

MENTAL HEALTH AND DISABILITY SERVICES COMMISSION
December 5, 2013, 9:30 am to 3:00 pm
Pleasant Hill Public Library
5151 Maple Drive, Pleasant Hill, IA
MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

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| Richard Crouch | Brett McLain |
| Chris Hoffman (by phone) | Deb Schildroth (by phone) |
| David Hudson | Patrick Schmitz |
| Betty King (by phone) | Susan Koch-Seehase |
| Sharon Lambert | Suzanne Watson |
| Gary Lippe | Jack Willey |

MHDS COMMISSION MEMBERS ABSENT:

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| Neil Broderick | Representative Dave Heaton |
| Jill Davisson | Representative Lisa Heddens |
| Senator Joni Ernst | Rebecca Peterson |
| Lynn Grobe | Marilyn Seemann |
| Senator Jack Hatch | |

OTHER ATTENDEES:

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| Theresa Armstrong | MHDS, Bureau Chief Community Services & Planning |
| Bob Bacon | U of Iowa Center for Disabilities and Development |
| Julie Bak | Mahaska County CPC |
| Teresa Bomhoff | Iowa Mental Health Planning Council/NAMI |
| Connie Fanselow | MHDS, Community Services & Planning |
| Jim Friberg | Department of Inspections and Appeals |
| Diane Jackson | Greene, Guthrie, & Audubon County CPC |
| Geoff Lauer | Brain Injury Alliance of Iowa |
| Jim Nagel | Options Linn County |
| Renee Schulte | DHS Consultant |
| Rick Shults | DHS, Administrator MHDS Division |
| Deb Eckerman Slack | ISAC County Case Management Services |

WELCOME AND CALL TO ORDER

Jack Willey called the Commission business meeting to order at 9:55 a.m., welcomed attendees, and led introductions. No conflicts of interest were identified for today's meeting. Nine members were present in-person and two members by phone. Action items were postponed until quorum could be established.

COMMISSION MEMBERSHIP

Jack shared two letters of resignation received from Commission members. Gary Lippe will be retiring from his position as a Service Area Manager with DHS on December 31 and his resignation from the Commission will be effective as of that date. Jack thanked Gary for his service and contribution to the work of the Commission. Gary said he had enjoyed his time on the Commission and working with the other members.

Zvia McCormick has resigned as Superintendent at Glenwood State Resource Center and taken another position out of state to be closer to family. Zvia's resignation from the Commission was effective November 11. Jack said her participation on the Commission will be missed.

REGIONAL DEVELOPMENT

Suzanne Watson and Richard Crouch shared some insights on regional development as it is happening in their Southwest Iowa MHDS Region. They had shared similar information as part of a panel at ISAC Fall School in November.

Suzanne outlined the administrative structure:

- The region includes 9 counties: Cass, Fremont, Harrison, Mills, Monona, Montgomery, Page, Pottawattamie, and Shelby
- There will be one CEO, 4 disability coordinators – they currently have 5 CPCs
- This administrative team, called the Leadership Team meets monthly and is starting to develop standardized policies and operating procedures for the region and for communication
- There are also 3 social workers who will continue to do service coordination for the region
- The CEO will be in charge of the budget, state reports, and region-state relationships, and will be accountable to the regional board
- The disability coordination team will do the things CPCs do now, such as service authorizations, claims, contracting, performance-based outcomes, quality assurance, information referral, public relations, and service coordination
- Assignments will be made to start and functions may change as things progress
- They are currently in the planning process and intend to start full operation on July 1

Financial structure:

- County boards of supervisors will pool their money
- Starting July 1, counties will pool what money they currently have with the exception of payroll, which will stay with the individual counties
- Each county is preparing a separate Fund 10 budget for the beginning of the year and a reconciliation will be done at the end of the year
- Some counties have IT (Information Technology) departments and others pay for outside IT services, so for the first year no changes will be made, but a regional decision will have to be made later

- All the counties use CSN (Community Services Network), so no decision what needed on what computer informational system to use
- They will cost settle at the end of year for actual administrative expenses

Governance:

- The 28E Agreement is completed and has been submitted
- The regional Planning Board will continue until the Governing Board takes effect on July 1
- The region has been divided up into two advisory regions: north central and south
- Community Input meetings are being held as a kick off to what will be the local Advisory Councils
- Three meetings have been scheduled for providers and others to come and give input
- The Advisory Council members will help identify strengths and gaps, and provide input on how they would like to see the region go forward
- The local groups will start meeting and they will vote on who will be members of the council and the governing board
- Anyone can attend the local meetings
- That group will vote on 2 consumers and 2 providers from each area to make up the Advisory Council
- The Advisory Council will meet twice a year and they will also vote to select 2 of their members to be non-voting members of the Regional Governing Board

Suzanne said the advisory council was discussed at length because they were aware that due to the size of the region, it can be a long way to travel for people to attend meetings.

Brett McLain asked if they identified some anticipated challenges. Suzanne responded that they felt the biggest challenges had to do with all the unknowns, including the introduction of integrated health homes, the Iowa Health and Wellness Plan, and what impact those things will have on outpatient mental health treatment. Suzanne said that presently one staff person works just on those applications; if the number of applications shrink to a much smaller number, that may mean less total staff are needed. She said they anticipate that it will take the first six months to determine what the staffing needs will be, so they are not making any changes right now. One of the things they are doing is routing all applications to a central location for processing, and the same for billing. They are also making sure that decisions about funding are made consistently. She said they believe the counties are all doing things quite similarly, yet there are some differences that will need to be worked out.

Richard Crouch said they are pleased to have a very good group of CPCs who have been meeting and working together for years, and boards of supervisors who have been good about compromising. He said there was some resistance to pooling county money at first, but they were able to work through that. He said that a high level of mutual respect between the CPCs and the supervisors has helped things go smoothly.

Suzanne said they are currently discussing how case management will be handled. The region now has four county case management programs, one with DHS case management, and one that contracts with a community mental health center. They have a mobile crisis unit that started in Pottawattamie County a few years ago and are planning to make that a regional service, although some changes to it will be needed to make it work in rural areas. The region includes the Clarinda MHI, three hospitals with inpatient psychiatric units – one small one located in Cass County and two located in Council Bluffs.

Employees will remain with the individual counties. The CEO will have some supervision responsibilities for the disability coordinators, as will the county board of supervisors that employ them. Suzanne noted that some of the lines of authority still need to be clarified. Work is continuing on the management plan.

Jack Willey commented that he is very concerned that his region has decided to rotate the CEO position and the chair of the governance board on an annual basis, which he does not believe will provide the consistency in leadership that is needed. Richard Crouch said his region asked each county board of supervisors to appoint a member to serve on the regional governing board and each of those appointees will have the authority to make decisions on behalf of their county board. Suzanne noted that as CEO for her region, she expects she will probably visit with each of the county boards of supervisors a couple times a year to keep them informed.

Deb Schildroth joined the meeting by phone at 10:35 am, establishing a quorum.

APPROVAL OF MINUTES

Richard Crouch made a motion to approve the minutes of the October 17 joint meeting with the Iowa Mental Health Planning and Advisory Council as presented. Gary Lippe seconded the motion. The motion passed unanimously, with Betty King, Chris Hoffman, and Deb Schildroth present by phone.

LEGISLATIVE PRIORITIES DISCUSSION

Jack Willey reported that the Legislative Priorities Committee met on November 14 at the Hoover Building. Jack, Richard Crouch, Lynn Grobe, Suzanne Watson, Deb Schildroth, and Rebecca Peterson participated in the 2-hour session. As a follow-up to the discussion at the October Commission meeting, Geoff Lauer and Teresa Bomhoff were invited to share their input on behalf of the Brain Injury Alliance of Iowa and the Iowa Mental Health Planning Council during the first hour of the meeting.

During the second hour, the members reviewed their 2013 priorities and discussed what items they wanted to carry forward for 2014 and what additions needed to be made. They reached a consensus that they wanted to use clear language, keep the explanations brief, and limit the number of priorities to no more than three.

The Committee settled on two priority areas:

Priority 1: Provide Appropriate, Predictable, and Stable Funding - Follow through with the implementation of a comprehensive system of mental health and disability services by establishing a stable and predictable long-term funding structure for mental health and disability services that is appropriate to fully implement the vision of redesign, and support growth and innovation over time.

Priority 2: Build Workforce Capacity - Follow through with the implementation of a comprehensive system of mental health and disability services by expanding the availability, knowledge, and skills of professionals, paraprofessionals, and direct support workers as an essential element in building community capacity and enhancing statewide access to quality mental health and disability services.

The members of the Committee shared a draft of the priorities for review. Jack indicated that considerable discussion focused on reversing the 80% reversion of county savings due to the Iowa Health and Wellness Plan to the State. Jack said that due to the importance of adequate funding to the success of the regions, the Committee felt there should be time for transition to determine how the need for those funds actually works out. Richard Crouch commented that he had talked to the Governor with a group from ISAC and they had asked that things be left in place for at least a year. He said that the Governor's response was that the way it is set up it should work.

Jack Willey said that counties still have a set dollar amount to work with from their levies. It is a new rate, but with so many unknowns associated with this transition period, counties and regions still do not know how close that is to meeting the actual service needs. He said it was the consensus of the committee that regions should have time to get on their feet and fully functioning before an assessment of the savings will be known. They wanted to make sure that the people receiving services are not forgotten or adversely impacted in the process.

Suzanne Watson noted that the language the Committee supported does not ask for more money; it asks to hold off reducing what is available to the regional system until more is known. Deb Schildroth commented that funding is crucial to the implementation of the regional system and to the ability of regions to meet the requirements to implement core services, and then additional, or core-plus services. Jack Willey said they Committee also discussed their desire to make sure that people with developmental disabilities, brain injuries, and physical disabilities are not left out.

David Hudson asked if there is still Risk Pool funding available. Patrick Schmitz responded that the Risk Pool Board still exists and met recently to complete their report, but there is no funding to be distributed.

Chris Hoffman commented that compensation for safety providers need to be reviewed separately from all providers because it is like comparing apples and oranges. He said that for some providers a lot of time is spent on committals, crisis services, and other

measures that provide for client safety and are necessary to meet the person's needs, but only a fraction of that time can be billed for in many cases. Patrick Schmitz agreed, saying that community mental health centers often serve as the emergency rooms for mental health care, but they do not have extra staff just sitting around waiting for emergencies – they simply have to find a way to work them in when they happen.

Jack said that the second priority includes issues related to provider rates, training costs, and provider capacity to serve people with challenging behaviors. Allowing training costs to be included as direct, reimbursable, costs was a key point. Chris Hoffman commented that his agency chose not to provide habilitation services specifically because of this issue. Patrick Schmitz commented that providers are being pushed to use evidence-based practices, yet the training to do that is not a reimbursable cost. Susan Seehase agreed that provider reimbursement for the time and resources needed to provide training would help them increase capacity.

Chris Hoffman requested that “substance abuse” be added to the list of services under priority 2.3, to make it read as follows: “Implement incentive programs to train, recruit, and retain professionals and paraprofessionals qualified to deliver high quality mental health, substance abuse, and disability services.”

Motion – Patrick Schmitz made a motion to adopt the draft of the legislative priorities as presented, with the addition of “substance abuse” to priority 2.3. The motion was seconded by Susan Seehase. The motion passed unanimously, with Betty King, Chris Hoffman, and Deb Schildroth participating in the vote by phone.

Jack Willey said that he, Susan Seehase, and one or two other Commission members, would like to arrange a meeting with the Governor to discuss their concerns and recommendations and asked how that request should be made. Theresa Armstrong responded that MHDS staff would provide that information so the Commission can make a meeting request.

DHS/MHDS UPDATE

Rick Shults and Theresa Armstrong updated the Commission on MHDS and Department activities.

Staffing – Jan Heikes has been hired to fill the Community Services Consultant position formerly held by Robyn Wilson. Jan starts on Dec. 30 and will be working with the counties and regions in the northern parts of the state; Julie Jetter will cover the southern parts of the state.

Laura Larkin has accepted the new Executive Office position within MHDS. She will be working closely with Magellan to build community based services for people with mental illness and working with counties and regions to help build a system that is seamless, coordinated, and collaborative. She will also be working with children and adults placed out of State and services to people with complex behavioral needs. Theresa noted that

these are all areas the Division had been working on, but now they will be more centralized with one staff person. Laura has been taking on that new role, but for the time being she still have her other duties.

Core Services Administrative Rules – The Core Services rules were approved by the Administrative Rules Review Committee. Rick attended the meeting and the only question that was asked was if anything in the rules prohibited the funding of Residential Care Facilities or Work Activity Centers. The rules do not prohibit funding those services. The rules went into effect on November 20, although core services will not be in place until regions are fully functioning or July 1, 2014.

Regional Services Administrative Rules – The Regional Services administrative rules will go to the Administrative Rules Review Committee next week and if approved, should become effective on January 1, 2014.

Autism Support Program Administrative Rules – The rules for the Autism Support Program were noticed in the Iowa Administrative Bulletin on November 13. Public comments were due on December 3. The Department did receive some comments and the rules, including comments and responses will be brought back to the Commission for review and adoption at the January meeting.

Autism Support Program RFP – A Request for Proposals for an administrative entity to manage the Autism Support Program was released online on November 11. Proposals are due on December 20. The Department hopes to announce the successful bidder by January 6 and to have the contract in place so that people can start applying for services by March 1.

Regional Development – Jefferson County's appeal of the Director's decision to deny their exemption from joining into a region was decided in favor of the Department. Jefferson County chose to join the Southeast Iowa Link Region with Des Moines, Henry, Keokuk, Lee, Louisa, Washington, and Van Buren counties.

Emmett County made a request to change from the Northwest Iowa Care Connections Region to the County Social Services Region and that change was approved this week.

The Poweshiek County Board of Supervisors approved seeking to join the Central Iowa Community Services Region, along with Boone, Franklin, Hamilton, Hardin, Jasper, Madison, Marshall, Story, and Warren counties. Poweshiek was formerly working with Marion and Mahaska counties, which now leaves them as a region of two. It is not known yet what they will decide to do.

Timeline for Regional Development:

- All counties are to be part of a region by December 31, 2013, although counties can still move from one region to another if they feel it is necessary

- Regional management plans are due to DHS on April 1, 2014 – initial plans are to be approved by the Department; any amendments after initial Department approval would come before the Commission for review
- All 28E agreements must be in place and all regions fully functioning by July 1, 2014 – that means CEOs and disability coordinators have been named, the financial structure has been established, a governing board is in place, and the region has met all the approvals required by the Department

Equalization – Originally, 54 counties qualified for equalization funds. Most have received them or used them to offset state bills. There are eight counties remaining that need to payment plans. DHS has received five of the agreements back from the counties. One county paid half their balance and used equalization funds to pay an additional amount, and has agreed to pay the remaining balance by March 1. One county applied all of its equalization funds to their balance and paid the rest. A few counties paid their state bills and then received their equalization funds. Two counties are still negotiating their state balance amounts and how they will repay them.

Children’s Services Workgroup – The workgroup report was due November 15 and was submitted to the Legislature. It is available online on the Legislative and DHS websites. The DHS link is: <http://www.dhs.state.ia.us/uploads/Childrens-Disability-Services-Workgroup-Final-Report-Nov-15-2013.pdf>. Renee Schulte will report on their recommendations later today.

Iowa Health and Wellness Plan – Work has been done to clarify the “medically exempt” criteria and identification process for people with chronic health conditions. It is important that people who qualify have the opportunity to be placed on the State Medicaid Plan where they can receive the expanded services they need, including habilitation, community supports, integrated health homes, and others. The referral forms are no longer in draft form and can be used.

Suzanne Watson said that in her area they have found there is a gap because people under 65 who are on Medicare cannot apply for that coverage. Rick Shults responded that there are issues that it would be helpful to look at again.

Iowa Health and Wellness Plan facts:

- Eligibility for the existing Medicaid program is based on categories and money (income and resources)
- Eligibility for the Iowa Health and Wellness Plan is based on income (Modified Adjusted Gross Income)
- The IHAWP is divided into two parts: The Wellness Plan and the Marketplace Plan
- The Wellness Plan is a Medicaid plan (“Medicaid Lite”)
- The Marketplace Plan is provided through private insurers with Medicaid paying the premium
- All the plans cover things like outpatient services, inpatient care, prescription drugs, and substance abuse and mental health treatment

- There is also a new category of “medically exempt” who qualify for regular Medicaid coverage
- Once those people are identified they are assigned to the regular Medicaid program which has all the things the others have and also has some additional intensive pyscho-social services, such as habilitation
- Individuals who meet the criteria will be eligible for Medicaid for the first time because before they either didn’t fit into an existing category or their income was too high
- Oversight of Marketplace Plan is through the Iowa Insurance Division
- The Wellness Plan is administered through the Iowa Medicaid Enterprise and Magellan
- The people who will be covered by the IHAWP are the folks the counties have had responsibility for because they did not have insurance coverage and they will now be moved to Medicaid or private insurance coverage
- Even in states that are not expanding Medicaid, the Medicaid population is growing because people are talking about it and more people are applying for the program

Rick drew a diagram illustrating the relationship between the programs:

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| REGULAR MEDICAID | IOWA HEALTH & WELLNESS PLAN (0 to 133% FPL + 5% offset) | | HEALTH INSURANCE EXCHANGE |
| Eligibility Based On Categories And Income | Eligibility Based On Income | | (Over 133% FPL + 5% offset) |
| | WELLNESS PLAN 0 to 100% FPL | MARKETPLACE PLAN 100 to 133% FPL (+5% offset) | |
| -intensive services -integrated health homes -habilitation | <i>MEDICALLY EXEMPT</i> | | |
| | -outpatient -inpatient -drugs -substance abuse treatment -mental health services -integrated health homes | -outpatient -inpatient -drugs -substance abuse treatment -mental health services -integrated health homes | |

Teresa Bomhoff commented that mental health parity in the new plans is important and it should help improve mental health coverage in private plans.

Rick was asked about a report that a county is reducing their work activity hours because they think they will have to offer the participants health insurance if they are working full time. He responded that it does not sound like that provider is getting good information. Patrick Schmitz commented that there is a lack of clarity about whether federal agencies such as Labor, Internal Revenue, and Health & Human Services, are all looking at this in the same way.

Disability Policy Summit 2013 – The Prevention of Disabilities Council is hosting a summit today in Ankeny on Preventing Disabilities and Ensuring Access to Care. About 115 people registered to attend and speakers are scheduled on topics including:

- Building Inclusive, Accessible Communities that Foster Independence and Access to Healthcare
- Supporting Children and Families to Optimize Child Health and Development
- Preventing Injuries that Result in Disability

During the afternoon, participants will work in groups to come up with recommendations to the Council that will be forwarded to the Legislature.

A break for lunch was taken at 11:55 a.m.

The meeting resumed at 1:00 p.m.

LEGISLATIVE FISCAL VIABILITY COMMITTEE REPORT

Rick Shults shared an update on the Mental Health and Disability Services Redesign Fiscal Viability Study Committee. They met for the first time since last January on October 22. Rick noted that the meeting minutes are available online. Senator Joe Bolcom and Representative David Heaton co-chaired the meeting. The other committee members are: Senators Rob Hogg, David Johnson, Amanda Ragan, and Mark Segebart, and Representatives Joel Fry, Lisa Heddens, Kevin Koester, and Cindy Winckler.

At the October 22 meeting, the Committee received an overview of the legislative background and history of redesign from John Pollack and Jess Benson. They received a draft report from Dr. Mariannette Miller-Meeks on behalf of the Mental Health and Disabilities Workforce Workgroup, which identified several areas for attention:

- Improving mental health and disability services training for primary care physicians
- Using a team approach and incentives for improving treatment services
- Monitoring and case management and other care coordination models

- A review of licensing and credentialing requirements to make sure there are not any unnecessary barriers to qualified people who want to practice in Iowa
- Identifying strategies to fix system problems
- Discussing the needs of mid-level practitioners and non-licensed workers who provide important support services

There was also a panel discussion related to a variety of challenges and issues connected with counties and their formation into regions, which included many of the issues that have been discussed today, including equalization payments and managing outstanding state bills. Rick noted that at one time the total of unpaid state bills was as high as \$60 million, but the counties have been working diligently to pay their obligations and the total is now down in the \$2 to \$3 million range.

They talked about the Iowa Health and Wellness Plan and the uncertainty about how it will impact aspects of the regional system. Rick said it is important to note that the more knowledge that is accumulated about the plan, who is eligible, and what the benefit packages cover, the more it lowers the level of uncertainty for everyone. They also talked about the change from legal settlement to residency, and heard a presentation on Integrated Health Homes.

There was a discussion about residential care facilities and work activity centers. A group of providers and CPCs presented their perspective on the need in that regard and some additional public comments were offered.

The next meeting is scheduled for December 17. The preliminary agenda includes:

- A discussion of the county financial situation - ISAC reached out to counties and asked them to self-identify if they were experiencing or anticipating financial issues soon and shared that information with DHS, so they could provide assistance
- Equalization, which is scheduled to sunset in two years
- The 80% “claw back” of savings from the IHAWP and documentation of the savings
- The integration of mental health and substance abuse disorders
- Children’ Workgroup Report

The Committee will formulate their recommendations.

Rick said that questions continue to arise about whether or not residential care facilities and work activity centers should be added to core services. Counties and regions with sufficient funds already have the authority to provide services in addition to core services if they choose to; if they were included as core services all counties/regions would be required to make them available. Rick said that if you look at all of the services currently identified as core services it is notable that they do not have any specific location or setting where the services are to be delivered. If you added residential care facilities to that list, you would be specifying a service location. Also,

Mental Health Institutes and State Resource Centers are not included, yet most people consider them valuable or necessary services. If you start putting locations into the core services list, it changes the character of what is included. We do want regions to have some flexibility in determining how they can best meet people's needs.

Teresa Bomhoff commented that she had recently talked to a low-income apartment manager who expressed frustration because people with mental illness who move into the apartments are not provided with supportive services. Rick responded that more work needs to be done to make sure that habilitation services are made available to people who need them.

CHILDREN'S WORKGROUP REPORT

Renee Schulte presented an overview of the 2013 Children's Disability Services Workgroup Report that was released to the Legislature on November 15. The full report is available on the DHS website at <http://www.dhs.state.ia.us/uploads/Childrens-Disability-Services-Workgroup-Final-Report-Nov-15-2013.pdf>. This workgroup started the year before the mental health redesign workgroups and this will be their final year. The report talks about what they have accomplished in previous years.

Their mission for this year was to develop a proposal for publicly funded children's disability services for children and families that will ensure children with mental health needs and intellectual disabilities receive the services they need. They were specifically charged with developing state and local strategies to promote collaboration, coordination, and integration across all existing areas of the publicly funded service system for youth and families. They were also asked to consider options for consolidating or eliminating state councils or bodies that oversee, monitor, or provide input into policy involving publicly funded youth services.

Activities included:

- Receiving reports and updates on implementation of the 2011 and 2012 recommendations, including placement of children out of state and integrated health homes.
- Examining the current system delivery structure and making recommendations to increase collaboration and decrease fragmentation of services.
- Determining what the children's mental health system should look like and how it differs from child welfare and juvenile justice.
- Discussing the roles and responsibilities for the system and for possible integration with the adult system, including the role of the regions.
- Reviewing the list of councils and bodies that interact with the children's mental health system and developing a strategy to consolidate or eliminate or phase out state councils or bodies if appropriate.

The workgroup came up with five major recommendations:

1. Establish the Iowa Children's Interagency Coordinating Council.
2. Establish the Iowa Children's Advisory Council.

3. Consolidate or eliminate redundant, duplicative, or conflicting children's committees.
4. Establish a minimum set of core services that should be available to all children.
5. Convene an assessment task force to make recommendations about adoption of standardized functional assessment tool(s).

They established core values and guiding principles for the system. The Core Values are:

- Child-centered, family focused, and family driven
- Community-based
- Culturally competent and responsive

The Guiding Principles are:

- Service coordination or case management
- Human rights protection and advocacy
- Individualized service planning
- Prevention and early identification and intervention
- Nondiscrimination in access to services
- Services in the least restrictive environment
- Smooth transitions among agencies, providers, and to the adult service system
- A broad array of comprehensive services should be made available
- Family participation in ALL aspects of planning, service delivery, and evaluation
- Integrated services with coordinated planning across the child-serving systems.

The workgroup wanted this system to be about all kids. The challenge is bringing together all the various state departments that touch on the lives of children and getting them to work together in a more coordinated way. They revamped the idea of creating a Children's Cabinet and proposed an Iowa Children's Interagency Coordinating Council (ICC) of state department heads that deal with children's policies and programs. The recommended state agencies are:

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| • Human Services | • Human Rights |
| • Public Health | • Management (Early Childhood Iowa) |
| • Education | • Insurance Division |
| • Vocational Rehabilitation | |
| • Judicial Branch | |

The idea is that department heads and policy makers would use their existing powers to work together to make decisions and solve problems. This would be a place to address issues with system, including issues such as the recent developments at the Iowa Juvenile Home.

The workgroup also recommended creating a Children's Advisory Council (CAC) made up of providers, family members, and advocates to advise the ICC on planning and implementation issues, best and emerging practices, and outcomes. The ICC would

appoint the members. In consultation with the advisory council, the ICC would address issues related to the children's system of care, including:

1. Creating and coordinating with a Children's Advisory Council
2. Consolidating other children's committees to reduce duplication, redundancy, and conflict of their activities.
3. Monitoring the implementation of Integrated Health Homes.
4. Monitoring the progress of efforts to return youth who were sent to out-of-state placements and efforts to improve the ability of providers to serve youth at the highest risk of being admitted to PMICs or being placed out-of-state.
5. Monitoring the progress of the adoption and implementation of a minimum set of core services available to all youth.
6. Convening an assessment task force to make recommendations about adoption of standardized functional assessment tool(s).
7. Examining and improving the ability of Iowa agencies to serve youth who are transitioning out of the children's system and into adult services.

They also talked about how to connect the children's group with the Commission regarding transition issues.

ANNUAL REPORT

The Commission's annual report will include a summary of activities during 2013 and the legislative priorities that were approved this morning. Connie Fanselow will send out draft of the full report for Commission members to review and, with Jack's approval as Chair, it will be filed early in January.

NEXT MEETING

The next Commission meeting is scheduled for January 16 at the United Way Conference Center.

PUBLIC COMMENT

No public comment was offered.

The meeting was adjourned at 1:45 p.m.

Minutes respectfully submitted by Connie B. Fanselow.