

OLMSTEAD CONSUMER TASKFORCE MEETING
May 13, 2016
Pleasant Hill Public Library, 5151 Maple Drive, Pleasant Hill

Handouts

Minutes of Previous Meeting – March 11, 2016
Olmstead Consumer Taskforce Member Roster
Olmstead Plan Committee Meeting Minutes – April 4, 2016
Community Access Committee Meeting Minutes – May 4, 2016
Letter to Senate Ways and Means Committee Regarding SF2236
Olmstead Plan Draft Framework

Taskforce Members Present: Roxanne Cogil, Kevin Dalin, Randy Davis, Dawn Francis, Ann Gallagher (phone), Kris Graves, Tracy Keninger, Paul Kiburz, June Klein-Bacon, Ashlea Lantz, Kay Marcel, Reyma McCoy McDeid (phone), Gary McDermott, Michele Meadors, Mary Roberts, Kathleen O’Leary, Harry Olmstead, Bruce Teague, Len Sandler

Taskforce Members Absent: Ingrid Wensel, Rosana Zamora

State Agency Representatives Present: Kim Barber – Iowa Department for the Blind, Brian Dennis – Iowa Workforce Development, Connie Fanselow – Department of Human Services, Terri Rosonke – Iowa Finance Authority (phone)

Staff: Bob Bacon, Caitlin Owens

Guests: Theresa Armstrong, Teresa Bomhoff, Jim Cushing, Di Findley, Frank Greise, Deb Johnson, Peter Schumacher, Ashley West

I. Welcome and Introductions

June Klein-Bacon called the meeting to order at 10:05am.

II. Review, Additional Items, and Approval of the Agenda

Randy Davis requested information regarding the Taskforce’s budget be shared at each meeting so members can have a better idea of spending and expenses, and what funds might be available. Dawn Francis noted that the funding is different than it has been in the past, where there may have been money to facilitate community meetings or similar events. Deb Johnson offered the advice that the Taskforce should approach requests for funding by developing a project plan and asking for the money needed, rather than just looking at how much money is there. Caitlin Owens said she does not have that information on hand, but can share it at the July meeting.

Dawn Francis motioned to approve the agenda, Harry Olmstead seconded. Motion passed.

III. Review, Corrections and Approval of the Minutes of the March Meeting

Harry Olmstead requested meeting minutes be distributed to the Taskforce earlier to allow for more time to review. Dawn requested the meeting packets be distributed earlier as well.

Harry motioned to approve the March meeting minutes, Kris Graves seconded. Motion passed.

IV. Iowa Medicaid Enterprise Update – Deb Johnson

Deb shared that IME has been conducting listening sessions around the state and asking providers and members how managed care is going so far, and the MCOs themselves are listening to the feedback received as well. She said there will be a meeting in Cedar Rapids in July, and the full list can be found on the IME website. She said they have received feedback that the meetings are not being publicized well enough and are trying to promote them better in response. Dawn said distributing the announcements via email would be more effective since people may not make it a habit to visit the IME website. Michele added that the website is hard to navigate and agreed that distributing through email would be ideal, perhaps making sure Caitlin receives the information so she can distribute to the Taskforce. Deb said she hopes everyone is signed up to receive the newsletters and updates from IME, but she will also make sure information is sent to Caitlin.

Deb said she received the list of questions from the Taskforce, and the list of transition concerns shared by the Medicaid Committee. She said they are tracking problems encountered by members very closely, so as people hear about issues from members or providers encourage them to contact member/provider services at IME if they are unable to get resolution from the MCO(s). She said the issues shared by the Medicaid Committee are at a high level, and it is easier for IME to respond case by case, as they then push the issue with the MCO and expect an answer from them within 24-hours.

Deb said she is interested in what the Taskforce is hearing or experiencing regarding the transition. Dawn noted that she heard from a mental health provider in Dubuque that the transition is going better than they had initially feared. June shared that she is aware of an issue with a foster child who had Medicaid listed as secondary insurance incorrectly, and as a result went without medication for three days. Tracy Keninger added that being without medications is not acceptable. Roxanne said due to the amount of paperwork required to navigate between each of the MCOs, providers are experiencing backups resulting in individuals going without medications, among other concerns. She asked who nurses can call to resolve issues more quickly as they arise. Deb said they should call IME directly and they can contact the MCO and let them know the issue needs to be resolved quickly.

Kay Marcel asked how long people are typically waiting when they call IME or the MCOs. She said the difficulty of lengthy call waits is acute for people, particularly if they have small children or limited time. Deb said that information on abandoned calls, how many calls come in, and how long people are on the phone is tracked. Michele said she has had difficulty getting through at peak times, like first thing on a Monday morning, but less trouble at other times, and that overall she has had a positive experience with the phone contacts she has had.

Ashlea Lantz said that her sister uses CCO for job coaching, which is an incredibly important service for her, and in the past it has taken between 6-8 weeks for approval, but was recently approved by AmeriGroup in less than 24 hours. She said that is a really nice change, and she wanted to pass it along.

Len said he has been getting more calls regarding CADC and increasingly hearing that people are being investigated for bookkeeping problems. He said some are reporting very heavy handed tactics, and it would be helpful to get some information from the Department regarding how many people are being examined for bookkeeping issues, fraud, etc. He said he has seen the trainings people go through and they are not really meant for family providers. He said the penalties are not typical of what he encounters for that type of issue, including threats of jail time, law enforcement knocking on doors, etc. He asked what is being done with these issues when they arise with professional providers, whether the Department has a way of distinguishing between actual fraud and someone not being able to keep up with the bookkeeping, and what the oversight of the process is.

Deb said when an individual agrees to become a Medicaid provider they agree to follow the rules. She said a form has been developed in conjunction with CADC providers, and they tried to make it as simple as possible. Typically with CADC providers IME does random audits to look for anomalies, and work on referrals if they hear someone is not doing what they are supposed to be doing. She said sometimes when they ask for documentation and an individual is not able to provide it they can provide additional training and give that individual one pass, but let them know IME will be coming back and checking again. She said if the issue is not corrected they sometimes put people on a pre-pay system where documentation is required before payment.

She said the Medicaid Fraud Unit is not under the jurisdiction of DHS, but instead the Department of Inspection and Appeals, and when there all suspected fraud has to be referred to them. She said IME tries to work with individuals as these issues arrive, both CDAC and professionals. Len said he is interested in getting a sense of the proportions, how many are referred, how many go to the Fraud Bureau, etc. Deb said the cases that are taken on by DIA have to be bigger, as they will not take issues that are smaller because of limited resources.

Roxanne said she knows there have been issues with hospitals in Omaha contracting with the MCOs, but not the individual providers. She asked if the MCOs are still trying to bring on outside state hospitals like Mayo. Deb said they have to for six months, and Mayo has declined to contract with the MCOs, even in Minnesota. Roxanne asked how it seems to be going to get those approved on a case-by-case basis, and Deb said she thinks they are typically approving those requests.

Roxanne asked how the Ombudsman's Office is working with IME, and how they pass along information they are receiving. Deb said they pass along complaints received for IME to research. She said it is housed under the Iowa Department on Aging, but they communicate regularly. She said they had a call with an MCO, long-term ombudsman, and IME about an issue recently that was a really good collaborative effort.

Len asked Deb what she is hearing from groups other than the Taskforce. Deb said she is hearing that NEMT is a problem, including wait times for transportation; prior authorization delays; and that the MCOs have been getting a lot of feedback on the prior authorization process. She said waiting 10 days for prior authorization is not acceptable, and their goal should be to complete those in less time than the maximum stipulated in their contracts. Michele asked what is being done to address the transportation issue. Deb said she has heard that getting it authorized has been a problem, and that people are being picked up way before an appointment and waiting to be taken home way after the appointment has finished. Deb said they are working on a transportation matrix that shows how it is supposed to work for each MCO to make sure that the process is clear for members. Michele asked her to try to make it extremely simple, and Deb said they are trying. Deb said another thing that has come up that they want to help people understand better is that it is OK to bring a PA or someone else to an appointment, but they have to let the transportation provider know so they can be prepared for that and make the appropriate arrangements. Michele noted that the transportation providers should be asking that question every time someone makes an appointment.

Roxanne said she has also heard that orthotics are not being covered by AmeriHealth. Deb said she would bring that to their attention, and some of these issues are resolved by providing clarifying information to the MCOs. She said if an issue comes up with one MCO they let the others know so it will hopefully not be duplicated. She said they meet on Mondays, Wednesdays, and Fridays to share what they are hearing.

V. Mental Health and Disability Services Update – Theresa Armstrong

Theresa shared that the Health and Human Services Appropriations bill has not been signed by the Governor yet, but they are anticipating the things she is going to discuss will go forward.

Autism Support Program

She shared that the Autism Support Program has been managed by DHS since April 2013, and there were some changes to the ASP that advocates were excited about because it will open the program up to more individuals. She said currently the ABA services are for kids who have no other means to get it; meaning they are not on Medicaid and family insurance won't pay for it. One of the criteria was they had to be under age 9, and the legislation moves that up to 14. She said currently there is also a limit on income of 400% FPL which is being moved to 500% FPL. She said there is a co-pay for families above 200% FPL, and currently the cost share cap is 10%, but it is being changed to 15%. Theresa said the ASP has continued to be funded, and even though all of the funds were not spent it did not get cut. She said the total appropriation ends up being about \$1.7 million.

Mary Roberts asked where the age limit of 14 came from and noted that it seems arbitrary. Theresa said the message the legislature got in the beginning seemed to suggest that the younger a person gets ABA the better, so that is likely where the initial age limit of 9 came from. She said they heard from advocates that they wanted that age to be higher because it certainly does help beyond the age of 9, but she is not sure where they got 14. Tracy asked if there was anything done to make it more available statewide, rather than mainly in urban areas. Theresa said there were dollars to create a grant program for BCBA given to IDPH, and there were some changes to the requirements for that this year because there is still have a struggle with not having that many programs to certify those professionals. She said IDPH is still working on those rules, but the idea is financial assistance for people to receive education.

Kay asked if the money wasn't spent last year because of the provider issue. Theresa said it is a combination of things, and they think opening up the criteria might help, but also some providers have waitlists and it is especially a struggle in the rural areas. Mary asked if ASP covers telehealth, and Theresa said yes.

Children's Mental Health and Wellbeing Workgroup

Theresa shared that the recommendations made by the Children's Mental Health and Wellbeing Workgroup have been put into legislation. She said MHDS will be working on some of that very quickly. She said the legislature appropriated \$300,000 to DHS for two entities that will start the planning of children's crisis services, and they will have to work with other entities to move forward on a children's crisis program. A detailed report is due December 15th so MHDS will be moving really quickly on that to get the proposal out. She said the goal would be to put a plan together that could be representative of a statewide system. She said another recommendation was to establish learning three to five labs across the state. MHDS is going to look at current practices, data, and what they can pull from providers who work with kids. She said there has been national child welfare TA in the state and they will continue to work with them. Theresa said the workgroup will be pulled back together to serve as an advisory group, and that will be happening pretty quickly too. Teresa Bomhoff said the learning labs sound a lot like Community Circle of care, which might be a good starting place for making recommendations on how that could be done in other areas.

MHDS Levy Legislation

Theresa said there was legislation that did not pass that attempted to reduce the limit on the levy but allow counties that were below \$47.28 to increase their levies. She said current code doesn't let those who are below \$47.28 to raise their levies, so it would create more equality in the system, and help regions be more sustained in their funding.

Theresa said there was a levy bill, and the legislature felt they had to at least maintain where the system is currently, so it extends the \$47.28 levy cap that was set to sunset this year, and the counties above had to come down, but the counties below had to stay. She said they also gave some funding to struggling counties, which amounted to \$500,000 to Scott County, and \$2,500,000 to Polk County. She said there will be a MOU with Polk County to work with DHS on a sustainability plan, and a MOU with the eastern region that Scott County is a part of to agree that they will remain intact over the next year as a region, as that has been an issue they have been struggling with. Dawn noted that this will be a significant problem for Polk County, as they wanted \$7M and they didn't get that, which might mean they will have to cut services. She said she thinks Scott County asked for significantly more than they were appropriated as well. Theresa said the region Scott County is a part of has enough money, but Scott County was significantly below the levy. She said if they accept the money and terms of the MOU they are agreeing to remain intact as a region. She said part of the request from Polk County was for cash flow that they will need until they are able to get property tax dollars, and it's included in legislation that they should have the ability to operate as a business. She said they are working with them on their budget. She noted that all of the regions have to submit annual budget and service plans to DHS by April 1st each year, and they are working with Polk County to amend theirs.

June asked if any services were cut when the budgets were submitted on April 1st. Theresa said they will be posting those soon and can get that information.

Theresa said DHS has a report due to the legislature on December 15th regarding redesign, including identified gaps, what the struggles have been, and how the regions are operating administratively. Len asked if people are reporting on the comparison of the county system, and what has changed since redesign. Theresa said she doesn't know that the data will be detailed to that level, but there might be some ability to compare data. Theresa said the Iowa State Association of Counties pulls some of that data. She said DHS will be talking with the regions and are really close to putting out the dashboard, and are currently in the process of putting one together for each region. She said the Taskforce may be interested in adding Rose Kim or someone else from DHS to a future agenda to talk more about that.

VI. Olmstead Plan Committee Report – Dawn Francis

Dawn shared that she worked on a revision of the Plan with input from the Committee, and changes mainly focused on making the plan a little more accountable. She said they suggested renaming some of the headings, and doing some reorganizing to make it easier to understand. She said the changes weren't drastic, mainly changes in wording and format. She said she added a suggestion for how data could be reported each year to make sure it is clearly marked and easy to see progress throughout the life of the Plan. Dawn said she thinks the Plan needs to be formatted so it can be read across the columns so all of the information lines up.

Kay asked if the data in the fourth column is supposed to be objectively measuring what is stated in the first column. Dawn said yes, and the main goal is to state desired outcomes, how they will be measured, and what will be done to make progress.

Connie noted that one of the difficulties of this process is that reporting numbers is useful in many ways, but it doesn't tell us if people's lives are getting better, and whether they are getting everything they need. She said they are trying to figure out what can be counted that says progress is being made, and what they can show that really reflects improvement in people's lives.

Len thanked the Committee and DHS for the work put into the Plan so far. He suggested taking into account layout, color, and ability to review for individuals who have spatial and/or color perception difficulties. He also suggested looking at how to document and measure additions to the workforce, and what types of providers they are.

Dawn asked that anyone with other activities to add to send them to the Committee.

VII. Olmstead Plan Update and Walk Through

June said she wanted to acknowledge that this is a lot of information to digest, and proposed the Taskforce take in the information Connie presents and if needed schedule an internal call to answer questions or discuss further.

Connie said the headings in the finished Plan will contain links so people can get more information about each activity if they would like to, but also keep the document shorter and easier to read for those who may not want that level of detail.

Len said it might be helpful if there was a page or two at the beginning of the document explaining how to read the Plan, and what the vision is for the completed product, so there is a clearer sense of what the where it is headed and what components are still going to be added. Harry suggested including a table of contents so people can find a topic they are looking for without searching the whole document.

Len said it would be helpful to know how the consumer surveys are going to be conducted, how often they will be repeated, etc. He said it was discussed at the last meeting that simply asking yes/no questions will not yield quality data, especially without first assessing whether people know what services and supports are available to them, and what they are receiving. Dawn said the surveys are something that will be formed and focused on

down the road, and the focus up to this point has been more on getting the framework together. Connie said they are looking at the Iowa Personal Experience Survey that Medicaid conducts, and it is very in-depth, and they may be able to use information from that survey towards the Olmstead Plan outcomes. She said they also want to reach people who are not Medicaid members, and to do that they may not be able to do an in-depth interview in-person. Len said a good first step might be to canvas a random number of individuals and ask them questions that get to the content of the Plan, like what services are available to them, for example, it would be clear whether or not education and outreach efforts are working or not.

Tracy said she thinks it is important to make sure the plan is not just focused on individuals with disabilities who receive Medicaid, as there are a lot of people who do not access services but cannot be left out of the Plan. Connie said she agrees that is important.

Connie said she hopes to be able to go out and hold public meetings throughout the life of the Plan to ask people how things are working, etc.

Kay said in Louisiana the waitlist got so big that they started a process to validate the waitlist and asked people on the list what services they were in need of. She said one thing they found out was that there were people on the list who were receiving services of some type, while there were others who were receiving absolutely no services. Dawn said an issue in Iowa is that there isn't even a pre-screening when people sign up for the waitlist, and a person could be eligible when they sign up, but not when a slot opens for them. Kay said that was the experience in Louisiana as well, and over time they decided to do the work on the front end, and revalidate the list when needed. She said it isn't a true picture to the funding sources of how many people are actually waiting. Connie said that Deb has reported in the past that only about 40-50% of the people on the waitlist end up being eligible to take the slot, and the legislature knows that is built in.

Bob Bacon shared an observation that the Taskforce doesn't have as much representation from state agencies as they have had in the past. He said as the Plan moves forward it is going to be important to share it with representatives from all of the state agencies involved with Olmstead Implementation so things aren't missed that should be included. He said on the conference calls the Olmstead Plan Committee has held that he heard that there was a concern whether or not the Plan was forward thinking enough. He said those concerns were certainly heard by Connie and Caitlin as well. He said when Connie was talking about the summary of activities that will be linked in the Plan, they are looking at how to make those more than just an overview of activities, but to have a clear tone of movement and outline where each activity is headed. He said they will include a description of the activity, next steps, what is currently being done. He said right now they are looking at changing some of the outcome verbs as well and hopes these efforts combined will result in Plan that is more future focused.

VIII. Bridging the Aging and Disability Services – Jim Cushing

Jim thanked the Taskforce for inviting him to speak, and shared a little bit about his background and passion for the work he does. Jim said the Area Agencies on Aging have an association that supports six regions, and his primary role is as an advocate for the AAAs, consumers they support, and providers they work with in the community to provide that support. He said he is on the MAAC and took notes on the earlier discussion so he could share those with the executive council. He said he is trying to reach out to groups like the Taskforce and find common ground, and areas where groups can partner and move things forward.

He said many people likely know that the ADRCs are in Iowa Code, and are administered by IDA. ADRCs are charged to work with stakeholders and other community partners to organize a coordinated system for information and referral, options counseling, and consumer access to services and information. He said with respect to collaboration he would like to continue to move forward to look for common ground between the aging and disability service worlds. He said he thinks they can partner to share information and make sure people are on the right path so they can be supported in the way they need to be to remain independent in the community.

Jim asked what thoughts the Taskforce had on either concerns, or more importantly how they can find common ground. He said if you look at the concept of the ADRC as it was envisioned, a lot of people were brought together to put their input into what a model could look like in Iowa. He said he has been working with June and Dawn to get disability information to share with ADRC advisory groups so they can stay informed about issues impacting individuals with disabilities, and what the ADRCs can do to help address those issues. He said he also wants to make sure they have the right representatives on local and regional advisory boards.

Randy asked how much funding the ADRCs were given. Jim said there here were no dollars to start-up the ADRCs. He said the AAAs receive federal funding from the Older Americans Act and some state elderly services funding money, which is earmarked for specific use. That funding can be utilized to provide information and support, but they are constantly looking at the funding the AAAs receive and trying to balance whether it is used to fund direct services and supports, and funding for information and support that helps people help themselves. He said the AAAs have utilized funding to build the ADRCs to the point they are at today, which includes the call center and the 15 regional coordination sites, options counseling, Iowa Caregiver Program, and elder rights specialists.

Dawn said it was her understanding that there was a little bit of money appropriated in the form of a planning grant. She said IDA called a meeting several years ago and the AAAs were there, as were the CILs and other disability and aging groups. She said they broke them into groups based on regions and told each group to discuss which entities were going to apply for that planning grant, and that it didn't necessarily have to be the AAAs applying. She said after that meeting the AAAs went to the legislature and got language put in that said only the AAAs could get the funding. She said she understands why they did it, and that it was a small amount of money and they are the entities mandated to do this work, but it caused some bad feelings. She said it would have been better to address it outright at that meeting or in a follow-up. She said she also thinks there was federal money to develop LifeLongLinks. Jim said he would have to research that information because it pre-dates him. He said the balancing incentives grant was meant to build the LifeLongLinks infrastructure, and that the full grant was not awarded, but the AAAs met the full criteria to receive that funding.

Jim said he is aware that there has been some tension between aging and disability services, and that there may still be. He said if he can imagine the frustration of expressing your wishes and needs towards a system that includes people with disabilities, and then feeling like that input was not followed through on. Dawn noted that it is important for people to understand that Jim isn't the director of an AAA, but of their association, and he can't tell them what to do but he can keep working with him on these issues. Jim said he came to the association about a year ago and did a broad analysis, and one of the very first gaps he called out was that disability is missing from the ADRCs. He said there is a specific target in the strategic plan to address this, and one of the first components was to address staff knowledge, and they will continue to build on the foundation of the strategy.

Jim said he is aware that there has been some tension between aging and disability services, and that there may still be. He said if he can imagine the frustration of expressing your wishes and needs towards a system that includes people with disabilities, and then feeling like that input was not followed through on. Dawn noted that it is important for people to understand that Jim isn't the director of an AAA, but of their association, and he can't tell them what to do but he can keep working with him on these issues. Jim said he came to the association about a year ago and did a broad analysis, and one of the very first gaps he called out was that disability is missing from the ADRCs. He said there is a specific target in the strategic plan to address this, and one of the first components was to address staff knowledge, and they will continue to build on the foundation of the strategy. He said he hopes to continue to better understand the needs of individuals with disabilities going forward, and learn how to meaningfully articulate those needs together to maximize impact.

Tracy said one place that many around the table have seen a gap is in treating individuals who are under the age of 18, and that the LifeLongLinks database does not address that whole population. She said Iowa COMPASS is a tremendous database that already exists and does include that population, and from her perspective it has not been included in the bigger picture. Dawn asked Bob Bacon if he could share any of the recent developments with Iowa COMPASS.

Bob shared that IME was able to commit to funding COMPASS through FY 17. The contract hasn't been finalized yet, and it will not be as robust as COMPASS has been in the past, but it is a great start. He said Ann Riley, who was in charge of COMPASS, recently retired and Mike Lightbody who has been the primary Information Specialist has assumed her role. He said Mike is an expert on assistive technology and will do an excellent job. He said there are a few staff managing the database as well. Jim, COMPASS staff, and IDA had a meeting a few months ago to explore what partnership could look like given the scarcity of resources. He said Jim contributed a tremendous amount to that meeting, and it was overall very productive. He said there is going to be another call next week to talk about what the future could hold in terms of a partnership.

Harry asked if it would be possible for Jim to share the email addresses of local AAA advisory group members. Jim said yes, and it may be more useful to contact the individual in each region who is charged to make sure the AAA advisory groups are meeting and can share information about meetings and membership.

IX. Mental Health Advocacy Update – Teresa Bomhoff

June expressed deep sadness at the recent tragic death of Taskforce member Jackie Dieckmann, and asked that a moment of silence be observed.

June shared that she asked Teresa to come speak to the Taskforce about current mental health initiatives she is focusing on as one way of honoring Jackie Dieckmann's life and dedication to advocating for improvements to the mental health system, and the individuals and families who are impacted by mental illness.

Health and Human Services Appropriations Bill

Teresa gave an overview of the key features of the Health and Human Services appropriation bill that pertain to mental health and disability services. She suggested downloading the LSA handbook for more detailed information about the 2015 session, and said generally it is a good resource to keep track of. Key features of HHS appropriations bill summarized below:

- Appropriates just over \$1.3 billion for Medicaid. This funding level will reduce the chance that supplemental funding will be needed during the 2017 session.
- Fully implements First Five in 13 additional counties. First Five addresses healthy mental development for children 0-5; \$1,076,231
- Funds efforts to determine the best programs and initiatives to address healthcare workforce shortages and develop a strategic plan (funding sources differ) \$100,000
- Provides rate protections to certain key providers as we transition to managed care
 - Home Health Care: \$1 million
 - Community Providers: \$2.2 million
- Buys down the HCBS waiver waiting lists \$2 million; 11,000 people on waiting lists; cost to buy waiting list down completely is \$16 million
- Eliminates 2 of the Governor's cost containment strategies that would hurt doctors, hospitals and nursing homes
- \$300,000 to fund children's mental health grants for crisis service development (SF 2297)
- \$200,000 to College of Direct Supports at IACP for training platform
- Continuation of juvenile justice graduated sanctions services with general fund \$5.2 million
- \$3 million to county mental health regions (Polk, Scott); this cost could be avoided with mental health levy fix
 - \$2.5 million to Polk County
 - \$500,000 to Scott
- \$1 million dollars to continue the Life Long Links/Aging and Disabilities Resource Centers to support elderly and disabled Iowans. 95% of users are pre-Medicaid and the services help contain the growth in Medicaid.
- Additional resources for Elder Rights Specialists in the Area Agencies on Aging that deal with elder abuse \$112,537
- \$100,000 for 1 additional Managed Care Ombudsman
- Funds 2 additional Resource Facilitators for brain injury. The facilitators help brain injured Iowans and their families find services and supports \$150,000

- Decreases the negative impact of the Governor's cost containment strategy of scooping the DSH payments to UIHC by \$3 million
- \$300,000 for the Refugee RISE program (SF 2298)
- \$100,000 to food bank

Mental Health Advocacy

Teresa shared a document that she often shares with people in advocacy roles that gives information and data on the prevalence of mental illness, stigma, workforce issues, suicide, etc. She noted that she tries to point out good things that are happening in Iowa as well, such as mental health redesign, which she thinks overall is a great thing as long as the funding issues can be addressed.

2016 State Elections

Teresa shared a document with an overview of which state legislators are retiring, running unopposed, and those who will have primary elections.

2017 Legislative Priorities and Federal Legislation

Teresa shared the 2017 legislative priorities of NAMI Des Moines, and why they are important. She noted that the first priority, "allow counties with less than \$47.28 per capita mental health levies to raise the levy up to \$47.28" was a priority last legislative session, but is needed again because it did not pass. The other legislative priorities included build the capacity of the mental health workforce; build a children's mental health system; and build multiple levels of care outside the correctional system. Teresa noted that in terms of workforce, the Olmstead Plan may be useful towards that priority, as well as the IDPH workforce study. She highlighted the new psychiatry residency program announced by Broadlawns, Unity Point, and Mercy hospitals, which will begin taking students in 2018. Additionally, Broadlawns is adding two internships for psychology students, and two fellowships for midlevel medical professionals like psychiatric ARNPs and psychiatric PAs.

Teresa shared that NAMI Des Moines recently did a study of provider networks and found that they were very inflated, which gives legislators and others the impression that everything is OK, when that is not the case. She said CMS recently said they want states to pass network standard and adequacy rules.

Teresa shared some federal legislation related to mental health, including the Mental Health Reform Act of 2016. She encouraged the Taskforce and its members to reach out to Iowa Senators and Representatives to encourage them to sign on to the bill as a co-sponsor, request they get involved in finalizing a mental health reform bill, and to keep gun issues separate from mental health reform.

Len said he thinks Jackie thought there was a breakdown in the justice system with regard to people with mental illness, and also concerned about her ability as a guardian to participate with the mental health advocate program. Teresa said she believes the guardian/conservatorship Taskforce is rewriting rules related to that, but thinks it is necessary to start looking at how that can be build upon within the justice system. Len said that often the law looks to see how the guardian can exercise their authority, rather than the person subject to the guardianship/conservatorship. June said with regard to the justice system in general, the Iowa Therapeutic Alternatives to Incarceration Coalition is a statewide jail diversion group that works on providing information and connecting people, including on issues related to jail diversion for individuals with mental illness and other types of disabilities. She said there is a sequential intercept model from pre-booking to release to connect people with resources.

Harry motioned for the executive committee to draft and send a letter to Senators Grassley and Ernst urging them to support the Mental Health Reform Act of 2016. Kathleen O'Leary seconded the motion. Motion passed.

Legislation Honoring Jackie Dieckmann

Teresa shared a document outlining the Jackie Waiver, which is a proposal to prevent similar tragic events in the future by providing an exception for hard to place individuals who need higher levels of care than Iowa can currently provide so they can receive long term treatment in a sub-acute facility. The document lists the many instances where the system failed Jackie and her son Michael, culminating in the death of her and her mother. Teresa said the proposal has been shared with Jackie's family, and there is a meeting scheduled for May 23rd to discuss it with the governor.

Teresa shared a second document with a proposal for legislation that would mandate the placement of individuals who are not complying with court-ordered outpatient treatment in a suitable treatment facility, rather than incarceration because the goal is treatment, not punishment. Teresa said both documents will be shared widely with MHDS, IME, the managed care organizations, and other state commissions and boards.

Dawn made a motion for the Taskforce to sign-on to both the Jackie Waiver and the Jackie Skip. Michele supported the motion. Motion passed.

X. State Agency Reports

Kim Barber from the Iowa Department for the Blind shared that Department Director Richard Sorey has tendered his resignation and his last day will be June 2, 2016. She said the Iowa Commission for the Blind is working on putting together a new job description for the position, which is open to public comment and input.

XI. Taskforce Member Reports

Dawn shared that Reyma McCoy McDeid, who was unable to attend the meeting, has been working with other consumers on developing Iowa Disability Votes COUNT, and has been sharing resources with the disability community. Dawn said they would be sharing important information particularly between the primaries and general election and she would forward them to Caitlin to share with the Taskforce.

Len shared that he was able to get connected with people in Waterloo regarding domestic violence and housing thanks to June, and though it hasn't been discussed interfamily violence does fall under the umbrella of *Olmstead*. He said he just finished working on an ordinance in Davenport to make domestic violence survivors and military status a protected class. He said that focusing on change at the local level might be an area where the Taskforce will find more success, as demonstrated by projects like that, and Gary McDermott who has been leading a statewide charge to get refueling assistance passed that continuously has been stalled at the state legislative level, but has found some success at the local level.

Michele shared that the Iowa Transportation Summit was yesterday, and as with past years was in a location that was not easily accessible by people with barriers to transportation. Michele expressed frustration that this is continuing to happen, despite feedback from advocates.

XII. Public Comment

Frank Greise shared a few comments about the Olmstead Plan. He said the activities listed under the heading "what we are doing to make progress" seem like things that have already been in process for many years, and overall the Plan will be more effective if it is more forward thinking. He suggested instead looking at some innovative things that can speed up the progress, rather than relying on existing programs that are likely to yield the same result. He also said he would like to see more organizations and agencies, public or private, involved in the plan because it will take a real community effort to achieve the vision of *Olmstead*. Dawn agreed that the points Frank raised were in line with what the Olmstead Plan Committee has been saying as well. She said it has been pointed out that in its current form, it is a DHS Plan rather than a State Plan. She said DHS does not have the power to mandate the participation of other agencies, but there have been discussions of how to bring them aboard to maximize participation.

Len noted that the Taskforce might have better success connecting with State Agency partners if the agenda is revised so they can share at the beginning of the meeting. He said it might be more enticing to them than sitting through the whole meeting, especially when the time commitment of the meeting is the main impediment. Bob Bacon noted that in the past the Taskforce has invited State Agency partners to the literal table at meetings, which could also potentially strengthen the connection to the Taskforce and meeting discussions. June shared that a letter to State Agency partners who have been less engaged in recent years has been drafted and will be sent to agency Directors soon.

XIII. Adjournment

Dawn motioned to adjourn, and Roxanne seconded. The meeting adjourned at 3:02pm.