

Council on Health and Human Services

Meeting Minutes

OCTOBER 12, 2023

COUNCIL MEMBERS	HHS STAFF
Rebecca Peterson ✓	Director Kelly Garcia ✓
Donald Macfarlane ✓	Matt Highland ✓
Sam Wallace ✓	Sarah Reisetter ✓
Jack Willey ✓	Zach Rhein ✓
Monika Jindal ✓	Jean Slaybaugh
Kay Fisk ✓	Sarah Ekstrand ✓
Andrew Allen ✓	Elisabeth Matney
Sandra McGrath ✓	Cory Turner ✓
Samantha Rozeboom ✓	Erin Drinnin ✓
	Janee Harvey
	Marissa Eyanson
	Robert Kruse ✓

EX-OFFICIO LEGISLATIVE MEMBERS
Senator Jeff Edler
Senator Sarah Trone Garriott
Representative Heather Matson ✓
Representative Ann Meyer

CALL TO ORDER

Council Chair, Rebecca Peterson called the Council meeting to order at 10:04 a.m. in person as well as via zoom teleconference.

ROLL CALL

All Council members were in attendance.

Ex-Officio member Representative Heather Matson was present.

Andrew Allen moved to approve minutes and Sam Wallace seconded this. The council members said “aye” no changes or issues. Minutes were approved.

MENTAL HEALTH INSTITUTION SPECIALIZATION

Cory Turner, Division Director of state Operated facilities shared with the council that in accordance with House file 471 there are some changes being made within our facilities. It is a three-prong approach focusing on youth and the forensic population.

1. In-patient, Community care, Continuum of care, moving to outpatient, Competency restoration.
2. Mental Health Institute (MHI) (mid-level not a danger)
3. Iowa Medical and Classification Center (IMCC) (more dangerous group)

This is up and running but still in its infancy stage.

They are working to secure contractual services.

Cherokee will no longer server youth. The 12 beds for youth there will go to Independence and Cherokee will take their adult beds. There will be an eight-bed increase for youth and equal decrease in adult beds.

Travel is an issue for families who need to visit. It will increase by about an hour to an hour and a half. Full-time equivalent's (FTE's) and funding will increase. They will be hiring an additional psychologist and a two-man security team that will be there twenty-four hours a day. (on rotation)

Cherokee will be hiring a forensics psychologist (as Glennwood is working toward closure). Sometimes there are between 50 to 80 people on the wait list. They can't sit in jail waiting to get in, so we want to move that along and avoid any litigation. There is increased cost for families due to travel.

Director Garcia pointed out that all 6 facilities do heroic work all day every day caring for Iowa's most fragile. When no one else will take a patient, we will. This did mean in the past that this created ballooning and delays in working towards transitioning the patients out back into the world. Our team is working hard to amend this as well as building on a portfolio where what's needed for the youth is more than just housing and safe keeping safe. To advance their support with mental issues and growing back into social responsibility. Not just walling people off but helping them into the future.

[Dr. Jody Tate](#) is working with them (from Iowa City) she is passionate and working on unkinking the pipeline. Getting the patients to the facilities is one of the bigger issues. Presentation about the educational efforts for the youth in these facilities. Working with trainees and educators to show them the rewarding work that can happen there. We had gotten complacent, and now we are shaking it back up. They are recruiting and the trainees are interested in working in these facilities. It's very informative and rewarding for the trainee students.

The wait time between application to admitting is typically about 48 days (for youth it is around 2 weeks.) With a forensic psychiatrist this process will be faster. As comparison the DOC process takes 6 to 8 months.

We are steering away from bed capacity at the highest tier (dangerous level of security.) This could be a violation of civil rights. They stay at county jails until a bed is available. County jails are required to provide mental health care too.

FAMILY PLANNING REPORT

Shelley Horak, Director, Early Intervention and Support, Division of Family Well-Being and Protection presented the Family Planning Report. (see attached)

This division was created to advance the services and breadth of work we can and are doing. They were formerly under the division of Medicaid.

This data is to help clarify the process and procedures.

People may not choose to use a provider in their local area, for discretion.

Provider enrollment data is skewed due to this.

We do not have a telehealth currently, however Medicaid does.

Whether the user must pay for prescriptions when they go to the pharmacy depends on their income level and the program they are using.

It was asked that the council receive a breakdown of this data at each future meeting.

This should also include dues per user, per service.

INTRODUCTION

Joe Campos, Compliance Division, Admin Rules Coordinator, introduced himself. He will be attending many upcoming meetings regarding Rule 10. This process has just started. They will be doing a red tape review, evaluate rules, and justify cost. This will help determine if there is another

way to structure the rules while keeping in compliance with code. This process runs through the end of 2026. There are 20 chapters up for review. These will all come to the council twice, once before a public hearing, then once at the public hearing.

DIRECTOR'S REPORT

Director Garcia provided a broad range of updates.

HHS System Alignment

- She thanked everyone who has provided feedback throughout the process. HMA has done extensive work to engage partners and consumers.
- 7 town halls with 764 participants
 - What's working? What issues should be addressed?
- 35 stakeholder interviews with 167 participants, including HHS staff, HHS contractors, Iowa State Association of Counties, MCOs
- 3152 stakeholder surveys from:
 - 860 partners
 - 2292 consumers
 - themes:
 - challenges: insufficient funding, lack of workforce, training needed in best practices.
 - strengths: committed local providers, good communication between services and support.
- 7 Director round tables with 160 participants (summer tour)
- She met with HMA last Friday as a check in meeting to get further line of sight on the direction they were going with their recommendations.
- HHS will receive the final report at the end of October.
- We will be conducting leadership and staff town-halls over the next few weeks to outline how the assessment has progressed and anticipated next steps once we've received the final report.
- HHS will be engaging in discussions with partners regarding the recommendations this fall.
- Next steps: review the final report once it's received and identify what are the legislative changes we need to make and what are operational changes we can implement.
- We still need to decide whether this will be an HHS or Governor's bill.

Children's Mental Health Lawsuit

- We announced a settlement in the children's mental health services lawsuit filed earlier this year.
- The suit asserted that Iowa administers an inadequate mental health system that does not provide children and youth with legally required services.
- To address these decades long issues, the State of Iowa has launched major transformations through the Mental Health and Disability Regional structure to provide core services to children in Iowa and will continue to improve the state's mental health system specifically for all Iowans.
- The terms of this agreement will strengthen the work already underway and shift to increase oversight in the behavioral health system to ensure adequate access to services for families and children.

This was an opportunity to highlight the HOME HOPE and OPPORTUNITY initiative. Our waiver redesign to shore up these issues.

Medicaid

- The Medicaid and Mathematica teams finalized the schedule dates and times for the HOMETOWN conversations occurring in between October 23 and November 16, and three additional virtual

sessions between November 28 and December 7 – including a session in Spanish. (as well as sign language, we are also working to provide brail)

- These conversations are to hear from invested Iowans about their experiences with home and community-based care.
- Anyone is invited to attend these sessions. Signup information is available at hhs.iowa.gov/CBSE.

Boys state training school issue was a learning process, and we are more prepared when now dealing with this. Tackling this over the next several months.

Family Well-Being and Protection

- The first orientation meeting for Therapeutic Foster Care was October 2 in Cedar Rapids.
- Child Care Director Ryan Page was recognized as the Iowa Afterschool Alliance's 2023, Afterschool Advocate of the Year September 29.
Another round of business grants have been prepared and we are working to engage school districts.

Facilities

- We started a series of specialization education discussions last week. Specialization will help HHS meet the complex behavioral health needs of youth and justice-involved adults.
- Final preparations are underway to transfer youth to Independence and have all adults and forensic patients at Cherokee. We anticipate this to be complete before the end of October.
- We'll provide more details on this transition at the November HHS Council meeting.
- Received the draft monitor report for Glenwood Resource Center. The report indicates no significant findings and shows progress in some areas even while closure is ongoing.
- The Civil Commitment Unit for Sex Offenders in Cherokee underwent an external review by the State of Wisconsin's civil commitment unit September 11-12. There were no significant findings. A final report is expected later this month.

We are continuing to enhance the care in these spaces. When we have the session asking what changes are needed and what it will look like.

Community Access

- We announced September 18 that P-EBT (a federal program that helps families cover the cost of breakfasts and lunches for eligible children) would be issued to 235,000 eligible Iowa children for Summer 2023. Cards loaded with \$120 in benefits were mailed so they would be in mailboxes by October 4. This did not come with funding.

Legislative/GR Updates

- Medicaid Director Liz Matney and I visited the Congressional delegation for a series of meetings in Washington D.C. with Eric Baker and Dax Oberreuter. We discussed home and community-based services and acute behavioral health needs in our state. There is interest in the topic of youth in foster care receiving these services.

STATE MEDICAL DIRECTOR'S REPORT

State Medical Director, Dr. Robert Kruse presented on the following items.

Local Public Health Collaborative occurring on 9/14/2023.

- On September 14, local public health professionals from 96 counties participated in the second Iowa Local Public Health Collaborative.
- For the first time ever, local public health administrators from across the state gathered in one space and had conversations about enhancing engagement in their communities.

- The Collaborative was made possible by the Iowa HHS Local Public Health Services team, along with local public health administrators from Buena Vista, Cass, Dickinson, Fayette, Grundy, Louisa, and Scott counties.

Ask Me vaccine campaign.

- “Ask Me,” is a multifaceted campaign that will focus awareness on the importance of immunizations while encouraging Iowans to reach out to their healthcare provider to address questions or concerns regarding vaccines.
- People often look to friends and family, social media, or other online sources to learn about immunizations. However, we know healthcare providers are the most trusted and reliable source for accurate vaccine information.
- Studies consistently indicate a healthcare provider’s recommendation is the single strongest predictor of vaccination status.
- The state-wide campaign has just launched last Friday, a week ago, using television, radio, digital and additional avenues to promote immunizations among all Iowans.
- Targeted audiences will include parents/caregivers of children and adolescents (ages 0-17) and adults (ages 18+). Additional messaging focused on respiratory seasonal vaccines that will target people in high-risk groups.

Hepatitis C Virus elimination plan

- On October 6, the Bureau of STI, HIV, and Hepatitis had a kickoff event for Stop Hepatitis Iowa: Hepatitis C Virus elimination plan. This is Iowa's first Hepatitis C elimination plan.
- An estimated 2.4 million Americans are living with hepatitis C, however 40% of those individuals are unaware of their status. In fact, most people living with hepatitis C have no symptoms until they develop serious liver damage. This is why, for decades, hepatitis C has been called the silent epidemic.
- Presented a state of the state presentation which provided an overview of the state of hepatitis C here in Iowa. What things are moving us forward toward elimination, what barriers exist, and what opportunities lie ahead.
- We will engage stakeholders, partners, and community members to share experiences, expertise, and develop the strategies that will help us reach elimination. We’ll take all that information and put together a draft strategic plan.

Anyone can be infected with hepatitis C. Once it is diagnosed it can be treated and cured about 90% of the time with pills. This treatment is however quite cost is prohibitive. It is \$90k for a six-month treatment. This is because they are new drugs with no generic options. Our facilities as well as the DOC they are screening and treating those in their care. This is a CDC recommendation. This treatment is also covered under Medicaid, screening is decided on a risk profile that they use to decide at what level it is treated. We are trying to expand the options. The lowest cost for treatment currently is \$50k.

COUNCIL UPDATES

Rebecca thanked everyone and especially those who were able to come in person.

LUNCH AND FACILITY PREVIEW DISCUSSION

Marsha Edgington, Glenwood Superintendent presented the following details regarding HHS Facilities:

WRC Demographics

	Current
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Total Population	120
Mild	30 or 25%
Profound	31 or 26%
Moderate to Severe	59 or 49%
Borderline	0
Males	93 or 78%
Females	27 or 23%
Age Range	16-81 years
Youngest to age 21	10 or 8% (2) 15-18 years (3) 18-20 years (5) 20-21 years
Age 22-39	35 or 29%
Age 40-54	35 or 29%
Age 55-62	13 or 11%
Age 63 - oldest	27 or 23%
Critical Medical care	14 or 12%
Seizure Disorder	50 or 42%
Dysphasia Diagnosis	73 or 61%
Risk of Aspiration Pneumonia	11 or 9%
High Risk of Aspiration Pneumonia	35 or 29%
MI Disorder Diagnosis	112 or 93%
Autism Diagnosis	50 or 42%

WRC Vocational Information

Number of Individuals Employed – 64

Number of Individuals Not Employed – 54

Number of Individuals in School - 2

On-Campus Employment Sites	Number of Individuals	Off-Campus Employment Sites	Number of Individuals
Laundry	2	Assembled Products Inc. (API)	6
Dietary	1	Shopper	
Recycling Room	9	Perry Rescue League	
Woodshop	4		
Vehicle Cleaning Center	2		
**Westwood – light assembly	22		
Greenhouse/Grounds Crew	5		
Can Center	11		
Campus Mail	2		
Total Individuals:	58	Total Individuals:	6

**Part-time positions listed below are included in the Westwood Total

Part-Time On-Campus Employment Sites	Number of Individuals	Part-Time Off-Campus Employment Sites	Number of Individuals
Campus Foods	2	Raccoon River Pet Rescue	1
Dietary Truck	6	Shopper	2
Recycling Truck Route	5	Sun Stream Retreat	4

Janitorial Assistant	1		
Office Assistant	3		
Inventory Control Assistant	1		

Pay range: \$7.25 per hour.

Percentage of people doing paid work: 53%

Number of Individuals on Psychotropic Medications

- 107

HCBS Waiver staff

WRC HCBS Waiver	2023
# Of homes	13
# Of people	41
# Of assigned staff	63

** one vacancy – GRC individual moving to WRC waiver to fill

GRC

Census – 69

- 12 of the 69 do not have a community provider acceptance.
- 8 of the 12 not yet accepted by a community provider have had visits by community providers at GRC in the past two weeks.
- 57 of the 69 have been accepted by community providers and are in various stages of transition planning.
- 30 of the 57 who have been accepted by community providers are waiting on new home builds, purchase of homes or remodels. GRC is closely monitoring the progress of these projects due to timeframes associated with closure.
- 18 individuals, primarily those who were the most medically complex and fragile have moved from GRC to WRC. 2 additional individuals will transition from GRC to WRC by 10/30/23.
- 3 individuals who transitioned to community providers returned to GRC. 1 of the 3 due to behavioral issues and 2 of the 3 due to community provider supports not meeting the needs of the individuals. 1 of the 3 has already transitioned back to the community in a host home.
- There have been 15 deaths since GRC closure announcement. This number includes both those who have passed away at GRC and those who have passed away after moving out of GRC. Many of these deaths were individuals who had already transitioned to hospice care or were hospitalized.
- GRC is currently operating with 6 homes, down from 15 homes at the time of closure announcement.

ADJOURNMENT

A motion was made by Jack Wiley and seconded by Samantha Rozeboom to adjourn the meeting. Meeting adjourned at 12:18 p.m.

Respectfully Submitted by:
 Laura Myers
 Council Secretary

ACTION ITEMS:

Add optional HHS Council Pre-Meetings (30 Min) before Council Meetings in the future.