STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES J. KROGMEIER, DIRECTOR

Mental Health, Mental Retardation, Developmental Disabilities and Brain Injury Commission

December 31, 2009

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ANNUAL REPORT
OF THE
IOWA MENTAL HEALTH, MENTAL RETARDATION, DEVELOPMENTAL DISABILITIES, AND BRAIN INJURY COMMISSION

This Annual Report of the Iowa Mental Health, Mental Retardation, Developmental Disabilities, and Brain Injury (MHMRDDBI) Commission is submitted pursuant to Iowa Code § 225C.6(1)(h), and organized in two sections: the first is an overview of the activities of the Commission during 2009, and the second is a summary of the recommendations formulated by the Commission for changes in Iowa law.

PART 1: 2009 COMMISSION ACTIVITIES

In accordance with its statutory duties, the Commission reviewed and took action on service provider accreditations, proposed administrative rules changes, county management plan amendments, forms revisions, and reports developed and submitted for their consideration by the DHS Division of Mental Health and Disability Services during the 2009 calendar year. The activities of the Commission included:

Meetings. The Commission held 10 regular one-day meetings, one two-day retreat focused on professional development, and two telephone conference meetings during 2009.

Officers. Dale Todd, parent of a child consumer from Cedar Rapids, was re-elected Chair of the Commission, and Jack Willey, a Jackson County Supervisor from Maquoketa, was re-elected Vice-Chair of the Commission.

Service Provider Accreditations. The Commission reviewed and approved accreditation recommendations made by the accreditation staff of the DHS Division of Mental Health and Disability Services for 75 providers of services to Iowans with mental health, mental retardation, development disability, and/or brain injury-related needs. The accreditations included:

- 15 community mental health centers;
- 27 supported community living providers;
- 21 case management providers; and
- 12 mental health services providers.

Human Services Administrative Rules. The Commission reviewed, made recommendations on, and voted to approve the following proposed Iowa Administrative Code changes:

- Amendments to Chapter 25 to define the role of the county of residence as it relates to the central point of coordination process for services to persons with mental illness, chronic mental illness, mental retardation, developmental disabilities, or brain injury.
- Amendments to Chapter 25 to move the timing for the annual Risk Pool Funding application and awards earlier in the year and include crisis or mobile crisis emergency services.
- Amendments to Chapter 153 to specify how a State Payment Program waiting list would be implemented to operate within the reduced state appropriation resulting from the 10 percent across-the-board spending reduction.
- Additional amendments to Chapter 153 provide for disenrollment of members from the State Payment Program when available funds are insufficient to meet the costs of services for all of the members enrolled and to make related adjustments and clarifications to the program.

Iowa Code Chapter 230A Revisions. The Commission worked in cooperation with the DHS Division of Mental Health and Disability Services to review and approve a Proposal for Revising Iowa Code Chapter 230A related to the accreditation standards for the operation of Community Mental Health Centers (CMHCs) in response to Senate File 2425 enacted by the 2008 Iowa General Assembly.

County Management Plan Amendments. The Commission reviewed and approved proposed changes to county management plans, including:

- A plan for a new County Social Services (CSS) regional pilot for Floyd, Butler, Cerro Gordo, Mitchell and Black Hawk Counties.
- An eight county Northeast Iowa Management Plan for Fayette, Delaware, Bremer, Buchanan, Winneshiek, Allamakee, Howard, and Clayton Counties.
- Amendments to individual county plans for Carroll, Cherokee, Crawford, Dickinson, Fremont, Hancock, Winnebago, Worth, Lyon, Page, Palo Alto, Osceola, Chickasaw, and Johnson counties.

The Commission noted that the plan revisions presented reflect the economic reality faced by counties in significant two ways: First, there is a growing recognition that multi-county planning can enhance the capacity of individual counties to provide a cost-effective array of services, and second, county budgets continue to be negatively impacted by a variety of economic factors which have resulted in difficult decisions to tighten eligibility guidelines or restrict services available to consumers.

CMHC Waiver Request Form. The Commission reviewed and approved a new Community Mental Health Center Waiver Request Form pursuant to IAC 441-Chapter 25.81 for counties that have determined that contracting with one of the community mental health centers is undesirable or unworkable and seek to contract with another provider of mental health services.

Allowed Growth Factor Recommendation**.** The Commission prepared and submitted its Allowed Growth Factor Adjustment Recommendation for fiscal year 2012 on November 13, 2009. The recommendation, pursuant to Iowa Code §331.439(3)(b), is to restore the amount of allowable growth originally appropriated for State Fiscal Year 2010. The restoration would represent an increase of 2.48 percent or $8.2 million over the three year period from State Fiscal Year 2009 to State Fiscal Year 2012; about 0.83 percent per year growth.

Review of Commission Duties and Responsibilities. Well over a year ago, the Commission began a thorough review of its own advisory and policymaking duties within the State mental health and disability services system. We view this process as a step toward focusing and prioritizing the work of the Commission to increase efficiency, make the best use of limited resources, and provide better coordination with our DHS partners. Over time the MHMRDDBI Commission and Iowa's system of mental health and disability services evolve as the result of new provisions of state law and in response to other economic, policy, and social factors. Our review of all the duties and responsibilities of the Commission identified in state law has led us to conclude that some are no longer well-aligned with its current purpose, its role in the system, and the resources available to support its activities.

Working in cooperation with the DHS Division of Mental Health and Disability Services and the Attorney General's Office, the Commission has developed a proposal to streamline and coordinate the duties of the MHMRDDBI Commission as they currently exist in Iowa Code Chapter 225C and other chapters of the Code of Iowa. The resulting proposal is incorporated in our priorities for legislative action in Part 2 of this report and has been accepted by the Department of Human Services for inclusion in their Legislative submission for the 2010 Session of the Iowa General Assembly.

Recommendations for Legislative Action. In addition to the Commission duties recommendations, the Commission has formulated four other priorities for Legislative action relating to mental health, mental retardation, developmental disabilities, and brain injury services. Those recommendations are included in Part 2 of this report.

Coordination with MHDS. The members of the Commission want to express their appreciation for the open communication, coordination, and staff support provided by the DHS Division of Mental Health and Disability Services during the last calendar year. DHS Director Charles J. Krogmeier, Interim MHDS Division Administrator Bill Gardam, and Bureau Chiefs Jim Overland, Kelley Pennington, and Pam Alger have participated in Commission meetings, have been responsive to requests for information from Commission members, and have provided regular reports to the Commission on important issues and initiatives, including:

- Acute Care Task Force
- Adult MHDD Service System Workgroup
- Autism Council

- Behavioral Health Response Teams
- Budgetary updates
- Combined State Plan for Mental Health and Disability Services
- Co-Occurring Disorders Workgroup
- Dependent Adult Abuse Task Force
- Emergency Mental Health Mobile Crisis Services System
- Family Support 360 SAMHSA grant award
- Legislative activities
- Medicaid Targeted Case Management rule changes
- Mental Health Block Grant
- Mental Health First Aid
- Project Recovery Iowa
- System of Care Projects for children and youth
- Ticket to Hope program

Coordination with the Mental Health Planning Council. In response to Senate File 811, enacted during the 2009 Session of the Iowa General Assembly, the Commission has begun to engage in more formal coordination of their activities with those of the Iowa Mental Health Planning Council. Chair of the Mental Health Planning Council, Teresa Bomhoff, has regularly attended Commission meetings and Commission Chair Dale Todd has met with the Mental Health Planning Council. Both groups have discussed an ongoing plan for coordination and have scheduled their first joint meeting for January 21, 2010.

REPORTS AND PRESENTATIONS. During 2009, the Commission has also received reports and presentations on issues of significance in understanding the status of services in Iowa and recognizing promising practices for planning and systems change, including:

- Children's Statewide System of Care. MHDS Bureau Chief for Children and Youth, Pam Alger, presented the DHS vision for the development of a Children's Statewide System of Care to support families and enable children to stay in their homes, schools, and communities while receiving needed mental health or other services. This vision reflects the recommendations from the 2006 Report of the Children's Oversight Committee.

- Community Circle of Care Project. Representatives from the SAMHSA (Substance Abuse and Mental Health Services Administration) Community Circle of Care project in Northeast Iowa presented an overview of their project to the Commission. Gary Lippe, the DHS Service Manager for the Northeast Iowa area and project director, Dr. Debra Waldron, a pediatrician and Director of the Child Health Specialty Clinics, Bob Bacon of the Center for Disabilities and Development (CDD) at the University of Iowa, and project coordinator Vickie Meine shared their experience in integrating funding streams and combining medical and social work models to create a coordinated, comprehensive, and family centered system of care and reported on the outcomes achieved.

- Atalissa and Dependent Adult Abuse. In February, the Commission received a timely update from Vern Armstrong, Division Administrator for DHS Field Operations Support, outlining the involvement of the DHS Davenport Service Area in activities to address the needs of the 21 men who had been moved out of an Atalissa bunkhouse to appropriate housing. The Commission also continued to receive periodic updates on the work of the Dependant Adult Abuse Task Force formed in response to the situation at Atalissa.

- Combined State Plan for Mental Health and Disability Services. Bill Gardam presented the Commission with an overview of the ongoing progress to develop a comprehensive,

combined State Plan for Mental Health and Disability Services by the DHS Division of Mental Health and Disability Services with support from the Center for Disabilities and Development and the Iowa Consortium for Mental Health. The members of the Commission provided feedback on the plan principles and continue to receive regular updates on plan development as it progresses.

- State Resource Center Barriers to Integration. Diana Hoogestraat from Glenwood State Resource Center and Brenda Kruger from Woodward State Resource Center presented the 2008 Report of Barriers to Integration. The report identified the leading barriers to community living for individuals residing at the Resource Centers as social, behavioral, and mental health issues that impact the current capacity of community providers to meet their needs.

- Dialectical Behavior Therapy. Dr. James Prickett and Jan Munson, from Woodward State Resource Center, presented an introduction to Dialectical Behavior Therapy (DBT), a therapy that is being utilized at Woodward and has been successful in assisting individuals who have resorted to very dramatic and extreme behaviors to cope with life to learn appropriate coping mechanisms.

- Asset Development. William Gorman presented a study he completed for the Center for Disabilities and Development at the University of Iowa on Asset Development for people with disabilities. The study focuses on the recognition of policy changes that can help people become less dependent on the public services system; it included a review of nationally recognized asset development and self-sufficiency strategies, the degree to which they are being utilized in Iowa, input from Iowa stakeholders, identification of barriers to increased utilization of asset development strategies, and recommendations.

CONSUMER REPORTS: The members of the Commission have made a purposeful effort to provide a forum for consumers of mental health and disability-related services, their family members, and advocates to share their personal experiences and bring issues of concern directly to the Commission. During 2009, consumer reports included:

- Mental Illness and Substance Abuse. A Des Moines man told the story of his journey from mental illness and substance abuse to gainful employment and self-sufficiency. He said, "*After I had been on disability for a while I got to see it as a way of life. I know now that you need to see it as a way to regain your self-sufficiency if that is possible. Being on disability is a very limited lifestyle. Now I have many more choices and I see a brighter future."*

- Independent Living Movement. Frank Strong, Jr., Associate Director of the Central Iowa Center for Independent Living presented an overview of the Centers for Independent Living and the Independent Living movement, including a short video about Ed Roberts, who is known as the "father of independent living." Ed was born in 1939 and had polio as a teenager. He spent many years in an iron lung and at one time attempted to end his life by starving himself, but eventually earned a college degree and became the head of the California Department of Rehabilitation, which had once rejected his application for services because he was determined to be "too disabled to work." His work led to the development of Centers for Independent Living, which provide advocacy, information and referral, training, and peer support.

- Clubhouse Programs. A staff member from Passageway (formerly known as the Rainbow Center) in Des Moines, a clubhouse model program for people with mental

illness, presented an introduction to the clubhouse concept. Patterned after a program started in the late 1940s when three people who had recently been released from a mental hospital banded together to form a deliberate community with a physical location and a group of activities to help each other avoid being hospitalized again.

- Brain Injury Survivors. The wife and daughter of a man who has been living with brain injury for 19 years told of their family's difficulty in finding care appropriate to meet his medical and behavioral needs, and the sadness and frustration of having a loved-one living in a care facility far away from their home and community.

  A young woman who recently graduated from the University of Iowa shared her story of survival, rehabilitation, and how her life has changed six years after a traumatic brain injury. She told the Commission she is committed to raising awareness about brain injury because one of the biggest challenges for families is learning what services exist and finding out how to access them.

- Iowa Advocates for Mental Health Recovery. Todd Lange, Executive Director of Iowa Advocates for Mental Health Recovery (IAMHR) and Carolyn Ingram, a member of the IAMHR Board, presented an overview of the statewide organization of people with mental health needs that was formed two years ago. They shared a booklet entitled "Stories of Survival," a compilation of stories about mental illness and recovery that the group produced as a tool to give people with mental illness a voice and to help them provide hope to others.

- Iowa Disability Advocacy Network. Casey Westhoff, Director of The Arc of Iowa and Dawn Francis, Executive Director of the Statewide Independent Living Council (SILC) presented an overview of the Iowa Disability Advocacy Network (IDAN), a coalition of individuals and about twelve advocacy organizations who share a common interest in mental health and disability issues.

- Dependent Adult Protection. The parent of an adult with Fragile X Syndrome shared her son's experience with dependent adult abuse and talked about efforts she has become involved in to advocate for dependent adults with intellectual disabilities with the goal of preventing physical, sexual, and psychological abuse and neglect, enhancing their lives, ensuring their rights.

PROFESSIONAL DEVELOPMENT. The members of the Commission engaged in informational sessions and development activities to increase their knowledge and understanding of processes related to their duties and responsibilities as a State Commission. Presentations included:

- An organizational overview of DHS presented by Sally Titus, DHS Deputy Director for Field Operations.
- An overview of the DHS budget process presented by Jan Clausen, Iowa Department of Human Services Chief Financial Officer.
- Perspectives on the Legislative process presented by Senator Jack Hatch, Representative Dave Heaton, and DHS Legislative Liaison Molly Kottmeyer.
- Working with the Governor's Office presented by Kate Walton.
- Conflict of Interest and Ethical Considerations; Legislative advocacy and Lobbying; and the County Appeals Process, all presented by Assistant Attorney General Gretchen Kraemer.

PART 2: RECOMMENDATIONS FOR CHANGES IN IOWA LAW

The MHMRDDBI Commission has developed five priorities for the 2010 Legislative session. We recognize that Governor Culver and the members of this General Assembly face especially difficult decisions in allocating scarce resources and maintaining a balanced State budget. In making those difficult decisions, please consider that across-the-board cuts to human services can jeopardize the health and safety of our most vulnerable citizens. When essential and cost-effective supportive services to people with mental health and disability-related needs are not adequately funded, the result is more emergency room visits, more emergency psychiatric hospitalizations, more involvement with law enforcement, corrections, and the courts, and more abuse and neglect. We believe that preserving the necessary and basic supports of daily living for Iowans with special needs must always be a priority of State government.

The Commission has identified three priorities that require no investment of State dollars, and two priorities that we believe are both cost-effective and good for people:

PRIORITY 1: UPDATE STATUTORY RESPONSIBILITIES OF MHMRDDBI COMMISSION

Adopt recommendations for revisions to the statutory duties and responsibilities of the MHMRDDBI Commission to better align them with the identified purpose, role, and resources of the Commission.

PRINCIPAL: Over time, and as the result of new provisions of state law and other factors, the MHMRDDBI Commission and the state system of mental health and disability services have evolved. As a result, some of the duties and responsibilities of the Commission identified in state law are not well-aligned with its current purpose, its role in the system, and the resources available to support its activities.

STRAGEGY: Working in cooperation with the DHS Division of Mental Health and Disability Services, the Commission has developed a proposal to streamline and coordinate the duties of the MHMRDDBI Commission that appear in Iowa Code Chapter 225C and elsewhere in the Code of Iowa.

PRIORITY 2: ADOPT PROPOSAL FOR REVISING IOWA CODE CHAPTER 230A

Adopt recommendations for revisions to Iowa Code Chapter 230A, Community Mental Health Centers, which were submitted to the Governor and the General Assembly on April 17, 2009.

PRINCIPLE: Community mental health centers should play a critical role in the statewide system that serves Iowans who have mental health disorders and/or experience mental health related crises. The recommendations are proposed with a long-term vision of:

- Establishing a statewide organized public safety net of services for Iowans of all ages who have mental health disorders;
- Making an array of core safety net services available to Iowans regardless of their place of residence or economic circumstance; and
- Assuring the provision of quality services.

STRATEGY: Working in cooperation with the Commission, the DHS Division of Mental Health and Disability Services has developed a proposal to update the statutory provisions governing the role and operation of community mental health centers to reflect current needs and expectation as one step in implementing improvements to Iowa's system of public mental health and disability services.

PRIORITY 3: ELIMINATE USE OF THE TERM "MENTAL RETARDATION" IN THE NAME OF THE MHMRDDBI COMMISSION AND ELSEWHERE IN THE CODE OF IOWA

Change out-dated references in the Commission's name and in official language to eliminate the use of the term "mental retardation."

PRINCIPLE: Language and social sensitivities evolve over time. Words that were once commonly accepted can develop negative connotations and promote negative perceptions that people find painful or offensive.

As long as five years ago, national organizations, including Special Olympics, began changing their official terminology from "mental retardation" to "intellectual disabilities." In 2009 Iowa's HCBS Mental Retardation Waiver was renamed to the Intellectual Disabilities Waiver.

The time has come to adopt the use of the term "intellectual disabilities" to replace out-dated references to "mental retardation" in the Code of Iowa. As a body that represents the interests of individuals with all types of disabilities and mental health needs, we want to represent and promote respect for all Iowans.

STRATEGIES: (1) Change the name of the Mental Health, Mental Retardation, Developmental Disabilities, and Brain Injury Commission to the "Mental Health and Disability Services Commission" to:

(a) Eliminate the use of the term 'mental retardation' and

(b) Align it with the name of the Division of Mental Health and Disability Services of the Iowa Department of Human Services.

(2) Update all references to "mental retardation," and "persons with mental retardation" in the Code of Iowa to "intellectual disabilities" and "persons with intellectual disabilities."

PRIORITY 4: ENSURE THE BASIC MENTAL HEALTH AND DISABILITY NEEDS OF IOWANS

Fund cost-effective mental health, intellectual disability, developmental disability, and brain injury services at a level adequate to meet basic needs.

PRINCIPLE: Maintain needed services and allow growth necessary to eliminate waiting lists and prevent more expensive interventions and placements. Give counties flexibility in determining when growth is needed.

STRATEGIES: (1) Replace the dollar cap on county property tax levies with a levy rate cap and allow counties flexibility in determining which base year to use as the capitation rate.

(2) Adopt Mental Health Parity. Require all health insurance plans to include equal coverage for mental health and substance abuse treatment. Parity would result in public savings because more mental health services would be covered by private insurance.

(3) Retain open access to mental health medication. Preferred drug lists requiring prior approval for exceptions may generally be an effective cost containment measure, but can be problematic when applied to mental health medications. The medications with the fewest side effects are often the newest and not the 'preferred medications.' Consumers who experience unpleasant side effects from older medications are less likely to stay on them and, as a result, are more likely to be hospitalized or require other more expensive forms of treatment.

(4) Allow for the suspension rather than the termination of Medicaid benefits for persons entering a correctional facility for up to 12 months. If it is determined that person remains eligible for benefits at the time of release, suspension will allow them to be reinstated immediately. This will allow individuals to have prompt access to mental health medications and necessary treatment that will help prevent them from re-offending.

(5) Promote cost-saving efficiencies including:

- Initiating or increasing client participation for some services
- Minimizing paperwork to reduce costs
- Evaluating regulations and policies for consistency and efficiency in meeting the needs of Iowans
- Utilizing technology to improve system efficiency
- Increasing the use of mental health jail diversion programs and special needs courts
- Replicating programs that demonstrate cost-effectiveness and positive outcomes for people

PRIORITY 5: BUILD COMMUNITY CAPACITY

Take steps designed to build community capacity to serve Iowans with mental health, intellectual and developmental disabilities, and brain injuries in non-institutional settings.

PRINCIPLE: Adults and children should have access to needed services and supports in their communities and should not have to resort to nursing home or institutional living.

STRATEGIES: (1) Address the critical shortage of mental health and other professionals by:

- Offering appropriate levels of pay and other incentives to recruit and retain skilled professionals at all levels.
- Developing a competency-based curriculum and credentialing system for direct support professionals who provide community based services to people with mental health and disability-related needs.

(2) Build a comprehensive statewide system for children's disability services by expanding the existing Dubuque-area Community Circle of Care project to other areas of the State.

(3) Raise the monthly individual cap on waiver services for children to provide flexibility and support the ability of families to keep their children at home, in school, and out of expensive residential placement. If families cannot access critical services such as respite care when they need it, children are vulnerable to abuse and neglect or out-of-home placement.

(4) Raise the cap on waiver slots for people with brain injury to reduce the waiting list, help eliminate the need for more expensive institutional and out-of-state services, and support better outcomes for people, including returning Veterans with brain injuries.

(5) Redirect savings from reductions in expensive institutional care and invest in cost-effective community-based services programs.

ADDITIONAL CONCERNS AND RECOMMENDATIONS FOR THE SERVICES SYSTEM.

Composition of the Commission. We believe the composition of the Commission should represent the diversity of interests in the adult mental health and disability services system to the greatest extent possible. The majority of its current membership represents entities and organizations that are primarily involved in and concerned with the provision of services to adults. Three members are specifically designated to represent the interests of children. The members of the Commission supports expanding the membership or the role of members to more fully reflect the diverse interests of children with mental health and disability-related needs in Iowa.

Co-Occurring Disorders. The Commission supports efforts to integrate treatment and support services to better serve individuals with co-occurring disorders. If individuals with both substance abuse and mental health issues or with intellectual disabilities and mental health issues are to be treated and supported effectively, they must have access to services that address the whole person and the complexity of their individual needs.

A Comprehensive Combined State Plan for Mental Health and Disability Services. The Commission supports the development of a Comprehensive Combined State Plan for Mental Health and Disability Services. For too long our services system has been fragmented, and while we appreciate that there have been many efforts made to improve aspects of the system, they have often been "quick fixes" to immediate problems rather than carefully planned and coordinated steps driven by a focused vision for Iowa. The initiative undertaken by the DHS Division of Mental Health and Disability Services promises to create a clear roadmap to a coordinated system, lay out concrete steps for system transformation, identify measurable outcomes, and keep us all focused on a shared vision during difficult times.

Olmstead and Community Capacity. A year ago in our annual report, we expressed our concern that even though there has been an ongoing effort to identify the barriers to community integration for State Resource Center residents, our system seems unresponsive. Significant numbers of individuals continue to enter, or are unable to leave the State Resource Centers because appropriate community-based options have not been developed or adequately funded to support their intensive behavioral needs in less restrictive settings.

This year, at the direction of the Legislature, a volunteer task force reviewed Iowa's four Mental Health Institutes. The MHI Task Force concluded that no MHI facilities should be closed until community-based mental health and crisis intervention services were strengthened. They also

found that while MHIs have a role in the continuum of care, they are over-utilized because less restrictive sub-acute care options in our communities are not readily available.

It has been ten years since the U.S. Supreme Court's *Olmstead* Decision made it clear that States have an obligation to make community-based options available to individuals with mental illness and disabilities. We are currently faced with a hard economic reality and recognize that significant State investment in systems change will not be an immediate priority. We have, however, had opportunities during better economic times to make the investment and we have failed to do so. Iowa has made progress, but has yet to demonstrate a commitment to genuine systems change in its allocation of resources.

In the introduction to our Legislative priorities we pointed out that people with mental health and disabilities are among our must vulnerable citizens. Unfortunately, our system has a role in making them more vulnerable by failing to provide them with supportive living options that keep them connected with their families, friends, and the natural supports of their communities and by forcing them to remain impoverished to qualify for services they rely on to meet the ordinary needs of daily living. Continuing to use scarce dollars to fund expensive facility-based services when more cost-effective community-based services would be appropriate and preferred is like continuing to pump water into a leaking bucket. Instead of continuing to buy more and more water, we need to invest in fixing the bucket.

Summary. It bears repeating that when essential and cost-effective supportive services to people with mental health and disability-related needs are not adequately funded and available, the result is more emergency room visits, more emergency psychiatric hospitalizations, more involvement with law enforcement, corrections, and the courts, and more abuse and neglect. As a State, we need to take the lead in demonstrating that we value the abilities and inclusion of all our residents. Ensuring that Iowans with mental health and disability-related needs have the basic supports of daily living and the opportunity to gain as much self-sufficiency and productivity as possible, must be a priority for Iowa.

Respectfully submitted,

Dale Todd
Chair, MHMRDDBI Commission

Cc: Michael E. Gronstal, Senate Majority Leader
Paul McKinley, Senate Minority Leader
Pat J. Murphy, Speaker of the House
Kraig Paulsen, House Minority Leader
Legislative Services Agency
Charles J. Krogmeier, DHS Director
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