

OLMSTEAD CONSUMER TASKFORCE AGENDA

Friday March 11, 2011, 10:00 a.m. – 3:00 p.m.

Conference Phone 1-866-685-1580, Conference Code 8957365810

Urbandale Public Library Meeting Room B

Urbandale, Iowa

**Items identified for possible action*

- 10:00 Welcome and Introductions and Comments –Vice
Chair Jim Paprocki
- 10:15 * Approval of Minutes from December 3 and January
14, 2011 Meetings (2 attachments)
- 10:20 *Iowa Olmstead State Plan (2 attachments)
<http://iowamhdsplan.org/framework/>
- 10:40 MHDS update-Theresa Armstrong, Bureau Chief,
Community Services Bureau, Mental Health and
Disability Services
- 11:30 Nominations committee Report-Alice Holdiman
*Retention of Members, *Election of Officers (1
attachment)
- 12:00 Lunch-Available on site
- 1:00 *Bylaws discussion-Jim Paprocki (2 Attachments)
- 1:45 Legislative Update
- 2:15 State Agency Reports (Optional)

2:50 Public Comment

3:00 Adjourn

Next meeting Friday May 13, 2011, location to be announced

EXECUTIVE SUMMARY

A Life in the Community for Everyone - The Department of Human Services Olmstead Plan for Mental Health and Disability Services: 2011 – 2015 presents goals, objectives and strategic priorities grounded in Iowa values. The strategic priorities identified in the Plan provide the Department of Human Services with the focus for allocation of staff and financial resources and the rationale for budget requests and policy recommendations to the Legislature. The Plan has been developed with extensive stakeholder involvement, and will remain a living document over its five-year implementation period, undergoing regular updates with the help of people with mental illness, brain injury or other disabilities, their families, advocates, providers and state agency partners. The three State entities charged with planning responsibilities for the mental health and disability service system (the Olmstead Consumer Task Force, the Mental Health and Disability Services Commission and the Mental Health Planning Council) played a significant role in ongoing review of the Plan, and will continue to do so.

Prevalence of Disability in Iowa.

Statistics on the number of Iowans with disabilities vary, depending on definitions and methods used to produce them. The U.S. Census Bureau's American Community Survey findings are often cited: in Iowa, an estimated 400,000 individuals have functional limitations. In other research, an estimated 700,000 Iowans experience at least some symptoms of mental disorder each year; most never access the public service system and data on the use of private pay services are lacking. Approximately 50,000 Iowans have intellectual or developmental disabilities and the same number are estimated to have brain injury. Data on the number of people with other types of disabilities are scant for a variety of reasons. Access to services varies greatly, depending on the type of disability. Chapter III of the Plan describes the current services system, including an analysis of the challenges individuals and families face in getting the help they need.

State Authority and Responsibility for Planning and Oversight.

Iowa Code designates the Mental Health and Disability Services Division of the Iowa Department of Human Services as the State Mental Health Authority (SMHA) as defined in the National Mental Health Act (225C.3.1) and the State Developmental Disabilities Agency (225C.3.2). With these two designations, the Division is charged under Iowa Code to prepare and administer the: state mental health plan, state intellectual disabilities plan (formerly known as the state mental retardation plan—the State of Iowa has followed the national trend to adopt the less stigmatizing term of “intellectual disability” or ID), and the state developmental disabilities plans for the provision of disability services (225C.4); and also with “developing and maintaining in the state a disability service delivery system to provide disability services to all persons in this state who need the services, regardless of the place of residence or economic circumstances of those persons.” (225C.4 (1) (d))

Iowa's Vision and the Olmstead Decision.

The Governor has also assigned lead responsibility to the Department of Human Services for development of a State Olmstead Plan. The plan's purpose is to align state policies and programs with the principles laid down by the U.S. Supreme Court in its landmark *Olmstead* decision. On June 22, 1999, the Court ruled in *Olmstead v. L.C. and E.W.* that the "integration mandate" of the Americans with Disabilities Act requires public agencies to provide services "in the most integrated setting appropriate to the needs of qualified individuals with disabilities." Writing for the majority, Justice Ginsburg stated that "Recognition that unjustified institutional isolation of persons with disabilities is a form of discrimination reflects two evident judgments. First, institutional placement of persons who can handle and benefit from community settings perpetuates unwarranted assumptions that persons so isolated are incapable or unworthy of participating in community life. Second, confinement in an institution severely diminishes the everyday life activities of individuals, including family relations, social contacts, work options, economic independence, education advancement, and cultural enrichment."

The Court understood that many States lacked the capacity in the short term to provide services in the community to all qualified individuals they served, but stated that they could demonstrate compliance with the ADA by developing an implementing a "comprehensive effectively working plan for placing qualified persons...in less restrictive settings, and a waiting list that [moves] at a reasonable pace..."

This DHS Olmstead Plan reaffirms the Department's commitment to implementing *Olmstead* in Iowa, and updates and augments strategies to achieve this end. Supporting people's ability to live, learn, work and recreate in their communities of choice involves consideration of such major factors as affordable and accessible housing and transportation, numerous public health functions, and responsive employment services. Some of these issues are outside the domain of DHS. Working with the Olmstead Consumer Task Force, whose membership includes representatives of State agencies throughout the Executive Branch, the department has encouraged a wide-ranging dialogue on the impact of State policies and programs on the quality of life for people with mental illness, brain injury or other disabilities and has engaged in many important inter-agency collaborative efforts to support full community integration.

Purpose of the Plan.

The Plan serves a number of important purposes. The planning process was designed to help build important consensus on what needs to be done in order to achieve the vision of "*A Life in the Community for Everyone.*" Iowa legislators have for years asked for a coherent statement of strategic priorities, rather than the confusing, dissonant and sometimes competing requests by multiple stakeholders which they normally receive. The Plan sets strategic priorities and an action agenda to keep the Department, stakeholders and hopefully State partners and the Legislature focused, especially in lean fiscal times. It provides a vehicle for integrating current and proposed initiatives within the planning framework. In early 2011, internal work plans will be developed for individual action agenda items, including measurable outcomes and timetables.

How the Plan Was Developed.

The Mental Health and Disability Services Division's Bureau of Community Services and Planning were assigned lead responsibility for plan development. A planning team consisting of Bureau leadership, staff from the University of Iowa Center for Disabilities and Development (CDD) and the Iowa Consortium for Mental Health (ICMH) conducted research and analysis, drafted plan documents and secured stakeholder input, including development of a State Plan web site (www.iowamhdsplan.org).

The MHDS Division worked with CDD and ICMH to develop a preliminary prevalence estimate for mental illness, Serious Emotional Disturbance and other disabilities in Iowa. Plan development began with a historical analysis of Iowa's mental health and disability service system, to get an understanding of such key features as the role of counties, the long-standing reliance on facility-based care, and the close link between poverty and disability that is perpetuated by many federal assistance programs. The planning team also reviewed major reports containing stakeholder recommendations for system transformation dating back to the late 1990's, and found substantial areas of agreement among the hundreds of participants in various task forces and work groups. These consensus points became the foundation for development of a draft list of principles, and a description of what an efficient, effective service system would look like. These drafts were presented to a number of stakeholder groups, and revised in response to comments.

The principles and description of the transformed system led logically to the formation of State Plan goals and objectives. Goals are broad long term results related to a transformed system. Objectives, which may serve more than one goal, can also be long term but that help us refine our thinking about what it takes to achieve our goals. Both the goals and objectives were vetted by stakeholders and revised in a number of areas in response to comments and suggestions. All current and proposed initiatives (or "Action Steps") of the Department and its State agency partners were then reviewed to determine their alignment with the goals and objectives, to establish a State Plan Framework.

Sets of action steps which address the most pressing needs or have fundamental importance in the achievement of long range goals have been designated Strategic Priorities. The Framework was edited and amended through a face to face and web-based stakeholder input process through the summer and fall of 2010, leading to development of the final document. The input process included four Public Forums in October and November, attended by hundreds of stakeholders. The Division conducted a final review of Strategic Priorities in December and developed an action agenda that further refined the short term focus for the department. The action agenda includes on-going or proposed initiatives which (1) will provide critical support for the expansion of community living options; and (2) are affordable and cost effective.

The State Plan Framework: Vision, Goals, Objectives, Action Steps, Strategic Priorities

The Plan's vision is *A Life in the Community for All*. The vision is fleshed out in further detail in the description of the transformed system. (Refer to the State Plan Framework at

www.iowamhdsplan.org.) Five broad goals were established; they are defined below, along with sets of action steps designated as Strategic Priorities in the coming years.

Goal 1 – Communities: Welcoming communities that promote the full participation of Iowans with mental illness or disabilities.

Strategic Priority No. 1: Educate Iowans about the potential of people with mental illness, brain injury or other disabilities to make positive contributions.

Strategic Priority No. 2: Promote the importance of full community inclusion for people with mental illness, brain injury or other disabilities

Goal 2 – Access: Increased access to services and supports that individuals need to optimally live, learn, work and recreate in communities of their choice.

Strategic Priority No. 3: Improve access to services for individuals in crisis and their families.

Strategic Priority No. 4: Ensure appropriate services and settings by strengthening the tools and processes used to assess individual support needs.

Goal 3 – Capacity: A full array of community based services and supports that are practically available to all Iowans.

Strategic Priority No. 5: Establish the leadership, necessary partnerships and infrastructure for a service system expanding opportunities for competitive employment.

Strategic Priority No. 6: Develop frameworks for advancing the integration and coordination of primary care, mental health, substance abuse, disability and other services.

Strategic Priority No. 7: Deploy the resources of public residential institutions and Iowa’s Money Follows the Person grant, in tandem with other federal and state initiatives, to maximize support for community integration and reduce reliance on institutionally based services.

Goal 4 – Quality: High quality services and supports.

Strategic Priority No. 8: Improve service outcomes by promoting efficient and cost effective best practices.

Strategic Priority No. 9: Develop and expand workforce competencies.

Goal 5 – Accountability: Clear accountability for achieving service results for Iowans that support individuals to live, learn, work and recreate in communities of their choice.

Strategic Priority No. 10: Implement an effective performance and accountability infrastructure.

Strategic Priority No. 11: Develop a plan for long term system financing.

Olmstead Plan for Mental Health and Disability Services: State Plan Framework (2011 - 2015)

Vision: A Life in the Community For Everyone

Principles Guiding a Transformed System

1. **Public awareness and inclusion**....Iowans increasingly recognize, value, and respect individuals with mental illness or disabilities as active members of their communities.
2. **Access to services and supports**....Each adult and child has timely access to the full spectrum of supports and services needed.
3. **Individualized and person-centered**....Communities offer a comprehensive, integrated, and consistent array of services and supports that are individualized and flexible.
4. **Collaboration and partnership in building community capacity**....State and local policies and programs align to support the legislative vision of resiliency and recovery for Iowans with mental illness, and the ability of Iowans with disabilities to live, learn, work, and recreate in communities of their choice.
5. **Workforce and Organizational Effectiveness**....Investing in people through appropriate training, salary and benefits improves workforce and organizational effectiveness.
6. **Empowerment**....Communities recognize and respect the ability of people (1) to make informed choices about their personal goals, about the activities that will make their lives meaningful, and about the amounts and types of services to be received; and (2) to understand the consequences and accept responsibility for those choices.
7. **Active Participation**....Individuals and families actively participate in service planning; in evaluating effectiveness of providers, supports and services; and in policy development.
8. **Accountability and results for providers**....Innovative thinking, progressive strategies and ongoing measurement of outcomes lead to better results for people.
9. **Responsibility and accountability for government**....Adequate funding and effective management of supports and services promote positive outcomes for Iowans.

Definitions

Goals are the broad long term results towards which efforts and resources are to be directed in order to transform Iowa's mental health and disability service system. The five goals of this plan are over arching themes emerging from years of public dialogue with stakeholders. **Objectives** are more specific, shorter term end results that help us refine our thinking about what it takes to achieve our goals. Many objectives listed serve more than one goal. **Action steps** are initiatives to achieve specific measurable outcomes that help us progress towards the objectives under which they are listed. They too can serve more than one. **Strategic priorities** are the sets of initiatives that will be the primary focus of the Department's energy and resources (budget) over the duration of the Plan (2011-2015), because of the importance of the need addressed, the opportunities currently available to make significant progress, or other factors such as new statutory mandates. Resources will not be focused solely on strategic priorities, since there are on-going responsibilities on a wide range of initiatives. The Department's Action Agenda (action steps to be emphasized over the next 18 months (1/1/11-6/30/12) is highlighted in this document. See the Framework Key on the top of page 3.

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Principle Driven Goals				
Goal 1 Communities	Goal 2 Access	Goal 3 Capacity	Goal 4 Quality	Goal 5 Accountability
Welcoming communities that promote the full participation of lowans with mental illness or disabilities. <i>(Principle 1)</i>	Increased access to information, services and supports that individuals need to optimally live, learn, work and recreate in communities of their choice. <i>(Principle 2)</i>	A full array of community based services and supports that is practically available to all lowans. <i>(Principles 3 and 4)</i>	High quality services and supports. <i>(Principles 5, 6 and 7)</i>	Clear accountability for achieving service results for lowans that support individuals to live, learn, work and recreate in communities of their choice. <i>(Principles 8, 9)</i>
Strategic Priorities				
<p>Strategic Priority No. 1: Educate lowans about the potential of people with mental illness, brain injury or other disabilities to make positive contributions.</p> <p>Strategic Priority No. 2: To promote full community inclusion for people with mental illness, brain injury or other disabilities.</p>	<p>Strategic Priority No. 3: Improve access to services for individuals in crisis and their families.</p> <p>Strategic Priority No. 4: Ensure appropriate services and settings by strengthening the tools and processes used to assess individual support needs.</p>	<p>Strategic Priority No. 5: Establish the leadership, necessary partnerships and infrastructure for a service system expanding opportunities for competitive employment.</p> <p>Strategic Priority No. 6: Develop frameworks for advancing the integration and coordination of primary care, mental health, substance abuse, disability, and other services.</p> <p>Strategic Priority No. 7: Deploy the resources of public residential institutions and Iowa's Money Follows the Person grant, in tandem with other federal and state initiatives, to maximize support for community integration and</p>	<p>Strategic Priority No. 8: Improve service outcomes by promoting efficient and cost effective best practices.</p> <p>Strategic Priority No. 9: Develop and expand workforce competencies.</p>	<p>Strategic Priority No. 10: Implement an effective performance and accountability infrastructure.</p> <p>Strategic Priority No. 11: Develop a plan for long term system financing.</p>

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		reduce reliance on institutionally based services.	
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Goal 1 – Communities

Welcoming communities that promote the full participation of Iowans with mental illness or disabilities. (Principle 1)

Obj. 1.1 Improve public awareness of positive contributions of people with mental illness and disabilities, and public understanding of the dignity of independence.

- a. Identify existing web-based resources and develop a reference library in collaboration with state and other partners to assist community groups in promoting public awareness of positive contributions of people with mental illness, brain injury or other disabilities, celebrating the anniversary of the Americans with Disabilities Act and other observances, and outreach to other organizations committed to changing public attitudes. **(SP 1)**
- b. Create a statewide speakers bureau and video lending library that can make individuals with lived experience in mental health, brain injury or other disabilities and/or expertise available to present information and raise awareness. **(SP1)**
- c. ***Think Beyond the Label – Build on the national media campaign by customizing the message within the State, to promote public awareness and to make the business case for hiring people with disabilities. (SP 1)***
- d. Conduct targeted outreach to families and guardians of individuals with mental illness, brain injury and other disabilities to raise awareness of opportunities for community living, including competitive employment, by accessing available supports and services. **(SP 1)**
- e. Integrate public awareness initiatives undertaken under this Plan objective with awareness initiatives pursuant to the Governor’s Task Force on Dependent Adults Final Report (Recommendations II.C –D), balancing the focus on abilities and contributions of people with disabilities with their fundamental right to live and work in environments that are safe and free from neglect, abuse, discrimination or exploitation. **(SP 1)**

Obj.1.2 Improve public understanding of the causes and effects of mental illness, brain injury and other disabilities for all ages and of effective supports and services, through public awareness and education initiatives.

- a. *Collaborate with the Iowa Departments of Public Health, Education, and Public Safety and other stakeholders in providing continuing support for the*

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Mental Health First Aid initiative to enhance public awareness of the risk signs for mental illness, including suicide. (SP 1, SP 3 – See also Obj. 2.2.d)

Obj. 1.3 Expand involvement of young people and adults with mental illness, brain injury or other disabilities in workforce and volunteer projects

- a. *Support opportunities for involvement of young people and adults with disabilities in Americorps or other national service programs, as well as locally developed initiatives. (SP 2)*
- b. Analyze current policies and practice regarding transition, and determine, with the engagement of the Department of Education, how these can be strengthened to support integrated employment as a preferred outcome for students moving into the adult service system. This should include clarity of post secondary and national service options to further prepare students for adult life. (SP 2, SP 5 - See also Obj. 3.1.b)**

Obj. 1.4 Promote active participation of people with mental illness, brain injury or other disabilities on State and local boards, councils and commissions and provide tools and financial assistance to support active participation.

- a. *Partner with the Mental Health and Disability Services Commission, the Mental Health Planning Council, the Iowa Developmental Disabilities Council, the Advisory Council on Brain Injuries, the Prevention of Disabilities Policy Council, the Olmstead Consumer Task Force, and other statewide advocacy groups to identify strategies to support opportunities for meaningful participation by people with disabilities on State, regional and local boards, councils and commissions dealing with any topic of interest to them, not just disability-related matters. Strategies could include expansion of peer support and leadership and advocacy training, and creative approaches to removal of barriers such as transportation. (SP 2)*
- b. Create new opportunities for involvement of people with mental illness, brain injury or other disabilities in DHS policy planning and program development and monitoring, in such areas as the DHS response to the federal Affordable Care Act, community based services, and Health Information Technology. **(SP 2)**
- c. *Re-establish and strengthen the Office of Consumer Affairs and its role in securing regional and statewide consumer and family input.*

Obj. 1.5 Support and provide educational and training opportunities in cultural awareness and sensitivity for organizations and people working with individuals with mental illness, brain injuries and other disabilities, to ensure that consumers receive

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effective, understandable, and respectful services provided in a manner compatible with their cultural beliefs, practices and preferred language.

- a. Collaborate with the Iowa Civil Rights Commission in the identification and dissemination of resources to support cultural competency in the mental health, brain injury and disability services delivery systems. (See also Obj. 4.7.b)

Obj. 1.6 Promote adoption of a common, people first language about mental illness, disability, and all aspects of the service system that reflects the dignity and potential of the individual and the values of consumer and family driven planning and service delivery.

- a. **Develop a common language and definitions for community and facility based providers to improve communications and to reflect a commitment to empowerment of individuals and a focus on strengths and functional needs rather than a diagnosis. (SP 2, SP 7 - See also Obj. 3.3.b)**
- b. Extend use of the common language to policies and administrative rules.

Goal 2 – Access

Increased access to information, services, and supports that individuals need to optimally live, learn, work, and recreate in communities of their choice. (Principle 2)

Obj. 2.1 Improve awareness and access to appropriate community based services, including prevention services, for individuals in crisis and their families.

- a. **Promote alternatives and complements to hospital-based emergency and inpatient services for urgent behavioral health care needs of adults and children through the development and expansion of community-based access centers and crisis stabilization beds (SP 3)**
- b. ***Expand provider capacity to address behaviors related to co-occurring mental illness and intellectual disabilities through deployment of the Iowa Program Assistance Response Team (I-PART). (SP 3, SP 7- See also Obj. 3.3.a)***
- c. **Expand the capacity of the state mental health facilities as resource centers for the community provider network, in helping individuals to stay in the community. (SP 3 – See also Obj. 3.3)**
- d. ***Build provider capacity to ensure access to community based crisis intervention, behavioral programming and mental health outreach services. (SP 3, - SP 7 See also Obj. 3.4.c)***

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- e. *Maintain and promote availability of 24/7 telephone access to Medicaid-funded case management services. (SP 3)*
- f. *Develop emergency mental health services in pilot areas. (SP 3)*
- g. *Expand access to training for community based providers (including primary care providers as well as non-prescribing mental health professionals) in behavioral health medication management. (SP 3 - See also Obj. 3.7.c)*
- h. *Expand access to training and education for consumers, families and other natural supports in behavioral health medication management. (SP 3 – See also Obj. 3.7.d)*

Obj. 2.2 Increase awareness in schools of mental health issues and promote screenings to identify and refer children and youth at risk.

- a. *Improve access to school-based mental health services, including teacher access to consultations with mental health professionals, and awareness of and access to available resources to promote acceptance of children with mental health disorders and/or disabilities. (SP 3)*
- b. *Partner with the Department of Education and institutions of higher education in Iowa to expand access to teacher training in mental health issues, crisis prevention and intervention, and access to the mental health service system.*
- c. *Collaborate with the Iowa Department of Public Health and other state agencies to address methods to reduce suicide risks among teens and young adults. (SP 3)*
- d. *Promote and provide Mental Health First Aid training and support for school systems, child welfare providers, and members of the public to create awareness of mental health and disability issues and improve the capability for individuals to recognize and appropriately respond to individuals experiencing mental health issues and crises. (SP 3, SP 1 – See also Obj.1.2.a)*
- e. *Continue to collaborate with the Iowa Department of Education, the area education agencies, and local school districts in the development of a response to school crisis situations, including use of the Disaster Behavioral Health Response Team and other MHDS services. (SP 3)*

Obj. 2.3 Strengthen the State's ability to support informed choice by people with mental illness, brain injuries or other disabilities who need services.

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- a. *Continue to work towards a “No Wrong Door” concept in access to services. No Wrong Door refers to a system that welcomes people in need wherever they try to gain access to services.*
- b. ***Maintain and continue to enhance Iowa’s web based Information & Referral services for people with disabilities and older Iowans and make cross-training available on information regarding services and supports for all disabilities. (SP 3)***
- c. ***Develop a network of trained parent navigators and educators for parents of children with disabilities, including Serious Emotional Disturbance. (SP 3 - See also Obj. 3.2.d)***
- d. *Develop outreach strategies for more proactive dissemination of information about available services and supports, including training opportunities for individuals, their families, and providers of natural supports.*
- e. *Continue outreach and education for people with mental illness, brain injury and disabilities to optimize understanding of the impact of employment on their current benefits and awareness of available Medicaid and Social Security Administration work incentives and other asset development opportunities (e.g., Earned Income Tax Credit, Individual Development Accounts, self employment or microenterprise, etc.). (SP 5 – See also Obj. 3.1.e)*
- f. *Provide education and training opportunities to youth with serious emotional disturbance or other disabilities and their families to establish an early understanding of asset development options and to prepare for competitive employment. Work with Parent-Educator Connection staff, Special Education Directors, ADA and 504 Coordinators and disability support groups to invite students with IEPs and 504 plans and their parents to the trainings. (See also Obj. 3.1.f)*

Obj. 2.4 Improve awareness of mental health, brain injury and disability issues in the judicial branch, law enforcement, and among community emergency responders, to promote access to appropriate treatment settings. (SP 3)

- a. ***Expand educational programs for law enforcement and the judicial branch on the symptoms of and supports for mental illness and other disabilities. (SP 3)***
- b. ***Continue the work of the Court Mental Health Work Group. (SP 3)***
- c. ***Establish vehicles for communication among law enforcement, the judicial branch and MHDS about options available for diversion, and alternatives to arrest, detention, incarceration and commitment. (SP 3)***

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- d. Establish vehicles for communication and education about alternatives to full guardianship and conservatorship.

Obj. 2.5 Continue collaboration with State partners in the work of the Ex-Offender Reentry Coordinating Council recommendations to strengthen and improve ex-offender re-entry programs and processes to ensure access to mental health services and other supports essential to successful community living.

- a. *Continue to improve access to Medicaid mental health and substance abuse services, including psychotropic medications. (SP 3)*
- b. *Improve access to housing and employment supports.*

Obj.2.6 Maintain the capacity to provide timely, effective mental health support in response to natural and human-caused disasters.

- a. *Expand Disaster Behavioral Health Response Team services statewide. (SP 3)*
- b. *Expand Mental Health First Aid training statewide. (SP 3 – See also Obj. 1.2.a)*

Obj. 2.7 Work with the Division of Homeland Security & Emergency Management, the Departments of Human Rights and Public Health, and the Prevention of Disabilities Policy Council to build awareness and capacity of communities to serve people with disabilities during and after a disaster event, and of people with disabilities to plan and prepare for emergencies.

- a. Coordinate with other agencies in the design and implementation of regional and state trainings and dissemination of information for community emergency planners to increase awareness and understanding of the needs of individuals with disabilities during emergencies.
- b. *Work with the Iowa Department of Public Health and the Prevention of Disabilities Policy Council to evaluate the Community Access Project as a vehicle to build community capacity for emergency response to people with disabilities and to educate individuals about personal preparedness issues.*

Obj. 2.8 Improve system capacity to conduct consistent assessments to best determine service and support needs. (SP 4)

- a. ***Strengthen implementation of Pre Admission Screening and Resident Review (PASRR) for lowans prior to admission to nursing homes to insure that placement is appropriate and needed services are available,***

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beginning with the federally mandated populations, and address the needs of other populations as resources are provided. (SP 4)

- b. **Develop and implement policies and procedures for implementation of new federal requirements to ensure the rights of nursing home residents to choose where they receive their long term supports and services, including referral to local contact agencies for options counseling, referral to disability-specific services such as neuro-resource facilitation, and transition services as appropriate. (MDS 3.0, Section Q) (SP 4, SP 7 – See also Obj.3.4.e)**
- c. ***Explore use of a standardized functional assessment tool (the Supports Intensity Scale) in determining service and support needs for people with intellectual disabilities. (SP 4)***
- d. *Explore use of a standardized functional assessment tool to determine service and support needs for people with mental illness and implement upon agreement.*
- e. *Explore use of a functional assessment tool for people with brain injury who do not have a diagnosis of intellectual disabilities.*
- f. *Explore use of a functional assessment screening tool to identify mental health and disability issues for all children and youth.*
- g. **Identify opportunities to improve discharge planning to meet the needs of individuals for services in the communities of their choice. (SP 3, SP 7 – See also Obj. 3.3.c)**

Obj. 2.9 Improve access to services and supports by creating or expanding affordable transportation options for Medicaid members.

- a. *Incorporate a Medicaid transportation brokerage as a Medicaid State Plan service, providing more efficient use of resources and enhanced access to transportation.*
- b. *Explore with the broker possible expansion of transportation brokerage services beyond Medicaid population services, using alternative funding and financial reporting.*

Obj. 2.10 Improve access to mental health services for underserved populations.

- a. *Explore with Iowa Medicaid Enterprise (IME) opportunities to integrate behavioral, mental and physical health services for older adults to maximize their ability to remain independent in the community.*

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- b. *Expand access to mental health services to adults over age 65 under the Iowa Plan for Behavioral Health's Senior Connect, a program that will provide this age group with access to appropriate Iowa Health Plan Services and continuity of care across the lifespan.*
- c. *Partner with the Iowa Departments of Public Health and Aging and other stakeholders to explore options to address training needs related to mental health assessment and the service delivery continuum across the life span. (See also Obj. 3.6)*
- d. *Improve access for individuals with all multi-occurring disorders (SP 8 - See also Objective 4.1)*
- e. *Explore strategies to enhance access to services in underserved areas, including rural communities, through tele-health and other technologies.*
- f. *Improve access to services for homeless individuals with mental illness through (1) participation in Projects for Assistance in Transition from Homelessness (PATH) and SSI/SSDI Outreach, Assistance and Recovery (SOAR) Technical Assistance Initiative ; and (2) partnering with the Iowa Finance Authority in the utilization of homelessness assistance funding. . (See Obj. 3.4.c)*
- g. **Work with the Veterans Administration, the Iowa Department of Veterans Affairs and veterans' organizations to develop collaborative approaches to meeting the needs of veterans with mental health issues and/or brain injuries, and their families. (SP 3)**

Obj. 2.11 Continue to address barriers to access that are created by county of legal settlement and related funding issues.

Obj. 2.12 Promote early, accurate diagnoses and referrals for individuals with or at risk of mental illness, brain injury or other disabilities.

- a. *Provide parents, schools and health professionals with tools to learn the signs of autism and other developmental disabilities as early as possible.*
- b. *Support the efforts of Iowa Medicaid Enterprise to implement the Iowa ABCD II (Assuring Better Child Health Development) recommendations for promotion, prevention and treatment services for the healthy mental development of young children, including maternal screening for depression.*
- c. *Collaborate with IDPH and the Brain Injury Resource Network in improving information on and access to available community resources for individuals identified with brain injury.*

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- d. *Promote awareness by professionals and parents of Iowa's system of early intervention for children at risk of developmental delays (Early Access program).*

Goal 3 – Capacity

A full array of community based services and supports that is practically available to all Iowans (Principles 3 and 4)

Obj. 3.1 Support strategies for asset development to create opportunities for independence and self reliance for people with mental illness, brain injury or other disabilities, including promotion of competitive employment as the preferred outcome of services, personal savings, home ownership, and entrepreneurship.

- a. ***Continue current work in collaboration with the State Employment Leadership Network (SELN) and other State agency partners, including Department of Education, Voc Rehab, Workforce Development, Department for the Blind, Iowa DD Council, Department of Human Rights and others to develop and implement a statewide competitive employment plan for people with disabilities, mental illness, or brain injuries. (SP 5)***
- b. ***Analyze current policies and practice regarding transition, and determine, with the engagement of the Department of Education, how these can be strengthened to support integrated employment as a preferred outcome for students moving into the adult service system. This should include clarity of post secondary and national service options to further prepare students for adult life. (SP 5, SP 2 – See also Obj. 1.3.b)***
- c. *Work in collaboration with the Board of Regents and community colleges to educate and encourage people with mental illness, brain injury or other disabilities and their families to pursue higher education.*
- d. *Engage people with mental illness and other disabilities, family members, and community providers in the design of employment service models and supports that meet the labor market needs of the region, to drive successful high school and adult transitions to competitive employment. (SP 5)*
- e. *Continue outreach and education for people with mental illness, brain injury and disabilities on the impact of employment on their benefits, and awareness of, available Medicaid and Social Security Administration work incentives and other asset development opportunities (e.g., Earned Income Tax Credit, Individual Development Accounts, self employment or microenterprise, etc.). (SP 5 – See also Obj. 2.3.e)*

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- f. Provide education and training opportunities to youth with serious emotional disturbance or other disabilities and their families to establish an early understanding of asset development options and to prepare for competitive employment. Work with Parent-Educator Connection staff, Special Education Directors, ADA and 504 Coordinators and disability support groups to invite students with IEPs and 504 plans and their parents to the trainings. (See also Obj. 2.3.f)
- g. *Continue to promote self-employment as a viable asset development strategy through workshops and technical assistance targeted to individuals with disabilities and their families. (SP 5)*
- h. Collaborate with Iowa Workforce Development, Iowa Vocational Rehabilitation Services, Department for the Blind, CPCs, the Iowa Association of Community Providers, and other partners, to establish common data sets regarding desired outcomes of employment and day services. (SP 5 – See also Obj. 5.2.f)
- i. *Continue regional trainings on the Ticket to Work program, the Employment Network, work incentives and the Medicaid-Buy-In (MEPD) program to community disability providers, case managers, CPC Directors, and individuals with mental illness, brain injury or other disabilities and their families. (SP 5)*

Obj. 3.2 As the State develops its implementation plan for the federal Affordable Care Act, take steps to ensure coordination of primary care, mental health, substance abuse, disability and other services.

- a. **Develop and maintain a mental health delivery system that meets the needs of children with SED in the community by extending children's mental health systems of care: (1) Continue to build the sustainability of the Northeast Iowa Community Circle of Care; (2) Support state-funded systems of care for children in Polk/Warren Counties; (3) Seek support for the East Central Iowa Children's Mental Health Initiative; (4) Promote expansion to additional regions in Iowa, with emphasis on the western region of the State. (SP 6)**
- b. In collaboration with the IDPH Medical Home Advisory Council and other relevant stakeholders, explore opportunities presented by the federal affordable care act to promote health home service delivery models centered in appropriate providers characterized by person-centeredness; care continuity; coordination and integration across settings and providers; chronic disease management; prevention and wellness care; evidence-informed medicine; and health information management. (SP 6)

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- c. *Develop service definitions and expectations regarding the use of remedial services and integration of remedial services with other services. Improve coordination and quality of mental health services by transferring remedial services administration to the Iowa Behavioral Health Plan. (SP 6)***
- d. *Continue to develop and support a statewide network of trained family navigators and educators, that help families of children with developmental disabilities and other special health care needs make informed healthcare decisions and navigate the service system, and offer web-based resources (DHS Family 360/Family to Family Health Information Center initiative). (SP 6, SP 3 - See also Obj. 2.3.c)***
- e. *Continue to support and explore expansion of the Program of All-Inclusive Care for the Elderly (PACE) for older lowans who require a nursing home level of care, to enable them to remain living at home.***
- f. *Improve integration and coordination of child welfare and mental health services. (See Obj. 3.7.e.)***

Obj. 3.3 Redefine the role of the State Resource Centers and Mental Health Institutes in order to reduce reliance on institutionally based services. (SP 7)

- a. *Expand provider capacity to address behaviors related to co-occurring mental illness and intellectual disabilities through deployment of the Iowa Program Assistance Response Team (I-PART). (SP 7, SP 3 – See also Obj. 2.1.b)***
- b. *Develop a common language and definitions for community and facility based providers to improve communications, that reflects a commitment to empowerment of individuals, and a focus on strengths and functional needs rather than a diagnosis. (SP 7, SP 2 – See also Obj. 1.6.a)***
- c. *Continue to strengthen discharge planning at Resource Centers and orient internal operations to reductions in length of stay. (SP 7, SP 3 – See also Obj. 2.8.g)***
- d. *Continue to diversify programs and services at the State Resource Centers and Mental Health Institutes to expand the capacity of Iowa's home and community based service network. (SP 7)***

Obj. 3.4 Ensure that individuals receiving facility based residential services retain community living options.

- a. *Explore extension of Iowa's Money Follows the Person demonstration to 2016 (with continuation of operations to 2019) to assist individuals***

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living in facilities transition to more independent community settings.
(SP 7)

- b. Explore expansion of Money Follows the Person transition services and supports to additional populations receiving facility based care. (SP 7)**
- c. Build provider capacity to ensure access to community based crisis intervention, behavioral programming and mental health outreach services. (SP 7, SP 3 - See also Obj. 2.1.d)**
- d. Build community provider capacity for Supported Employment services. (SP 5 – See Obj. 3.1)**
- e. Develop policies and procedures for implementation of new federal requirements to ensure the rights of nursing home residents to choose where they receive their long term supports and services, including referral to local contact agencies for options counseling, disability-specific services such as neuro-resource facilitation, and transition services as appropriate (MDS 3.0 Section Q). (SP 7, SP 4 – See also Obj. 2.8.b)**

Obj. 3.5 Improve access to safe, affordable and accessible housing.

- a. Work with the Iowa Finance Authority to ensure availability of Home and Community Based Services Waiver Rent Subsidies to support Money Follows the Person participants and other individuals on Waivers. (SP 7)**
- b. Advocate for system changes or accommodations for people with disabilities at local public housing authorities in the federal Housing Choice Voucher (Section 8) application process to enable the same access as individuals without disabilities. (SP 7)**
- c. Reduce homelessness for persons with mental illness by (1) leveraging federal funds to expand case management and benefits counseling services (Projects for Assistance in Transition from Homelessness (PATH) and SSI/SSDI Outreach, Assistance and Recovery (SOAR) Technical Assistance Initiative; and (2) partner with the Iowa Finance Authority in the utilization of homelessness assistance funding. (See also Obj. 2.10.f)**
- d. Support the efforts of the Iowa Finance Authority to expand availability of affordable and accessible housing in Iowa.**

Obj. 3.6 Build the capacity at all levels of service to serve individuals with intensive needs.

- a. Develop and/or enhance Iowa-based capacity, through provider training and program development, to serve individuals in need of high intensity services,**

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especially those who currently require or are at risk of placement in out of state facilities or the State Resource Centers.

- b. Expand access to the Waivers and explore opportunities for expansion of State Plan Home and Community Based Services under the federal Affordable Care Act, such as the Community First Choice option for State Medicaid Plans.
- c. *Expand wraparound services for youth with serious emotional disturbance (SED) and challenging behaviors and their families (SP 6 - See also Obj. 3.2, and SP 8 – See also Obj. 4.2.b)*
- d. *Expand access to peer support.*

Obj. 3.7 Implement pre-service and in-service training to improve healthcare, social services and education for people with mental illness, brain injury or other disabilities.

- a. *Expand pre-service and in-service training of medical and dental students and other health professionals, including education on:*
 - *Current and emerging trends in service delivery, including evidence-based practice and recovery-based services*
 - *Effective communication with patients who have mental health or other disabilities*
 - *Providing primary care to patients who have mental health or other disabilities*
 - *Early identification, diagnosis and treatment of young children with or at risk of disabilities, including social-emotional disabilities.*
 - *Impact of mental health disorders on other health conditions.*
- b. *Expand initiatives to train pediatricians, family practice physicians and physician extenders in diagnosis and treatment (including best practices) of children with Serious Emotional Disturbance, autism or other developmental disabilities, and brain injury. (See also Obj. 2.12)*
- c. ***Expand access to training and education for community based providers (including primary care providers as well as non-prescribing mental health professionals) in behavioral health medication management. (SP 3 - See also Obj. 2.1.g)***
- d. Expand access to training and education for consumers, families and other natural supports in behavioral health medication management. **(SP 3 – See also Obj. 2.1.h)**
- e. *Expand access to training for DHS child welfare workers on the identification of mental health issues and referral of children and families for appropriate treatment. (See also Obj. 3.2.f)*

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- f. *Work with Iowa Medicaid Enterprise to expand in-service training of mental health service providers in the provision of proven early childhood treatment therapies.*
- g. *Develop and make available training for case managers on mental health screening for older adults. (See also Obj. 2.10)*
- h. *Address systemic issues resulting in the shortage of certified behavioral analysts in Iowa, including curriculum development and delivery and reimbursement..*

Goal 4 – Quality

High quality services and supports. (Principles 5, 6 and 7)

Obj. 4.1 Integrate and improve services to individuals with multi-occurring conditions including mental health, substance abuse, cognitive and intellectual disabilities, and other medical conditions.

- a. *Provide training and technical support for providers to build their capabilities to address multi-occurring conditions and promote holistic approaches to meet individuals' service needs in a recovery-oriented system of care. (SP 8 – See also Obj. 2.10.d)*
- b. *Develop a curriculum on best practices for individuals with multi-occurring diagnoses, and their families. (SP 8)*
- c. ***Continue to collaborate with the Iowa Department of Public Health (IDPH) to review accreditation standards and policies used for both mental health and substance abuse services and develop protocol to cross-accept accreditation determinations made by each agency, similar to deemed status applied to national accreditation by IDPH and DHS. (SP 8)***

Obj. 4.2 Promote the use of practices based on best available scientific knowledge

- a. *Expand Assertive Community Treatment services in Iowa. (SP 8)*
- b. *Promote utilization of the Wraparound concept to provide integrated and flexible supports to individuals and families. (SP 8, SP 6 - See also Obj. 3.2.a and Obj. 3.6.c)*
- c. ***Improve competitive employment outcomes by expanding Supported Employment services in partnership with the State Employment Leadership Network (SELN). (SP 8, SP 5 - See also Obj. 3.1.a)***

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- d. Work with parent navigator/educator networks to promote improved outcomes for individuals with mental illness, through information and supports to their families, and family involvement in planning and treatment delivery (consistent with the evidence-based practice of family psychoeducation).

Obj. 4.3 Develop a statewide retention and recruitment plan for the direct care workforce in all settings and programs.

- a. ***Partner with the Iowa Department of Public Health (IDPH) and other agencies and organizations to identify and define direct support professional competencies and the curricula needed to provide effective services to individuals with mental illness, brain injury and other disabilities, including, as appropriate, training supporting the expansion of evidence-based practices in Iowa. (SP 9)***
- b. *Expand access to the web-based trainings such as the DHS/IDPH/BIA/IACP collaborative brain injury training initiative for providers, and the College of Direct Support that offers a wide range of on-line training and education programs targeted for direct support professionals and their supervisors, to assist them in their pursuit of a career path and to facilitate mobility from one provider setting to another. (SP 9)*
- c. Explore the establishment of a single statewide learning management system to address the training needs of providers, State employees, family members and providers of natural supports to build capacity to address the needs of individuals with mental illness, brain injury or other disabilities.
- d. ***Explore developing an incentive strategy to assist providers that improve retention and performance of direct support professionals, including strategies linking reimbursement to competency-based skill development training and on site supports. (SP 9)***
- e. *Continue to explore options to reimburse HCBS providers for staff training costs. (SP 9)*
- f. Provide education and training opportunities to individuals who self-direct their services, on recruitment, hiring and firing, training, and supervision of their support staff.

Obj. 4.4 Increase quality of services through enhanced accreditation standards and processes (1) For community mental health centers as providers of an array or core services; and (2) For individual services offered by other providers.

- a. *Develop proposed revisions to Iowa Administrative Code 441-24.1 (225C) governing provider and service accreditation.*

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- b. Involve participation of individuals and families in review and revision of policies and standards. (SP 2 - See also Obj. 1.4)*

Obj. 4.5 Expand participation of individuals and their families in determining their service plans and increase their ability to make informed choices, including the use of self direction.

- a. Promote use of the Consumer Choice Option for HCBS Waiver participants, giving them control over an individualized budget for a portion of their supports.*
- b. Align quality oversight and standards for CCO with other HCBS quality standards in conformance with federal requirements.
- c. Expand use of self direction to individuals with mental illness.

Obj. 4.6 Ensure that user-friendly processes are in place for consumers, families and the general public to seek effective remedies for issues related to service quality, fairness, and the right of individuals to live and work in environments that are safe and free from neglect, abuse, discrimination or exploitation.

- a. Provide materials and training to individuals, families and service providers, regarding enforcement options available to address discrimination based on disability.
- b. Use standardized incident reporting to collect and report system-wide data. (SP 10 – See also Obj. 5.3)
- c. Clarify the consumer complaint processes and provide consumers, families and providers with access to complaint information.

Obj. 4.7 Support and provide educational and training opportunities in cultural awareness and sensitivity for organizations and people working with individuals with mental illness, brain injury and other disabilities, to ensure that consumers receive effective, understandable, and respectful services provided in a manner compatible with their cultural beliefs, practices and preferred language.

- a. Work with Iowa's higher education system to coordinate an effort to recruit a culturally diverse (in terms of ethnicity, age, income, rural versus urban, etc.) and appropriately trained mental health and disability workforce.
- b. Collaborate with the Iowa Civil Rights Commission in the identification and dissemination of resources to support cultural competency in the mental health, brain injury and disability services delivery systems. (See also Goal 1, Obj. 5)

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Goal 5 – Accountability

Administrative accountability for service delivery, and results: supporting individuals to live, learn, work and recreate in communities of their choice. (Principles 8 and 9)

Obj. 5.1 Secure and maintain an inter-agency collaboration and focus on removal of barriers to community living, in coordination with the Olmstead Consumer Task Force, the MHDS Commission, and the Mental Health Planning Council.

- a. In collaboration with relevant stakeholders, pursue opportunities presented by national healthcare reform legislation to expand home and community based services.
- b. **Provide for annual stakeholder review of this Plan and recommendations for updating. (SP 10)**

Obj. 5.2 Expand outcomes measurement and reporting systems, with standardized processes to monitor consumer outcomes.

- a. *Strengthen Iowa's compliance with National Outcome Measures (NOMs) reporting through continued implementation of outcomes reporting. (SP 10)*
- b. Begin work to incorporate National Core Indicators in outcomes reporting for the developmental disabilities service system. **(SP 10)**
- c. Build IME's capacity to implement core quality measures recommended by the U.S. Department of Health and Human Services for children's healthcare under the Children's Health Insurance Program Reauthorization Act (CHIPRA; Public Law 111-3). **(SP 10)**
- d. Build IME's capacity to implement quality standards for adult healthcare services upon promulgation of guidelines by the U.S. DHHS. **(SP 10)**
- e. Continue to strengthen compliance with CMS quality assurance requirements. **(SP 10)**
- f. Collaborate with Iowa Workforce Development, Iowa Vocational Rehabilitation Services, Department for the Blind, CPCs, the Iowa Association of Community Providers, and other partners, to establish common data sets regarding desired outcomes of employment and day services. **(SP 5 – See also Obj. 3.1.g)**

Obj. 5.3 Strengthen accountability for service system outcomes through a data management strategy that informs policy and measures program impact.

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- a. Expand capacity and utilization of DHS stored data to provide detailed reporting on target populations (demographics, diagnoses, service utilization, outcomes, etc.). **(SP 10)**
- b. Create a mental health and disability service system data dashboard (or standardized reports) to promote awareness of system and provider results and to promote continuous improvement. **(SP 10)**
- c. **Collaborate with the Iowa Department of Public Health in development of the Health Information Technology (HIT) infrastructure required for implementation of national healthcare reform. (SP 10)**
- d. Use standardized incident reporting to collect and report system-wide data. **(SP 10 - See also Obj.4.6.b)**
- e. Explore with counties and other partners issuance of an annual individual consumer report on services and costs.
- f. Acknowledge programs that are achieving excellent outcomes.

Obj. 5.4 Collaborate with internal and external partners in reviewing and aligning policies towards community inclusion through redirection of resources for more effective outcomes.

- a. Identify initial targets as priorities for analysis of reimbursement rates and possible alignment of reimbursement with expected outcomes, such as supported employment services leading to competitive employment. **(SP 11)**

Obj. 5.5 Collaborate with counties and key stakeholders in the development of recommendations for long term system funding, to include an assessment of the options available under the Affordable Care Act, including mental health parity, health home and the benchmark plan. (SP 11)

Olmstead Consumer Task Force

Recommendations from the Executive Committee on Olmstead Activities to Support

The DHS Mental Health and Disability Olmstead State Plan

For Meeting Friday January 14, 2011

Changes at meeting Friday January 14, 2011 are shown by strikethroughs and additions in BOLD. Approved by consensus with changes.

Priority 1/1.1.c: The Olmstead Consumer Task Force members will participate in a task force with Sarah Renner and Tammy Amsbaugh to develop the marketing package to promote public awareness and to make the business case for hiring people with disabilities, and members will assist Sarah and Tammy with eventual community presentations for public awareness.

Priority 3/2.1.a and 2.1.b: The Olmstead Consumer Task Force will advocate to expand services to all types of disabilities.

Priority 3/2.3.b: The Olmstead Consumer Task Force will advocate for funding for Iowa's web based Information & Referral services for people with disabilities, i.e., COMPASS , ADRC Life Long Links websites.

Priority 3/ 2.3. c: The OCTF will advocate to secure funding to expand availability of trained parent navigators, peer mentors, and other types of peer support for people with disabilities and their families.

Priority 5/3.1.a: The Olmstead Consumer Task Force will have a representative on any SELN-related work group to help develop and implement a statewide competitive employment plan for people with disabilities, mental illness, **or brain injury**.

Priority 7/3.5.a: The Olmstead Consumer Task Force will advocate with the state legislature to expand funding for HCBS Waiver Rent Subsidies.

Priority 7/3.5b: The Olmstead Consumer Task Force will develop a plan to help communities become involved in advocacy with local housing authorities on Section 8 Housing access for people with disabilities, mental illness, **or brain injury**. **The Taskforce will also be involved with planning for local housing Disability Health Project with Len Sandler of the University of Iowa College of Law.**

Priority 9/4.3.a: The Olmstead Consumer Task Force will advocate ~~that the CNA model to train direct care workers is not appropriate~~ **to identify an appropriate evidence-based training curriculum for direct support professionals working with** people with disabilities in community-based living.

Priority 10/5.1.b:

- a. The Olmstead Consumer Task Force will provide ongoing input and hold periodic community public forums for consumer input across the state on this DHS Mental Health and Disability Olmstead State Plan.
- b. The Olmstead Consumer Task Force will convene state agencies periodically to review this Plan and the action steps, and to have the state agencies present what they can do to advance the implementation of the plan, and what they can do to implement Olmstead in the state that is not under the purview of the current state plan.

Priority 11/5.5:

- a. The Olmstead Consumer Task Force will advocate to ~~keep Mental Health Services under DHS and not moved to IDPH~~ **promote the coordination and integration of services for people with disabilities so services are available to all lowans regardless of type of disability.**
- b. The Olmstead Consumer Task Force will collaborate with DHS and others to develop recommendations on the long-term system funding and will advocate for the recommended funding with state legislators.

Comparison of Senate and House MHDS Redesign Bills 03/03/11

	SSB 1077-amended version as of 3/2/11	HSB 83	House Amendment H-1097 to SF 209 and House Amendment S-3041 to SF 209 (both amendments are identical)
Title	An act relating to reforming state and county responsibilities for state and county responsibilities for mental health and disabilities services, making appropriations, and including effective date provisions.	An act relating to county and state responsibilities for mental health, mental retardation, and developmental disabilities services for adults and children and including effective date provisions.	County Mental Health and Disability Services
Issues identified with the current system	<ul style="list-style-type: none"> a. Full implementation of PPACA will have a significant impact on populations served by Medicaid and the counties as more individuals will become eligible for Medicaid. b. Counties currently fund the nonfederal share of certain mental health and disability related services. Annual increases needed to fund the Medicaid services have not been matched by available funding, leading to reduced funding available for non-Medicaid services. c. Basic set of services not available in all counties d. Some counties have waiting lists e. Availability of community-based services limited in some counties 	<ul style="list-style-type: none"> a. Lack of a set of core services uniformly available across the state b. Lack of uniformity in services expenditures c. Disparity in county levy rates for the adult services system. d. Need to improve array of community-based services, and services to avoid use of crisis services e. Need to increase availability of dual diagnosis MH/SA services f. Need to improve consistency of services available to both youth and adult populations g. Need to coordinate the services system for children and youth with SED, MI, MR, DD, and SA problems among state and local education, health, and human services agencies. h. Need to address changes in Medicaid due to the PPACA that will expand Medicaid eligibility in 2014. i. Dissatisfaction with using county of legal settlement determination to determine county and state financial responsibility for adult services. 	<ul style="list-style-type: none"> a. Lack of a set of core services uniformly available across the state b. Lack of uniformity in services expenditures c. Disparity in county levy rates for the adult services system. d. Need to improve array of community-based services, and services to avoid use of crisis services e. Need to increase availability of dual diagnosis MH/SA services f. Need to improve consistency of services available to both youth and adult populations g. Need to coordinate the services system for children and youth with SED, MI, MR, DD, and SA problems among state and local education, health, and human services agencies. h. Need to address changes in Medicaid due to the PPACA that will expand Medicaid eligibility in 2014. i. Dissatisfaction with using county of legal settlement determination to determine county and state financial responsibility for adult services.
Medicaid non federal share	The bill specifically identifies the state incrementally assuming responsibility for the funding of services to adults <i>with mental illness</i> from the counties by 2014. The provisions that address the development of implementation	State assume non federal share of Medicaid services currently paid for by counties by 1/1/14. This would be for adults in ICF/MR; waivers; TCM for adults. (Counties do not pay non federal share of costs for children.).	Phase in of the state assuming the non federal share of Medicaid services currently paid for by counties by 1/1/14. This would be for adults in ICF/MR; waivers; TCM for adults. (Counties do not pay non federal share of costs for children.).

Comparison of Senate and House MHDS Redesign Bills 03/03/11

	SSB 1077-amended version as of 3/2/11	HSB 83	House Amendment H-1097 to SF 209 and House Amendment S-3041 to SF 209 (both amendments are identical)
	plans for the other disability populations would address state responsibility for funding but is not spelled out as concretely as it is for adults with mental illness. The overall intent appears to be the state incrementally assuming non federal share of Medicaid services for MI and ID services currently paid by counties as well as services for non-Medicaid eligible individuals. This would be for adults in ICF/MR; waivers; TCM for adults. (Counties do not pay non federal share of costs for children.)		
Additional State assumption of service costs	State assumes additional costs currently borne by counties. SSB 1077 (amended) specifies that State will assume costs for adults with MI. Today counties pay for non Medicaid eligible persons and services who meet criteria for mental illness or chronic mental illness, with some services only available to those with chronic mental illness. <i>This bill does not address the current differences between the funding requirements for adults with MI and adults with CMI. County responsibility to those identified with MI is much more limited.</i>	State assumes additional costs currently borne by counties for MI and ID adults. Today counties pay for non Medicaid eligible persons and services. No specificity regarding what would be assumed or when. <i>This bill does not address the current differences between the funding requirements for adults with MI and adults with CMI. County responsibility to those identified with MI is much more limited.</i>	This bill is not as specific regarding the state assuming additional costs currently borne by the counties.
County Levy	Does not specifically address levy uniformity- does address identifying an equitable approach for pooling and redistributing county and state funding to support the system. Page 2, line 16, section 6 describes the current state and county funding sources but does not identify moving specific amounts or allocations from one system to another.	Does not specifically mention levy uniformity but says the intent of the legislation is to provide property tax relief and equity by having the state incrementally assume a greater role in funding the adult MH and Disability services system from counties when the repeals in this act take effect- (JULY 1, 2012)	Does not specifically mention levy uniformity but says the intent of the legislation is to provide property tax relief and equity by having the state incrementally assume a greater role in funding the adult MH and Disability services system from counties when the repeals in this act take effect- (JULY 1, 2012)
Rate setting	In the implementation plan provisions, Medicaid is to play a leading role in establishing reimbursement methodologies.	Consolidate provider reimbursement rate setting and provider selection authority	

Comparison of Senate and House MHDS Redesign Bills 03/03/11

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Local investments / entry points into services	<p>Implementation plans are to include criteria for regional entities to operate under performance-based contracts with the department.</p> <p>The intent of the GA is to develop a regional approach to provide system access and navigation and care coordination functions.</p>	<ul style="list-style-type: none"> Implement opportunities for efficiencies, access and enhancements of public/private partnerships and options for local investments. Emphasize use of research-based methods and identified best practices. Provide options for maintaining and enhancing local entry points for admission into the services system for adults. 	<p>Maintain the county role of bringing local resources together while shifting the balance of responsibilities between the counties and the state.</p>
State fund		Create a fund to collect cost savings for investment into expanding service capacity	
FY 2011			<p>\$25M for county waiting list including ID waiver.</p> <p>Allows carry forward and is credited to the risk pool. The risk pool board is to distribute the funds to counties for individuals who are on waiting lists. Of the amount, \$5,000,000 shall be targeted to expand waiver slots for the waiver programs which the county pays the nonfederal share of. The period addressed by this allocation is to end on June 30, 2012. The risk pool board is ensure that there is adequate funding so an individual who comes off of the waiting list does not have to return to it, due to insufficient funding.</p>
FY 2012	Use \$40M or more of allowed growth to assume an equivalent county cost of Medicaid funded services		\$25M goes into Allowable Growth base going forward so that services may continue for those removed from the waiting lists.
Target Populations	<p>Within the bill, the populations are divided as:</p> <ol style="list-style-type: none"> Adults in need of publicly funded mental health services and related support Children in need of publicly funded mental health services and related support Adults in need of publicly funded 	Adults with Mental Illness, Mental Retardation, and Developmental Disabilities although children are included in the title of the legislation.	Adults with Mental Illness, Mental Retardation, and Developmental Disabilities

Comparison of Senate and House MHDS Redesign Bills 03/03/11

	SSB 1077-amended version as of 3/2/11	HSB 83	House Amendment H-1097 to SF 209 and House Amendment S-3041 to SF 209 (both amendments are identical)
	<p>intellectual disabilities and brain injury services and related support</p> <p>4. Children and Adults in need of publicly funded dual diagnosis mental illness and intellectual disabilities services and related support.</p> <p>5. Children and Adults in need of publicly funded dual diagnosis mental illness and substance abuse services and related support.</p> <p><i>These identified populations exclude children and adults with developmental disabilities and children with intellectual disabilities and brain injuries.</i></p>		
Language specific to Children and Youth	<p>Children in need of mental health services are identified as a target population-DHS is directed to develop an implementation plan for publicly funded children’s mental health services and supports by Dec. 15, 2012.</p> <p>Children with co-occurring MI/ID and MI/SA are also identified as targeted populations, but children with ID , DD, and BI are not mentioned.</p>	<p>Identifies the need to coordinate the services system for children and youth with SED, MI, MR, DD, and SA problems among state and local education, health, and human services agencies.</p> <p>States that it is the intent of the legislature to engage the state agencies involved with children with SED, MI, MR, DD, and SA problems in developing a coordinated system to meet those needs. <i>There is no implementation date for this task.</i></p>	<p>Identifies the need to improve consistency of services available to both youth and adult population and the need to coordinate the services system for children and youth with SED, MI, MR, DD, and SA problems among state and local education, health, and human services agencies.</p>
Co-Occurring Disorders	<p>Finds that incidence of SA in those with MI is much higher than among the population without MI and that treatment availability is limited. Children and adults with co-occurring MI/SA are identified as a targeted population. DHS is to develop an implementation plan for this population by Dec. 15, 2014.</p> <p>Children and adults with co-occurring MI/ID are</p>	<p>The need to increase availability of dual diagnosis MH/SA services is identified as an issue with the current system.</p>	<p>The need to increase availability of dual diagnosis MH/SA services is identified as an issue with the current system.</p>

Comparison of Senate and House MHDS Redesign Bills 03/03/11

	SSB 1077-amended version as of 3/2/11	HSB 83	House Amendment H-1097 to SF 209 and House Amendment S-3041 to SF 209 (both amendments are identical)
	identified as a target population. DHS is to develop an implementation plan for this population by Dec. 15, 2014.		
Structure of a redesigned system / Regional administration	It is the intent of the General Assembly to address disparity by shifting the payment responsibility for adult mental illness services from the counties to the state and developing a regional approach to provide system access and navigation and care coordination functions.	Shift the balance of responsibilities for the adult services system between the state and counties so that the state ensures greater uniformity and sufficient size to develop effective services while maintaining local involvement. Does not address regional administration or size of administrative units.	Shift the balance of responsibilities for the adult services system between the state and counties so that the state ensures greater uniformity and sufficient size to develop effective services while maintaining local involvement. Does not address regional administration or size of administrative units.
Implementation Activities	<p>Beginning on the effective date of the code section and continuing through SFY 12, DHS shall consult with stakeholders in developing a plan and implementation provisions for a system for adults in need of publicly funded MH services and related support. The plan is to propose the following items-including but not limited to:</p> <ul style="list-style-type: none"> • Clear definitions and requirements of the populations to be served, services and supports to be include, outcome measures, QA measures, accreditation, certification or licensure requirements • Strategies that support individual choice per Olmstead principles • Medicaid to provide leadership in defining services, payment/reimbursement issues, ensuring that PPACA is fully incorporated into the system design • Identify criteria for regional entities to operate under performance based contracts • Payment methodologies 	<p>Create a state-county transition committee to address implementation of the legislation. Membership <u>may</u> include DHS, ISAC, service providers, consumers, and advocates. Also <u>may</u> include members of the GA, serving as ex-officio non-voting members. <i>No dates or reports are identified for this committee.</i></p> <p>Implement other provisions to reform and improve the services systems for adults and children. <i>It is unclear what this means.</i></p>	<p>The committees on human resources, appropriations, and ways and means of the house and senate shall propose legislation to address:</p> <ul style="list-style-type: none"> • Phase in of the state fully assuming the nonfederal share of Medicaid costs now paid by the counties • Provide property tax relief and equity by having the state assume a greater role in funding the adult MH and Disability System from counties by July 1, 2012. • Implement a new services structure by July 1, 2012 that shifts the balance of responsibilities for the services system between the state and the counties.

Comparison of Senate and House MHDS Redesign Bills 03/03/11

	SSB 1077-amended version as of 3/2/11	HSB 83	House Amendment H-1097 to SF 209 and House Amendment S-3041 to SF 209 (both amendments are identical)
	<ul style="list-style-type: none"> • Equitable approach to pooling and redistributing county and state funds, elimination of legal settlement, and achieve other public policy objectives • Implement mental health crisis responses services statewide • Implement subacute level of care <p>The plan is due to the governor and legislature on or before Dec. 15, 2011. Target date for full implementation is January 1, 2013.</p> <p>DHS is to develop a similar plan and implementation provisions for children in need of publicly funded mental health services and related support for submission to the Governor and general assembly by Dec. 15, 2012.</p> <p>DHS is to develop a similar plan and implementation provisions for adults in need of publicly funded intellectual disabilities and brain injury services and related support for submission to the Governor and general assembly by Dec. 15, 2013.</p> <p>DHS is to develop a similar plan and implementation provisions for children and adults in need of publicly funded dual diagnosis mental illness and intellectual disabilities services and related support for submission to the Governor and general assembly by Dec. 15, 2014.</p> <p>DHS is to develop a similar plan and</p>		

Comparison of Senate and House MHDS Redesign Bills 03/03/11

	SSB 1077-amended version as of 3/2/11	HSB 83	House Amendment H-1097 to SF 209 and House Amendment S-3041 to SF 209 (both amendments are identical)
	implementation provisions for children and adults in need of publicly funded dual diagnosis mental illness and substance abuse services and related support for submission to the Governor and general assembly by Dec. 15, 2014.		
Repeals-changes to existing code	No repeals or code changes recommended in this bill.	<ul style="list-style-type: none"> • Code section 331.424A is repealed July 1, 2012-this section established MH/MR/DD services funds and authorizing levies. • Code section 331.438 is repealed July 1, 2012-this section outlines requirements for county MH/MR/DD services expenditures and joint state-county planning, implementing and funding. • Code section 331.439 is repealed July 1, 2012-this section requires county management plans and provisions regarding county eligibility for state property tax relief and allowed growth funding • Code section 331.440 is repealed July 1, 2012-concerns creation of the county CPC process and county management of state case services • Code chapter 426B is repealed July 1, 2012-concerns property tax relief funding for the county-administered services, risk pool funding and related provisions. 	<ul style="list-style-type: none"> • Code section 331.424A is repealed July 1, 2012-this section established MH/MR/DD services funds and authorizing levies. • Code section 331.438 is repealed July 1, 2012-this section outlines requirements for county MH/MR/DD services expenditures and joint state-county planning, implementing and funding. • Code section 331.439 is repealed July 1, 2012-this section requires county management plans and provisions regarding county eligibility for state property tax relief and allowed growth funding • Code section 331.440 is repealed July 1, 2012-concerns creation of the county CPC process and county management of state case services • Code chapter 426B is repealed July 1, 2012-concerns property tax relief funding for the county-administered services, risk pool funding and related provisions.

Iowa Olmstead Consumer Taskforce
Membership Roster

Name	E-Mail	Phone, Fax	Address	Type of Membership	Representing	Term Ends
Brandenburg, Ben ¹	Benzrecovery@yahoo.com	319-493-2289	P.O. Box 2313 Waterloo, Iowa 50704	Person with a Disability (PWD), Family Member of PWD	DBSA, Nat'l Assn of Peer Specialists, NAMI, Mental Health Advocate	March 2012 March 2013
Connolly, Paula ²	paula@askresource.org	515-243-1713	Ask Resource 5667 Greendale Road Suite D Johnston, IA 50131	Child w disability, Disability Advocate	Parent, Family Voices, Ask Resource	March 2012
Crisp, Kathleen ³	No e-mail					March 2013
Davis, Randy ⁴	Randy.davis@mahaska.org	641-672-1673	328 North D. St. Oskaloosa, IA 52577-2706	PWD	Consumer Advocate, South Central IA Center for Independent Living	March 2011
England, Carrie ⁵	Cengland@leagueofhumandignity.com	712-323-6863	1520 Ave M Council Bluffs, IA 51501-1185	Disability Advocate	League of Human Dignity	March 2012

¹ Ben Brandenburg was appointed to the *Olmstead Taskforce* on March 9, 2007. The minutes of May 14, 2010 indicate he was not re-appointed to the Taskforce on that date. Ben last attended an *Olmstead Taskforce* meeting on May 14, 2010.

² Paula Connolly was appointed to the *Olmstead Taskforce*, on April 10, 2009, to replace Connie Fanselow as the children's disability advocate. Connie Fanselow's term would have ended in March 2009.

³ Kathleen Crisp was appointed to the *Olmstead Taskforce*, on October 9, 2009. To my knowledge, she has not attended any *Taskforce* meetings.

⁴ Randy Davis was re-appointed to the *Olmstead Taskforce* on April 18, 2008.

⁵ Carrie England was appointed to the *Olmstead Taskforce*, on October 9, 2009.

Francis, Dawn ⁶	dawn@iowasilc.org	515-282-0275 515-282-0278 FAX	300 E. Locust, Suite 330 Des Moines, IA 50309	Disability Advocate	Iowa Statewide Independent Living Council	March 2011
Garrison, Steve ⁷	sgarrison@ipna.org	515-278-2502	400 East Court Ave Suite 300 Des Moines, IA 50309	Disability Advocate	Iowa Protection and Advocacy	March 2011 March 2010
Gerke, Raymond ⁸	RayRym@hotmail.com	515-465-4535	415 Third Street, Perry, Iowa 50220	Person over 60, PWD	DHS, retired, Disability Advocate	March 2011
Hoffman, Janice ⁹	No e-mail	319-277-4683	1209 Maplewood Drive, Apt. #4 Cedar Falls, IA 50613	Person Over 60, PWD	Consumer Advocate	March 2012
Holdiman, Alice ¹⁰	holdimal@yahoo.com	563-382-3600	405 E. Water Decorah, IA 52101	Person Over 60, PWD	Mental Health Planning Council, ADRC Advisory Committee	March 2011

⁶ Dawn Francis was re-appointed to the *Olmstead Taskforce* on April 18, 2008.

⁷ Steve Garrison had been nominated by *Iowa Protection & Advocacy* to complete Jeremy Karli's unexpired term. Jeremy Karli's term would have ended in March 2010. Steve Garrison was appointed to the *Olmstead Taskforce*, on October 9, 2009. The term should have ended in March 2010 with re-appointment considered in March 2010 for another 3-year term [2013].

⁸ Raymond Gerke was re-appointed to the *Olmstead Taskforce* on April 18, 2008.

⁹ Janice Hoffman was appointed to the *Olmstead Taskforce*, on October 9, 2009.

¹⁰ Alice Holdiman was re-appointed to the *Olmstead Taskforce* on April 18, 2008.

Johannes, Cassie ¹¹	No -email	712-527-3825	217 West Florence Glenwood, Iowa 51534	PWD, Institutional experience	Consumer Advocate	March 2012
Lauer, Geoffrey ¹²	glauer@biaia.org	319-466-7455	7025 Hickman Road, Suite 7 Urbandale, IA 50322	Advocate	Exex. Director Brain Injury Association	March 2013
Mayes, Jerry, PHD, Chair ¹³	Jrmayes96@yahoo.com	319-961-3046	106 East 3 rd Street Apt. #307 Waterloo, IA 50703	Person Over 60, PWD	Mental Health Advocate	March 2013
Mockmore, Richard ¹⁴	richardmockmore@hotmail.com	712-527-9351	111 Harold's Drive Glenwood, IA 51534	PWD, Institutional Experience	Consumer Advocate	March 2012
Moore, Linda ¹⁵	Lsmiley123@mchsi.com	319-342-3650	204 Pheasant Drive La Porte City, IA 50651	PWD	Consumer Advocate	March 2012
Paprocki, Jim, Vice Chair ¹⁶	jpaprocki@mchsi.com	319-296-3737	874 Rose Lane Waterloo, IA 50702	PWD, Family Member of PWD	Disability Advocate	March 2012

¹¹ Cassie Johannes was appointed to the *Olmstead Taskforce*, on October 9, 2009. To my knowledge, she has not attended any *Taskforce* meetings.

¹² Geoff Lauer was appointed to the *Olmstead Taskforce* on July 16, 2010.

¹³ Jerry Mayes was re-appointed to the *Olmstead Taskforce* on May 14, 2010.

¹⁴ Richard Mockmore was appointed to the *Olmstead Taskforce*, on October 9, 2009. To my knowledge, she has not attended any *Taskforce* meetings.

¹⁵ Linda Moore was appointed to the *Olmstead Taskforce*, on October 9, 2009.

¹⁶ Jim Paprocki was re-appointed to the *Olmstead Taskforce* on May 14, 2010.

Sample, Doug ¹⁷	d.sample.gov@gmail.com	563-383-0676	2312 N Zenith Ave Davenport, IA 52804	PWD	National MS Society, Consumer Advocate	March 2011 March 2010
Simmerman, Genette ¹⁸	gsimmer66@iowatelecom.net	712-625-2003 712-310-6113 (cell phone)	1666 330 th Ave Randolph, IA 51649	Child w Disability	CMH Waiver Advisory Committee Child Mental Health Advocate	
Jerri Sloan ¹⁹	Jerrisloan@aol.com	515-270-8622	3005 Sherry Lane Urbandale, Iowa 50322	Person Over 60, PWD, LTC	Consumer Advocate	March 2011
Smith, Jean "Connie" ²⁰	conniesmith@Lcom.net	319-627-3588	Heath Manor #205 1004 N. Miller Street West Liberty, IA 52776	Person Over 60, Provider	Consumer Advocate	March 2012
Shannon, Rik ²¹	Rshanno1@dhs.state.ia.us	515- 281-9086 515- 281-9087 FAX	617 E. 6 th St. Des Moines, IA 50309	Advocacy Organization	Governor's DD Council	March 2012

¹⁷ Doug Sample was appointed to the *Olmstead Taskforce* on March 9, 2007. The term should have ended in March 2010 with re-appointment considered in March 2011 for another 3-year term [2013].

¹⁸ Genette Simmerman was removed from the *Taskforce* on October 9, 2009. To my knowledge, there has been no motion to re-appoint her to the *Taskforce*.

¹⁹ Jerri Sloan was re-appointed to the *Olmstead Taskforce* until March 2008. To my knowledge, there has been no motion to re-appoint Jerri Sloan to the *Taskforce*.

²⁰ Jean "Connie" Smith was re-appointed to the *Olmstead Taskforce* on May 14, 2010.

²¹ Rik Shannon was re-appointed to the *Olmstead Taskforce* on May 14, 2010.

Theis, Jeannie ²²	Jeannie@trilc.org	712-255-1065	Three Rivers ILC Suite 324 Commerce Bldg. 520 Nebraska Street Sioux City, IA 51101-1315		Three Rivers Independent Living Center	
Wensel, Ingrid ²³	Ingrid.wensel@kirkwood.edu	319-398-5559	6301 Kirkwood Blvd SW Cedar Rapids, IA 52404	Provider	Heritage Area Agency on Aging	March 2011 March 2010
Westhoff, Casey ²⁴	arcia@arceci.org	800-362-2927 515-210-6686	3821 71 st Street Urbandale, IA 50322	Disability Advocate	The Arc of Iowa	March 2011
Woodhouse, Janie, Secretary ²⁵	Jw5257771@yahoo.com	641-672-8821	415 South 1 st street Oskaloosa, IA 52577	Family Member of PWD, PWD		March 2013

23 members
2/3 quorum is 16
7 expire in 2011, 8 expire in 2012, 8 expire in 2013

25 members
2/3 quorum is 17
6 expire in 2011, 9 expire in 2012, 5 expire in 2013
3 expired in 2010, re-appointment to 2013
2 were removed from *Taskforce* with expiration in 2013

²² Jeanne Theis was removed from the *Olmstead Taskforce* on October 9, 2009. To my knowledge, there has been no motion to re-appoint her to the *Taskforce*.

²³ Ingrid Wensel was appointed to the *Olmstead Taskforce* until March 2010. Re-appointment should be considered in March 2011 for another 3-year term [2013].

²⁴ Casey Westhoff was appointed to the *Olmstead Taskforce* on July 8, 2008.

²⁵ Janie Woodhouse was re-appointed to the *Olmstead Taskforce* on May 14, 2010.

State Agency Representatives

Agency	Representative	E-mail	Phone	Address
Department of Administrative Services (DAS)	Robin Jenkins	Robin.jenkins@iowa.gov	515-725-2095	1305 E. Walnut St. Hoover State Office Bldg. Des Moines, IA 50319
Iowa Department on Aging (IDA)	Joe Sample	Joseph.sample@iowa.gov Aging and Disability Resource Center Director 515-725-3300 (fax) www.aging.iowa.gov www.lifelonglinks.org	515-725-3335	Division of Elder Programs and Advocacy 510 E. 12 th Street Suite 2 Jessie Parker Bldg. Des Moines, IA 50319
Department for the Blind	Shan Sasser or Rebecca Criswell	Shan.sasser@iowa.gov Becky.criswell@iowa.gov	515-281-1293	524 4 th Street Des Moines, IA 50309
Iowa Civil Rights Commission (ICRC)	Crystal Schrader	crystal.schrader@iowa.gov	515-281-8086	Grimes State Office Bldg. 400 E. 14 th Street Des Moines, IA 50319
Department of Corrections (DOC)	Kris Weitzell	Kris.weitzell@iowa.gov	515-725-5723	Jessie Parker Bldg. 510 E. 12 th Street Des Moines, IA 50319
Department of Economic Development	Jean Johnson	Jean.m.johnson@iowa.gov	515-725-3070	200 E. Grand Ave. Des Moines, IA 50309
Department of Education (DE)	Kiersten Hensley	kiersten.hensley@iowa.gov	515-281-4123	Bureau of Student and Family Support Services Grimes State Office Bldg. 400 E. 14 th Street Des Moines, IA 50319 Fax: 515-242-6019

Iowa Finance Authority (IFA)	Terri Rosonke	Terri.rosonke@iowa.gov	515.725.4956	2015 Grand Avenue Des Moines, IA 50312
Iowa Developmental Disability Council	Rik Shannon	Rshanno1@dhs.state.ia.us	515-281-9086	617 E. 2 nd Street Des Moines, IA 50309
Department of Human Rights	Jill Avery	Jill.avery@iowa.gov	515-281-6334	Lucas Building 321 E. 12 th Street Des Moines, IA 50319
Department of Human Services, Mental Health and Disability Services (MHDS)	Becky Flores	Bflores1@dshs.state.ia.us	515-281-5374	1305 E. Walnut 5 th Floor Des Moines, IA 50319
Department of Inspections and Appeals (DIA)	Ronda Bennett	ronda.bennett@dia.iowa.gov	515-281-7624 Fax: 515-244-5022	Lucas Building 321 E. 12 th Street Des Moines, IA 50319
Iowa Medicaid Enterprise (IME)	Deb Johnson	Djohns06@dhs.state.ia.us	515-725-1012 Fax: 515-725-1360	100 Army Post Road Des Moines, IA 50315
Iowa Work Force Development (IWD)	Doug Keast	Douglas.keast@iwd.iowa.gov	515-281-9045	150 Des Moines Street Des Moines, IA 50309
Department of Public Health (DPH)	Binnie Lehew or Karin Ford	blehew@idph.state.ia.us kford@idph.state.ia.us	515-281-5032 515-242-6336	321 E. 12 th Street Des Moines, IA 50319
Department of Public Safety (DPS)	Ljerka Vasiljevic	vasiljev@dps.state.ia.us	515-725-6155	900 E. Grand Des Moines, IA 50319

Board of Regents	Patrick Clancy	pclancy@iowa-braille.k12.ia.us	319-472-5221 X 1132	Iowa Braille School 1002 G Avenue Vinton, IA 52349
Department of Transportation (DOT)	Phil Mescher	Phil.mescher@iowa.gov	515-239-1629	800 Lincoln Way Ames, IA 50010
Department of Transportation (DOT)	Stu Anderson	Stuart.anderson@dot.iowa.gov	515-239-1661	800 Lincoln Way Ames, IA 50010
Department of Veterans Affairs (VA)	Patrick Palmersheim	Patrick.Palmersheim@icva.state.ia.us	515-242-5331 800-838-4692	Director, Veteran's Affairs 7105 NW 70 th Avenue Camp Dodge, Bldg. A6A Johnston, IA 50131-1824
Iowa Veterans Home	Diane Blackburn	Diane.Blackburn@ivh.state.ia.us	641-753-4284	1301 Summit Street Marshalltown, IA 50158
Department of Management				

Informational Mailing List

NAME	AGENCY	E-MAIL	PHONE	ADDRESS
Bacon, Robert	Center for Disability & Development	Robert-bacon@uiowa.edu	319-356-1335	Center for Disabilities and Development 100 Hawkins Drive Iowa City, IA 52242-1016
Clark, Cherie		empoweria@mchsi.com	319-364-0037	3105 Ridgemore Drive SE Cedar Rapids, IA 52403-9025
Cunningham, Terry	Center for Disability & Development	Terry-Cunningham@uiowa.edu	319-338-7481	554 West Side Drive, Iowa City, 52246

Fanselow, Connie	DHS/MHDS	cfansel@dhs.state.ia.us	515-281-5338	DHS/MHDS 1305 East Walnut Des Moines 50319
Flores, Becky	DHS/MHDS	Bflores1@dhs.state.ia.us	515-281-5374 Fax: 515-242-6036	DHS/MHDS Hoover Bldg, 5 th Floor 1305 East Walnut Des Moines IA 50319
Ehlers, Connie	For Jeanne Nesbit DHS/MHDS	cehlers@dhs.state.ia.us	515-281-4764	DHS/MHDS
Funke, Barbara Jean	For Bill Gardam DHS/MHDS	bfunke@dhs.state.ia.us	515-281-7277	DHS/MHDS
Hartwig, Megan		mhartwig@idph.state.ia.us	P: 515-281-8465 F: 515-281-4535	Iowa Brain Injury Program Manager Iowa Department of Public Health Lucas State Office Building 321 E. 12th Street Des Moines, Iowa 50319
Hiatt, Kay	DHS/MHDS	khiatt@dhs.state.ia.us	515-242-5994 Fax: 515-242-6036	DHS/MHDS Hoover Bldg 5 th Fl. 1305 East Walnut Des Moines IA 50319
Miller, Linda Sue	For Director Charles J. Krogmeier, DHS/MHDS	Lmiller2@dhs.state.ia.us	515-281-5452	
Pollak, John	Legislative Services Agency	John.pollak@legis.state.ia.us	515-281-3818	
Reynolds, Jule	Staff to Senator Tom Harkin	Jule_Reynolds@harkin.senate.gov	515-263-9247	2119 E. 9 th Street Des Moines IA

Updated 02/12/2011

Riley, Ann	Center for Disability & Development	Ann-L-Riley@uiowa.edu	319-353-6523	Center for Disabilities and Development 100 Hawkins Drive Iowa City, IA 52242-1016
Rickels, Amy		Mongolbaby2005@yahoo.com	641-673-1411	1111 3rd Avenue West Oskaloosa 50577
Jack Willey	MHDS Commission Chair	Jjw_eddyplace@hotmail.com		

Advocating for the Housing Needs of People with Disabilities at Local Public Housing Authority Hearings on Agency Plans

General Points to Raise Awareness

- In 1999 the U.S. Supreme Court's landmark *Olmstead* decision affirmed the right of people with disabilities to receive the supports they need in the most integrated setting consistent with their needs. The Iowa Department of Human Services has been working hard to expand home and community based services so that people have other choices besides nursing homes and other institutions. But making these services more available doesn't help if people can't find housing that is both affordable and accessible. Local public housing authorities are essential partners in moving Iowa towards full compliance with the *Olmstead* decision.
- One clear example of how important housing is to *Olmstead* implementation can be found in Iowa's Money Follows the Person (MFP) demonstration. MFP provides extra services and supports to help people with intellectual disabilities move out of intermediate care facilities, including the two State Resource Centers, into the community of their choice. Sometimes it is very hard for the MFP transition specialists to locate affordable, accessible housing in the community preferred by the consumer. A dialogue between the LPHA and MFP staff in Des Moines could lead to a better understanding of the needs of MFP participants and lead to strategies to address them. Contact information can be found at <http://www.ime.state.ia.us/LTC/MFP/index.html>
- HUD is partnering with the federal Centers for Medicare and Medicaid Services to try to make housing available specifically for people with disabilities who want to move out of institutions, and also for people who are at risk of being institutionalized if they can't find accessible housing. Iowa needs to have its LPHAs actively involved in addressing the housing needs of these populations in their agency plans, and in responding to HUD's Notices of Funding Availability to serve these particular populations. Iowa's MFP staff would gladly work with LPHAs in responding to these NOFAs.
- LPHAs can also help to meet the needs of people with mobility limitations in other ways. One way is vigorous enforcement of HUD requirements regarding the inclusion and effective marketing of accessible units within multifamily developments. In addition, for years the Iowa Legislature has considered legislation supporting visitability and universal design features in publicly assisted housing, such as SF 115 introduced this session. LPHAs can use their resources to exert leadership in promotion of these concepts in their housing development programs.

Points Specific to Des Moines Municipal Housing Authority Plan

- The Plan identifies some steps to improve marketing such as new brochures and strengthening contacts with local organizations, including organizations serving people with disabilities. The DMMHA could reach out specifically to the MFP program and the transition specialists to discuss how to help participants find

housing in a timely manner. In particular, MFP program staff could discuss with the DMMHA ways to implement the Plan's Objective 5, to make the application process more "user friendly". Both the application process and the short time frames in which the waiting list is opened up impose a hardship on people with significant disabilities.

- The DMMHA deserves praise and encouragement for securing 53 housing vouchers in 2009 earmarked for nonelderly disabled families, and for at least applying (though unsuccessfully) in June 2010 for 200 vouchers under the Rental Assistance for Non-Elderly Persons with Disabilities NOFA. The DMMHA should be praised for stating its intention to continue to apply for such vouchers as they become available.
- The DMMHA deserves praise for its efforts to promote supportive housing through its RFP for project based vouchers in Des Moines and Polk County.

Your Input Requested!

The Iowa Department of Public Health, in partnership with the Advisory Council on Brain Injuries and the Prevention of Disabilities Policy Council, will begin work on two strategic plans in the coming month. We would like to invite interested parties to participate in this process.

The ACBI will begin work on updates to the Iowa Plan for Brain Injuries. The current plan has been extended through 2011 and a new plan will be adopted for the period 2012 – 2017. The Council is seeking people with brain injuries and/or their family members to participate on task groups and the overall advisory committee. If you are interested, or have more questions, please contact Megan Hartwig, TBI program manager at (515) 281-8465 or Megan.Hartwig@idph.iowa.gov.

The Disability and Health Program will be developing a plan for 2011 – 2017 beginning later this spring. The plan will focus on short- and long-term recommendations to improve the health of people with disabilities, increase access to health care services for PWD and to reduce the development of secondary health conditions. We are also interested in identifying community providers, individuals with disabilities and other advocates to assist us with the plan development and review process. If you are interested in participating or have more questions, please contact Binnie LeHew, Office of Disability, Injury & Violence Prevention at (515) 281-5032 or Vivian.Lehew@idph.iowa.gov.

Olmstead Consumer Taskforce Bylaws

[03/11/2011]

ARTICLE I - NAME

The name of this organization shall be the *Olmstead* Consumer Taskforce.

ARTICLE II - MISSION

The purposes of the *Olmstead* Consumer Taskforce (hereinafter referred to as “the Taskforce”) are:

Section 2.1. Duties and Activities

- A. To monitor Iowa’s response to the U. S. Supreme Court’s *Olmstead* decision and to collaborate with state agencies in the implementation of *Olmstead* in Iowa.
- B. To advocate for Iowans with disabilities and long term care needs.
- C. To organize as a proactive and effectively working Taskforce.
- D. To educate Iowans about the *Olmstead* Decision and its implications for public policy in Iowa.
- E. To inform and advise policy makers about the needs, rights, and preferences of Iowans with disabilities and long term care needs.
- F. To monitor existing laws and pending legislation and make recommendations to promote consistency with the *Olmstead* Decision.
- G. To support systems change that promotes choice, fairness, equity, accessibility, and availability of individualized services for people with disabilities and long term care needs.
- H. To assist and encourage the departments and agencies of the state of Iowa to ensure compliance with the *Olmstead* decision.

Rationale: The order of Paragraphs B, C, D, E, F, and G has been changed in Section 2.1. The proposed change in (H) provides a focus on the departments and agencies of state government, and not just the Iowa Department of Human Services.

Section 2.2. Records

- A. The Iowa Department of Human Services shall maintain all official records of the Taskforce, in accordance with state law.
- B. The Executive Committee shall maintain copies of any records deemed necessary for Taskforce activities.

ARTICLE III - MEMBERSHIP

Section 3.1. General

The membership of the Taskforce shall represent the diverse population of the State of Iowa, to the fullest extent possible. The Taskforce will make every effort to represent a cross-section of people with all disabilities or long term care needs.

The Iowa Department of Human Services has been designated by the Governor as the lead agency for Olmstead activities and as such, will provide staff support to the Taskforce.

Section 3.2. Requirements

The *Olmstead* Consumer Taskforce shall abide by the following membership requirements:

- A. At least 50 percent of the members of the Taskforce shall be individuals who are not State employees and are not providers of disability related or long term care services. *A provider of disability related services is an individual who receives money, from any source, to provide disability related services to consumers either directly or through a contractual agreement.*
1. Advocacy organizations, and their employees, shall not be considered providers of disability related services solely because of such status.
 2. Volunteers and members of advisory and governing boards shall not be considered providers solely because of such status.
 3. *Peer support specialists shall not be considered providers of disability related services solely because of such status.*

Rationale: *Section 3.2. Requirements (A), Sentence 2*, had previously been designated as (1) but appears to express the intent much better when it supplements the original language.

Peer Support Specialists meet the definition of providers of disability related services in Paragraph A. This proposed change is being suggested to ensure that *Peer Support Specialists* are not excluded from participation on the *Olmstead Consumer Taskforce*.

Section 3.3. Membership Categories

A. Voting Members

The membership shall be *twenty-one (21)* voting members, designated as follows:

1. Over one-half of the members [at least *eleven (11)* members] shall be people with disabilities or long term care needs or family members of people with disabilities or long term care needs.
2. At least *two (2)* of the members shall be people over age 60 who can effectively represent the interests of older Iowans with disabilities or long term care needs.

3. At least **two** (2) of the voting members shall be people who can effectively represent the interests of children and youth with disabilities or long term care needs.
4. At least **one** (1) of the voting members shall be **a person** who currently resides or **has** resided in an institutional or congregate care facility and can effectively represent the interests of institutionalized persons.
5. At least **two** (2) of the voting members shall be people who represent statewide advocacy organizations which promote community integration for people with disabilities or long term care needs.
6. The remainder of the voting members shall be individuals who represent advisory or governing boards, county governments, providers of disability related services, or other groups with an interest in promoting community integration for people with disabilities and long term care needs.

Rationale: The Bylaws Committee proposes the size of the *Olmstead Consumer Taskforce* be reduced from thirty (30) voting members to twenty-one (21) voting members. This provision shall take effect through attrition upon passage of the amendment.

B. Non-Voting Members

The membership shall also include up to thirty (30) non-voting ex-officio members representing agencies of state government and the Iowa General Assembly.

- Board of Regents
- Department of Administrative Services
- **Department on Aging**
- Department for the Blind
- Department of Civil Rights
- Department of Corrections
- Department of Economic Development
- Department of Education
- Department of Human Rights
- Department of Human Services
- Department of Inspections and Appeals
- Department of Management
- Department of Public Health
- Department of Public Safety
- Department of Transportation
- Department of Veterans Affairs
- Department of Work Force Development
- Iowa Finance Authority
- Iowa Veterans Home

Individuals representing the Iowa General Assembly shall be nominated by the Majority and Minority Leaders of their respective chambers.

Rationale: The use of the word “shall” replaces “will” in the final paragraph to maintain consistency throughout the document. This final paragraph has been moved from Section 3.4 *Nominations* (C). The *Taskforce* always has listed members of the General Assembly as non-voting members. However, the leadership in the Iowa House and Iowa Senate has not assigned any representatives to the *Olmstead Consumer Taskforce*.

Section 3.4. Nominations

- A. All new and reapplying members shall be subject to a written application process for each term. The written application for Taskforce membership must be received by a designated recipient at the Iowa Department of Human Services by close of business on the due date specified in the announcement for applications.

Rationale: The language in the original *Section 4. Nominations* (B) now has been added to *Section 3.4 Nominations* (A).

Section 3.5. Terms of Office

- A. The term of office of a Taskforce member shall be three years.
- B. Membership terms shall be staggered so that one-third of the total number expires each year.
- C. To maintain the staggered term structure, each full membership term will begin with the first meeting after the annual meeting.
- D. Members elected to fill an unexpired term will begin their term at the first meeting following their election.
- E. Members elected to fill an unexpired term will be subject to a written application process at the end of the unexpired term.
- F. No Taskforce member shall serve for more than two (2) consecutive three (3) year terms. Upon completion of two (2) full terms, a Taskforce member must leave the Taskforce for one (1) year before being eligible for a new appointment.

Rationale: The new language in Section 3.5 (F) is being suggested so that no member may serve for an indefinite time. The intent of this language is to challenge the *Taskforce* to regenerate membership over a period of time by recruiting new members. This provision shall take effect one (1) year from passage of the amendment. The one-year transition allows the Taskforce to anticipate the need for change and to plan more effectively to seek new members.

Section 3.6. Vacancies

- A. Taskforce membership ends based on the following circumstances:
 - 1. A member resigns or dies.

2. A member is deemed inactive by the Taskforce upon the relevant facts having been presented.
3. A member does not reapply for another term at the conclusion of his or her term.
4. A member fails to meet the minimum attendance policy of the Taskforce.
5. The Taskforce votes to terminate the member for just cause, as defined by the procedures required in Article IV, Section 1.
6. In the case of an ex-officio State agency member, the member's term ends when a new individual is nominated by the State agency and confirmed by the Taskforce.

ARTICLE IV - RIGHTS OF MEMBERS

Section 4.1. Termination for Just Cause

- A. Any member or members who feel just cause exists for another member to be terminated pursuant to Article III, Section 6(A)5~~7~~ must present a written statement of the reasons for the proposed termination to the Executive Committee.
- B. The Executive Committee shall review any such written statement and determine if the matter has merit to be presented to the full Taskforce.
- C. The Executive Committee only is empowered to present a motion for termination of a member for just cause before the full Taskforce.
- D. A motion for termination for just cause must be accompanied by a written statement of the reasons for the proposed termination.
- E. The member who is the subject of the motion must be given an opportunity to respond to the written statement before the Taskforce, prior to any action being taken.
- F. The member may be removed from the Taskforce for just cause following a due process hearing by majority vote of the voting members.

ARTICLE V - MEETINGS

Section 5.1. General

- A. **The Taskforce shall have regular meetings at least four (4) times a year at a time and place designated by resolution.** Regular and special meetings of the Taskforce shall be called by either:
 1. The Executive Committee; or
 2. Ten (10) or more Taskforce members
- B. **The Taskforce chair or a designee shall provide notice of a meeting through mail or electronic communication not less than fourteen (14) days before the date of the meeting. The notice shall state the place, date, and hour of the meeting. The notice**

will be deemed delivered when deposited in the United States mail, addressed to the member as it appears on the records of the Taskforce. Meeting agendas shall be posted as required by law.

- C. An Annual Meeting of the Taskforce shall be held in March of each year at such time and place designated by Taskforce members.
- D. Taskforce members may participate in a meeting in person, by telephone call or other similar communication. All members participating in the meeting shall have needed accommodations provided, and participation in a meeting pursuant to this provision shall constitute presence in person at the meeting.
- E. All Taskforce meetings, or other meetings and events sponsored by the Taskforce, shall be held in a location accessible to all people. Prior reasonable accommodation requests that are necessary for persons with disabilities to fully participate shall be provided for these meetings. All meeting notices sent out and materials shall be in an accessible format.

Section 5.2. Attendance

- A. All members shall be required to attend Taskforce meetings consistent with the *Olmstead Consumer Taskforce Attendance Policy*. After three consecutive unexcused absences, a member shall be notified by priority mail with delivery confirmation that his or her position has been declared vacant for nonattendance. Failure to notify the member does not constitute a waiver of the attendance requirements.

<p><u>Rationale:</u> The Olmstead Consumer Taskforce shall adopt an attendance policy that would specify the responsibilities of members to attend meetings and the outcome for nonattendance.</p>
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Section 5.3. Voting Rights

- A. Each member of the Taskforce in attendance shall be entitled to one (1) vote.
- B. Each member shall act in accordance with General Ethical Principles Regarding Conflict of Interest in Iowa Code Chapter 68B (Conflicts of Interest).

Section 5.4. Quorum

- A. A quorum shall constitute no less than a majority plus one (1) of the Taskforce members eligible to vote. The number of members eligible to vote if all Taskforce positions are filled is twenty-one (21). If all Taskforce positions are filled, quorum is twelve (12) members.
- B. Taskforce members present at a duly called and held meeting at which a quorum is initially present may not continue to do business after the loss of a quorum.

Rationale: Gretchen Kraemer, Assistant Attorney General for the Iowa Department of Human Services, advises that a quorum of 50% plus one would be acceptable. This is based on the fact that *Olmstead Consumer Taskforce* is not a Commission appointed by the Governor. Although Gretchen Kraemer would prefer the *Taskforce* use two-thirds, as required for Boards and Commissions, the *Taskforce* is not constituted under any state regulations.

The Code of Iowa states in the *Iowa Administrative Procedure Act* [17A (2) (1)]:

"Agency" means each board, commission, department, officer or other administrative office or unit of the state Unless provided otherwise by statute, no less than two-thirds of the members eligible to vote of a multimember agency constitute a quorum authorized to act in the name of the agency.

Section 5.5. Parliamentary Authority

- A. Meetings shall be conducted according to the current version of Roberts Rules of Order, as periodically revised, and comply with the requirements of Iowa Code Chapter 21 (Open Meetings) and Iowa Code Chapter 22 (Open Records).
- B. A Parliamentarian may be elected by majority vote of the Taskforce to interpret and enforce procedural rules.

ARTICLE VI - OFFICERS

Section 6.1. General

- A. The officers of the Taskforce shall be a chairperson, vice chairperson, and secretary. The Taskforce may appoint other officers and assistant officers as may be deemed necessary and may prescribe their duties and responsibilities.

Section 6.2. Election and Term of Office

- A. Election of officers shall normally take place at the Annual Meeting, but may be called at another date at the discretion of the Executive Committee.
- B. Officers shall be elected for a one-year term by majority vote of the voting members. An officer shall hold office until a successor shall have been duly elected and qualified, or until resignation, or death.
- C. The Taskforce may re-elect an officer for another term but no officer shall serve for more than two (2) consecutive one (1) year terms.

Rationale: The new language in Section 6.2(C) is being suggested so that no officer may serve for an indefinite time. The intent of this language is to challenge the *Taskforce* to regenerate leadership over a period of time by recruiting new officers. This provision shall take effect one (1) year from passage of the amendment. Any Taskforce officer who has served two (2) consecutive one (1) year terms shall not be eligible for another term.

Section 6.3. Qualifications

- A. A Taskforce member must be a voting member to qualify for election as an officer and must continue to qualify at all times while in office.
- B. When a member ceases to qualify as an officer for any reason, such member shall be ineligible and that office shall be deemed to be vacant.

<p>Rationale: The new language in <i>Section 6.3. Qualifications</i> clarify that only voting members are eligible to serve as an officer.</p>
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ARTICLE VII - DUTIES OF OFFICERS

Section 7.1. Chairperson

- A. The chairperson shall preside at Taskforce meetings.
- B. The chairperson, in cooperation with the Executive Committee and a representative of the Iowa Department of Human Services, shall:
 - 1. Ensure members are notified of meetings in a timely manner;
 - 2. Establish and publish the agenda for Taskforce meetings;
 - 3. Establish and publish an annual calendar for Taskforce meetings;
 - 4. Report to the Director of the Iowa Department of Human Services and the Governor of the State of Iowa, on matters relating to the implementation of Iowa's response to the *Olmstead* Decision;
 - 5. Serve as liaison between the Taskforce and other groups and organizations, including the Iowa Department of Human Services and its many advisory bodies;
 - 6. Communicate with and regularly report to the Taskforce;
- C. The Taskforce chairperson casts a vote only in the event of a tie.
- D. The chairperson shall perform other duties as determined or designated by the Taskforce.

Section 7.2. Vice Chairperson

- A. The vice chairperson shall assume the duties of the chairperson in cases when the chairperson is unable to do so.
- B. The vice chairperson shall act as temporary chairperson until the Taskforce elects a new chairperson.

- C. The vice chairperson shall perform other duties as determined or designated by the Taskforce.

Section 7.3. Secretary

- A. The secretary shall approve minutes of any and all Taskforce meetings.
- B. The secretary shall monitor and verify the accuracy of votes of Taskforce business and motions.
- C. The secretary shall ensure that all minutes of meetings and records of Taskforce business are compiled and maintained by the Iowa Department of Human Services to be retained in perpetuity.
- D. The secretary shall perform other duties, as determined or designated by the Taskforce.

ARTICLE VIII - COMMITTEES

Section 8.1. Standing Committees

- A. Five (5) committees are authorized by these Bylaws: (a) Executive Committee; (b) Nominations Committee; (c) Legislative Study Committee; (d) Public Information Committee; and (e) Strategic Planning Committee.
- B. Committee members shall be appointed annually by the chairperson at the meeting following the Annual Meeting. In appointing committee members, efforts will be made to reflect the diversity of the Taskforce membership categories.
- C. The chairperson of each committee shall be elected by majority vote of the committee members.

Rationale: Section 8.1(B) clarifies that *Taskforce* members are appointed by the chairperson. The language in the original Section 8.1(D) has now been added to Section 8.1(B).

Section 8.2. Executive Committee

- A. The Executive Committee shall regularly consist of seven (7) members: the chairperson, the vice chairperson, the secretary, and the chairpersons of each of the other standing committees. The immediate past chairperson shall serve as a non-voting member for one (1) year following service as Taskforce chairperson.
- B. The Executive Committee shall exercise all powers and duties of the Taskforce between meetings. All proceedings of the Executive Committee shall be subject to revision or alteration by a majority vote of the Taskforce. All acts of the Executive Committee deemed pursuant to emergency situations shall be promptly brought to the full Taskforce for review and ratification.
- C. The Executive Committee, in cooperation with a representative of the Iowa Department of Human Services, shall:

1. Ensure members are notified of meetings in a timely manner;
 2. Establish and publish an agenda for Taskforce meetings;
 3. Establish and publish an annual calendar for Task Force meetings;
 4. Report to the Director of the Iowa Department of Human Services and the Governor of the State of Iowa, on matters relating to the implementation of Iowa's response to the *Olmstead* Decision;
 5. Serve as liaison between the Taskforce and other groups and organizations, including the Iowa Department of Human Services and its many advisory bodies;
 6. Communicate with and regularly report to the Taskforce.
- D. The Executive Committee shall annually review *Conflict of Interest Disclosure Statements*, and make recommendations to the full Taskforce on Conflict of Interest issues. *Whenever a new member is appointed to the Taskforce, the Executive Committee shall review the Conflict of Interest Disclosure Statement.*
- E. The Executive Committee shall perform other duties, as determined or designated by the Taskforce.

Rationale: The order of Paragraphs C, D, E, F, and G has been changed in *Section 8.2 Executive Committee*.

- *Section 8.2 (A)* designates the immediate past chairperson as a *non-voting* member of the Executive Committee.
- *Section 8.2 (B)* grants authority to the Executive Committee for any decisions that need to be made between *Taskforce* meetings. This language would include any action taken by the chairperson that is in the best interest of the *Taskforce*.
- *Section 8.2 (D)* requires the Executive Committee to review *Conflict of Interest Disclosure Statements* annually and whenever a new member is appointed to the *Taskforce*.
- *Section 8.2 (E)* is being deleted as it duplicates the original language in *Section 8.7 (A)*.
- *Section 8.2 (F)* has now been renamed *Section 8.2(E)*.

Section 8.3. Nominations Committee

- A. The Nominations Committee shall consist of no less than five (5) Taskforce members.
- B. The Nominations Committee shall *recruit officers and bring forward a slate of qualified members* for the offices of chairperson, vice-chairperson, and secretary for consideration by the entire Taskforce.

Section 8.4. Legislative Study Committee

- A. The Legislative Study Committee shall consist of no less than five (5) Taskforce members.
- B. The Legislative Study Committee shall study existing State laws, regulations, and pending legislation to identify areas of existing conflict with or potential support for

the *Olmstead* Decision. This Committee shall work collaboratively with the Strategic Planning Committee to resolve barriers to full participation by persons with disabilities through regulations or State laws.

- C. The Legislative Study Committee shall make recommendations to the Taskforce, including strategies that advance its mission.

Section 8.5. Public Information Committee

- A. The Public Information Committee shall consist of no less than five (5) members.
- B. The Public Information Committee, in cooperation with the Executive Committee, shall prepare information for public distribution regarding issues before the Taskforce.
- C. The Public Information Committee shall organize events, as deemed necessary by the Taskforce, which may further the goals of the Taskforce.
- D. The Public Information Committee shall work to establish collaborative relationships with other organizations, to further the goals of the Taskforce.

Section 8.6. Strategic Planning Committee

- A. The Strategic Planning Committee shall consist of no less than five (5) members.
- B. The Strategic Planning Committee shall identify barriers that prevent persons with disabilities from full participation in their communities. This Committee shall work collaboratively with the Legislative Study Committee and the full Taskforce, to monitor existing laws and pending legislation to promote consistency with the *Olmstead* decision; and by planning and developing solutions to overcome barriers to full participation.

Section 8.7. Ad Hoc Committees

- A. The **chairperson** shall **establish** ad hoc committees to carry out any necessary Taskforce business or activities that are not expressly provided for in these Bylaws.

ARTICLE IX - CONFLICT OF INTEREST

The Taskforce respects the rights of all members in their activities outside of their association with the Taskforce, should such activities not conflict with or adversely reflect upon the Taskforce. It is Taskforce policy to place trust in each member's integrity, judgment, and dedication. It is also important to avoid even the appearance of a conflict of interest. Accordingly, the policy set forth below has been adopted:

- A. All members are expected to declare any financial or personal affiliations that could interfere with their effectiveness in representing the interests of individuals with disabilities and long term care needs on the Task Force, or on their effectiveness in representing the Taskforce to the public.

- B. All members shall complete a *Conflict of Interest Disclosure Statement*, including information on any of the following situations:
1. Holding a financial interest in a company, organization, or agency that provides services to individuals with serious mental illness or serious emotional disturbance.
 2. Holding a financial interest in any company, organization, or agency that bills or contracts with Medicaid, Medicare, or the Department of Human Services for services rendered.
 3. Membership on other taskforces, boards, commissions, or public bodies that may have interests conflicting with those of the *Olmstead* Consumer Taskforce.
- C. In the course of Taskforce business, members shall be expected to identify instances when a conflict or the appearance of a conflict of interest exists and voluntarily abstain from voting in those situations.
- D. Each member shall sign and place on file with the Taskforce a *Conflict of Interest Disclosure Statement*. The member shall execute the *Conflict of Interest Disclosure Statement* at their first Taskforce meeting. The *Conflict of Interest Disclosure Statement* shall be updated at the Annual Meeting. (See Appendix A).
- E. Any conflict of interest issues that come to the attention of the Taskforce shall be reviewed by the Executive Committee.

Rationale: The new language in *Article IX. Conflict of Interest* (D) has been added to ensure each *Taskforce* member signs a *Conflict of Interest Disclosure Statement*.

ARTICLE X - AMENDMENTS

These Bylaws may be altered, amended, or repealed, by a two-thirds (2/3) affirmative vote of Taskforce members. Notice of the meeting setting forth the proposed amendment or a summary of the changes shall be given to each Taskforce member, at least fourteen (14) days prior to the meeting. An ad hoc Bylaws Committee may be appointed for the consideration and development of amendments proposed by Taskforce members. The Taskforce will review the proposed amendments in two (2) readings prior to voting. If a Bylaws Committee is appointed and makes a presentation at a Taskforce meeting, this shall service as notice, in lieu of a written notice, and shall be considered the first reading of the proposed amendment(s).

Rationale: The language in *Article X. Amendments* has been modified to ensure the *Olmstead* Consumer *Taskforce* Bylaws are consistent with Robert's Rules of Order (Newly Revised). The Standard Code of Parliamentary Procedure states that bylaws take precedence over the parliamentary authority.¹

¹ Sturgis, Alice (1988), The Standard Code of Parliamentary Procedure, New York, McGraw-Hill, Incorporated, page 227

“Every governmental body has an inherent right to regulate its own procedure subject to the provisions of the constitution, statutes, charter, or other controlling authority. Although governmental bodies have the right to adopt special rules governing some of their procedures, none of these adopted rules can conflict with the law or with public policy.”²

First reading: _____

Second reading: _____

These Bylaws accepted and adopted by majority vote of the Iowa *Olmstead* Consumer Taskforce on _____, 20____.

- Adopted by the *Olmstead Consumer Taskforce* on April 18, 2008.
- Revised by the *Olmstead Consumer Taskforce* on _____, 2011.

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² Sturgis, Alice (1988), pp. 241-242

Appendix A
Conflict of Interest Disclosure Statement

Ethical Considerations of Taskforce Membership:

(1) Individual Taskforce members have no authority apart from the full Taskforce and cannot act on their own or take action on behalf of the Taskforce without being authorized to do so by the bylaws or the official act of the Taskforce.

(2) All Taskforce members are expected to support the decisions of the Taskforce. Taskforce members are discouraged from taking personal action to discredit the dignity and integrity of the Taskforce, staff, or individual members.

I, _____, have read the Iowa Olmstead Consumer Taskforce Conflict of Interest Policy and state by my signature below that I am in compliance with it and will continue to observe this policy carefully throughout my association with the Taskforce.

In addition, I am disclosing possible conflicts of interest or the potential for the appearance of conflicts of interest, as follows:

Signed: _____

Date: _____

The information in this Conflict of Interest Disclosure Statement will be reviewed by the Executive Committee of the *Olmstead Consumer Taskforce* and maintained as part of the official record of the Taskforce by the Iowa Department of Human Services. If any actual or potential conflict requires attention, the Executive Committee will attempt to resolve the perceived conflict(s).

Proposed Amendments to the Olmstead Consumer Taskforce Bylaws

Motion #1

The Bylaws Committee recommends adoption of the proposed amendments with the following exceptions:

- a. Article III Membership, Section 3.2 (A) (3)
- b. Article III, Membership, Section 3.3(A)
- c. Article III, Membership, Section 3.5(F)
- d. Article Vi, Officers, Section 6.2 (C)

Motion #2

To amend Article III Membership, Section 3.2 by adding #3 that reads:

3. *Peer support specialists shall not be considered providers of disability related services solely because of such status.*

Motion #3

To amend Article III Membership, Section 3.3 (A) by making the following changes:

A. Voting Members

The membership shall be *twenty-one (21)* voting members, designated as follows:

1. Over one-half *of* the members [at least *eleven (11)* members] shall be people with disabilities or long term care needs or family members of people with disabilities or long term care needs.
2. At least *two (2)* of the members shall be people over age 60 who can effectively represent the interests of older lowans with disabilities or long term care needs.
3. At least *two (2)* of the voting members shall be people who can effectively represent the interests of children and youth with disabilities or long term care needs.
4. At least *one (1)* of the voting members shall be *a person* who currently resides or *has* resided in an institutional or congregate care facility and can effectively represent the interests of institutionalized persons.
5. At least *two (2)* of the voting members shall be people who represent statewide advocacy organizations which promote community integration for people with disabilities or long term care needs.
6. The remainder of the voting members shall be individuals who represent advisory or governing boards, county governments, providers of disability related services, or other groups with an interest in promoting community integration for people with disabilities and long term care needs.

Motion #4

To amend Article III Membership, Section 3.5 by adding (F) that reads:

- F. No Taskforce member shall serve for more than two (2) consecutive three (3) year terms. Upon completion of two (2) full terms, a Taskforce member must leave the Taskforce for one (1) year before being eligible for a new appointment.*

Motion #5

To amend Article VI Officers, Section 6.2 by adding (C) that reads:

- C. The Taskforce may re-elect an officer for another term but no officer shall serve for more than two (2) consecutive one (1) year terms.*