

II. METHODOLOGY

Senate File 525 calls for the formation of several workgroups through which DHS and the Legislative Interim Committee could derive input and advice related to the redesign and reform of the MH/ID-DD and children's services systems in Iowa. In response to the SF 525 mandate, DHS formed seven Workgroups:

1. Intellectual Disabilities and Developmental Disabilities (ID-DD)
2. Adult Mental Health (MH)
3. Children's Disability Services
4. Regionalization
5. Judicial– DHS (i.e. to address Court/Legal issues)
6. Services for people with Brain Injury (BI)
7. Psychiatric Medical Institutions for Children (PMIC)

Initially, DHS widely disseminated information about SF 525 and the workgroup process, and requested volunteers to serve on the workgroups. More than 150 individuals representing the geographic diversity of Iowa as well as all the various stakeholder groups initially volunteered to participate. DHS then selected more than 100 workgroup participants from this group of volunteers. In some cases DHS reached out to additional individuals, to achieve balance and adequate representation of certain perspectives on each workgroup. DHS made a special effort to assure consumer and family participation in each workgroup as well.

DHS, along with Judiciary and the Department of Public Health, established a schedule for regular workgroup meetings beginning on August 16, 2011 and ending on October 25, 2011. Each workgroup met at least five times during that time frame. DHS established a section of the main DHS website (<http://www.dhs.state.ia.us/Partners/MHDSRedesign.html>) where workgroup participants and the general public could readily access information generated by and for the workgroups.¹ DHS established a sequential process whereby the agendas and reading materials for each workgroup were published on DHS's website by the Thursday or Friday prior to each meeting. The reading materials included (a) a discussion paper developed by TAC/HSRI² germane to the topics to be discussed at the up-coming meeting; (b) reference materials identified by TAC/HSRI and DHS related to best practices and examples from other jurisdictions that could inform participant recommendation formulation; and (c) materials submitted by participants in the workgroups also designed to inform participants in their deliberations and consensus building.

¹ Detailed information about the membership, schedule, agendas, discussion papers, and related materials are available at the DHS website.

² The TAC HSRI discussion papers were for the Mental Health, ID-DD, Children's and Regionalization Workgroups.

DHS assigned staff to assist with meeting preparation and logistics, and to take detailed notes during each meeting. These notes were reviewed by DHS and the workgroup facilitators, and once complete were published on the DHS website within five business days of the workgroup meetings. This allowed participants to review the proceedings of each meeting, to make sure their positions were accurately represented and to assure that reports of consensus recommendations were properly stated. These minutes of meetings also gave stakeholders and the public real time information on how the work groups were progressing and what types of consensus recommendations were being developed by the groups.

The workgroup meetings were open to the public and two periods of public comment took place during each workgroup meeting: one at the end of the morning session and one at the end of the afternoon session. This gave members of the audience the ability to reflect on the discussion they heard during the day and/or add their own perspective. The minutes of each meeting include brief summaries of the public comment provided. In addition, Legislators were active participants in the discussions of the workgroups and provided useful guidance related to the Legislative intent of SF 525.

In addition to the workgroup process, DHS collaborated with advocacy groups on nine regional stakeholder forums to give consumers, families, providers, County officials and staff, and other interested stakeholders an opportunity to (a) learn about the system redesign and reform process; and (b) to provide meaningful input into the deliberations. A DHS summary of the input from those meeting is posted on the DHS website.

As described above, the process for discussing and reaching consensus recommendations for DHS and the Legislative Interim Committee related to SF 525 was both comprehensive and exhaustive. More than thirty workgroup sessions including over 100 participants and many more audience-based stakeholders took place over a time span of 11 weeks. Massive amounts of written materials were developed, collected, reviewed, and discussed. In fact, the materials now available on the DHS website constitutes an excellent library of state-of-the-art materials on best practices related to ID-DD, adult mental health, children's disability services, brain injury and the judicial systems as well as materials on the organization and financing of services in other states.

The workgroup and community forum processes were as inclusive and comprehensive as possible given the very brief time frame available. Some will say that the process was too quick: that not enough stakeholders were able to be involved and not enough time was allowed for deliberations. While that could be said about any system redesign and reform effort, it is also true that too much time can be the enemy of making decisions and moving forward. To the extent there are funding and operational problems in the current system that impede timely and responsive delivery of best practice services to consumers and their families, there is an obligation to remedy those issues as quickly as possible. The process established by the Iowa Legislature and DHS strikes a reasonable balance between the need for careful deliberation and input from stakeholders on one hand, and the need for all deliberate speed on the other hand.