

MENTAL HEALTH AND DISABILITY SERVICES COMMISSION
August 18, 2011, 9:30 am to 3:00 pm
Red Cross Building, Orchard Place Conference Room
2116 Grand Avenue, Des Moines, Iowa
MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Neil Broderick	Cindy Kaestner
Lynn Crannell	Gary Lippe
Lynn Grobe	Zvia McCormick
Representative Dave Heaton	Laurel Phipps
Jan Heikes	Susan Koch-Seehase
Richard Heitmann	Dale Todd
Chris Hoffman	Gano Whetstone
David Hudson	Jack Willey

MHDS COMMISSION MEMBERS ABSENT:

Senator Merlin Bartz	Representative Lisa Heddens
Richard Crouch	Linda Langston
Senator Jack Hatch	Craig Wood

OTHER ATTENDEES:

Tammie Amsbaugh	U of Iowa, CDD and Iowa MHDS, IME
Theresa Armstrong	DHS, MHDS, Community Services & Planning
Bob Bacon	U of Iowa, Center for Disabilities & Development
Teresa Bomhoff	Iowa Mental Health Planning Council; NAMI
Diane Diamond	DHS, Targeted Case Management
Mechelle Dhondt (by phone)	Linn County CPC Administrator
Connie Fanselow	DHS, MHDS, Community Services & Planning
Becky Flores	DHS, MHDS, Community Services & Planning
Julie Jetter	DHS, MHDS, Community Services & Planning
Charles Palmer	DHS Director
John Pollak	Legislative Services Agency
Tasha Retz	Brain Injury Association of Iowa
Deb Eckerman Slack	Iowa State Assoc. of Counties, County Case Mgmt.
Heidi Smith	Brain Injury Association of Iowa
Casey Westhoff	The Arc of Iowa
Robyn Wilson	DHS, MHDS, Community Services & Planning

WELCOME AND CALL TO ORDER

Chair Jack Willey called the meeting to order at 9:35 am. Jack welcomed Commission members and guests and led introductions. No conflict of interest issues were identified for this meeting

APPROVAL OF JULY MEETING MINUTES

Neil Broderick made a motion to approve the minutes of the July 21 meeting as presented. Lynn Crannell seconded the motion. The motion was approved unanimously.

COMMISSION DUTIES RE: SENATE FILE 525

Connie Fanselow handed out an overview of MHDS Commission duties and responsibilities contained in Senate File 525. Connie indicated the analysis had been reviewed for the Commission by Gretchen Kraemer. The areas of responsibility relate to the language concerning community mental health centers (CMHCs) and include:

- Review and approval of:
 - MHDS' designation of CMHCs designated to serve particular catchment areas
 - Any substantial non-conformity with federal standard recommended by MHDS
 - The formal accreditation process for CMHCs recommended by MHDS
- The adoption of administrative rules developed by MHDS for:
 - Objective criteria MHDS will use to designate CMHCs to serve a catchment area
 - Clinical and financial eligibility criteria for the CMHC target population
 - Identifying core services all CMHCs must offer
- The adoptions of standards recommended by MHDS for designated CMHCs and comprehensive community mental health programs
- Receiving the results of random or complaint-specific on-site accreditation reviews done between full reviews for the purpose of quality review

SF 525 also requires that the MHDS Division and the Commission complete the rules adoption process and implement the amendments to Chapter 230A by June 30, 2012.

COUNTY CMHC WAIVER REQUESTS

Julie Jetter presented an overview of the County CMHC Waiver provision and current requests. Twenty-seven or community mental health centers currently operate in Iowa, most serving a multi-county area. Julie shared a map of the CMHCs showing which counties are currently served by each and a handout of the specific waiver requests.

Julie clarified that these Waivers are from the requirement that counties affiliate with or contract with a CMHC to be qualified to receive community services dollars from the State. The Waiver allows them to contract with agencies other than CMHCs to provide some or all of their mental health services. Thirteen counties are requesting Waivers to contract with agencies other than CMHCs. They are:

- Bremer
- Des Moines
- Henry
- Jefferson
- Lee
- Louisa
- Lucas
- Monona
- Muscatine
- Sac
- Shelby
- Sioux
- Van Buren

Julie noted that the only one with a change from last year is Henry County. They do not have a psychiatrist to cover their area. Previously they were contracting only with Optimae Life Services. They now want to additionally contract with other providers – Bridgeway, Inc., Hillcrest Family Services, Sunrise Enterprises, Foundation II, and Insight Human Services to provide a wider array of providers that can be accessed. The services to be provided include outpatient psychotherapy/counseling; evaluation; emergency services; and supported community living.

Chris Hoffman commented that Bremer County has chosen not to affiliate with a CMHC because there is not one available. Gary Lippe commented that there are pros and cons to continuing to allow counties to get waivers. From a policy standpoint it would be more desirable to have a CMHC with a full array of services available for all counties and waivers would not be needed. From a practical standpoint that is not always the case and counties need to be able to look elsewhere to arrange necessary services. Jan Heikes commented that every county that has sought a waiver has a different situation. Some of the more rural counties were affiliated with a CMHC but people had to drive out of the county for services and if they were able to find a provider that was located closer, they chose to use that provider because it made access easier. Gary Lippe noted that sometimes factors other than geography are involved. Cindy Kaestner commented that it can be an economic issue for the CMHCs, who have to be able to be paid enough to maintain a presence in a county. That needs to be part of the discussion that will be ongoing in the redesign regionalization workgroup.

Julie Jetter added that having the waiver available ensures that counties have access to the services that allow them to draw down their community service dollars. Gary Lippe commented that Iowa needs to establish full coverage by community mental health centers, but until that happens, waivers are necessary. Services work best if coordinated in a single entity and as a matter of policy full coverage of all geographical of all areas by CMHCs should be encouraged. Jan Heikes commented that the redesign workgroups is the place for those kinds of changes to be made and that for whatever reasons the CMHCs are not currently meeting the full need identified by counties, the waiver should be in place.

Julie Jetter noted that in Henry County there are many different providers because they cover different parts of the county. They could have designated one provider under

these rules, but they worked to get providers that would really cover the needs of consumers throughout the county and that was accomplished best with multiple provider agreements. Richard Heitmann commented that as a consumer he wants to make sure that all consumers have reasonable and equitable access to services and hopes that will be more fully addressed through the redesign efforts. Gary Lippe commented that part of the redesign is to ensure that there is an array of services available in each community and noted he has a concern that those services also be coordinated. He said he would like to ensure that CMHCs cannot pick and choose who they serve and that they are financially supported in providing services to all.

Jan Heikes made a motion to accept the county waiver requests as presented. Lynn Crannell seconded the motion. Chris Hoffman abstained from the vote. All others present voted in the affirmative.

DHS DIRECTOR'S UPDATE

DHS Director Chuck Palmer presented an update on Department activities. He noted that since the legislative session ended in late June, DHS has been involved in a busy process of putting together redesign workgroups to ensure diverse geographical and other types of representation. The first two full workgroup meetings for the Regional and Children's Workgroups were held on August 16.

Director Palmer is meeting with the heads of statewide consumer and advocacy groups tomorrow to talk about the best way of communicating, sharing information, and enhancing their participation. He noted that the workgroup size needs to be kept relatively small to facilitate their ability to meet their goals, so while a few additions may still be made to the membership, other methods of sharing information and getting feedback from consumers and family members needs to be developed. There are currently some parents and advocates on the workgroups and efforts are underway to identify some additional consumers to participate as well.

He noted that in chairing the first meeting of the Regional Workgroup he found it helpful to open up to public comment at end of the session and plans to expand the time allotted from 15 to 30 minutes at the next meeting to ensure that all comments can be heard. It may appear that there are a higher proportion of workgroup members from Polk County because many of the representatives of statewide associations are located in the Des Moines area.

The regional workgroup got off to a good start. The first meeting was to lay the groundwork and get a good understanding of the work products to be completed. There is a lot to do in a short period of time to present thoughtful recommendations to the Legislative Interim Committee. It is still surprisingly difficult to envision different roles for CPCs and counties. One of the topics for the first discussion was how regions could add value over the current system. He said there are basically three broad options: (1) continue with the county system as we have been doing, (2) establish a regional system, or (3) have the state directly fund providers as is done through Medicaid.

DHS has secured excellent facilitators from the Technical Assistance Collaborative (TAC) and the Human Services Research Institute (HSRI) to provide technical assistance to the workgroups. They have helped give us a picture of what other states are doing, for example, because of the way the country developed, eastern states are smaller and less county based, Midwest states tend to have county-based systems, and some states have gone from one system to another, and sometimes back again.

The Regional Workgroup will look at questions such as what should constitute a region, how many regions Iowa should have, and what criteria must be met to qualify as a region.

The Children's Workgroup has an immediate task of figuring out how to bring children back into Iowa from out-of-state placements. That includes issues of building provider capacity and financial implications. It involves a lot of funding streams, a lot of providers, and a need for more coordination. The Children's group was established as a two-year workgroup.

The Adult Mental Health and Adult Intellectual Disabilities Workgroup will meet next Tuesday, August 23rd. They will be looking at levels of access and core services for those populations. How we decide to build regions is very interdependent with those issues.

Director Palmer called the redesign "a grand experiment" to bring together regional governance groups that the State can contract with to manage their own contracts with local providers for services. They will almost become like the board of a managed care entity or at least move in that direction. It remains to be seen how parties will want to enter into those structures and partner together to form regional groups.

Workforce issues must be addressed to ensure a quality delivery system across the State. For example, Iowa ranks 47th in the nation in number of psychiatrists. Because of current gaps and underfunding of the system there is quite a range between where we are today and where we want to go. We need to demonstrate better outcomes and prove to legislators that dollars are well spent. We need to coordinate the system and form better connections to make it easier to navigate and prevent people from falling through the cracks.

Director Palmer said that this is an exciting opportunity that needs to be approached thoughtfully. He appreciates the high level of interest and enthusiasm people have shown and is committed to giving legislators what they need to work with and keeping the Governor's Office informed throughout the process.

All meeting agendas and other documents, as well as locations and times of meetings will be made available on the DHS website at:

<http://www.dhs.state.ia.us/Partners/MHDSRedesign.html>

Most workgroup meetings are scheduled on Tuesdays from 10:00 am to 3:00 pm at locations in the Des Moines area. Workgroups are each planning to meet every other week through the end of October. The Judicial/DHS Workgroup that began last year as the Court Mental Health Workgroup is meeting today and the Brain Injury Workgroup will be meeting soon.

Representative Dave Heaton said that legislators will try to have a presence at each meeting. They will attend to observe the work being done by the workgroup members and do not intend to influence the discussion. He said they want to take in what is happening and share it with their colleagues in the legislature. It will be the job of the workgroups to bring forward their recommendations. They will need to look at the issue of properly determining the level of services that families need. There is understandable anxiety on the part of consumers and families, but everyone wants to do things in a better way. The need for consistency and access is what brought the redesign effort forward. Legislators want and need to hear the recommendations of the workgroups.

Director Palmer noted that he is pleased with the Governor's decision to stop the respite rule change that was moving forward. The more that policymakers came to understand about some of the HCBS Waiver packages, the more they realized they needed to look at the whole packages, how they are managed, how knowledgeable the people working with families are about the right mix of services, and the appropriateness of those services. Preserving the service is one matter and ensuring the intensity and the right mix of services is a more important and complex question that may involve more training for case management people. The intent is to have core services available to every Iowan, but the level of access available also needs to be addressed.

Representative Heaton added that the respite rule change would have been halted sooner if there had been a better understanding of the use of respite. He noted that it was a learning experience for him to hear about the need for respite services to preserve the household and support the family. He said it is still important to recognize that a measurement tool to justify the hours provided is needed; respite is a \$25 million service and it is important to manage how the money is spent.

Jack Willey commented that he was concerned when he received the list of county supervisors on the Regional Workgroup because they seemed to be from more urban counties. Chuck Palmer responded that he has also appointed supervisors from Mills and Plymouth counties to better balance the representation and that he has tried to do the same with CPC representation. Richard Heitmann asked if both rural and urban interests were considered with respect to consumer involvement. Chuck Palmer responded that they were.

Chris Hoffman asked about a back up plan for families that are the caregivers. Chuck responded that a crisis line can be made available so that someone is ready to help with a backup plan in a time of crisis. He noted that crisis lines can be seen an expensive because they must be maintained all the time, yet aren't used very often. He said he

views it as an insurance policy - it's good to have it and not use it much and the investment is well worth it for the times it is needed. Gary Lippe added that in the children's system of care project the crisis line is rarely called, but it is a critical reassurance to families who are keeping children at home. It is very valuable and even though the cost per use may seem high, it helps reduce out of home placement.

In response to a question, Chuck Palmer explained that the workgroups are focused primarily on the mental health and disability populations, but are also looking at the implications of serving the brain injury population. There is more awareness about autism, people who are medically fragile, and who have suffered trauma that carries forward from childhood. Veterans with brain injury and PTSD (Post Traumatic Stress Disorder) are a fast growing group. Co-occurring and combinations of conditions seem to be the most challenging for our system to serve and sometimes are served out of state. The boundaries of who is served are changing and as a system we need to be open to the changing face of disability.

This will be a fast moving process and it is important that the members of the Commission and other groups understand how to access the information on the website and anticipate the subject matter that groups will be discussing. You have the opportunity to offer specific input by coordinating with your Chairs and workgroup representatives. You can also send a representative to meetings with public comments or bring printed comments to share. The workgroups need a wide variety of input, but the groups had to be kept at a workable size. There are also plans to schedule some regional meetings with an opportunity for open public input.

LINN COUNTY MANAGEMENT PLAN AMENDMENTS

Julie Jetter presented proposed amendments to the Linn County Management Plan. Mechelle Dhondt, the Linn County CPC joined by phone to answer questions. Linn County would like to have the plan approved by September 1.

Julie outlined the changes that are more restrictive to consumers:

- Rent Subsidy Eligibility: Parents of clients can be paid rent as landlords, but not to family members living in the family home.
- Support and Treatment Services Eligibility: Borderline group therapy will only be available to clients living in the community.

Less restrictive changes:

- Rent subsidy: Eligibility resource limits raised from \$1000 to \$2000 for a household of one.
- Resources: More items exempted more from being counted as resources; any resource excludable by the Social Security Administration as an approved work incentive (including assistive technology accounts, retirement accounts, and medical savings accounts)
- Waiting list: Clarification of the waiting list process and what services Linn County will fund for people who are on a waiting list (medication management,

therapy, psychiatric medication, 10 units of supported community living per month following hospitalization or partial hospitalization)

Linn County is planning to start a waiting list on September 1 and wants these changes and clarifications in place before the list is started. Changes will also align the service matrix and plan.

Julie Jetter pointed out two points of concern with amendments:

- Appeal process: The appeal process continues to include the board of supervisors and the Attorney General's Office has clarified that boards of supervisors should not be a part of the appeal process for county funded services. Work is being done to pull that out of the plan.
- Institutional billing language: Some language has been added regarding Oakdale that concerns the Department because this is a court-ordered service and the length of stay isn't necessarily at the discretion of doctors or the county. Linn County has agreed to remove that language.

The Department has asked Mechelle to provide documentation that the Board of Supervisors has approved removing those two items of concern, and provisional to the receipt of that documentation, is asking the Commission to approve the plan amendments.

Gary Lippe made a motion to approve the Linn County Management Plan amendments, providing DHS receives documentation that the two items of concern have been removed. Gano Whetstone seconded the motion. Cindy Kaestner and Dale Todd abstained. All others present voted to approve.

MHDS UPDATE

Theresa Armstrong presented an update on MHDS Division activities:

Redesign - DHS has contracted with Joanna Schroeder to serve as project manager for the redesign workgroup effort. She will be coordinating meetings and keeping information updated on the website. The meeting calendar, membership, agendas, minutes, and handouts will be posted on the DHS website. Joanna is working on an email distribution list that will include Commission and other advisory group members.

PASRR - Tammie Amsbaugh will present on PASRR (Pre-Admission Screening and Resident Review) activities this afternoon.

Mental Health Block Grant - Laura Larkin and Robyn Wilson are working on Iowa's application, which is due to SAMHSA on September 1st. They have also talked to their advisors at the federal level about the redesign that is going on here in Iowa and how those changes may impact our block grant plan.

CMHCs – Community Mental Health Centers all receive new block grant contracts beginning October 1. All but one met the timeframes for informing the Department how they want to utilize the money. For example, some plan to train on co-occurring and complex needs, and some plan to train on trauma informed care and implement program changes that go along with that training. All but two of the CMHCs applied for block grant funds; Iowa receives about \$3.1 million in Community Mental Health Services Block Grant funds and 70% is contracted out to the community mental health centers. There has been a slight decrease in total awards at the federal level, but funding is expected to stay about the same.

MHDS Administrator - Interviews for the new MHDS Division Administrator have been completed. There was a good pool of applicants and the hiring process is moving forward. An announcement is expected in September.

DISCUSSION OF COMMISSION INPUT TO REDESIGN WORKGROUPS

Commission members serving on the Redesign Workgroups:

- Chris Hoffman – Adult Mental Health Services
- Jan Heikes – Children’s Services
- Cindy Kaestner – ID/DD Services
- Susan Seehase – ID/DD Services
- Dale Todd – ID/DD Services
- Richard Crouch – Regional Administration
- David Hudson – Regional Administration
- Linda Langston – Regional Administration
- Jack Willey – Judicial/DHS (formerly Court Mental Health)
- And former Commission member Julie Fidler Dixon is serving on the Brain Injury Workgroup

[Note: Richard Crouch was not able to continue his membership on the Regional Workgroup; Jack Willey has joined the Regional group in his place and will no longer serve on the Judicial/DHS Workgroup.]

Jack Willey said he views this as another avenue for the Commission to communicate its legislative priorities, and asked members to share any specific thoughts for the workgroups. He added that as the Commission chair he has been invited to participate in Wednesday morning telephone meetings to update key constituencies about the workgroup progress and said he will try to share that information with the members.

Discussion points:

- Reports back from the Commission workgroup members will be added as an agenda item for the September and October meetings.
- Workgroups are welcome to reach out to the Commission for input on specific issues throughout the process.
- It would be helpful for Commission members to have a clear understanding of the consensus of the full Commission to better represent that viewpoint.

- Detailed agendas are scheduled to be available online on Thursdays prior to workgroup meetings and meeting summaries are scheduled to be posted five days after each meeting.

Jack Willey expressed his concern is the rural perspective is well reflected because there are simply not a huge array of providers or opportunities to access services. Funding is also a big issue. It is important to look at how money gets combined or distributed and how that will affect the people being served.

Jan Heikes gave a brief update on the Children's Workgroup:

- They are focusing on what is happening with out of state placements.
- They are asking the question, "Why are kids out of state?"
- If it is because it is closer to the family, that should be supported, but if it is for other reasons, those need to be examined and addressed.
- Some of the issues raised have been financial – out of state providers may be paid more than in state providers.
- Staff shortages or expertise in addressing challenging behaviors can also be issues.
- The group has discussed a general lack of services, including specifically, crisis services, transition services, and step-down care.

Neil Broderick commented that there is one rate paid for children being served by Orchard Place and if a child's needs require additional staffing for their safety or the safety of others, the provider has no way to get additional reimbursement for that cost. He said that in many cases they would be willing to serve children with that higher staffing need if there was a mechanism for reimbursement of the additional cost. If facilities such as Orchard Place turn that child down, the child will probably be sent out of state at a higher cost, which it doesn't end up saving money, only placing the child farther away. He said that PMICs (Psychiatric Medical Institutions for Children) are not all alike, yet Iowa has only one rate of reimbursement for PMIC services.

Dave Heaton commented that he thinks Iowa can provide the same kind of services in state and do it better. He noted that he worked to create a revolving loan fund to encourage the development of services. Providers need to know that their costs can be covered before they are interested in coming forward to offer those types of services.

Zvia McCormick commented that it is important to look at any philosophical differences that may exist between in state and out of state providers. For example, the use of seclusion and restraint; if it is our philosophy not to use certain practices in Iowa then we should make sure we are not paying for a provider out of state that uses those practices.

Gary Lippe commented that he sees the biggest lack in coordination and navigation, which is what families get in a system of care approach that has been really effective in keeping kids at home and in state. It also lines up with effective crisis intervention.

A break for lunch was taken at 11:50 a.m.

The meeting resumed at 1:05 p.m.

PASRR UPDATE

Tammie Amsbaugh presented an update on the movement toward full implementation Pre Admission Screening and Resident Review process. She shared handouts outlining the PASRR process in Iowa. PASRR is a screening process to ensure that prior to admission to nursing facilities, persons with mental illness or mental retardation or related conditions are identified and admitted only if they can be appropriately served in the nursing facility. It also requires that they be provided with any specialized services they need to address their mental illness or disability. PASRR also requires that residents are reviewed if there is a significant change in status to determine if their placement and services continue to be appropriate.

Iowa has contracted with Ascend Management Innovations out of Tennessee to provide PASRR screenings and evaluations. Ascend is a national leader in this area and is working with at least seven other states as well as CMS and the PASRR Technical Assistance Center. Iowa will have a new process implemented by Ascend starting September 1.

The federal regulations for PASRR were established in 1997 and Iowa instituted a PASRR process, as did other states. Our process, however, was not fully compliant with all of the federal program requirements. Several years ago CMS (the Centers for Medicare and Medicaid) was reviewed at the federal level and was found not to be effectively enforcing the federal regulations and overseeing states, so they responded with more rigorous enforcement. Iowa and CMS agreed on September 1, 2011 as the date our state will come into full compliance with the federal PASRR requirements.

Trainings were held this week to hospital discharge and nursing facility admission staff to help them learn what the changes will mean for them. Well over 400 people attended the training sessions. During the trainings concerns were raised about the availability of psychiatric beds in Iowa and the availability and approval of behavioral health services in the community. There were also concerns expressed that when a person needs a higher level of care than a nursing facility can provide there may not be other placement options available. We recognized that the change will present some challenges as the new process gets up and running, but Iowa will have a clinically sound, fully compliant process for PASRR.

Why now?

- The Olmstead Decision in 1999 created a new commitment to community integration
- States must administer services, programs and activities in the most integrated setting appropriate to the needs of the individual

- Iowa finalized a new Olmstead Plan in 2010, which included PASRR and other community integration efforts
- MDS (Minimum Data Set) Question Q will help identify nursing facility residents with status changes and provide options counseling
- CMS has increased oversight and compliance actions
- U.S. Dept. of Justice has increased Olmstead enforcement

The Pieces of PASRR:

- All applicants to any Medicaid certified nursing facility must be screened for the presence or suspicion of mental illness (MI), mental retardation (MR), and/or related conditions
- Level I screenings must be performed for all nursing facility admissions
 - this is currently done by IME Medical Services as a phone process
- If there is a suspicion or identification of MI or MR, a detailed Level II evaluation must be completed preadmission and the evaluation must be free of conflict of interest
 - currently Level II evaluations are being done in nursing facilities by nursing facility staff after admission – this is where Iowa has been out of compliance
- There are many detailed process and procedural changes that must be implemented so that requirements are met and people can be discharged and admitted in a timely manner
- Ascend has hired and trained mental health and intellectual disability professionals from across the state who will be called upon to conduct the evaluations
- Substance abuse is included as a co-occurring issue in the mental health screening but is not a focus of the PASRR process
- There are about 24,000 annual admissions to nursing facilities in Iowa
- We have estimated that there will be about 1100 Level II evaluations per year in Iowa
- The number may go up a little this year because of the increased focus on compliance
- If a Level II evaluation is indicated, the nursing facility is not allowed to receive payment for that individual's care until the process is completed
- A nursing facility level of care determination is also required for Medicaid to pay nursing home placement
- There are situations where Level II admissions can be expedited:
 - The need for short term medical care of 30 days or less after hospital discharge
 - Categorical determinations where admission can be made from a desk review of the medical record
 - Conditions such as terminal illness, ventilator dependency, coma or other factors that would prevent the person from benefiting from specialized services

- Sometimes individuals are approved for a short term stay – if the stay is longer, the person is reviewed to see if specialized services are needed
- Some services around activities of daily living are routinely provided to any nursing home resident; other specific MR or psychiatric services (specialized services) may have to be planned or accessed from outside sources

Resident Review:

- Once individuals are in the nursing facility and their condition changes for the better or worse, a change in status must be reported by the nursing facility and reviewed and reported quarterly under MDS [*part of the U.S. federally mandated process for clinical assessment of all residents in Medicare or Medicaid certified nursing homes*]
- Because of a status change the individual may no longer need the same services, or may need more or less services, so the person must be reviewed for the current level of need

PASRR Opportunities:

- PASRR may avoid inappropriate admissions and refer people to appropriate community based services
- It can also help to identify gaps in community services
- We know that there are not readily available community services for every person who might be placed in a nursing home today; that nursing facility may be the best choice available, but we may be able to look at those needs and determine what other community services need to be developed to provide better options
- PASRR resident review can also identify people who want to transition to the community rather than remain in nursing facilities
- Currently most of the decisions not to admit are because the individual has behaviors that are considered too dangerous for a nursing facility to manage

Theresa Armstrong noted that PASRR is an IME and MHDS partnership. Both divisions have worked closely together to get this done and are pleased with the level of interest demonstrated by the training attendance.

Laurel Phipps commented that he works with veterans who need a place to stay and often there is no place for them. Tammie responded that the PASRR process does not solve the problem of availability of services, but it will help to highlight the areas of need.

FOSTER GRANDPARENT PROGRAM

Gano Whetstone said she works with the foster grandparent program thinks it is a valuable part of the student's learning. She asked Commission members for input on what to call the group of people who work with each child. Gary Lippe suggested that in the systems of care model, the group of people who come together to work with the child and family are called the "family team" or "team members."

Lynn Crannell commented that foster grandparents had worked with students at Woodward and it was an important part of the day for them. Dave Heaton commented that Henry County has a mentoring program to work with kids and there are about 30 young people currently participating.

PLANNING CALENDAR

The Commission agreed by consensus to invite the members of the Mental Health Planning Council to participate in a joint meeting on October 20 to focus on Mental Health and Disability Redesign.

PUBLIC COMMENT

Richard Heitmann commented that the redesign activities have created some uncertainty among consumers who may worry that they are going to lose the services they have and are fearful because they don't know how they will access services in a redesigned system or what they might look like. Consumers need information and reassurance during this process.

The meeting was adjourned at 2:10 p.m.

Minutes respectfully submitted by Connie B. Fanselow.