



Mental Health and Disability Services Redesign 2011

Council Bluffs, Iowa Listening Post

Source: Public Comments

Date: October 7, 2011

Time: 1:00 pm – 3:00 pm

*These public comments were captured during the Council Bluffs, Iowa Listening Post that took place on October 7, 2011. Director Chuck Palmer and Division Administrator Rick Shults represented DHS. Any case specific materials that were provided publicly were done so by family members. Department responses provided to the consumer and/or family member as a follow-up to a question asked during the meeting are confidential.

Comment: I encourage peer support and wonder if there have been any discussions about how to help people get off disability. I am currently on disability but want to work. If I can get the right treatment, then I can acquire meaning employment.

Comment: I am a provider and family member and I am glad to hear that peer support is being discussed.

Comment: I am concerned about bureaucracy, implementation and administration of a new system. I want to know how that is going to work. This is about the 5th redesign and all that has occurred was changing one problem for another. I want to make sure that we don't make more work. I want to know who agencies and clients relate to. Magellan? State? County? Regions? I am concerned that people will have to relate to multiple players making system more complex.

Comment: I am a provider concerned about having to contact people who are not local. I use DHS IM workers as an example. I wonder if there are going to be Regional CPC's- people looking for resources will likely be confused. Use DHS as an example of a bad idea. There has been a real loss of local support with DHS regions. Also, in terms of the use of electronics and email, websites, etc., be careful of computer access as not everyone has digital access or is literate.

Comment: What redesign measures have been concluded for peer support?

Director Palmer

Response: There has been great support from workgroups as a core service. Peer support has become stronger and more viable this time with my tenure at DHS than during my previous time at DHS.

Comment: As legislation begins to unfold, will there be opportunities for information to be passed along as things are occurring so that Advocacy groups can respond accordingly?

*Information about the Redesign process, including but not limited to minutes, agendas, materials, the preliminary (final) report, are available here:

<http://www.dhs.state.ia.us/Partners/MHDSRedesign.html>.

Comment: I am a consumer with a brain injury and want to know what services are available for me locally.

Comment: Will this reform include closing state institutions and what will be the effect on institutions?

Comment: A provider shared lessons learned through a crisis stabilization project in Southwest Iowa. The person indicated that the biggest challenge has been credentialed staff. Credentialed staff is not available in this area. There is also a need for better recruitment of psychiatrists. I want to make sure that advocacy is present for not only work with the client but family centered work or systems intervention is also included in discussions.

Comment: I am a provider and there is a lack of services for kids. There are kids waiting in lower level of care but needing the highest level of care. I am concerned about PMICS: CMS/ IMB issues- Magellan first?

Comment: I am a consumer who lives in Council Bluffs. I want to know how do you bridge the gap between mental health and vocational rehab? I want to work but my mental health makes it difficult at times. I am advocating for more work opportunities that are supportive of mental health conditions. Challenges arise in Southwest Iowa with getting employees that are supportive of vocational rehab. Peer connections, IPR- supportive employment. There is a waiting list for voc. rehab.

Comment: I am a provider and there is not enough viable work for people with mental health. Education and training for mental health is not enough. Provides need incentives for transition for sheltered work. There should be consumer choice option - consumer gets to use the money as they want or see fit to help.

Comment: I am a provider and I want to know how the Accountable Care Act (ACA) fits into the redesign.

Director Palmer
Response: DHS is looking forward to when and if this does stay. Electronic records are already being done and ACA will be taken into account.

Comment: I am an advocate. Fighting the stigma of mental health is still needed. We need to fight the shame of mental health issues.

Comment: I am a parent of a consumer who has schizophrenia. I have spoken out about not criminalizing people for being mentally ill. My son was placed in an MHI and was arrested as a patient in this MHI for his behavior during a psychotic episode. I did not have a good outcome from treatment at this MHI and am concerned with the practice pattern of the MHI.

Comment: Crisis Intervention program at Allegiant Behavioral Health care has been successful and we are willing to share our information and curriculum with others.

If you have additional input that you feel is critical to consider in the redesign process, please email your comments to: DHS-MHSRedesign@dhs.state.ia.us.

If you would like to learn more about the Redesign process and follow the progress of the workgroups, visit: <http://www.dhs.state.ia.us/Partners/MHDSRedesign.html>.