Iowa Olmstead Consumer Task Force

November 15, 2011

Senator Jack Hatch
Co-Chair, Mental Health and Disability Services Study Committee

Representative Renee Schulte
Co-Chair, Mental Health and Disability Services Study Committee

Charles M. Palmer, Director, Iowa Department of Human Services

Re: Olmstead Consumer Taskforce Response to the "*Iowa Mental Health and Disability Services System Redesign Interim Report*"

Dear Mental Health and Disability Services Study Committee:

We, the Olmstead Consumer Taskforce, are Iowans with mental illness, brain injury or other disabilities, and family members and advocates for individuals with disabilities. We meet regularly with designees from nineteen state agencies to review progress by the State of Iowa in aligning policies, programs and services with *Olmstead* principles. Since the U.S. Supreme Court's landmark 1999 decision, *Olmstead v. L.C.*, our collective purpose has been to help Iowans with disabilities remain in their homes and communities and have the same opportunity for meaningful lives through work, education, and social connectedness as individuals without disabilities.

The Taskforce played an integral role in development of the DHS State Olmstead Plan for Mental Health and Disability Services in 2009-2010, and continues to play a role in its implementation. We are pleased that in Senate File 525 the General Assembly called for redesign of the mental health and disability services system in a manner consistent with *Olmstead* principles.

We agree with the overall thrust of the Interim Report to the Department of Human Services and its recommendations. The Executive Summary states, *"Consistent with Olmstead, each of the Workgroup reports contain recommendations intended to serve people in the least restrictive, most integrated settings possible.* ***Paramount is the need to keep civil rights and fact-based dialogue regarding the prudent use of taxpayer dollars at the forefront of all discussions. It is increasingly accepted that smaller, more integrated community-based settings over large congregate settings, both inpatient and community-based, are more preferable to consumers, produce better outcomes and are more economical to states.*** *"* (Emphasis added.)

Regarding core services, the Taskforce agrees with the recommendations of the workgroups, including the approach to treating multi-occurring disorders, with one notable exception. That is

the recommendation coming from the Intellectual Disability-Developmental Disability (ID-DD) Workgroup that *"the current array of residential, day and vocational, and other ancillary services...be considered 'core'."*

The Taskforce strongly disagrees with this recommendation. Instead, the Taskforce recommends that the six "best practice" areas described in the report on pages 26-30 be considered core services. Those six best practice areas are Service Coordination, Family Support, Community Living, Employment Services, Health and Primary Care, and Crisis Intervention and Prevention.

The Interim Report, page 28, says *"Community Living for people with developmental disabilities is not only best practice, but a decade after the Olmstead decision, it is expected practice."* Preserving the current array of services perpetuates "default" ICF/MR or RCF facility care for people that do not need it or want it. It also perpetuates system funding to maintain sheltered workshops that could be redirected to increase supported employment opportunities. That recommendation is antithetical to the Olmstead principles the report espouses. Unlike the six best practices the ID-DD workgroup describes, maintaining the current array is not *"preferable to consumers,"* does not *"produce better outcomes,"* and is not *"more economical to states."* It undermines progress to date in achieving the vision of "A Life in the Community for Everyone."

The Olmstead Consumer Taskforce urges you to be bold in redesigning the Mental Health and Disabilities service system. As quickly as possible, phase out public funding for practices and services that segregate Iowans with disabilities and that are not preferable to consumers, do not produce good outcomes, and are not economical. Instead, mandate availability and funding of the recommended brain injury and mental health core services, and the six best practices that the ID-DD workgroup describes. Other states have done it. We can too.

Thank you for the opportunity for people with mental illness, brain injury and other disabilities to participate in the deliberations of the work groups and to comment on the Interim Report. We look forward to the important continuing discussion on these issues. We will continue to assist in the system redesign effort in any way we can.

Sincerely,

Jerry Mayes (by BFF)

Jerry Mayes, PhD, Chair
Iowa Olmstead Consumer Taskforce

Copies to: Members of the Olmstead Consumer Taskforce; Rick Shults, Administrator of DHS Mental Health and Disability Services Division; Members of the Mental Health and Disability Services Study Committee Senator Joe Bolkcom, Representative David E. Heaton, Senator Joni Ernst, Representative Lisa Heddens, Senator David Johnson, Representative Linda J. Miller, Senator Amanda Ragan, Representative Mark D. Smith, Senator Pat Ward, Representative Mary Wolfe