an update on BIPP activities. BIPP is a CMS (Center for Medicare and Medicaid) program. The goal is for participating states to balance their spending of public funds between community-based and facility-based services. Iowa's application was developed by IME (Iowa Medicaid Enterprise) and Iowa was approved to start the project July 1. The work

plan is due at the end of this month and the Department will share it when it is done. IME, MHDS, and IDA (Iowa Department on Aging) are working together on the effort. The IDA has redesigned its AAAs (Area Agencies on Aging) to ADRCs (Aging and Disability Resource Centers), which will serve as single entry points and provide information on aging and disability resources. Two ADRCs have been established in the State so far. They provide a level of individual counseling and support and help people get linked into the system. They will have electronic access and phone access. As MHDS regions develop they will also have local access points to establish a no wrong door concept.

Standardized assessments will be developed. Individuals will have an initial screening at the single point of entry to guide person as they enter the system and a more in-depth assessment will then be conducted that is geared toward the person's type of disability.

BIPP requires conflict free case management. DHS is waiting for more clarification from CMS on exactly what that means. It is anticipated that quality control measures and communication firewalls may be part of that process. BIPP also requires data collection. The MHDS Redesign Outcomes Workgroup is aware of the BIPP requirements and working to align our system with them.

Sustainability must be part of the plan. Federal funding is available for a limited time until Federal Fiscal Year 2015 and will be utilized to develop training, web-based information and other resources that will help sustain the effort. Links are also being established with other projects going on in the State, including EHR (Electronic Health Records) and HBE (Health Benefits Exchange).

Meeting with CPC Administrators – MHDS and IME were invited to present at the CPC Administrator's annual meeting and answered a lot of questions about redesign and the transition fund. A lot of the questions were aimed at seeking guidance on what the legislation requires of regions and what needs to be included in 28E agreements for regions.

Budget Update – Rick Shults talked about what is included in the MHDS budget submission, indicating that the focus was on reminding everyone what factors drive the budget and making the budget narrative more informative:

- The funds that have previously been used for the State Payment Program will be directed to help defray the cost of non-Medicaid services.
- An amount was included for non-Medicaid growth; it was less than the Commission recommended, but it is an amount that has never been in the budget before. Rick noted that the observations made by the Commission were heard, yet with a significant amount of growth in the Medicaid budget, the entire budget is very challenging this year.
- \$11.4 million is needed for Medicaid mental health and disability services for FY 2013. That includes about \$6.1 million more growth in services than was

anticipated when last year's December 9 report was submitted. There is a shortfall of \$13 million for FY 2014 because some of the money previously utilized was one-time funding.

- Overall the growth dollars are about \$17 million. Some of that has been a surprise in terms of the State's non-federal share of Medicaid growing more than anticipated; it looks like the final number is about \$7.25 million.
- Medicaid dollars are will be growing significantly in FY 2014 to \$35 to \$37 million. The vast majority of growth is from serving more people; more people are applying for services and more people are eligible. There is also significant growth in habilitation services.

The larger challenge that Director Palmer talked about at the last meeting includes these amounts for mental health and disability services. As he said then, this is one of the more challenging budgets the Department has put together because of the loss in federal Medicaid match and the pressure of growth on the system. It is a status quo budget, yet it requires significant increases in funding.

In response to a question about the Affordable Care Act, Rick clarified that if a state chooses to participate in the Medicaid expansion, the federal government pays 100% of the Medicaid costs for the individuals added under the expansion provisions for 2014 to 2016, and phases down to 90% in ten years. As a result of the U.S. Supreme Court decision earlier this year, states have the flexibility to participate in the Medicaid expansion or not. Rick also noted that if a state chooses expansion, the federal dollars will pay at the higher rate for the expanded number, but will only pay at the regular match rate for any additional people who are found eligible for traditional Medicaid along the way. He added that if Iowa chooses to participate, Medicaid expansion would have a huge positive impact on the counties and the regions because many of the individuals now accessing non-Medicaid services could become Medicaid eligible.

Representative Heaton asked if the Department has been looking at ways to include people with developmental disabilities who may be left out of services because they do not qualify for the Intellectual Disabilities Waiver. Rick Shults responded that the State could take action to expand the HCBS Waiver to cover more of the DD population, but it would increase Medicaid costs to expand eligibility. He added that a significant portion of county non-Medicaid expenditures are for mental health services and if the state chooses to participate in Medicaid expansion a lot of those services would probably be covered.

Kim Uhl commented that her adult child had recently moved from the family home to a residential setting utilizing the ID Waiver. She said he would not have been able to make the move if he did not qualify for the ID Waiver because his SSI (Supplemental Security Income) would not be enough to provide the support services he needs to live successfully; the Waiver funding allows him to live as independently as possible.

Rick was asked how the increases in this budget compare with increases during the last 4 to 5 years. He responded that the ordinary increases are similar, but habilitation

services is growing fast in terms of number of people being served and the reduction in federal match funding is also a big factor.

Rick was asked what impact BHIS (Behavioral Health Intervention Services) had on the budget numbers. Rick responded that BHIS is folded into the Iowa Plan services under the Magellan contract, so there was no direct impact.

Rick was asked if anything is being done to address the limited availability of psychiatrists and the difficulty of getting people in to see them. Rick noted that the Workforce Workgroup will be looking at that issue. Patrick Schmitz commented that psychiatrists are unwilling to see Medicaid patients in their private practices because they cannot get a reasonable reimbursement rate through Medicaid. He said they are willing to come to the community mental health center and see both Medicaid and non-Medicaid patients because the CMHC pays them a flat rate per hour to provide services. He said that CMHCs can easily lose money on the combined cost of the psychiatrist's time and the cost of providing necessary support services. He said the same would be true to telehealth services because it comes down to a matter of the reimbursement rate for their services. Patrick said that if a psychiatrist's time is used efficiently, CMHCs may come close to breaking even between what they pay the psychiatrist and what they can bill, but that doesn't cover the cost of support staff or things like EMR (Electronic Medical Records), which involves a licensing fee.

Jim Rixner commented that there is clearly a need for more psychiatrists and mental health professionals, but it is also true that people don't always keep their appointments, which contributes to the problem. He said peer support specialists could help with that and the system should work so that people can be seen when they need help, not several weeks after the fact. He also commented that nurse practitioners, physician assistants, and ARNPs (Advanced Registered Nurse Practitioners) also fill vital roles in providing a satisfactory level of care of many people.

Virgil Gooding commented that making more peer support services and other direct services available is an important part of community support for people with mental illness.

Dennis Sharp commented that Iowa is the only state that bills peer support services at \$150 per month regardless of the amount of time spent with the client. To be eligible for reimbursement, the peer support specialist must have a minimum of four visits with the client, so if a client fails to show up for one of those visits, the peer support specialist may not get paid at all. All other states bill for the service in 15 minute increments, so the reimbursement is relative to the amount of time spent with the client.

Status of Administrative Rules for Forming Regions – The Commission Regional Committee held a conference call with DHS to talk about the content of the rules and input is being received from the Transition Committee as well. The Department is taking the information and putting it into outline form for further review; ultimately it will be

drafted into rule form and the rules will be presented to the Commission at a later meeting.

Rick was asked if counties forming a region have to be contiguous. He responded that under the current legislation, the Director does not have the authority to waive that requirement and an interpretation has been made that to be contiguous counties have to touch at least at a corner.

A break for lunch was taken at noon.

The meeting resumed at 1 p.m.

Regional Committee Report – Jack Willey reported for the Regional Committee, which met by phone last week with Rick, Theresa Armstrong, and Laura Larkin and shared their input into the rules DHS is currently developing. The Committee discussed the qualifications or expectations for the person who will serve as the regional administrator. Chuck Palmer has indicated that the regional administrator could be a business administration person not necessarily a mental health and disability specialist. DHS has been working with Steve Day of TAC (Technical Assistance Collaborative) and is developing a list of qualifications to present to the Transition Committee. They also discussed a shared desire not to increase administrative costs.

Jack noted that one of his concerns is a suggestion that the regional administrator could be changed annually so that each of the counties in the region could take turns staffing that position. He said that kind of turnover seems disruptive to him and he would be interested in the Transition Committee's input. They discussed whether rules were needed or whether the qualifications for regional administrators would be up to the individual regions. Jack said he thinks there should be rules with some guidelines for minimum standards. Another topic of discussion was whether a region could be too large, particularly considering the challenges of a large governing board and long travel distances. Patrick Schmitz commented that it is difficult to determine that a region would be too large because that region could potentially do a really good job of making services available in all parts of it.

Chris Hoffman commented that the intent of the legislation was to make services better and manage the money in a more consistent, efficient way and it seems that as regions come together they should be thinking about following that intent. He said he would like to see Director Palmer or someone looking at the logic of how the regions will function. Jack Willey commented that the legislation says services would be "reasonably close," but no one has defined that and travel will be an issue.

There are still a lot of unknowns, including how a county asking to stand on its own can be compared to the regions around it when the regions are not yet functioning. Deb Schildroth said that it is challenging for counties to decide how to proceed until they have some clarification from rules.

Deb also noted that transportation is not listed as a core service, but is critically important to getting people to their appointments and services. She said that she thinks that regardless of the place a person lives, they should be able to access services where they can most easily do it, even if it crosses regional or county lines and that should be handled administratively through contracts or agreements. Teresa Bomhoff commented that another unknown is the shift in the numbers of people individual counties will be paying for as the system changes from legal settlement to residency.

Transition Committee Regional Workgroup – Teresa Bomhoff said the group discussed county exemption from joining regions. They noted there is no provision in the legislation for surrounding counties to be able to make comment on how a county standing alone would affect them. They also talked about the variety of factors that contributed to counties being in serious financial difficulty.

Patrick Schmitz said they also discussed:

- Business plans for regions
- The intent of regions to manage service resource and risk
- How and if those things can be managed if counties do not pool resources
- The idea of regions having an urban core
- How to incent counties to form regions
- That the legislation does not provide an appeal process on county exemption decisions

The Transition Committee has just one more meeting scheduled. Director Palmer has indicated that there may be another face-to-face meeting scheduled in November.

Judicial Regional Workgroup - Deb Schildroth and Donna Richard-Langer reported that the group met last week and talked primarily about mental health advocates. Currently, by Iowa Code, a mental health advocate provides services to anyone who has a Chp. 229 commitment filed. They heard several proposals and ideas for establishing a statewide program and decided to recommend a statewide program that would be an administratively attached unit under the Department of Inspections and Appeals, similar to CASA (Court Appointed Special Advocates) and the Public Defender's Office is structured. The issue of jail diversion continues to be discussed, with some support for having it moved up to a core service. They also discussed extending the use of advocates to substance abuse commitments under Chp. 125 and to Chp. 812 proceedings for persons found incompetent to stand trial. Current law calls for a mental health advocate people with mental health and a co-occurring condition.

The group discussed how many advocates are needed based on the number of commitments; currently one advocate may serve 2 or more counties, or an entire judicial district. If the advocates were state funded and a statewide entity provided oversight, there could be a standardized pay scale, more ongoing and consistent training, supervision, and equitable distribution of advocates across the state as needed. They felt that advocates play an important role in outpatient commitments as

well as inpatient commitments. The group reviewed a document laying out the differences between an advocate and a targeted case manager.

The group has looked at combining the commitment laws for mental health (Chp. 229) and intellectual disabilities (Chp. 222); the recommendation was that Chp. 222 be phased out, as it is rarely used and mental health and substance abuse commitments go to a single set of documents and comparable set of procedures, but remain separate because there are significant differences in who people need in each situation and in the length of treatment.

Outcomes and Performance Measures Regional Workgroup – Chris Hoffman, Todd Lange, and Bob Bacon are all members of this workgroup. Bob reported that it were three very engaged legislators who have very actively participated in the workgroup and that is important in carrying information back to other legislators. The purpose of the group was to come up with a dashboard of outcome and performance measures to gauge the efficiency and effectiveness of the system. One of the key principles is that it is all done in the spirit of continuous quality improvement and done in a way that can allow comparison between regions to identify where improvements may be needed and where things are being done well. They have been very aware of the burden that can be created in gathering and sharing information and have worked to make sure that they select measures that will produce data that is going to be used.

The group has identified six outcome domains:

- Access
- Life in the community (which includes employment, housing, and transportation)
- Person-centered planning
- Family and natural supports
- Quality of life/safety
- Health and wellness

Specific outcome measures will be developed for each domain. It was suggested that education for adults might be included under “life in the community” because it often plays an important role in quality of life and leads to employment or greater employment opportunities.

Chris Hoffman said that the group identified many existing data sources where income could be gathered. They need to consult with experts to find out more about putting together a statistically relevant survey. He said that it needs to be determined how measures will be made and who is going to do the measuring; if it is providers, then there needs to be a discussion about resources. He commented that this group may need to have a more long term commitment to reviewing the outcomes that are collected.

Other considerations:

- Doing more than just setting a floor for the bare minimum of performance

- Making expectations clear and relevant over time
- How to do it in a way that is conflict-free
- Being able to measure if the system is successful in achieving desired outcomes
- Having reliable data that will inform legislators in making funding decisions
- Process should reflect what the system values (for example, people getting jobs and earning wages)
- Consumer and family survey data should be collect so both points of view will be reflected

Bob Bacon said that it appears there will need to be a sampling of several hundred individuals in each region to gather statistically valid results. He noted that some assistance in sampling and data collection is likely to be available through the College of Public Health at the University of Iowa.

Data and Statistical Information Regional Workgroup - Theresa Armstrong reported that this group has been looking at the multiple existing data systems and how they can work together. They have discussed how to build a data warehouse where the information can be collected from multiple sources, analyzed, and used. They have also discussed issues related to privacy, confidentiality, and interfacing with a health information exchange.

Children's Services Regional Workgroup – Chuck Palmer said the Children's group has been talking about systems of care, or wrap around services, that are designed to provide what each individual child and their family needs. There are currently three systems of care models operating in the state: The Central Iowa Systems of Care, the Community Circle of Care in Northeastern Iowa, and the newest one in Cerro Gordo and Linn Counties.

The workgroup has looked at what core services need to be part of the system, including education, mental health, child welfare, juvenile justice, and other players that would make up the system of support for a particular child. They have discussed putting out RFPs for entities to manage a system for a group of children; the entities could be mental health centers, service agencies, an accountable care organization, or other organization. Representatives would be brought together from the key oversight agencies along with representatives of parents and families to serve as a top level advisory group for system oversight.

The group's report will lay out some of the problems created by the absence of a larger children's system, including:

- Lack of integration
- Competition between agencies
- Funding silos
- Lack of coordination
- No clear strategic agenda
- No children's budget

This report will not be specifying exactly how to get to a coordinated children's system, but will lay out options of the Legislature to consider in determining the direction they want to go. The group has two more meetings scheduled to fill in a little more detail on implementation, discuss who the core partners should be, and what should be built into an RFP.

Workforce Regional Workgroup – The Workforce Workgroup, coordinated by the Iowa Department of Public Health has not started meeting yet.

Jail Diversion Workgroup – Theresa Armstrong explained that this group is not a redesign workgroup; it was created by the judicial bill and is part of criminal and juvenile justice planning through the Department of Human Rights. This group just got started and will be looking at implementation of a statewide jail diversion program. Information on their activities will not be available on the DHS redesign website, but Rick Shults is a member and will keep the Commission and others updated.

Mental Health Planning and Advisory Council Update – Theresa Bomhoff presented an update on Mental Health Planning and Advisory Council activities, including:

- Committee work
- Revision of bylaws
- Reports on redesign activities
- Recruiting new members
- July visit to the Iowa Medical & Classification Center
  - Information on that visit is available in the July MHPC meeting minutes

The Council has been hearing concerns about the Iowa Veterans Home. There have been several articles in the Des Moines Register about citations for deficiencies in care. They have been fined by OSHA (Occupational Safety and Health Administration) and for lack of appropriate care. They are restricted from admitting more Medicare-funded residents until the cited deficiencies are corrected. Ken Briggs said his brother-in-law lives there and they have seen his care deteriorate, but have no place else for him to go. He and other residents have shared concerns with Ken about not having enough staff to provide timely and adequate care and medical treatment, not getting their medications, baths, and meals on schedule, and not feeling that residents are being respected. They have eliminated supports for residents with mental health and substance abuse issues. He said some residents are afraid of retaliation if they voice their concerns. The Council intends to send a letter to the Governor and Veteran's organizations to share their concerns.

The Council has established two strategic planning workgroups on crisis stabilization and outcome measures.

The Council has a committee to assist DHS as the work on development of the new Community Mental Health Services Block Grant application. Iowa will have a monitoring visit from SAMHSA (Substance Abuse and Mental Health Services Administration) during the last quarter of this fiscal year, which will be in the fall of 2013.

The last Council meeting of the year will be held on November 28 at the United Way Conference Center.

Teresa shared a copy of the Council's legislative priorities from last year and documents provided by IDAN (Iowa Disability Advocates Network). There were three priority areas last year: System Redesign, Funding, and Workforce Capacity. This year they are looking at adding open access to medication and mental illness education. Jim Rixner recommended that the state's growing surplus should be referenced and some resources should be requested to be directed toward mental health.

Jack Willey asked members to review the documents Teresa shared and said he will appoint a committee to work on developing the Commission's legislative recommendations for their annual report. He said he hopes to have something for the full Commission to review at their December meeting.

#### NEXT MEETING

The next Commission meeting is scheduled for Thursday, December 6 in the Legislative Dining Room at the State Capitol. It is anticipated that the Department will have administrative rules for county exemption from joining into regions for the Commission to consider.

Chris Hoffman suggested that the Commission get monthly or quarterly input from organized bodies that reflect a consumer perspective. Representatives from the Office of Consumer Affairs, and other consumer and advocacy organizations could be invited on a rotating schedule.

#### PUBLIC COMMENT

Teresa Bomhoff commented that she would like to see the development of a statewide peer support training system. She said she was concerned because she has heard about organizations other than the Iowa Peer Support Training Academy (IPSTA) talking about doing peer support training and she is not sure they will do it with fidelity to the Georgia model. She asked if DHS would be issuing an RFP for peer support training. Theresa Armstrong responded that DHS does still intend to do so, but the process has gotten slowed down by the focus on Redesign. She added that Magellan has funded some training for people during the last two years.

Virgil Gooding commented that he thinks it is important that the training proceeds and asked if someone from IPSTA could come and update the Council at their next meeting.

Patrick O'Brien commented that he hopes peer support will soon get to the certification process, as that could add more accountability. Dennis Sharp responded that there have been people working on certification with the State Board of Certification for about

the last nine months. He added that he strongly supports the IPSTA and believes that the Academy gives graduates a new sense of empowerment.

Ann Wood commented that she thinks there is a need for more trained peer support specialists and funding to support the training. She said she worked in peer support for nine years and sees people on waiting lists that are very much in need of peer support. She said she is concerned that some have people working with them who have not received the training they need and she believes we have underestimated the number of peer support specialists needed in Iowa.

Deb Eckerman Slack commented that Rick Shults said this morning that habilitation is one of the fastest growing areas of Medicaid in terms of cost. She said there is not a cap on rates and Targeted Case Management is seeing rates of \$400 to \$500 a day for habilitation services; they are also seeing people using the service as a way to access targeted case management services.

Natasha Retz commented that because services for people with brain injuries aren't adequately funded, they are sometimes pushed toward applying for habilitation as a service that they may qualify to receive.

The meeting was adjourned at 3:10 p.m.

Minutes respectfully submitted by Connie B. Fanselow.