

Community Integration Workgroup
November 6, 2014 10 AM to 3 PM
United Way Room F
1111 9th St Des Moines, IA
MEETING MINUTES

COMMUNITY INTEGRATION WORKGROUP MEMBERS PRESENT:

Rick Shults	Jen Bauer
John Bigelow	Teresa Bomhoff
Diane Brecht	Jennifer Early
Joe Sample	Earl Kilgore
June Klein	Steve Miller
Marcia Oltrogge	Jason Orent
Erica Renerts for Deb Schildroth	Danelle Bruce for Suzanne Watson
Brent Wightman	Deb Dixon
Terri Rosonke	Theresa Armstrong
Laura Larkin	Renee Schulte
Kevin Martone	

COMMUNITY INTEGRATION WORKGROUP MEMBERS ABSENT:

Steve Johnson

OTHER ATTENDEES:

Michelle VanMaaren	Story County Community Life
Debra Brodersen	Spencer Hospital
Kyle Carlson	Magellan Behavioral Health Services
Todd Lange	Magellan Behavioral Health Services

WELCOME AND CALL TO ORDER

Rick Shults called the meeting to order at 10:05 a.m. and led introductions. Rick introduced the agenda and reviewed minutes from the previous meeting. Both had been emailed to the group in advance of the meeting.

INTEGRATED SETTINGS – EXPECTATIONS AND PERCEPTIONS

Kevin Martone led the discussion on what is needed in Iowa to provide integrated settings. Discussion began talking about the need for “high touch” services based on an individual’s level of need in the community. Discussed continuum of care and whether there was a bias toward a “step down” approach to care in Iowa. Group determined that discharge plans should be based on individual needs; history of treatment; and community options.

Solutions discussed: tele-health technology to increase workforce; assistance to get people to follow up appointments; connecting to Integrated Health Homes upon discharge. How hospital discharge is coordinated can determine outcome of placement.

SERVICES FOR THE HARDEST TO SERVE INDIVIDUALS

Kevin led the discussion on what type of client can be hardest to serve beginning with those with co-occurring disorders. Persons with substance abuse and mental health issues with extreme behaviors are often not able to return to facilities post discharge. Liability issues; lack of community services; changes in funded services like habilitation contribute to back up in hospitals.

Discussion of ACT team as part of DOJ settlements across the country; number of teams needed is determined by state populations. ACT teams do include use of peer support specialists. Cost between \$750K and \$1 Million to start teams. Cost estimated at \$500K to sustain teams. Use ACT with specialization in difficult behaviors and in ID populations.

Recommendations suggested:

- 1) Staffing needs and provider safety concerns
- 2) Reliable assessment tool needed standardized decisions on funding
- 3) Assurance of client choice

Discussion on workforce concerns including difficulty to get shift staff available for “high touch” transition; and use of peer workforce not utilized to fullest capacity.

Recommendations suggested:

- 1) Utilization of peer support to expand workforce including review of caseloads and reimbursement options
 - a) More education on best practices using peers in workforce
 - b) More flexibility in scheduling for peers
- 2) Use of standardized assessment for recovery process including a review of time frames used to determine level of care
- 3) Use of ACT teams

ACCESS AND SYSTEM NAVIGATION – NO WRONG DOOR/SINGLE ENTRY POINT

Joe Sample of the Department on Aging gave an overview of the vision and plans to grow the No Wrong Door/Single Entry Point initiative in Iowa. Iowa is looking at a blended model at this point. Department on Aging; DHS and Iowa Medicaid Enterprise working together to create a virtual backbone for system. Backbone of system to consist of real time connections rather than a phone number referral.

PUBLIC COMMENT –

No public comments made.

Break for lunch was taken at 12:00 p.m.

The meeting resumed at 1:05 p.m.

Kevin Martone continued discussion on No Wrong Door/Single Entry Point. Group talked about how Accountable Care Organizations can work together with behavioral health. Iowa is adding behavioral health into traditional primary care settings and adding primary care into traditional behavioral health clinics. Discussion of challenges related to billing.

STRATEGIES TO SUPPORT SUSTAINED RECOVERY AND ENGAGEMENT

Discussion of housing needs in Iowa including bridge funding or rental assistance to work with homelessness prevention and other programs. Other sustainability programs being used in Iowa include: peers following up post discharge from hospitals, use of WRAP plans to help in recovery process, and building of a continuum of care of services.

Recommendations suggested:

- 1). Coordination of substance abuse and mental health services in Iowa encouraged.
- 2) Coordination of administrative entities to ensure better treatment of persons with co-occurring concerns.

LAW ENFORCEMENT

Recommendations suggested:

- 1) Additional training for more in law enforcement including crisis intervention training

WORKFORCE

The group agreed that this topic was discussed earlier in the day throughout the other topics.

WRAP UP

Next meeting will fine tune recommendations. A draft report will be created from that meeting. A phone call will be scheduled after the last meeting before the report is due December 15.

PUBLIC COMMENT

There is untapped potential in peer support in Iowa. The use of WRAP crisis planning is key to assisting recovery. Peer run respite works together with law enforcement in other areas to assist in crisis services.

NEXT MEETING

The next meeting of the Community Integration Workgroup is scheduled for Thursday, November 20, 2014. The meeting will be at United Way 1111 9th St Des Moines Room ABCD.

The meeting was adjourned at 2:50 p.m.

Minutes by Renee Schulte.