



# Mental Health and Disability Services Redesign 2011

## Waterloo, Iowa Listening Post

Source: Public Comments

Date: September 23, 2011

Time: 1:00 pm – 3:00 pm

\*These public comments were captured during the Waterloo, Iowa Listening Post that took place on September 23, 2011. Director Chuck Palmer and 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:** There is difficulty in placing psych cases from hospital. My dream is if someone goes into a psych hospital they have a transition as they go home. My dream is to see more residential places/transition places before they go home.

**Comment:** What happens if you get rid of legal settlement? Especially if legal settlement is in one county and move to another county.

**Comment:** In terms of illuminating legal Settlement, will these people have to deal with new case managers?

**Director Palmer Response:** I don't think we've fully thought this through. By raising this you've raised our awareness. We will think through transition.

**Comment:** I feel that crisis stabilization and peer support have been glossed over. People have a right to recovery. People need to move beyond the system and not getting stuck in it.

**Director Palmer Response:** I think you will see peer support as a core service.

**Comment:** Key service missing is the enforcement of aftercare following involuntary committal. We should look at New York's Kendra's law. It funds up to 160 days of outpatient treatment. I Want services directed specifically for mental illness.

Comment: I was introduced to the system through a child. The quality of service is dependent on quality of your care giver. How is the funding going to work? What happens to the money? I urge the resistance to privatize. I am frustrated that they are making profit off giving me inadequate services. Please think long term about funding. How is money going to get tied to services?

Director Palmer  
Response: For the most part the system is already largely provided by private providers. There are very few "state" services.

Comment: It has been my personal observation being involved in MH system for 20 years that a lot of hospitalizations and crime activity resolves around the person's lack of money through SSI programs. What types of programs or funding is being provided for people who want to get back into the workforce. People need a way to receive a monthly check.

Comment: We are missing the subacute piece, but having RCF model helps people live in the community. Don't let those people who don't qualify for Medicaid fall through the cracks. Counties step up to the plate to fund those people.

Comment: In the past, there were county-funded RCF 's in every county. This is not the case today. But we need an RCF in each county because families can't afford to travel and be away from their family. And in this situation can't do family counseling. Family counseling is an important piece in recovery.

Comment: Not every adult with chronic mental illness has access to services. For adults who are 65 and over and are on social security disability and then at 65 go off then lose Medicare, they can't afford services. Are we considering this issue?

Comment: We need to consider the number of people we're putting into jail/prisons that are severely mentally ill. We need to provide funding for jail diversion services. We need to fund adequate psychologists. We need to fund services for all members of the community.

Comment: I am a social worker. One thing I see is we look at picking up the pieces rather than holding the pieces together for people. Today we can't do things for people until it's too bad/late. Crisis hurts. We need to fund things like Todd's group for people to get education, and peer support training. People need to learn how to stay well.

Comment: Legislation says max of 5% administrative costs that that can happen. We need to allow enough funding to keep some availability

access to consumers in our county. Need to keep people in communities helping consumers.

Rep.

Dave Heaton

Response:

One thing that is very important is to keep current services, at least at the county level. I don't think resources will lie within the county but will lie within the region. We must think about equity within the regions.

Comment:

We need to collaborate on not criminalizing the mentally ill. This speaks to a failed mental health system. We need a method of monitoring mentally ill in prisons. This system should positively impact those who are mentally ill in prison. I would like to see a state-wide jail diversion system with master level psychologists. All services must be available regardless of income. Crisis intervention services must be available throughout the state 24-hours per day. I ask that people can access MH services with private insurance.

Comment:

PMIC's are not the answer for everyone. It is important to keep kids home and with their families.

Comment:

Part of the problem is that individuals won't acknowledge that they have a mental health issue. Having treatment available isn't always working either.

Comment:

We need to provide services not only for the children, but also for the parents. As you address the parents, helping children become more resilient in the future. Brain density is highest at age 6; yet 95 percent of mental health services are spent after this age.

Comment:

It is very important to make sure we deal with mental illness in children. A lot of these children are victims of domestic violence. Many of them are in foster care. Many of them have a mental illness. The sooner we intervene to help them the better.

Comment:

Work programs are not as successful as they should be. We need to do a better job of working with employers.

Comment:

I just want to put two-sense in for respite centers to keep people out of the hospital.

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>.