

Connection

A Newsletter from the Iowa Office of Consumer Affairs

Fall 2011

Mental Health and Disabilities Services Redesign

The Mental Health and Disabilities Services Redesign process started when a state law was signed by Governor Branstad in the last week of July. The law is called Senate File 525. At the same time, another older law (Senate File 209) was repealed. The repeal means the following will occur on July 1st 2013: there will no longer be a Mental Health and Developmental Disability (MHDD) levy; each county's MHDD fund is dissolved; and counties will no longer administer public funding for mental health and developmental disability services through county Central Points of Coordination (CPCs). The redesign process now underway will likely change the Mental Health System in Iowa from a county-based system to a regional system replacing "legal settlement" as a basis of determining how an individual is funded for services. In addition core services are being identified, crisis services will likely be implemented statewide, and approaches are being sought for delivering seamless co-occurring services and for addressing brain injury.



In August, a meeting between the Department of Human Services (DHS) and advocates from around the state discussed how to allow the people of Iowa to ask questions and give their opinions about mental health redesign. An email address, DHS-MHDSRedesign@dhs.state.ia.us, was established where people could request information, and five public forums were planned. So many people were interested in the public forum process that four additional meetings were scheduled! To date, over 800 people have attended public forums held in Marion, Coralville, Waterloo, Sioux City, Ottumwa and Council Bluffs to learn about the redesign process, ask questions, give comments and provide suggestions. Recently one more forum was scheduled in DeWitt on October 17th.

Six themes have arisen during the public forums. These include:

- **Need for Jail Diversion Programs:** Concerns have been expressed about persons with disabilities ending up in jail due to symptoms and behaviors related to their mental health or disability. Jail and correctional institutions are not the appropriate settings for these individuals to receive the support needed. Crisis stabilization services are essential to help prevent needless incarceration.
- **Individualized Treatment:** People have unique needs. Iowans want services that meet diverse individual needs rather than a set of services being prescribed or made available due to a diagnosis.
- **Peer Support Services:** There is a growing recognition of the value of how people with lived experience of mental illness recovery and helping one another. Peer support may be included in core services particularly around crisis intervention and treatment support.

- **Housing/Workforce:** Vulnerable groups lack safe, affordable housing and viable employment. This negatively impacts treatment efforts and progress. Housing and employment options are needed for all disability groups.
- **Adequately Funding Services:** Funding is a critical issue and one that is shared by all. The legislature will make final appropriations; however, your advocacy helps in setting priorities.
- **Transition:** The process and impact of transitioning from a County System to a Regional System on people served is being discussed and planned.

Let's take a closer look at how Mental Health Redesign is unfolding.

Workgroups (Adult Mental Health, Intellectual Disability & Developmental, Brain Injury, Children's Mental Health, Judicial , Psychiatric Medical Institute for Children Transition) have been meeting since mid-August. The final workgroup meeting will take place on October 20th. The workgroups are meeting to gather input on mental health system redesign for DHS.

The result of this input will be the creation of a preliminary recommendations report with help from consultants from the Technical Assistance Collaborative. This report will be published on October 31st. Additional feedback will be gathered in the first half of November from an additional meeting of each workgroup and a public survey. The Office of Consumer Affairs (OCA) will send out updates once more details become available.

In addition, the Mental Health and Disabilities Services Study Committee will provide input on the preliminary recommendations report (see below). On December 9th the revised recommendations report will be published. This report will provide a big picture view of the proposed redesign. Specific recommendation and programs will be determined by the State Legislature.

A Mental Health and Disabilities Services Study Committee composed of 12 Legislators will work on the specific recommendations. This committee is comprised of equal numbers of legislators from each chamber and both parties:

Senate:

Jack Hatch (D, District 33), Co-Chair
 Joe Bolkcom (D, District 39)
 Joni Ernst (R, District 48)
 David Johnson (R, District 3)
 Amanda Ragan (D, District 7)
 Pat Ward (R, District 30)

House:

Renee Schulte (R, District 37), Co-Chair
 David E. Heaton (R, District 91)
 Lisa Heddens (D, District 46)
 Linda J. Miller (R, District 82)
 Mark D. Smith (D, District 43)
 Mary Wolfe (D, District 26)

The Committee will meet on October 25, November 17th and December 15th. Committee members will work with the Legislative Services Agency to create legislation for the 2012 General Assembly which will start on January 9th. To get the latest information on the Mental Health and Disabilities Services Study Committee visit <http://www.legis.iowa.gov/Schedules/committee.aspx?CID=541>.

To get latest information on the redesign process visit the state website at <http://dhs.state.ia.us/Partners/MHDSRedesign.html>.

Who are the Mental Health and Disabilities Services Study Committee?

On October 24th the Mental Health and Disabilities Services Study Committee will hold its first meeting as part of the Mental Health and Disabilities Services Redesign process. Who are the Legislators on the committee?

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Joni Ernst (R, Red Oak)



David Johnson (R, Ocheyedan)
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Amanda Ragan (D, Mason City)
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Pat Ward (R, West Des Moines)

House



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David E. Heaton (R, Mount Pleasant)
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Lisa Heddens (D, Ames)
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Linda J. Miller (R, Bettendorf)
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Mark D. Smith (Marshalltown)
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Mary Wolfe (D, Clinton)
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Why Children Are Not Little Adults or What Must Managed Behavioral Health Care Consider to be Appropriate for Children and Youth

All children, as a natural result of the process of growing up, are in a constant state of change. Every child is just a little bit different every day. Very young children grow rapidly and noticeably. Change in school age children is less obvious but, nevertheless, there are big differences over the course of a year. At adolescence, some of the changes-both physical and emotional-are dramatic. Families constantly, and automatically, adjust their parenting and life style to suit the evolving abilities and needs of their children. It is this dynamic quality that makes children so very different from adults and creates their extended need for adult support and guidance. Family and child serving systems, including managed care, must have the flexibility to respond rapidly and appropriately to the changing physical, emotional, mental, and social development of infants, toddlers, children and youth.

Quality child and family serving systems, including managed care systems, therefore:

- Systematically and frequently assess the child's situation and progress using what they learn to fine tune and improve services and supports
- Emphasize screening, prevention, and early intervention
- Attend to developmental stages and transition points which are critical for the child and
- Understand and respond quickly to developmental changes in the child and family.
-

All children, including those with mental, emotional, or behavioral problems, continuously require the support of their parents, siblings, and other family members. The family's culture and values provide the context in which the child develops and influences the way the child thinks, feels, acts, and responds to the world. The family, broadly defined, is the most constant element in a child's life. Psychological ties to a family are maintained even when children leave home or the physical or legal bonds no longer exist. What families know about their children is more comprehensive than information gathered by an evaluation team at a specific point in time. Families have a longitudinal perspective on their child's development, behavioral patterns, and characteristic responses to various environmental factors, preferences and idiosyncrasies, and reactions to previous treatments. Child and family serving systems, including managed care systems, need to learn and respect what families know, think, feel, and believe about their children and the services and supports they are receiving. Serving a child means sharing responsibility for the child's care with a family. Services and supports, such as respite care, that enhance the quality of family life are necessary and legitimate uses of resources designated to serve a child.

Quality child and family serving systems, including managed care systems, therefore:

- Respect the family's culture and values and organize and deliver services and supports accordingly
- Include the child's family in all phases of assessment and the design and implementation of services and supports, even when the child is placed outside of the home and
- Provide services and supports to sustain the family as a strong and viable unit that includes the child and to ensure that primary caregivers have the skills and resources they need to nurture the child.

The physical and mental health of children is intertwined with each other and influence development. Their need for food, shelter, clothing, education, and protection can bring children into contact with a variety of systems each with its own set of agencies, programs, and services. The education and physical health care systems are commonly experienced by all children. However, usually through no fault of their own, some children and youth will also encounter child welfare, mental health, substance abuse prevention and treatment. And, sadly, when these other systems fail, some children and youth find themselves in the juvenile justice system. Just as children grow in one piece, so must the child and family serving systems, including managed care systems, meet their needs in one coordinated, efficient and cost effective effort.

Quality child and family serving systems, including managed care systems, therefore:

- Provide the child's family with the support of an individual responsible for ensuring close coordination across systems and communication and consistency among the different agencies and programs working with the child and family
- Conduct screening and assessment activities that explore the child's and family's strengths and needs across a wide range of domains with follow-up that gets all the necessary systems involved quickly and
- Actively engage in collaborative interagency planning to ensure the child and family are served

Contributed by: Iowa Federation of Families for Children's Mental Health
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2011 Empowerment Conference Recap

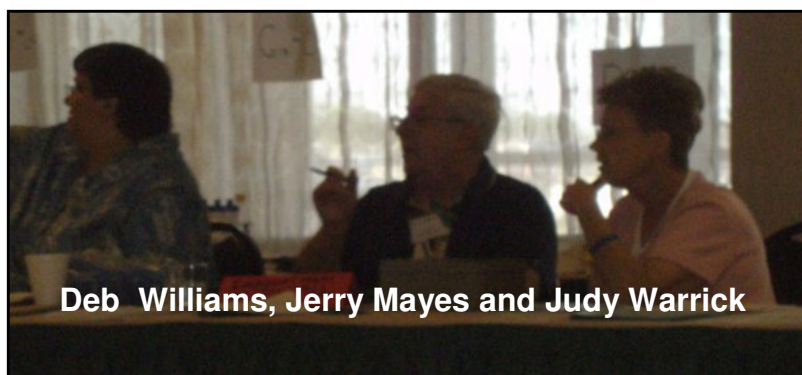
This years' Iowa Empowerment Conference was once again GREAT! It was held August 9th, 10th & 11th at the Holiday Inn Airport in Des Monies. 180 consumers attended and approximately 25 of these persons attended the conference for the first time.

This year's theme was "Reaching to Recovery." Our keynote speakers were Alison Brennan, a therapist from Iowa Falls and Pat Hunt, Magellan's' National Director of Child and Family Resiliency Services from Avon Connecticut. Our workshops this year covered a wide range of topics, such as advocating for yourself, employment, going to college and Identity Theft, and there was a lot of time for networking. We also brought back the Mudpuppies Band and this year they became the official band of the conference.

It's time to start saving for next years' conference which will be held August 7th, 8th & 9th, which will again be at the Airport Holiday Inn in Des Moines. Be part of next year's conference; we will be asking for workshop topics soon and all suggestions will be considered.

See you there!

Deb Williams and Judy Warrick
2011 co-chairmen



Deb Williams, Jerry Mayes and Judy Warrick

Rick Shults Named New Mental Health and Disabilities Services Division Administrator



Rick Shults in Toledo

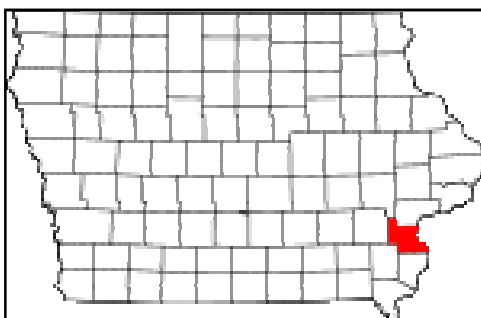
Rick Shults started work as Administrator for the Mental Health and Disabilities Services Division of the Department of Human Services on Monday September 19th. Rick has been involved in community service programs related to developmental disability and mental health for the past 36 years. Rick began his career as direct care staff at a private residential treatment center. In the private sector he has worked in a variety of administrative and management roles from Qualified Mental Retardation Professional to CEO. In state government Rick has been the Director of Community Developmental Disabilities, Director of Management Operations, and most recently the Director of Mental Health Services for the Kansas Department of Social and Rehabilitation Services. He graduated from the University of Oregon and is an avid Ducks fan. He has his Masters of Business Administration from Pepperdine University. Rick is very excited about the opportunity to

work with Iowans to improve the quality of life of those experiencing mental illness and disabilities.

MOTTS: A Story of Hope in Iowa

What began as an observation by a local businessman during the flood of 2008 has grown to an amazing opportunity for people in this small southeast Iowa county of Louisa. Let me tell you a story of what can happen when dreams and goals are shared, people listen and care, community is valued, service agencies are willing to take a chance, and a local business owner and his family are willing to share time and resources.

Rewind to the summer of 2008 when Louisa County was suffering with flood-related issues, one being restricted travel. This affected an individual with his vocational services in a neighboring county, and the vocational service provider contacted Jim Mott of S&J Tube in Wapello to see if the assessment/training could be done in his shop until travel could resume. Jim consented, and was soon wondering why people would need to go outside Louisa County for services, and how some of his own employees might receive services that would help them be better employees.



Meanwhile, The Welcome Mat, a recovery center operated by Optimae, Inc. was meeting regularly in Wapello at the local mental health center. Attendance and interest was growing, and the group was interested in finding a different place to meet – a place outside of the mental health center, with more amenities for their group, such as a kitchen. Some of the Welcome Mat participants started talking about this at our local Steering Committee for Mental Health Services meetings and contributing ideas for growing and improving the service.

All this time, Hope Haven Area Development Center of Burlington was operating various programs within 30 miles of Louisa County, as well as managing a HCBS-ID waiver site in Louisa County, and providing some supported employment in the county. Years earlier, when there was a residential care facility in the county, Hope Haven was the operator and had experience growing services in Louisa County.

Back in the office of Louisa County Community Services, our staff of case managers and this CPC Administrator continued to look at individual service needs and service requests... brainstorming about growing services in the county.

And then it happened... Jim Mott's persistent thought became questions he posed to the local Economic Development Group coordinator, and that coordinator knew to contact this CPC with questions regarding services for people with disabilities. In a matter of weeks we were meeting, then holding a large stakeholder meeting, and sitting in an old, barren factory... brainstorming and imagining it as a hub of activity for people with disabilities.

To say that Jim and Jeanne Mott were open-minded and extremely generous in this process is a major understatement. Their original idea to "start a workshop" at 221 S. Main Street was modified as they learned from stakeholders that there were already service providers in operation in neighboring counties that could be accessed, and that people wanted jobs and activities in their community rather than in a "workshop". Lots of brainstorming, a willingness on Motts' part to transform the old factory and establish a not-for-profit Board of Directors to manage the property, a willingness on Louisa County's part to provide funding for start-up for a new program, and a willingness on the part of two area service providers to take a chance in this new environment, resulted in the opening of MOTTS in early 2010, where Hope Haven Area Development Center provides HCBS-ID wavier services during the day, and Optima, Inc. provides habilitation services and recovery services in the late afternoons and evenings.

The name MOTTS stuck, as we discussed that people might rather say they were going to "MOTTS" rather than "day habilitation services" or "recovery center", and this CPC and staff came up with the acronym: Mentoring, Outreach, Training, Transition, Support, which clearly identifies the mission and vision of this project!

Recently, I had the pleasure of meeting Todd Noack with Office of Consumer Affairs when he stopped by Louisa County Community Services to introduce himself. I suggested we visit MOTTS; when we stopped by, I was proud to see the building was nearly empty as several participants were OUT IN THE COMMUNITY on an activity. One of the gentlemen who had stayed behind proudly introduced himself and joined me in giving Todd a tour of the building. It is truly a sight to behold, with a fully equipped kitchen area, two bathrooms (one with a shower), a laundry area, a TV room with a Wii system, two computer centers, a large activity area, a conference room, two office areas, a yard with picnic tables and chairs – everything newly remodeled, furnished and completely handicapped accessible. The framed prints on the walls, each one specifically selected by Jeanne Mott, speak of respect, working together, honoring differences, and pride.

What we have in MOTTS is a true collaboration: private business owner, not-for-profit board of directors, not-for-profit service agency, a for-profit service agency, county government, and people with disabilities – all working together to grow services for people in Louisa County.

Submitted by Pat Colthorst, Louisa Center Point of Coordination (CPC)

Upcoming Events

October 18th

Intellectual and Developmental Disabilities Redesign Workgroup

10:00 am - 3:00 pm

United Way, Des Moines

October 18th

Adult Mental Health Redesign Workgroup

10:00 am - 3:00 pm

State Capitol Building Room 22, Des Moines

October 20th

Mental Health Disability Services Commission

9:30 am - 3:30 pm

United Way, Des Moines

October 20th

Judicial Workgroup

10:00 am - 3:00 pm

Judicial Building, Des Moines

October 25th

Children Mental Health Redesign Workgroup

10:00 am - 3:00 pm

Polk County River Place, Des Moines

October 25th

Brain Injury Redesign Workgroup

10:00 am - 3:00 pm

State Capitol Building Room 103, Des Moines

November 16th

Mental Health Planning Council

10:00 am - 3:00 pm

To Be Determined, Des Moines

November 17th

Mental Health Disability Services Commission

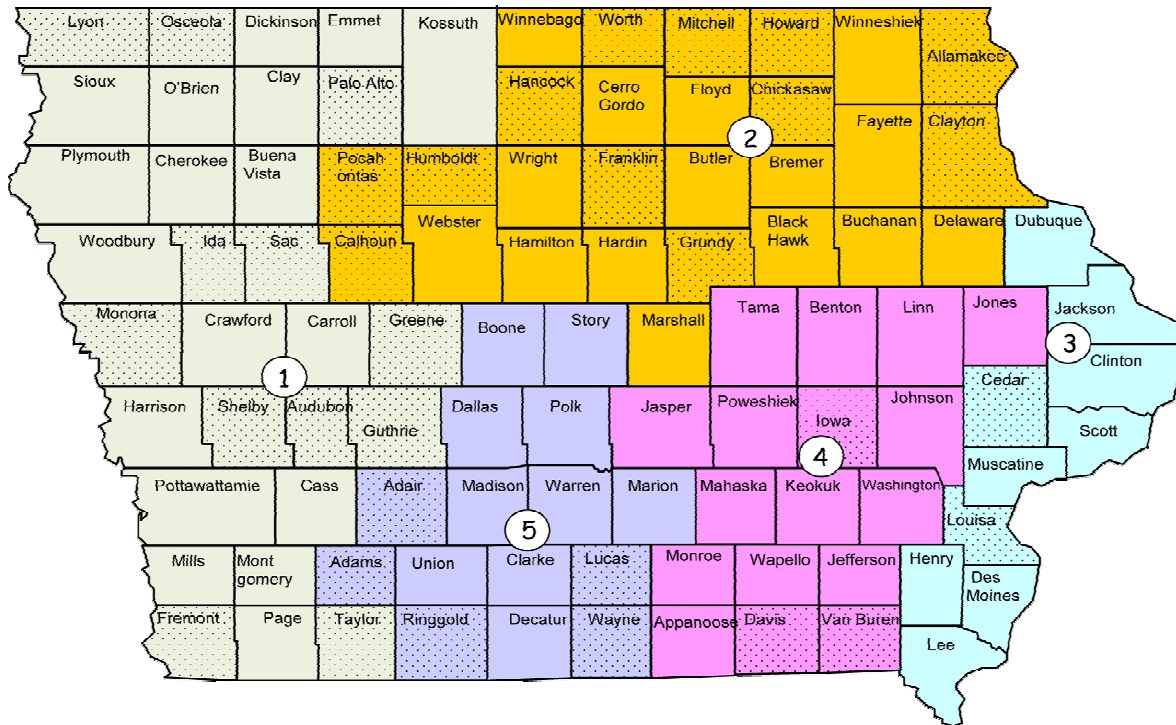
9:30 am - 3:30 pm

Iowa Lutheran Hospital, Des Moines



Advisory Committees

The Office of Consumer Affairs has 5 Advisory Committees in each of the 5 DHS Services areas. The purpose of the committees is to gather input from people throughout the state about issues, opportunities and resources. In addition the OCA keeps the Advisory Committees update on the latest information concerning the state mental health system. If you are interested contact us at tlange@dhs.state.ia.us or 855-OCA-IOWA.



We Want To Hear From You!!



The Office of Consumer Affairs needs your voice! "Nothing about us, without us" means that we need to hear from YOU in order to make the **OCA** newsletter and this organization a powerful force for the healing and recovery of individual people and the healing and recovery of our local and state behavioral health service systems. Please consider sharing your news, thoughts, inspirations, dreams, recovery tips, creativity and more with our editorial and publishing team. All you need is a heart that wants to share, and some way to get the sharing to us! We'll accept audio and video tapes (we could put your short home-made film or blog onto the website version of the newsletter), emails, attachments, hand-written letters, artwork in many forms

and the list goes on! If you're interested in joining our team or making a contribution to **OCA**, contact Todd Lange, Director at 1-877-OCA-IOWA or tjlange@dhs.state.ia.us.

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