



# Mental Health and Disability Services Redesign 2011

## Judicial-DHS Workgroup Minutes

August 30, 2011,  
10:00 am to 3:15 pm  
Judicial Branch Building Rm. 165  
1111 E. Court Ave. Des Moines, IA

### MINUTES

#### ATTENDANCE

**Workgroup Members:** John Baldwin, Director, Iowa Department of Corrections  
Dr. Dave Bhasker, Superintendent, Independence MHI  
Linda Brundies, Assistant Ombudsman  
Kathy Butler, CEO/Administrator, Partnership for Progress  
Neil Fagan, Director, Iowa Lutheran Hospital  
Representative Julian Garrett, State Legislator  
Virgil Gooding, Director, Keys to Awareness  
Jesse Hornback, CPC Keokuk County  
Steve Hoffman, Chief Jailer, Marshalltown  
Gretchen Kraemer, Assistant Attorney General  
Diane Brecht, Penn Center  
Dan Royer, Director of Advocacy, Iowa Hospital Association  
Deb Schildroth, CPC, Story County  
Kim Wilson, CPC, Clay County,  
Kelly Yeggy, Judicial Mental Health Advocate

**Co-chairs:** David Boyd and Karalyn Kuhns

**Facilitator:** Donna Richard-Langer, Iowa Department of Human Services

**Legislators:** Mark Smith (via telephone) and Jullian Garrett

**Other Attendees:** David Hidgon, Polk County Health Services  
Jess Benson, Legislative Services Agency  
Cathy Engel, Senate Democratic Caucus Staff

Rachele Hjelmaas, Legislative Services Agency  
Dawn Fisk, Department of Inspection and Appeals  
Linda Hinton, ISAC  
Teresa Bomhoff, Chair, Mental Health Planning Council  
Zeke Furlong, House Democratic Caucus Staff  
Deanna Triplett, Iowa Behavioral Health Associates  
Marijlee Hodgson  
Marty Ryan, Justice Reform Consortium

## **AGENDA**

### Agenda Topics:

- Review of first meeting and initial recommendations
- Address and make recommendations regarding “Court authorization to order an involuntary hold under Chapter 229.10 for not more than 23 hours who was not initially taken into custody, but declined to be examined pursuant to a previous order”
- Initial recommendations
- Address and make recommendations for “revision requirements for mental health professionals involved in the court committal process under chapter 229”
- Initial recommendations
- Meeting Summary
- Public Comment

## **GROUP DISCUSSION OF THE 23-HOUR HOLD**

### Conference call with Representative Mark Smith

- Representative Smith suggests a 23-hour hold for precommittal screening in the hospital if the hospital would agree to participate.
- This could alleviate people going to Mental Health Institute when hospitalization is really not appropriate. This would be a voluntary.
- This is for a person who does not need to be in immediate custody.
- Could a 23-hour hold be in a hospital without a psychiatric bed? There are many hospitals not equipped to deal with a psychiatric patient, as they do not have a locked facility. Suggestion that working with the CMHC might be a way to address Representative Smith’s concerns.
- Information was shared about the pilot project in Decorah where there is psychiatric consultation with the Director of the Mental Health Center and physicians in their use of a 23-hour crisis respite bed for a voluntary stay.
- Information shared regarding the crisis beds that are available in Story County that are located outside of the hospital, staffed 24 hours with access to psychiatric staff. This is less expensive than a hospital (\$200/day.) This is funded by Magellan and the counties and has subacute beds also.

- A recommendation for subacute care was made, as this is also a needed level of care, which would not utilize an acute care bed but give the patient time to settle down and possibly avoid acute care.

#### Continued discussion after conference call

- Clarification of prescreen/assessment and observation (in the 23-hour hold)
- Doing a prescreen in the emergency room is difficult and it can clog up the system.
- The prescreen process needs to be done on outpatient basis.
- Where does immediate custody fit it? When people apply they can request immediate custody.
- Reminder of the recommendation of the Acute Care Task Force in 2009 that crisis stabilization services be available 24 hours.
- It appears to be a transportation issue also as there needs to be a court order to transport, so a voluntary becomes involuntary.
- What if the person doesn't want to go? Currently an emergency commitment cannot be ordered between 8:00 am and 4:30 pm.
- Could we recommend an option for a 48-hour hold that is not just available after hours but available 24 hours a day?
- Where does the commitment get filed in regard to the 48-hour hold? In county where the bed is? Should it be the county/region that they came from? Current practice varies across the state.
- Due process issue: the applicant needs to be personally present. The respondent has the right to attend.
- Clarification was made that we are referring to Pre-commitment screenings rather than prescreening. This is a diversion from the committal process and a first step in identifying what the person needs.

#### Additional issues identified:

- The workforce issue is important. Is there a committee to address the mental health workforce shortage? Response: Each of the workgroups will be addressing the workforce shortage issue.
- The Medicaid and Medicare funding is not sufficient to keep mental health professionals.

#### Initial Draft Recommendations

1. The recommendation from the workgroup is for a change in chapter 229.22 to allow for the 48-hour hold to be available 24 hours a day. With this recommendation the group is aware that this could result in an increase in workload for some involved in the process. Clarification was made to actually look at having tools found in 229.22 available 24 hours with consideration for the 14 lay magistrates in Iowa.

## **GROUP DISCUSSION OF REVISION REQUIREMENTS FOR MENTAL HEALTH PROFESSIONAL INVOLVED IN THE COURT COMMITMENT PROCESS**

- There are two definitions of mental health professionals in Iowa Code, chapter 228.1 and chapter 229.1 (Mental Health professional and qualified mental health professional, respectively).
- Representative Smith suggested that a 2-tiered system makes sense.
- Inclusion of Physician Assistance makes sense, not just Advanced Registered Nurse Practitioners.
- The Physician Assistant must work under the supervision of a physician.
- Issue of who makes the report to the court. The physician must evaluate the patient. They testify by phone, generally. They incorporate the observations of those working with the patient that may include professionals other than those designated in 229.1; therefore, there is no need to include a definition of a qualified mental health professional in chapter 229. The physician will utilize the information from those working most closely with the patient, and those that have observed the patient. Therefore a qualified mental health professional does not need to be defined.

### Initial Draft recommendations:

1. Remove from chapter 229 the title and definition of Qualified Mental Health Professional and any reference to it.
2. Support the provisions in chapter 229 that only a physician is to examine the patient and provide a report to the court during the commitment process.
3. Support the provisions in chapter 229 that a psychiatric ARNP may provide the annual report to the court for an outpatient commitment.

### **NEXT STEPS:**

Next meeting is September 15th, 2011 at 10:00 am.

Topic: Jail Diversion programs

### **PUBLIC COMMENT:**

Comment: If you strike qualified mental health professional in chapter 229, draw a picture and see what is left. You need to understand what you are left with. I like the term attending physician. The process needs to be fair to the individual. The physician has to depend on the input from the families and others.

Comment: I think that it has to be easier to commit someone. I think that it is better to have someone hospitalized briefly than to not commit.

Comment: As we have been aware, an underfunded system is underfunded. It doesn't matter how you organize it. If you look at a 23-hour hold, there are places where they do an assessment and triage to an appropriate setting. Make sure chapter 229 is clean about who can do that assessment. In the 23-hour crisis center sheriffs can drop off and go. They do medical clearance there and they engage the person in mental health treatment to prevent hospitalization. If a person is going to be successful, it is better to be voluntary. The people that need services need to get them. There is a process in San Antonio, Texas that is working.

For more information:

Handouts and meeting information for each workgroup will be made available at:  
<http://www.dhs.state.ia.us/Partners/MHDSRedesign.html>

Website information will be updated regularly and meeting agendas, minutes, and handouts for the six redesign workgroups will be posted there.