

MENTAL HEALTH AND DISABILITY SERVICES COMMISSION
September 15, 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
Lynn Crannell
Jan Heikes
Richard Heitmann
Chris Hoffman
David Hudson
Cindy Kaestner

Zvia McCormick
Laurel Phipps
Susan Koch-Seehase
Gano Whetstone
Jack Willey
Craig Wood

MHDS COMMISSION MEMBERS ABSENT:

Senator Merlin Bartz
Richard Crouch
Lynn Grobe
Senator Jack Hatch
Representative Dave Heaton

Representative Lisa Heddens
Linda Langston
Gary Lippe
Dale Todd

OTHER ATTENDEES:

Theresa Armstrong	DHS, MHDS, Community Services & Planning
Bob Bacon	U of Iowa, Center for Disabilities & Development
Ronda Bennett	Department of Inspections and Appeals
Diane Diamond	DHS, Targeted Case Management
Connie Fanselow	DHS, MHDS, Community Services & Planning
Sherri Nielsen	Easter Seals Iowa
Chuck Palmer	Director, Department of Human Services
Kelley Pennington	Magellan Health
John Pollak	Legislative Services Agency
Casey Westhoff	The Arc of Iowa

WELCOME AND CALL TO ORDER

Chair Jack Willey called the meeting to order at 9:40 am. Jack welcomed Commission members and guests and led introductions. No conflict of interest issues were identified for this meeting.

APPROVAL OF JULY MEETING MINUTES

Neil Broderick made a motion to approve the minutes of the August 18 meeting as presented. Laurel Phipps seconded the motion. The motion was approved unanimously.

DHS/MHDS UPDATE

Theresa Armstrong presented an update on MHDS activities, noting that Chuck Palmer will talk about the mental health and disability services redesign after lunch.

New MHDS Administrator – Rick Shults starts work on Monday as the new MHDS Division Administrator. He will be attending redesign workgroup meetings and other meetings are being set up to help him make connections with the various stakeholders. Rick is from Kansas, where he has been doing similar work as the Director of Mental Health and Mental Retardation Services. He brings a strong knowledge base in Medicaid as well as mental health and intellectual disabilities. He has a strong belief in consumer and family involvement and firmly supports community-based services. The Division is grateful to Karalyn Kuhns for her service as interim administrator. She is working with the Judicial workgroup today.

DHS Budgets – The Department budgets have been presented to DHS Executive Council this week. The Council has concerns about county funding and will be submitting a letter about those concerns. That letter will come to the Commission as well as others. County funding is proposed at the 2013 level, with no growth, which will make maintaining current service levels very difficult. DHS programs and facilities are budgeted to remain at current service levels. The Director is currently reviewing county allocations for this year.

Disaster Behavioral Health Monday is the last day for services under the FEMA grant money for work in the Des Moines and central Iowa area. Over 200,000 individuals have been served through counseling, crisis services, and walk-up reviews. Just last night a “thank you” session for responders was held. They have all worked hard, and now are now unemployed.

DBHRT (Disaster Behavioral Health Response Team) members are out assisting individuals in western Iowa. The emotional trauma is continuing as the water recedes and people get back into badly damaged homes. The team is doing walk-up reviews to make assessments and will help individuals apply for assistance grant funding through FEMA. They have seen 12,000 people in just the last few months. Because of the way the flooding happened, Iowa didn't qualify for some types of federal funding. Funding for individual services has not been available yet.

Neil Broderick if there was support for providers in hard hit areas. Theresa said they are supported by additional training in Mental Health First Aid and built up support systems. MHDS will be able to continue with mental health and behavioral health

services and training. Cindy Kaestner commented that there is no administrative money for agencies; it all has to go out to direct services. Agencies are helping, but it is costly for them.

PASRR – September 1 was the start up date for the major changes in the Preadmission Screening and Resident Review (PASRR) program. All individuals going into nursing facilities have to have a screening for mental illness and intellectual disabilities to determine if the nursing home placement is appropriate and what supportive or specialized services they might need. The changeover went quite well. Hospitals and nursing homes embraced the training and are doing what they need to do.

Overwhelming numbers came in the first week. IME Medical Services had over 300 calls a day, when they usually would get about 50. They are still getting around 200 calls a day. We are still working out if all those contacts are being done appropriately or if more training is needed for hospital and nursing facility personnel.

The initial plan was to address Level II evaluations, but we found that how we were doing Level I reviews was going to impact how well and how timely we could make the Level II process happen, so MHDS and IME decided together to make a change in the Level I process:

- We asked for bids from Iowa Foundation for Medical Care (IFMC) (the Level I contractor) and Ascend Management Innovations (the Level II contractor) for a web-based system for the Level I screenings.
- We received only one bid from Ascend and we are now working with them to get that put into place by the end of December.
- A nursing facility or hospital will be able to directly enter information for the Level I screening 24/7 online, which will move the process to the next step much more quickly.
- It will be efficient and hospitals will be able to discharge people more quickly
- Level II reviews are another level to determine the appropriateness of placement and services for the individual.
- Quality assurance measures are built into the Ascend system.

There are some areas of the state where Ascend is still recruiting Level II reviewers. MHDS will be hiring a staff person to oversee the entire PASRR process and follow through with quality assurance.

WORKGROUP PARTICIPANT REPORTS

Chris Hoffman reported for the Adult Mental Health Workgroup:

- The DHS website has in-depth information on each of the workgroups
- You can read meeting minutes and keep up with agendas week by week
- The groups are meeting every other week
- The Adult Mental Health Workgroup has discussed:
 - Eligibility for services – both financial and clinical by diagnosis or functional need

- The LOCUS (Level of Care Utilization System) functional assessment
- ASAM (American Society of Addiction Medicine) functional assessment
- Group hasn't yet settled on a functional needs assessment (LOCUS or ASAM)
- Matching eligibility criteria with that for the substance abuse population to create more of a continuum services; now there are different financial criteria
- Core services for mental health
- Crisis stabilization and acute care services
- Supported housing programs are reported to be more stabilizing than step down programs; waiting to review research
- SAMHSA's (Substance Abuse and Mental Health Services Administration) "Good and Modern Mental Health System," which include nine sets of core services (document available on the website)

Craig Wood asked if the "Good and Modern" model would represent an increase in the array of services available in Iowa. Chris responded that he thinks it would probably represent a 50% increase. It includes things like jail diversion and peer operated recovery programs. Raising financial eligibility to 200% would match substance abuse eligibility.

Craig commented that he does not think there will be a big increase of mental health outpatients because of expanded Medicaid population under federal health care reform. Most people with incomes up to 150% of poverty are already receiving mental health services from counties. Cindy Kaestner noted that the expanded Medicaid population may not have access to the same set of traditional Medicaid services that exist now.

Jan Heikes reported for the Children's Redesign Workgroup:

- The Children's Workgroup is on a 15-month timeline
- Focusing on recommendations for addressing out of state placements and bringing them back into the state
- How do you have a system that is ready for them without looking at the whole redesign of the system?
- Looked at the statistics of children currently out of state
- The first step is a full assessment of each of the children placed and what is needed to bring them back
- Looked at EBPs (Evidence Based Practices) for kids
- Discussed core services
- Looking at what families need to stay together; for example, it may be a rent subsidy, but that does not mean that rent subsidy should be a core service
- Want a system that is somewhat definitive to move forward with redesign
- Also want it to be flexible enough to really meet the needs of families
- Want systems of care statewide
- Looking at the total child, the total situation
- Looking at transition to the adult system

- Discussed that the children's and youth system should go to age 25 to best serve youth and young adults

Cindy Kaestner reported for the ID/DD Workgroup:

- Discussed eligibility, background, trends
- National trend of more people served in family homes
- Functional criteria that is more than an IQ score
- Co-occurring ID or DD with mental illness, physical health, substance abuse, etc.
- Iowa has mandates for the intellectual disabilities population that don't exist for other population groups

Susan Seehase also reported for the ID/DD Workgroup:

- We learned that Iowa service more people with ID than most other states do and does so for less dollars; we also keep waiting lists low
- Discussed the need to explore functional assessment (SIS – Supports Intensity Scale)
- Services and caps under each Waiver now vary widely
- Discussed outcomes and reviewed National Core Indicators (NCI)
- We are collecting data, but is not necessarily analyzing it and using it to move the system forward

Bob Bacon, co-chair of the ID/DD Workgroup commented:

- The group is leaning toward expanding Waiver eligibility to the DD (other than ID) population
- Director Palmer has said we should be looking at the system Iowa wants, not just what we think is possible today
- It is likely that the new system will be phased in over 3 to 5 years
- Used the concept of starting with outcomes and asking if we are measuring what we value; then using desired outcomes to identify core services needed to achieve them
- There is important language in Senate File 525 that says we are to identify an "array of core services and other support"
- "Other support" needs some attention; how do we provide what the family really needs if it is outside of the core service array?
- 21 states have adopted a "Supports Waiver" which is used to give families something while they would otherwise be on a waiting list
- Supports Waivers are generally capped at relatively low levels
- We might need to look at new ways of providing support
- We are talking about an integrated intellectual disability, mental health, and substance abuse system

Chris Hoffman commented that we need to make sure each one of those populations continues to have a voice in the discussion.

David Hudson reported for the Regionalization Workgroup:

- Discussed criteria that would define a region
- Don't want to go against the grain of county regions or collaboratives that have naturally formed
- Do not want to use arbitrary numbers for the size
- Discussed a range of population size from 200,000 to 700,000
- About 5 to 15 regions
- The upper population is primarily to accommodate Polk County with almost 500,000 population and still allow it to join with other smaller population counties
- No region of a single county; no less than three counties to form a region
- Senator Hatch made it clear to the Regional Group that the legislature is not looking to have a map drawn, but to provide criteria for regional groups

Jack Willey also reported for the Regionalization Workgroup:

- The group heard presentations from:
 - Bob Lincoln in the Cerro Gordo-Black Hawk area; his CSS group pools their funds
 - Jack Guenther from Plymouth County; they are part of a contracting consortium; each county maintains its own CPC and its own funds
 - Sarah Kaufman from Henry County, which is working collaboratively with a group of southeast Iowa counties
 - Joel Wulf and Joe Sample from the Department on Aging; their AAAs (Area Agencies on Aging) are in the process of reorganizing into a smaller number of service areas
- There is a lot of support for allowing natural relationships to develop
- Would prefer not to force people together if regions can form naturally
- The legislation requires that each region has to have a CMHC (Community Mental Health Center) or FQHC (Federally Qualified Healthcare Center) and inpatient psychiatric services available; for some areas that requirement might make them fairly large
- A lot of smaller counties have concern about keeping local contact
- Transportation may need to be a core service
- Supervisors and CPCs are going to have to start coming together and discussing their options

Chris Hoffman commented that providers should be part of that discussion as well to create a system that is client friendly. Craig Wood noted that there will also need to be coordination between the regionalization part of the bill and the CMHC part of the bill that deals with developing catchment areas. Cindy Kaestner commented that how counties choose to join together and contract will affect how providers will be able to continue to serve their clients.

Commission members raised several questions:

- Do CMHC catchment areas need to coordinate with regions?
- What happens if a county does not want to join with others?

- What happens if a county does not want to pool funding?
- What's the benefit of regionalization without pooling funds?

Jack Willey indicated that any questions or concerns about regionalization can be shared with him or David by email. Questions or concerns related to other workgroups can be emailed to the Commission members serving on those groups as well. There are no Commission members currently serving on the Brain Injury Workgroup or the Judicial Workgroup. It was the consensus of the Commission that they would like to invite former Commission member Julie Fidler Dixon, who serves in the BI Workgroup to come to the next meeting and provide an update.

John Pollack gave a short update on the Judicial Workgroup:

- They have been working on core services related to commitment
- Have discussed establishing a 23-hour hold as an alternative to commitment in some cases
- They have also discussed qualifications of mental health professionals

ALLOWED GROWTH FACTOR RECOMMENDATION

Craig Wood passed out two financial documents shared with the Commission by DHS earlier this year, including projections on county expenditures, and explained his proposal for the Allowed Growth Factor Recommendation for State Fiscal Year 2014:

- Non-Medicaid for SFY 2011 total \$156,465,853
- In SFY 2013, Medicaid costs are projected to grow, leaving only \$66 million available to cover non-Medicaid expenditures
- Recommends that counties maintain their effort at the 2012 level (\$156 million) and the State takes over Medicaid expenditures
- Maximum county property tax dollars are at about \$125 million
- The State would have a big increase in what they pay for Medicaid services and eliminate the revenues sent to counties
- Recommends that in order to maintain the current service level:
 - Propose a \$30 million allowable growth recommendation for 2013 to maintain current service levels
 - If people with DD and people over 133% of poverty were to be covered, it would be more
- Current county administrative costs are shown at 1.31%; seem unlikely that we can save much in administrative dollars regionalization
- We need to look at SFY 2011 costs for the true non-Medicaid costs because Fiscal Year 2012 already reflected cuts in services

It was the consensus of the Commission that Jack and Craig will draft an AGF Recommendation letter for the Commission to review and approve at the October meeting, reflecting the FY 2011 maintenance of effort and the increased costs. Craig will write a first draft and Connie Fanselow will work with Jack and Craig to finalize the letter.

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

The meeting resumed at 1:00 p.m.

DHS REDESIGN UPDATE

DHS Director Chuck Palmer joined the meeting to present an update on Department activities related to the redesign effort. New MHDS Administrator, Rick Shults, will be participating in the trips across the state over the next five Fridays to talk to consumers and families. Consumer advocates and parent groups have done a good job getting the work out and a good turnout is expected.

Sometime next week there should be early estimates on the new growth formula for the counties; it will still be a draft, but will provide some idea of the numbers and give counties some time to plan.

Redesign Meetings:

- Chuck's general impression is that things are going well
- Each of the different work groups are working hard and contributing a lot of energy
- They are going to be pushed to make some firm decisions and get as specific as possible so that recommendations can be framed; if not, legislators will have to fill in and do more
- The more the workgroups can be specific, the better sense the legislators will have of what you think is needed
- Seeing more and more interest on the part of consumers
- We are talking about redesigning the system that was operated through the counties, which is much more than mental health
- Addressing the needs of people with co-occurring conditions
- Legislators have discovered that the ID population is significant in county services
- Ideas about how to serve the brain injury population
- The whole group that is covered by Olmstead is becoming more articulate in broadening who is covered
- Look for a strengthening relationships and greater integration between consumers, advocates, parents, and others into how they can have a continuing role in systems issues
- Will need to think through what our strategy is over time
- We won't have all the answers by the end of October
- We won't be 100 percent there in 2013, but will be in a better place
- We are building momentum and work on making progress on difficult topics that have stopped us over the years
- Working together and trying to solve problems in good faith

Children's Workgroup:

- The Children's Group is honing in on recommendations of what it will take to bring children back from out of state; both specifically and generally
- Looking at if we can take the money we are spending out of the state and use it to help level the playing field
- They want to develop statewide systems of care for children
- The systems of care concept also has applicability to adult mental health and ID/DD system
- There are good articles on website that discuss the systems of care concept and philosophy
- It involves the integration of services, not just traditional mental health services, but also including recreational and other services and how that makes a difference in a child's life

MH and ID/DD Core Services:

- One person's non essential service is another person's essential service
- Working on finding a middle ground; services that will be brought on line over time
 - Will not be able to finance or deliver everything at once
 - Need to build workforce and capacity
 - Thinking through how to prioritize services
 - Specific expectations on level of access to crisis services statewide
 - Access to sub acute care to take pressure off acute psychiatric beds
- Seeing a greater recognition of other populations (DD, autism, etc.) and interest in going from ID to a more inclusive DD definition of services

Regional Workgroup:

- Beginning to get a sense of direction
- Still some ambiguity, but beginning to make some decisions
- No one county can be a region
- Preliminary recommendation is at least 3 counties per region
- Rural counties surrounding an urban one can benefit from the urban county's resources
- Population size between 200,000 and 700,000
- Intent is not to draw a map, but to let counties come together in natural affiliations
- Access questions will transcend counties and regions
- We do not want to lock ourselves into rigid boundaries
- A regional governance group will have the responsibility for development of needed services; will contract with local providers
- It may also make for a level of competition that doesn't exist today
- The next meeting will look at the functions of a region and consistent funding methodology for costs and payment

Funding:

- The State is losing a significant amount of stimulus money that was flowing through the counties to the service areas and the federal match in the Medicaid program is going down; that is the biggest loss
- Many may say the state has not put enough money into the system, but the state will be putting in more to help make up for that federal loss

Gano Whetstone expressed concern over provider reviews and whether they really represent the overall performance of the provider.

David Hudson asked the Director how he sees the pooling of resources at the regional level. Chuck Palmer responded that a number of different funding streams could be merged going into the region and the region would use those funds to contract with local providers. It was noted that county supervisors would be cautious about sharing county levy money. Chuck responded that from the standpoint of planning, it could be thought of as sharing in a “virtual” sense, and may be more pooling of resources in a plan than the actual movement of money.

Craig Wood asked if the intent is that the State will take over the non-federal share of Medicaid and stop sending money to the counties. Chuck responded that he believes that will likely be the case; state money will be available, but will not be transferred to counties. Craig asked if property tax money would be available for the counties to use. Chuck responded that exactly how the funding streams work will probably be one of the last things looked at by the workgroup. The emphasis on infusion of money from the state is expected to be to offset the loss of federal funds for the coming year.

Teresa Bomhoff commented that there seem to be two levels of core services people are talking about. Chuck responded that some services such as housing and transportation that are critical to people are not traditional mental health services, but they may be included in a much broader array of services. Teresa commented that people who are not eligible for publicly funded services often have a greater difficulty accessing an appropriate array of services, and asked if workgroups can make recommendations for privately funded services as well as publicly funded ones. Chuck responded that they could, but that would be outside the tasks they have been charged with completing during this process.

Chuck said that the intent is that no matter where you live in the State of Iowa you have a right to a core set of services. There will be an effort to create choice, but geography will also affect choice, travel time, and other aspects of service availability. He said we don't want to create unintended consequences around residency and don't want where an individual lives to stand in the way of that person getting services.

Chuck added that some of the richness of the discussion in the workgroups has been because of the participation of parents and consumers, which really adds another important perspective. The focus groups around the State are planned to get more direct consumer and family input. No focus groups were set in central Iowa because

people in this area can attend workgroup meetings, Commission, Mental Health Planning Council, or Olmstead Consumer Task Force meetings to get information and share input.

Teresa Bomhoff shared a short update on the Judicial Workgroup:

- They have heard presentations on jail diversion programs, including the “Bear County” (Texas) model which includes 78 organizations located on a campus and crisis stabilization beds to serve anyone with a mental illness
- The model also included 23-hour crisis beds and 3-day hold beds and was done with money that was diverted from other budgets to service more people at a lower cost, particularly targeting the corrections population
- Discussed changes to Iowa Code Chp. 228 (Disclosure of Mental Health and Psychiatric Information) and Chp. 229 (Hospitalization of Persons with Mental Illness)
- Looking at rewriting provisions regarding mental health professionals and mental health civil commitment

DISCUSSION OF INPUT TO WORKGROUPS

There is an email address set up for public input to DHS or any of the workgroups at: DHSMHDSRedesign@dhs.state.ia.us

Craig Wood commented that the first time he heard “let’s develop the system and then worry about the money” was in 1985 and that effort never got anywhere. He said he would like to see the groups pick out some core services, figure out what that should cost and if the state is willing to pay for them. It’s going to take a big investment just to maintain the status quo.

Cindy Kaestner said she would like to see some priorities set; start with recommending a core of services that can be accomplished and build on it as we can. The Chp. 230A provisions that were passed started as a stand-alone bill; the core services contained in that were never meant to be core for the whole system, just for the CMHCs.

It was the consensus of the group that they will review the preliminary workgroup report when it is available and respond in writing with their comments on areas of concern, priorities, or other issues.

Craig Wood noted that Director Palmer’s comments on funding are really important; the Commission need to make its case for allowed growth largely based on the federal money that is going away.

PLANNING CALENDAR

The next meeting is scheduled for October 20 at the Altoona Public Library. The afternoon session will be a joint meeting with the Mental Health Planning Council. The

joint meeting will focus on redesign and it is hoped that Director Palmer and some legislative members will be able to attend.

PUBLIC COMMENT

Bob Bacon said he is aware that the past history with phase-ins has often been disappointing, but he sees a pretty dramatic change since Olmstead. He said he sees the redesign as an extension of Iowa's "effectively working plan" and thinks that gives it more clout than other efforts. He said he believes we are making a good faith intention of creating the kind of system we want in Iowa, but realize that we can't do it all at once.

Jan Heikes noted the Pat Blank from public radio will be participating in a Mental Health First Aid Class, which should serve to help more people learn more about it.

The meeting was adjourned at 2:25 p.m.

Minutes respectfully submitted by Connie B. Fanselow.