



Mental Health and Disability Services Redesign 2011

Iowa City, Iowa Listening Post

Source: Public Comments

Date: September 16, 2011

Time: 1:00 pm – 3:00 pm

*These public comments were captured during the Iowa City, Iowa Listening Post that took place on September 16, 2011. Director Chuck Palmer 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 am a NAMI representative and I wonder how the financing will work? There are caps in services for children and I recommend identifying the gaps in the adult mental health system.

Comment: I am the mother of two children with mental health issues. I want to thank Director Palmer for the reinvestment dollars and family advocacy merit. We need to look at intensive psycho rehab. I also wanted to say that peer to peer support is a wonderful innovation. But what is not good is people going to an AEA psychologist then sending kids out of state for a full psych evaluation. Iowa needs more psychiatrists.

Comment: A representative from Hope Haven provided handouts (<http://hopehaven.org/>). The person talked about guardianship and noted that he wants to keep levy money in the county and rate setting should also live with the county.

Comment: I am a mom of a child who lost his the mental health waiver. Now my child is being put on a waiting list for 18 months without the comprehensive services to keep him well. (She provided copy of her testimony.)

Comment: I am the family member of a person with mental health problems. I want to know how this Redesign is going to help. There is a need for crisis stabilization and the court needs to better understand crimes that are due to mental health issues.

- Comment: A person from Iowa Vocational Rehab services asked how this might impact services they provide. There is a great need for vocational services in order to get clients ready for employment. Time frames impact readiness. We need to encourage employers to hire. Supportive Employment Services are needed.
- Comment: Survivor of Brain Injury noted that once a person finishes with rehab, people assume patient is fine. This is not true. There is No neuropsychological experience in Iowa. We need expertise in Brain injuries. A co-occurring inpatient unit is needed.
- Comment: I am a Brain Injury Executive Director and I have concerns about the waiting lists for the Brain Injury waiver. Services need to be available, accessible, acceptable, and affordable.
- Comment: I am a consumer with Schizophrenia and I have concerns about the lack of residential care available for mental health. There needs to be close follow up for patients utilizing services.
- Comment: I work for a skilled care nursing facility. The issue is that this is really a mental health nursing skilled care. Please consider Medicaid covering mental health diagnosis for reimbursement rates. These patients take more time. Look into Medicaid rates around acuity.
- Comment: I am a provider. I have concerns about the IMD exclusion. We need to amend the IMD exclusion for those who are mentally ill.
- Comment: I am a County Supervisor. I appreciate the discussion around regional groups looking at local folks on the ground. I want to make sure that smaller counties are not overlooked in this process. We do a good job at the county level and some counties are doing fine with their money.

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>.