

Joint Meeting of the
IOWA MENTAL HEALTH AND DISABILITY SERVICES COMMISSION
and the
IOWA MENTAL HEALTH PLANNING AND ADVISORY COUNCIL
May 18, 2016, 1:00 pm to 5:00 pm
Polk County River Place, Room 1
2309 Euclid Ave, Des Moines, Iowa
MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

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| Thomas Bouska | Geoffrey Lauer (phone) |
| Thomas Broeker | Rebecca Peterson |
| Jody Eaton | Patrick Schmitz |
| Marsha Edgington | Rebecca Schmitz |
| Representative David Heaton | Marilyn Seemann |
| Sharon Lambert | Jennifer Sheehan |

MHDS COMMISSION MEMBERS ABSENT:

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| Senator Mark Costello | Betty King |
| Lynn Grobe | Senator Liz Mathis |
| Kathryn Johnson | Brett McLain |
| Representative Lisa Heddens | Michael Polich |

MENTAL HEALTH PLANNING AND ADVISORY COUNCIL MEMBERS PRESENT:

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| Teresa Bomhoff | Craig Matzke |
| Kenneth Briggs Jr. | LeAnn Moskowitz |
| Jim Cornick | Jim Rixner |
| Jim Donoghue | Lee Ann Russo |
| Kathleen Goines | Christina Scharck |
| Kris Graves | Dennis Sharp |
| Michael Kaufmann | Rhonda Shouse |
| Gary Keller | DJ Swope |
| Anna Killpack | Michele Tilotta |
| Sharon Lambert | Tracy White |

MENTAL HEALTH PLANNING AND ADVISORY COUNCIL MEMBERS ABSENT:

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| Jim Chesnik | Tammy Nyden |
| Julie Gfeller | Donna Richard-Langer |
| Marlene Jessop | Brad Richardson |
| Julie Kalambokidis | Jennifer Vitko |
| Todd Lange | Kimberly Wilson |
| Amber Lewis | |

OTHER ATTENDEES:

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| Theresa Armstrong | MHDS, Bureau Chief Community Services & Planning |
| Bob Bacon | U of I, Center for Disabilities and Development |
| Jess Benson | Legislative Services Agency |
| Jim Cushing | Iowa Association of Area Agencies on Aging |
| Connie Fanselow | MHDS, Bureau of Community Services & Planning |
| Jim Friberg | Iowa Department of Inspections and Appeals |
| Zeke Furlong | Iowa House Democrats Caucus Staff |
| Misti Johnson | Amerihealth Caritas of Iowa |
| Carrie Malone | Iowa House Republicans Caucus Staff |
| Caitlin Owens | U of I, Center for Disabilities and Development |
| Peter Schumacher | MHDS, Community Services & Planning/CDD |
| Rik Shannon | Iowa Developmental Disabilities Council |

WELCOME AND CALL TO ORDER

MHDS Commission Chair Patrick Schmitz and Mental Health Planning Council Chair Teresa Bomhoff called the meeting to order at 1:06 p.m.

Welcome – by Theresa Armstrong

Theresa welcomed everyone to the meeting, noted the diversity of both groups' membership and thanked the groups for their hard work over the past year. Theresa said that the Department welcomes and appreciates the work that both of these groups do representing the MHDS system in Iowa and the people who receive its services.

Patrick Schmitz and Teresa Bomhoff led introductions.

MHDS Commission Overview – by Patrick Schmitz

Patrick said that the MHDS Commission is a Governor-appointed body with diverse membership. The members represent different geographical areas, political affiliations, genders, and membership affiliations. Commission members are appointed by the Governor and approved by the Senate. Commission members are appointed for a three year term, and may serve two terms.

The Commission has a number of duties ranging from reporting and gathering information to developing administrative rules for mental health and disability services in Iowa. Last year, the Commission developed rules regarding crisis stabilization services. At times the rules are very prescriptive from legislation, but sometimes rules can be very broad and allow for more interpretation. The Commission submits a report every year on its activities and a larger one every other year evaluating the Mental Health and Disability Services (MHDS) system in Iowa.

The Commission also approves amendments to MHDS Regions' Policies and Procedures Manuals, and has in a few cases in the last year.

Lee Ann Russo asked why Regions would need to make those changes. Patrick answered that sometimes they change a process, or in a couple of cases add counties to their regions.

MHPC Overview – by Teresa Bomhoff

Teresa Bomhoff shared an overview of the Mental Health Planning Council and its activities. She noted several differences between the MHDS Commission and the Council:

- The Council is authorized by federal law and required as a condition of Iowa receiving federal Community Mental Health Block Grant funds. Members are elected according to Council bylaws. The Commission is authorized by Iowa Code and members are appointed by the Governor.
- The Council has 33 members; the Commission has 18 voting members and 4 legislative members.
- The Council meets bi-monthly (six times a year); the Commission meets monthly.

The Council has three purposes:

1. To review Iowa's Mental Health Block Grant Plan and make recommendations to DHS.
2. To serve as an advocate for adults with serious mental illness, children with serious emotional disturbance and their families, and other individuals with mental illness.
3. To monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health service within the state.

Planning Council Membership:

- Not less than fifty percent of the members of the Council are individuals who are not State employees or providers of mental health services.
- Seven members represent the principal State agencies responsible for mental health, education, vocational rehabilitation, criminal justice, housing, social services, and the State Medicaid Agency
- Six members represent public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services
- Six members represent adults in recovery who have lived experience with serious mental illness (who are receiving or have received mental health services)
- Four members represent family members of adults with serious mental illness
- Six members represent parents, guardians, or primary caretakers of children and adolescents with serious emotional disturbance
- Four members represent other individuals with an interest in mental health issues
 - In 2010 the Iowa Legislature acted to require that the membership include a military veteran who is knowledgeable concerning the behavioral and mental health issues of veterans
 - To improve coordination between mental health service and substance abuse services, the Council now includes a representative from the Iowa Department of Public Health (IDPH)

Teresa noted that the Planning Council's bylaws require at least three standing committees. The Executive Committee composed of the Planning Council's officers, the Nominations Committee which recommends applicants for membership to the Planning Council, and the Monitoring and Oversight Committee, which has developed a list of priorities for MHDS.

Teresa spoke about some of the projects the Planning Council has been working on over the past year.

Iowa Developmental Disabilities (DD) Council Overview – by Rik Shannon

The Developmental Disabilities Council (DD Council) is a federally funded quasi-state agency. Funding for the DD Council passes through DHS, but it functions independently. The DD Council was created as the result of executive action by Governor Ray. The DD Council has a federal mandate to engage in advocacy for systems change, to ensure that individuals with developmental disabilities have services in the community, culturally competent resources, and

that they can live independently in communities they choose. The DD Council has a prescriptive membership, much like the Planning Council and the Commission. 60% of the members must be people with disabilities and their family members, and within that 60%, one third must be individuals with lived experience, one third must be family members, and one third can be either. In addition to that there are mandated agencies that must be represented, including Iowa Vocational Rehabilitation Services (IVRS), Iowa Medicaid Enterprise (IME), the Iowa Department on Aging (IDA), Iowa Department of Public Health (IDPH), The Department of Education (DE), Disability Rights Iowa (DRI), and The University of Iowa Center for Disabilities and Development (CDD). All of these members are appointed by the Governor.

Rik noted that they have several openings coming up in the near future, and four of those openings are for people with developmental disabilities. Rik said many times there are issues with travel barriers or getting time off to go to the meetings, and that the DD Council works very hard to get around those barriers so that people can participate.

The DD Council has a state plan that guides the Council in its activities. The current state plan ends on September 30, 2016, and they will be submitting a new plan by October 15, they will have to submit a new plan for the Department of Developmental and Intellectual Disabilities. They have come up with goals and objectives and will be making them public in the next few days. Rik said they will be released for comment for forty-five days, and will send the link to Peter Schumacher to be sent out to the Commission and the Planning Council so they can comment if they wish.

The DD Council has an advocacy project called ID Action, which is focused on informing and mobilizing people with disabilities. information can be found at IDAction.org. InfoNET is one of the Council's publications. InfoNET informs people on issues that affect people with disabilities, but does not take a stance on them. They publish stories periodically throughout the year on policy issues that affect people with disabilities.

Rik said they have been holding an annual conference for the last two years aimed at increasing opportunities for people with disabilities to be advocates. This year it will be held at Honey Creek Resort near Centerville on October 5-7, 2016. More information will come out when it is available.

Rhonda Shouse asked if Medicaid MCOs would have funding to help members attend their conference. Rik said he knew at least one MCO had included it in their value-added services, but they had not had a conversation with them about it at that time.

Teresa Bomhoff spoke about the bill tracker that InfoNET has, and said it is a great resource for people looking for summaries of legislation.

Lee Ann Russo asked about the ABLE Act, which would allow people with developmental disabilities to have tax-free savings accounts that would not affect their eligibility for certain programs. Rik said the federal legislation was passed into law, but the state also needs to pass legislation allowing it, and Iowa is waiting for federal guidance.

Olmstead Plan Update – by Connie Fanselow

Connie presented the history of the Olmstead Decision. The decision required every state to make changes and make community living possible for people with disabilities. Governor Vilsack designated the Department as the lead agency for Olmstead implementation. There were workgroups to develop the first Olmstead Plan, and from those workgroups, several

members wanted to stay involved, and became what is now known as the Olmstead Consumer Task Force.

Connie presented a draft framework for the Olmstead Plan, and spoke about future plans to get community feedback. Connie said she intends to schedule five to six public meetings around the state so others can provide feedback on the plan.

LeAnn Moskowitz asked how they are collecting baseline data. Connie said that the Department is not collecting some of this information yet, and that we may not have all of it until a year into the plan, other data are being collected already through county a regional submissions. LeAnn asked if it ties into the outcomes dashboard the Department is developing. Connie answered that much of the data in the plan will come from the dashboard.

Geoff Lauer spoke about the Olmstead Consumer Taskforces concerns, and that they wished to see intermediate goals as well, and more clear responsibility given to agencies and departments to measure progress towards an ultimate goal.

LeAnn Moskowitz asked if the Medicaid MCOs' performance data would be included in this. Connie said that those data were included where relevant.

Teresa Bomhoff asked if it would be useful to list the number of providers and professionals in the state as a metric. Connie said the Department would look at that as a possibility.

Jen Sheehan noted that some of the metrics were specific data points and others did not and seemed to be subjective. Connie answered that some of the measures were subjective and were about peoples' experience in the community, and therefore would be difficult to measure with a discreet value.

Mental Health and Disability Services Update – by Theresa Armstrong

Theresa said there are a number of rules in process within MHDS. Rules regarding the dispersing of subacute beds across the state were noticed at a special meeting of the Commission on May 2. This process would allocate MHDS Regions beds based on their population. If a facility applied for licensure through the Department of Inspections and Appeals (DIA), all regions within sixty miles of the proposed site will be notified, and they will give input on whether they would recommend all or a portion of "their" beds to this facility. The Department would take a number of things into account such as feedback from the MHDS Regions, the Resume of Care the facility would submit to DIA, and any adverse actions taken against the company applying for licensure. After taking this information into account, the Department would send their recommendation for approval to DIA.

Teresa Bomhoff asked if there was a cap on the number of beds that could be in one subacute facility. Theresa Armstrong answered that there is a cap of fifteen beds in DIA rules. The most beds allocated to an MHDS Region under the proposed formula is fourteen.

Jim Rixner asked about the licensing process. Patrick Schmitz answered that the rules noticed by the Commission is just to disperse the beds. DIA is responsible for licensing the facilities.

Anna Killpack asked if there is anything the rules that would prevent licensed facilities from "cherry-picking" patients or denying admission to patients exhibiting violent behaviors. Theresa answered that subacute providers have the ability to review and accept patients to their services, but individuals can be committed to subacute facilities.

There was a discussion about finding treatment for individuals exhibiting violent or difficult behaviors.

Anna Killpack asked if the Department would consider approaching providers who are out of state to open subacute facilities in Iowa. Theresa Armstrong answered that MHDS Regions are monitoring the service needs in their areas, and have released Requests for Proposals (RFP) in the past. Patrick said there is no prohibition on the development of services in the state, and that the state would probably hesitate to approach specific provider groups.

Teresa Bomhoff asked if there is a certificate of need process for subacute facilities. Jim Friberg answered that there is not for subacute facilities.

Theresa said there are rules regarding Judicial Mental Health Advocates being employees of counties. The Commission had noticed and adopted the rules, and they went into effect on May 1, 2016. The Administrative Rules Review Committee (ARRC) delayed on section of the rules having to do with data collection for seventy days. ARRC requested that the Department look at the rules again as they had some concerns about what the Department would do with the data, and if its collection and submission would be burdensome to counties.

The Department is working on rewriting Chapter 24, which is the chapter on accrediting mental health service providers. The Department is updating the rules to align with other state agencies and national accreditation agencies. There is a section on crisis rules that is being addressed as some providers are hitting barriers and having difficulty complying with the rules as written. Providers are having trouble meeting some of the staffing requirements, so the Department is looking to see if there is a way to reconfigure the staffing requirements that would not affect the level of care they would be able to provide.

Jim Rixner expressed concern that his practice went to a lot of effort to meet the requirements to meet the current requirements for crisis providers, and that the Department is now considering loosening the standards for other providers. Patrick Schmitz said there were some differences between Siouxland Mental Health Center, which has twenty-three hour observation, and a crisis stabilization home. Twenty-three hour observation requires a nurse to be present whereas crisis stabilization does not.

Theresa said there are a couple RFPs in process. The first is for the Office of Consumer Affairs (OCA). Currently, it is run by Iowa Advocates for Mental Health Recovery, but the Department cannot extend the contract again without going through a competitive bid process. The OCA is meant to give people with lived experience with mental health issues and their family members a voice in state government. The proposals are due on June 17th, and Theresa said the Department hopes to announce who was awarded the contract in the middle of July.

Theresa spoke about the Certified Community Behavioral Health Clinics (CCBHC) grant. This grant asks the Department to certify at least two providers to provide a wide range of services.

Representative Heaton asked if there were funds attached to the demonstration grant. Theresa said there were not funds included in the demonstration, but the certified providers would be in a perspective payment system that would be advantageous for them.

Teresa Bomhoff asked how many applications we have for them. Theresa said they have not received any applications, but they do have letters of intent from providers who are planning to apply. Letters of intent are not required for this program.

Theresa spoke about a technical assistance project that the Department is utilizing for supervisors of Peer Support Specialists (PSS) and Family Peer Support Specialists (FPSS). This is a one-day training session for fourteen teams across the state. Theresa said that since Iowa has fourteen MHDS Regions, it seemed like a logical match. The teams will be diverse including representatives from Regions, providers, supervisors, PSS and FPSS. The trainings will talk about how to manage PSS and FPSS in their role within an organization.

Teresa Bomhoff asked about an RFP for a transition living center. Jody Eaton said that Central Iowa Community Services MHDS Region has a transitional home in Ames and is looking to expand that service into other areas in the region. Jody said she had heard there was an RFP for a similar home in the Rolling Hills MHDS Region as well.

Community Connections Supporting Reentry – by Caitlin Owens

Caitlin Owens introduced herself and said that Community Connections Supporting Reentry (CCSR) is part of a \$3 million, three year grant aimed at reducing recidivism, and increase collaboration with resources in the community. There will be twenty-four total training sessions being done in three rounds. There will be one training in each of Iowa's eight judicial districts every round.

Caitlin presented a report on the first round of training sessions.

The sessions included corrections staff, community providers, MHDS Region representatives, State agency representatives and people with lived experience. There were over 100 unique organizations represented in these sessions.

Representative Heaton asked if the providers who came to the sessions had the capacity to provide services for the additional people. Caitlin answered that it was not specifically mentioned. There was a discussion about barriers to providing services, but capacity was not identified as one specifically.

Representative Heaton asked if parole officers were connecting individuals with services in the community to prevent them from going back into the corrections system. Theresa Armstrong said that this is already happening in some areas, but these sessions are meant to build on those partnerships and identify what is available that is not being accessed yet.

There was discussion about mental health services available to people with mental health needs in the community and preventing people with mental illness from entering the corrections system.

Legislative Panel – by Representative David Heaton

Representative Heaton spoke about the challenges of writing an appropriations bill with strict budget targets, and said that he and Senator Amanda Ragan had common vision for the bill, and were able to get it passed. He thanked Senator Ragan, caucus staffers, and the Legislative Services Agency for their work in finding resources to fund their priorities.

Representative Heaton gave a summary of HF 2460, the 2016 Health and Human Services Appropriations bill.

Representative Heaton spoke about a plan he has for a bill that would allow counties to adjust their MHDS levies as they wish up to a maximum of \$47.28 per capita. He said there was a model that showed this would result in a lowering of taxes in a majority of counties, and increase in approximately eleven counties.

Jim Cornick asked if Representative Heaton thought Governor Branstad would veto supplemental funding for Polk County. Representative Heaton said the Governor approved a similar provision last year, and that he felt it would go through this year as well.

Rhonda Shouse asked about the Applied Behavioral Analyst tuition program, and if there is a requirement for them to stay in Iowa. Jess Benson answered that if someone receives tuition assistance, they must stay in Iowa for four years and mentor the next recipient of the scholarship.

Rhonda Shouse asked about the Long-term Care Ombudsman program and if there are enough people in that office to adequately serve in their oversight role for IA Health Link. Representative Heaton answered that traffic has been heavy lately. Representative Heaton stressed that the Ombudsman's office is not meant to be the primary point of contact for Medicaid Managed Care. Their role is meant to be a facilitator for conflict resolution later on in the process and not a first phone call.

There was a discussion about the oversight of IA Health Link and issues with providers receiving reimbursement from MCOs.

Jim Cornick asked how the attitude towards mental health in the Iowa House has changed in the past years. Representative Heaton answered that the House was actively involved with the Department on the Mental Health redesign. Now as they work to address the county funding issues, they are working closely with counties and the Senate to find a solution.

There was a discussion about the difficulty in finding appropriate treatment settings for individuals with mental health needs.

Patrick Schmitz thanked Representative Heaton for coming, and for his leadership in this area over the years. Jim Rixner thanked Representative Heaton for his leadership, and noted that he has seen a growth in understanding of mental health issues in the legislature over the past ten years, and attributed that to people like Representative Heaton.

Public Comment

Jim Cushing introduced himself and said he appreciated hearing feedback regarding IA Health Link, and said he would pass that information along to the Department and Iowa Medicaid Enterprise.

The meeting was adjourned at 4:55 pm.

Minutes respectfully submitted by Peter Schumacher.