

MENTAL HEALTH AND DISABILITY SERVICES COMMISSION
March 17, 2011, 9:30 am to 3:00 pm
Iowa Lutheran Hospital, Conference Rooms A & B, Dining Level B
700 East University Avenue, Des Moines, Iowa
MEETING MINUTES

MHDS COMMISSION MEMBERS PRESENT:

Lynn Crannell	Pat Penning
Julie Fidler Dixon	Laurel Phipps
Rick Hecht	Susan Koch-Seehase (by phone)
Jan Heikes	Gano Whetstone
Richard Heitmann	Jack Willey
Cindy Kaestner	Craig Wood
Linda Langston (by phone)	

MHDS COMMISSION MEMBERS ABSENT:

Senator Merlin Bartz	Representative Dave Heaton
Neil Broderick	Representative Lisa Heddens
Richard Crouch	Chris Hoffman
Senator Jack Hatch	Dale Todd

OTHER ATTENDEES:

Theresa Armstrong	DHS, MHDS, Community Services & Planning
Bob Bacon	U of Iowa, Center for Disabilities & Development
Diane Diamond	DHS, Targeted Case Management
Connie Fanselow	DHS, MHDS, Community Services & Planning
Julie Jetter	DHS, MHDS, Community Services & Planning
Kathleen Jordan	DHS, Targeted Case Management
Gretchen Kraemer	Iowa Attorney General's Office
Jeanne Nesbit	DHS, MHDS Division Administrator
Liz O'Hara	U of Iowa, Center for Disabilities & Development
Mary Peterson	DHS, MHDS, Community Services & Planning
Joe Sample	Iowa Department on Aging
Stephen Trefz	Community Mental Health Center for Mid-Eastern Iowa
Robyn Wilson	DHS, MHDS, Community Services & Planning

CALL TO ORDER

Chair Jack Willey called the meeting to order at 9:40 am. Jack welcomed Commission members and guests and led introductions. No conflict of interest issues were identified for this meeting.

APPROVAL OF MINUTES

Laurel Phipps made a motion to approve the February 17 minutes as presented. Lynn Crannell seconded the motion. The motion carried unanimously. Susan Koch-Seehase was present by phone for the vote.

IOWA CO-OCCURRING RECOVERY NETWORK (ICORN)

Stephen Trefz, Director of the Community Mental Health Center for Mid-Eastern Iowa presented an overview of the Iowa Co-Occurring Recovery Network, which he described as a diverse, grass roots group including primary care, substance abuse and mental health service providers, individuals in recovery, funders, insurance companies, judges, educators, law enforcement, corrections, hospitals, DHS, and Iowa Department of Public Health representatives. They have held more than 15 statewide meetings for the last 4 to 5 years to develop capacity, improve clinical skills and teach and learn quality improvement processes.

Stephen noted that the group continues to grow, with about 30% new attendees at each meeting. The mission of the group is to help integrate care and enhance services throughout the State of Iowa for individuals and families with co-occurring mental health and substance abuse issues. DHS has funded ongoing technical assistance and leadership from Dr. Kenneth Minkoff and Dr. Christie Cline in helping to develop a more integrated system of care and treatment in Iowa. Providers and staff are sharing expertise, cross-training in each other's programs and forming a network of peer support for clinicians to become better providers and serve the complex needs of the people who come to their doors.

ICORN represents entities from all different perspectives and represents the grassroots effort to integrate care and make the system better, with the involvement of people who understand the funding component and the provision of services component. The members are interested in helping to collect data and helping provide technical assistance where they can.

Craig Wood noted that the State has contracted with Dr. Ken Minkoff and Dr. Chris Cline using Mental Health Block Grant funding for about five years. They train trainers and have a twelve step structured process on how to change systems for communities and agencies that we now have access to here in Iowa. He said that in Linn County they have taken it to providers in communities and it is a very inexpensive way to do community capacity building. The Iowa Department of Health has also been very involved and has partnered with DHS in developing best practices and working on system improvement.

Linda Langston joined the meeting by phone.

MHDS DIVISION UPDATE

Jeanne Nesbit presented an update on MHDS activities.

System Funding – Jeanne shared a handout showing the State Fiscal Year 2010 dollar amounts for funding mental health and developmental disability services that Robyn Wilson and Julie Jetter compiled. The document showed SFY2010 State appropriations for \$164.4 million, County property taxes of \$110.7 million and Federal dollars of \$12.6 million for a total of \$287.7 million county-managed dollars. A second handout shows the total SFY2010 system dollars from all sources for mental health and disability services total at just under \$1.3 billion and the sources and service categories for those funds.

Craig Wood questioned the justification statement in the first documents to explain the methodology used in arriving at the totals. He said that the \$46 million that was adjusted to prevent “double counting” are federal dollars that counties have to manage and should be included in county-managed dollars because it does take administrative time and effort to manage those funds. Robyn Wilson responded that those dollars are included in federal dollars so they are counted there in the total.

Craig said his county ISAC group has noted that when states manage Medicaid dollars there is federal administrative money that can be drawn down to help support that cost and counties are wondering if those funds are available for them to draw down to offset part of the administrative costs when they manage Medicaid dollars. Jeanne Nesbit indicated DHS would look into that possibility.

Rick Hecht asked what the maximum county levy amount is compared to the actual amount levied of \$122,540,428. Jeanne responded that in 2008, before the Palo energy tax came into the computation, the maximum county levy amount was \$125,781,915. It is currently \$124,406,065.

Jeanne shared a third handout illustrating the estimated distribution of county managed expenditures and county property tax dollars by service. The service categories include mental illness and chronic mental illness services (MI/CMI) for adults and children and intellectual and developmental disability (ID/DD) services for adults and children. Since this analysis looks at dollars managed by counties, the amount for children is low because counties do not have a mandate to serve children. The largest investment is for services to the ID/DD population and that includes some brain injury services.

Jan Heikes said she is concerned that legislators may not all be aware that there are more mandated services in the ID/DD area and that if cuts are necessary because of budget limitations, it is the voluntary programs rather than the mandated ones that will have to be reduced.

Jeanne Nesbit said she has concerns about how the loss of ARRA (American Recovery and Reinvestment Act) money is going to impact the system. The FMAP (Federal

Medical Assistance Percentage) for Iowa is going down because the rates for all states have been recalculated and that means that Iowa's state match rate is going up and that increase will be felt throughout all the human services programs. Craig Wood said that the Health and Human Services appropriations budget that is out includes an additional \$500 million-plus for the State Medicaid enterprise to make up for the loss in federal ARRA funds, but includes nothing for the counties to make up the loss. He said it is going to be a major problem if that money is not invested in the system. Craig also commented that he would contend that counties spend all of their property tax dollars on services and that the amounts they put in the fund balance is from the State allocation. Not all counties have a fund balance and the legislature needs to understand that the fund balances are specific to counties and cannot be used on a statewide basis.

Jack Willey asked how many counties had depleted their fund balances. Robyn Wilson responded that it is estimated roughly one-third of the counties will be out of money by end of 2011, one-third by the end of 2012, and the last one-third by the end of 2013. Jeanne Nesbit indicated DHS would work on providing more exact numbers on the county fund balances.

Jack Willey commented that he is concerned about how much legislators know about what is happening at the county level. He said his county is looking at reducing the number of work activities from five days a week to three days a week for some people because it is not a mandated service, yet when it is taken away the cost for clients staying at a residential facility during those daytime hours goes up so while one cost is reduced, another one increases. Jan Heikes commented that sometimes cutting cheaper optional services results in adding expenses to the mandated services and may save very little. Jack said it is frustrating to supervisors that they have not been able to raise the amount of revenue at the county level for fifteen years and feel their hands are tied; they have the responsibility to provide services, but can't make the choice to raise more money to fund them. Cindy Kaestner commented that providers who have no control over the funding will be reducing services and laying off staff because they have no other alternatives.

Craig commented that one of the reasons that hospitals close beds is because they cannot get Medicaid payment to cover costs or cannot get psychiatrists to staff the facility because of Medicaid reimbursement rates. Those are Medicaid issues, not county issues. It is necessary to have the community capacity to handle people and address intensive behavioral needs in community settings. Cuts in community services prevent people from leaving institutions, care facilities, and hospitals when they could be moving to less expensive types of services.

Legislation – Theresa Armstrong presented an overview of bills of interests in the Legislature. She shared a handout comparing provisions of various proposals as of March 3rd.

The discussions about the mental health system have included, what services look like now; how services currently are funded; consistency of services; the service array; what core services should look like; and some type of regionalization or catchment areas with some local responsibility and involvement. DHS has been asked many questions and completed a mapping project to show current services and service providers. It showed that there are service gaps - areas where services could be funded but there are not providers available in those areas to meet the need. The bills are still evolving and while much of the discussion has been about adult mental health, DHS has also tried to provide information about children's services and services to adults and children with developmental disabilities because those other areas will need to be considered at some point in a system redesign process.

Jeanne Nesbit said there is an understanding that there are currently some counties with waiting lists and there will be additional counties with waiting lists next year. The section of the bill that would address that has been pulled into Senate File 290 and is now in a conference committee. There are also some "phasing" or "staging" discussions about where to start and how to proceed with system changes. The House is having very fulsome public meetings almost every Tuesday and Thursday morning and they have asked a number of participants to come and share information, including mental health and substance abuse service providers, judges, mental health advocates, and others. They are getting a lot of information about the current service delivery system, but not necessarily a clear picture of how to take on making changes. The Senate seems to have more of a sense of how they want to start, but still have a lot of unanswered questions about funding and other system components. Jeanne said she expects there will continue to be much discussion after the Legislative session and throughout the summer.

Jan Heikes asked where Jeanne sees the MHDS Plan fitting in. Jeanne responded that so far the discussions have centered on specific populations and services and they have not really addressed Olmstead.

Craig Wood noted that House Study Bill 83 is now House File 626 and Senate Study Bill 1077 is now Senate File 481. He said it is his understanding that the House is expected to come out with a modification of their bill tomorrow.

Jeanne noted that on Tuesday Representative Renee Schulte said she thought they would have a bill by the end of the week, which would address some of the innovations the committee had heard about and might include some of the ideas that came out of the Senate. Jeanne also noted that the House has passed the bill addressing the waiting list, but the Senate has not.

Craig commented that on the last page of the handout there are two bills that would essentially repeal Senate File 69 and if either of those pass, he expects there will be a lot of things that need to be addressed or will result in unintended consequences. Without other structural changes, there would be no authority for counties to levy money for MHDD services. He noted that the repeals are set to take effect July 1, 2012 and

that next March when counties certify their budgets they would not be able to have a county MHDD services fund, but would still be mandated to cover some services, which would create a problem. Rick Hecht agreed that counties would be without the ability to levy money to fund mandated services.

Cindy Kaestner said she had met with a group of Senators and Representatives this morning, which had discussed exactly that issue and one Senator had commented that to get movement, he felt they would have to sunset the existing law. Craig said it is critical legislators understand the consequences of a repeal and the other code sections and mandates that would be effected.

Jeanne Nesbit shared other MHDS Division updates.

Olmstead - The DHS internal Olmstead workgroup is working on putting together a plan for providing and funding crisis respite for individuals with intellectual disabilities. The issues they are addressing include licensing, accreditation, eligibility, length of stay, and step down services. This is particularly important because there seems to be a lack of network resources to help people with ID and behavioral challenges. The hope is that if temporary crisis services are available they will be able to return to their previous living situation when the crisis is resolved instead of needing a more intensive or restrictive type of care.

PASRR - Theresa Armstrong said the RFP (Request for Proposals) for Level II PASRR (Preadmission Screening and Resident Review) is out and MHDS has received 6 letters of intent from organization in Iowa and out of state. MHDS intends to review whatever full proposals are submitted and select one contractor to conduct Level II PASSR reviews throughout the State. IME (Iowa Medicaid Enterprise) and MHDS worked together to hold a public meeting and present information to nursing facilities on the new aspects of PASSR implementation.

Gano Whetstone asked what was meant by “meeting the mental health needs” of a person in a nursing facility relative to PASRR. Theresa responded that it can mean many things, including medication, having a therapist come to the nursing facility or transporting the person to see an outside mental health professional – it would depend on whatever types of mental health services it is determined that each person needs.

Theresa explained that these changes are being made because currently the Level II reviews are being done by the nursing facility, but that does not meet the federal requirements. The federal government also requires options counseling so that individuals understand their rights and options and can make an informed choices. MHDS will be working with hospital discharge planners as well to make sure everyone is informed about the new process and transitions can be made as smoothly as possible.

Co-Occurring Capacity - The technical assistance contract for Drs. Minkoff and Cline has been extended for six months, through September of this year, to expand their

change agent training beyond the integration of mental health and substance abuse to working with the intellectual disability population. Many providers have already been involved and a stakeholder group will be formed to help coordinate the effort. Theresa explained that Drs. Minkoff and Cline train on how to make service delivery more open and welcoming and how to be understanding of all individuals who walk into an agency and work to identify and address all of their needs. Under their technical assistance contract, they also visit agencies around the state and provide on-site training and TA.

Jan Heikes noted that agencies in her area have gotten involved and are meeting on a monthly basis. She said people in the domestic crisis center and substance abuse center have been learning from each other and cross training individuals who are working in those areas; the impact has been incredible and very cost effective. Theresa said Drs. Minkoff and Cline also stress working together at the state level. DHS and IDPH (Iowa Department of Public Health) are working on aligning accreditation standards for facilities that offer mental health and substance abuse services.

MH Block Grant – MHDS is starting early to plan for new contracts with Community Mental Health Centers that will begin in October. MHDS is looking at trauma informed care. About seven CMHCs have done assessments on their ability to be prepared for and deal with assessing trauma in their facilities. Drs. Minkoff and Cline are also working with MHDS on that, along with Dr. Michael Flaum and the Iowa Consortium for Mental Health. Mental Health Block Grant funding assists with that. Some community mental health centers have invested other efforts and MHDS will continue to support those, including school-based intervention and emergency crisis work.

DHS Staffing and Services – Jeanne Nesbit outlined some of the impact to the Department of budget adjustments for the remainder of the fiscal year. There will be 19 less funded positions in general administration, which includes the Hoover Building and IME. The facilities hope maintain the funding they had on January 1, 2011. Governor Branstad has asked for supplemental funding to address some of the anticipated cuts and keep things at that level. Pat Penning noted that Chuck Palmer sent out a memo about a month ago that indicated 135 field staff would be cut, which includes income maintenance and social workers. The service funding has remained level, but there will be less people to provide the services. There was hope that layoffs could be avoided by attrition, but there has been little turnover since the hiring freeze took effect, so it appears there will be some layoffs.

Craig Wood commented that it is difficult to hear about counties that don't have operable offices; more than 50 counties don't have full time offices, and many also don't have enough people to process applications. Pat Penning noted they try to process applications within 30 days, but are not always able to do that. Most IM (income maintenance) work is now done over the phone and in person meetings are often only by appointment. Pat also noted that the demand for food stamps has increased greatly.

Craig said one of the concerns he has about going to a regional system is less access to personal assistance. He said he thinks many clients will not be able to apply for

services using the Internet or the phone and will need that in-person help. Rick Hecht commented that it really doesn't matter who manages the pool of money if it simply is not big enough to cover the need. He said counties do a good management job, but lack all the resources they need. Jack Willey said he has concerns that regionalization could swallow up smaller counties and make it more difficult for consumers to get what they need.

Julie Fidler Dixon commented that if Medicaid eligibility determinations and decisions cannot be made, the system will get backed up and it will actually cost more to not have the staff in place to make timely decisions.

Richard Heitmann noted that he recently called the social security office to ask some questions and found it frustrating. He said if he was a new person coming into the system it would be even harder and he thinks people will give up and could have a major crisis as a result of not feeling able to navigate the system.

Craig asked if the Chapter 230A (community mental health center) bill is still viable. Jeanne Nesbit responded that Representative Heaton is working hard on it and it is still alive. Cindy noted that it is a bit of a struggle because the bill the Commission worked on was before the redesign bills appears and now the discussion has become how to blend it into the other proposals.

The lunch break was taken at 11:45 a.m.

The meeting resumed at 12:45 p.m.

NEW COMMISSION APPOINTEES

The Governor's Office has announced the new appointees to the Commission. Their terms will start May 1. Susan Koch-Seehase, Chris Hoffman, and Jack Willey have been reappointed to another three year term. Gary Lippe (Davenport) and Zvia McCormick (Glenwood) have been appointed as DHS Director's nominees; David Hudson (Windsor Heights) has been appointed as a brain injury service advocate; and Lynn Grobe (Oakland) has been appointed as a county board of supervisors representative. Julie Fidler Dixon, Rick Hecht, and Pat Penning will complete their membership terms in April.

NOMINATIONS COMMITTEE

Jack Willey asked Jan Heikes and Lynn Crannell to serve as the nominating committee and prepare a slate of candidates for the election of officers in May.

PLANNING CALENDAR

The next meeting is April 21 at the Red Cross Building, located at 2116 Grand Avenue in Des Moines.

The first day of the May retreat, May 18, the Commission will meet jointly with the Iowa Mental Health Planning Council.

The Commission members expressed interest in asking the Legislative members to once again present a panel discussion to talk about the legislative session, mental health redesign and other issues of interest. Jeanne Nesbit indicated she would work to pull together a panel of legislators and others who provided information to the Legislator for the May retreat so the Commission and Planning Council members would have an opportunity to hear from them and ask questions.

Jack Willey expressed an interest in having a presentation on the Hillcrest crisis stabilization project that is now underway. Other suggestions for topics to be addressed during the retreat included: trauma informed care, an update on veteran's mental health issues, reviewing the Commission's previous work on outcomes, Family to Family Iowa, and board orientation for new members.

It was noted that the 2011 Recovery in Iowa Conference is scheduled for May 16 and 17 at the Holiday Inn and Suites on Merle Hay Road in Des Moines.

PUBLIC COMMENT

Joe Sample from the Iowa Department on Aging told the Commission that House File 45, which has been signed by the Governor, will result in major changes for the aging network in Iowa. There are currently sixteen public service areas in Iowa with thirteen Area Agencies on Aging (AAA). The new legislation has "unplugged" that existing network and the IDA will be going through a process of determining a new design and new areas, which will have an impact on how aging services and resources will be distributed throughout the state. He said they welcome input to that process.

The meeting was adjourned at 1:05 p.m.

Minutes respectfully submitted by Connie B. Fanselow.