



# Mental Health and Disability Services Redesign 2011

## Ottumwa, Iowa Listening Post

Source: Public Comments

Date: October 3, 2011

Time: 5:30 pm – 8:00 pm

\*These public comments were captured during the Ottumwa, Iowa Listening Post that took place on October 3, 2011. Division Administrator Rick Shults 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 own a residential care facility. My concern is not only for the residents who live in my facility, if monies are diverted from the counties, if the counties no longer have a financial incentive to run their residential facility, they will close down. We will have a bigger crisis than we already have now with not enough beds. Are counties no longer going to have the funds to support county care facilities? One of the first RCF's in Iowa to get paid for state cases.

**Comment:** Earlier I didn't think every county was going to maintain its own CPC. We're a county of 16,000, and feel comfortable with the way we manage things. We feel like we have a grip on things. We may lose that control of having a grip on it if we're regionalized. Don't think you're going to be able to have maximum counties plus minimum number, say 200,000. When you get more layers of bureaucracy it seems to cost most than less. Please study hard. Every time you study something doesn't mean you have to go through with it.

**Comment:** I'm a chronically mental ill person and the redesign plan sounds great but it seems like you're trying to implement new services as well as services that are already in place. I'm wondering how we are supposed to be cutting back? How are we going to get the money to provide even more services than are already funded?

**Comment:** I'm the parent of an adult that has a brain injury. My concern is that in any jobs that I've had, any time you take control and distance it from the local level, you have people making rules that don't really know how to make them work. It ends up with a lot more paperwork

and a lot less care for the person and a lot of expense going into the paperwork.

Comment: One of the things you said is consistency of services across the state. Do we have to reinvent the wheel? Are you reinventing the wheel in an attempt to make up the \$40-\$60 million shortfall?

Comment: Been a county supervisor for over 20 years. I think we have a great system now. I've never been criticized on the county health tax/levee. I don't know why we want to do away with this system.

Comment: Many people do like the system as it is, why does the state feel we need a new system and how is the new system going to save the state money?

Comment: Does the Department of Human Services really want to take on this problem? To go along with this, will they have a workhorse to specifically implement this plan or are current case workers going to have to take on even more cases?

Comment: Here is what we in Wapello County don't want. It's going to be a regional system administered locally. Not sure what that means. If a case manager puts together a plan it goes to the CPC to make sure the plan is accurate and possibly tweaked. What we don't want is this plan to go to the region for review. This needs to stay local. So if this is going to stay local, then why are we going to a regional system? If there is a county not providing state mandated services, than just tell them to do it and we'll provide it.

Comment: As a provider who has been operating a facility for 22 years, my concern is that the state will come in and tell me I don't offer the right services and I lose my funding. If they tell us to provide a service, we'll do it.

The state continues to reduce the number of MH beds. It's hard to get people in the beds. The dilemma that local hospitals won't take many cases and there is nowhere for the person to go. Many RCF's can't take short-term cases. Year after year there is less money and less beds. Doesn't have to do with the facility, there are plenty of beds. Better to provide care in an RCF than not have somewhere for a person to go. Not all people can live independently so we have to provide services for people who are there. This is being crammed in such as short period of time and we're going to have a lot of victims during this process. What is the rationale of cutting MHI beds, RCF beds and hospital beds? People have got to be taken care of.

Comment: I just got out of an RCF less than a month ago from Mason City after six months. There are absolutely no beds available in the state of Iowa if you are having a crisis. What would you tell me or my family to ensure me the system is better than what we have now? Convince me. I'm not convinced.

Comment: I don't hear a lot of support for the state mandating the rest of us to go along with this program. I guess I want to know how regionalization is going to bring us more psychiatrists, bring us more beds, bring us more crisis services. To create more bureaucracy, more mandates, I see no purpose. Rep. Heaton indicated that several counties "game" the state for money. Why should the rest of us be punished? The transition alone is going to be a nightmare and people are going to fall through the cracks there.

Comment: I am the parent of a child with a chronic mental illness and I am a provider and used to be a DHS provider, first of all for you and your staff where is your salary going to come out of? So your salary and your staff salary will be coming out of monies that would come to the counties (NO).

Rick Shults  
Response: No salary and wages for the Department of Human Services (DHS) central office come out of funds that go to counties.

Comment  
Con't: In regards to the second statement about a child going to jail rather than a health care facility, for my son, he chooses not to follow-through on recommendations. No matter what you do, there is no help for some. Having worked with DHS, we had moved to a centralized child abuse intake, supposed to equalize everything, make sure all complaints would be seen by the same people and standardized. Having called that agency several times to make reports, it's not very helpful. They come out of Des Moines, they work in Des Moines, Have your psychiatrist do this...we don't have a psychiatrist...use your child find agency...we don't have a child find agency...Also having worked as a provider, times trying to get a child commitment, depending on the judge, you might get or not get a commitment. I have seen families have to take a child home who is aggressive. That would be my other question. What's going to happen to the judicial system that would standardize that?

Judicial  
Workgroup  
Member  
Comment:

We're not working on how the judges make commitment decisions. We haven't spent much time working on children because it wasn't

on the agenda. Commitment depends a lot on what information they have at that time.

Comment: From what I hear there will be a lot of data coming out of this. What I recommend is that you take the data, put it together and send out to the 99 counties so they can make their systems better. I think if you ask people to raise their hands on if they want this change to happen, you're not going to get many people to raise their hands. We want to do our job. We want to do it better. We are committed to our taxpayers. We aren't afraid to raise taxes, to do the job. If we get thrown out of office because we do our job, that's fine. At least we knew we were doing our job. Please let us do our job.

Commitment: We're talking about the closures and losing beds. Is this due to the funding crisis?

Comment: Response from an RCF. Yes, funding is a big issue. I want to make a comment about the judicial system. I'm a believer that the mentally ill, just like all of us should be held accountable for their actions. When they come to my facility and are held accountable, they start taking accountability. There needs to be a behavioral program in place that is adequate and fair.

Comment: You continue to talk about 99 counties having plans. There are really not 99 counties that have plans.

Comment: I just want to address children and commitments. I want you to know that this is on the agenda in the children's workgroup. Children have been left behind and we're in charge of rectifying this.

Comment: When you talk about children being left behind, that is an indicator that we are doing things better at the local level. Back in the 90s in the state run system with counties only have funding responsibilities, we saw our citizens being lost in the system. That's when we started the system we have today. I think 20 years ago there was a disparity in the system. I think we all hope there will be a leveling out of dollars for services for those who are mentally ill. It's a problem because people don't want to take ID monies to put into a different group. Funding didn't help the MH population. I don't think it's an admin problem.

What we really need is crisis services for the MH population across Iowa and this includes acute care beds. We are dumping our chronically mentally ill into the system and they are getting lost. County mental health facilities don't have the staff to deal with this population. I feel like we're going about this all wrong. What we need is one specific need solved with more money from the state to

put back into the counties to design a crisis system will work with inpatient beds that are available when we need them and staff available 24/7 when we need them.

Comment: Which group is working with getting more psychiatrist, crisis services and more beds?

Comment: In my experience I take offense saying the counties are not working together to provide services. I feel that over 20 years DHS has not done anything to help us.

Comment: Not only are there crises, but also the day-to-day just carrying on. It's important to give people something to feel valuable about. We do have different work places to go but jobs there are all that available. It seems like over the years giving people something valuable to do has been limited by regulations/rules. With assistance, many people could contribute and make an income. It seems sometimes rules make it impossible to deliver services.

Comment : Unfortunately one of our challenges are not the rules but how the process works. We have a hard time getting ID people approved with IME. If we change anything else, the service program we have to do particular flagging so the IME doesn't kick it into a different pre-voc program. There is too much paperwork and approval process. I would encourage IME to look at how the process is implemented as well.

Comment: I'm actually disabled. I'm dealing with a Medicaid insurance issue. If a person through therapy through MH facilities is being recommended not to work but people are saying to work but Medicaid requires you to work an hour a month to get insurance coverage, what would you recommend a person who can't work to keep their insurance?

Comment: My son went to school in a different county than I live (he is 21 with DS) he just transitioned out of school into the county world and it's a whole new world for me. One of the first issues was transportation for him to go to the facility he has to go to. It wasn't the one I wanted because I didn't think it was right for him. We have to pay \$16 per day for the other county transportation to come into our county (5 miles) to pick him up. Now our county is paying for all the transportation. No one is saying anything because they don't want to open up the can of worms.

I think eliminating the county of origin might be a good thing for some of us including my son. Some counties don't have the facilities/services we need. I'm afraid if I find a good facility for him, that my county of origin could refuse to fund the placement. All this

doesn't make sense to me. I think that we should be doing what is best for the person. It's kind of scary if you can't really do what's best for your child because your county of origin could say no. It's shouldn't be about money; it should be about what's best for the consumer or your child.

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](mailto: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>.