



Mental Health and Disability Services Redesign 2011

DeWitt, Iowa Listening Post

Source: Public Comments

Date: October 17, 2011

Time: 5:00 pm – 7:30 pm

*These public comments were captured during the DeWitt, Iowa Listening Post that took place on October 17, 2011. 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 like the idea of regional and centralization but what will be different than what we have now?

Comment: Is this like targeted case managers? Are you looking at this function being regional?

Comment: I am a guardian for a special needs adult. I'm interested in the psychiatric portion of this? When my granddaughter had her first experience the hospital didn't have psychiatric care available and it was above anything I was used to handling. How will crisis stabilization help us? And how can we get more psychiatric services?

Comment: I appreciate your comment about the need for more psychiatrics from Iowa. I am from Dubuque and we are fortunate to have good mental health services in the area. I am the mother of a son who has paranoid schizophrenia. Been diagnosed for 20 years and have run the gamete of MH services. It has been a journey.

I still believe there are gaps in MH services in Dubuque. Crisis stabilization service is just coming up and starting to run and we are very grateful for that service. But I believe before it reaches a crisis, we can prevent a crisis mainly through the ACT program. I think it's really important to help the severely chronically mentally ill to maintain their state before they reach a crisis. Need help with housing, maintaining a budget, managing medications helping them eat properly, help them get to grocery store, etc. I think the ACT program is a way to do this successfully and we'd very much like to

have this program in Dubuque. Individuals in the ACT program have a better way of life.

There is a lack of appropriate housing for the mentally ill. Some communities have transitional housing. This type of housing offers services on site, transportation, monitoring of medication, etc. The transitional housing unit is a great step between hospitalization and a person living alone in the community. Other type of housing that would be helpful. My son is living in transitional housing in the Abbe Center, located in Marion, Iowa.

The psychiatric hospital (Mercy) has expertise in dealing with people in acute settings. Not enough. We have been turned away during a crisis because there is no bed. Sometimes we're in the hospital for more than 5 hours trying to find a bed in Iowa for our son. It's very frustrating to go through the waiting of where he's going to be placed. This usually happens when he's in a severe psychotic state. And this is after the unit opened in Dubuque. And when this happens he is usually transported to his bed in sheriff's car. How would you feel if you were being transported by a sheriff's car? Glad to see thought going into transportation that is not a sheriff's car. There has to be a better way than this. When the patient arrives, the staff there doesn't know the patient. No patient history and the family is not there. This has been a real frustration for our family. Treatment in this type of setting is less effective. Oftentimes our son comes back in worse shape than he was when he went to the hospital. I am looking forward to improved services. Iowa needs it.

Comment:

I just wanted to comment after listening to Dee. My situation is much different. I have a 34 year old son with bipolar disorder who is not in the system but we hope that happens. He has an upcoming hearing. He is served by the county for his mental health issues. Everything else he just flounders. No other services he is eligible for without being in the system. I ask the question, Will having him in the system be any better?

We've been dealing with this for 20 years and we've been footing the bill and trying to make it work. It's been my dream to try to get this for him so that he has something for him in middle age to allow him to live a public life. I question whether that's going to happen. There are many people who are not in the system who need help. How are we going to serve all the people? We need integration of physical health care with mental health care. His doctor has not been able to help him. He now weighs 460 pounds. He is diabetic, hypothyroidism, etc. We've almost lost him on several occasions. A whole health system would be more cost effective. In acute care, the hospital will only determine beds based on MD's.

Comment: I have a 13 year old son with a cerebral palsy. I travel once a year to St. Louis for my son to see a doctor who has cerebral palsy. It's important for our doctor's to understand the diseases they are treated. He simply has a psychical disability but in order to get him help, I had to take him to a psychologist to get him deemed ID to get him on the waiver. This bothered me quite a bit as a parent. The other thing I worried about was how to fill out the paperwork. I couldn't figure out where he fit in all of this and I had to make a decision based on which of the services the waiver provided. I picked the ID Waiver because that would provide him the most services moving forward.

Comment: Another great need in the state of Iowa is dual-diagnosis programs. We have searched a long-time for really good ones. Some claim to be but they are not. Mt. Pleasant has a dual-diagnosis as does the Abbe Center. Iowa City does as well.

Comment: Being a person with lived experience myself, I have a son who is 17 and he was diagnosed with bi-polar, AHAD and impulse disorder. He was in treatment for 10 months and he came home and for the first couple of months he was ok but then he was worse after that than before he was in Independence.

I have two girls, 15 and 11 and they are afraid to live with him. I've gone to three different services, remedial services with him four times, Lutheran step-up services four times. I have begged for other services to help because obviously what we've been doing hasn't help. I have approval to send him to Sioux City and I'm very scared to do that. As a parent, it's one of the hardest decisions you ever have to make in your life.

You can't imagine in his anger some of the things he says to me. A few months ago he got physical with me. I had to call the police but they don't have any training with this. Todd and Carole met with them regarding crisis stabilization. I finally filed charges and the apartment complex did as well. He has to pay it off but it's through functional family therapy. I can have everyone in this room come and talk to him but until he wants to change, nothing is going to help. Why isn't this service out here? I'm told because it is so expensive. Social workers go to DC to get trained in this. Is this only a service in this area? Juvenile courts are paying for this.

Comment: University of Iowa Mental Health First Aid is going to run a session of this (functional family therapy) in DeWitt in December – three weeks/three sessions.

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>.