

Legislative Task Force

Des Moines, IA

Oct 21, 2009

“Options for cost savings through regionalizing community-based services, and discussion of data needs”

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Not sure what hat I'm wearing today

- University Ivory Tower hat
- DHS - MHDS contractor hat
- Ex – MHDD, P & T commissioner hat
- Clinician hat

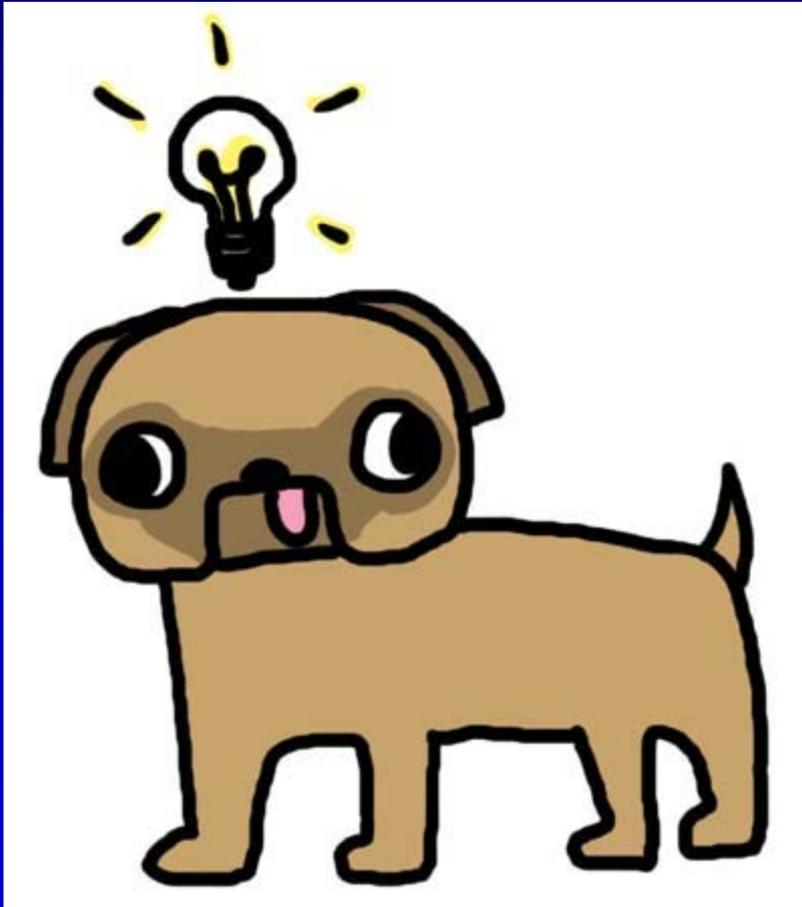


Caveats

- **If anyone tells you they know how to “fix the system”, don’t believe them**
- **Including me**
- **Regarding cost savings, I do know that we all do a lot of things that are really dumb and inefficient every day**
- **This is understandable and to be expected in light of...**



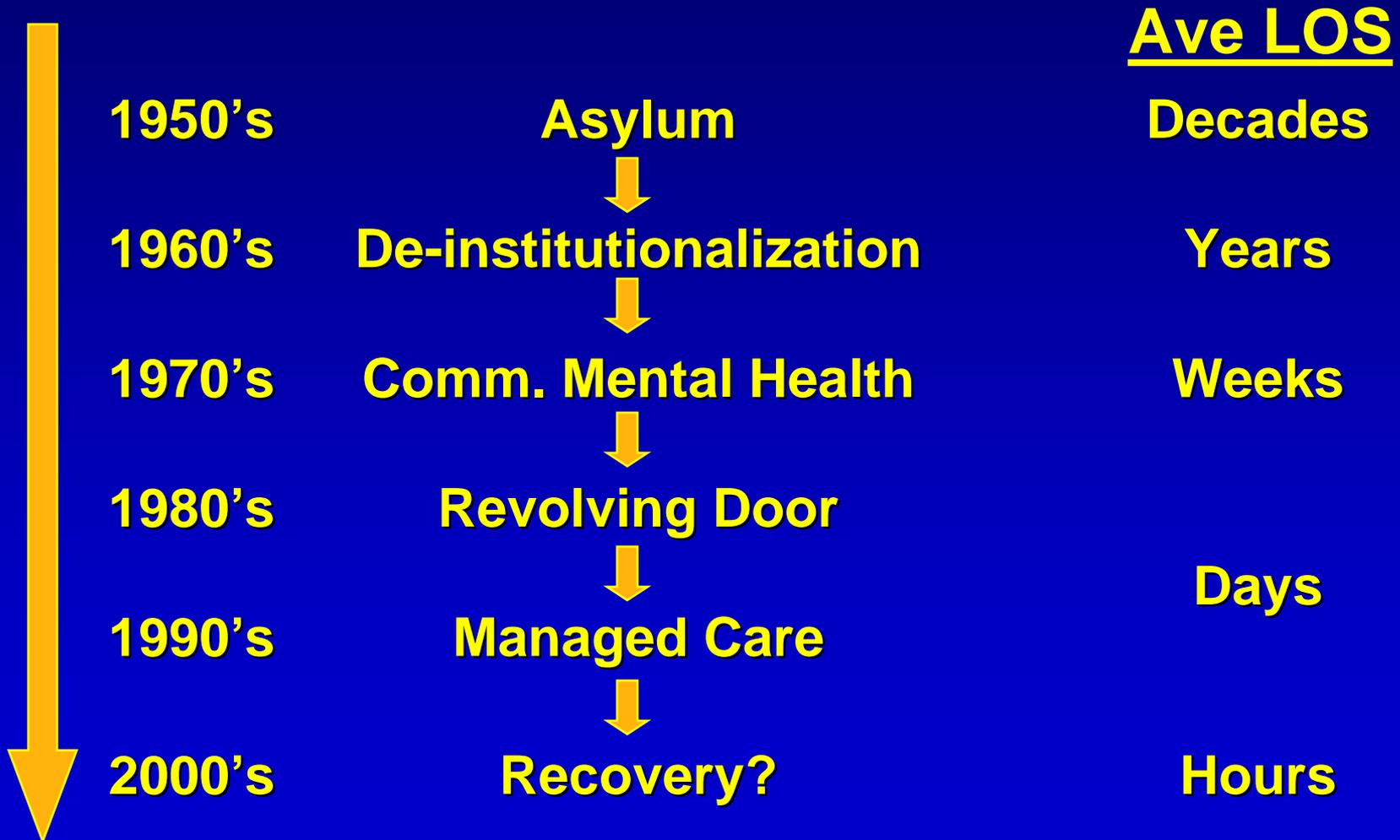
Some kinds of changes are easier and quicker to make than others



Changing Paradigms and Models of Mental Illness and Treatment



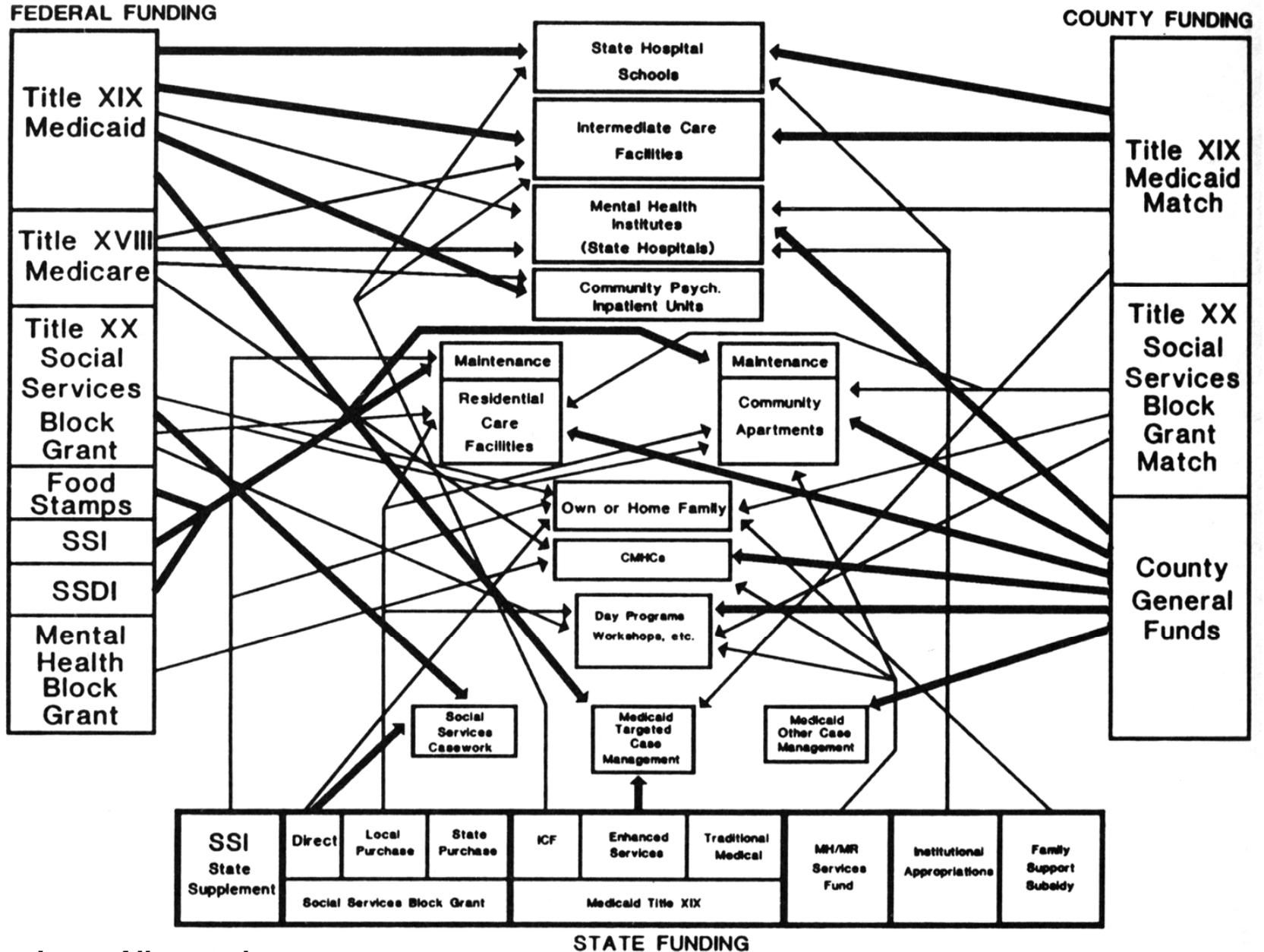
Changing Paradigms and Average Hospital Length of Stay



Systems Layered Upon One Another

- **Massively and rapidly changing attitudes about mental illness, ideas about where care is delivered, what that care should be, how it should be paid for, who should direct care, ...but...**
 - **The MHI's and resource centers are still here**
 - **Legal settlement is still here**
 - **County care facilities are still here**
 - **Sheltered workshops are still here...**
 - **Etc., etc., etc.**

Funding sources for mental health programs in Iowa



Source: Larry Allen et al,

Primary Funding Sources

Secondary Funding Sources

The President's New Freedom Commission on Mental Health

Cover Letter for the Interim Report October 29, 2002



PRESIDENT'S NEW FREEDOM
COMMISSION ON MENTAL HEALTH

Date: October 29, 2002

Dear Mr. President:

When you launched our Commission in April 2002, you affirmed, "America's citizens will

VIDRA

Our review for this interim report leads us to the united belief that America's mental health service delivery system is in shambles. We have found that the system needs dramatic reform because it is incapable of efficiently delivering and financing effective treatments—such as medications, psychotherapies, and other services—that have taken decades to develop. Responsibility for these services is scattered among agencies, programs, and levels of government. There are so many programs operating under such different rules that it is often impossible for families and consumers to find the care that they urgently need. The efforts of countless skilled and caring professionals are frustrated by the system's fragmentation. As a result, too many Americans suffer needless disability, and millions of dollars are spent unproductively in a dysfunctional service system that cannot deliver the treatments that work so well.

and the... in need.

Sincerely,

Michael F. Hoge, Ph.D.
Chairman, President's New Freedom Commission on Mental Health

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Quick Fixes?

- **Understandable**
- **Often necessary**
- **Can be problematic**



Technical Assistance Collaborative, Inc.

Quick Fixes or Structural Reform: An Evaluation of Iowa's Public Mental Health System

Prepared for the

Iowa Mental Health Planning Council

December 1998

***Exec summary and full report
available on line***

Structural reform

- **Be planful**
 - **have a vision; move towards it**
 - **have the numbers (including \$) to sell it to all stakeholders including funders**
- **Invest in that effort**
- **Easier said than done**

Progress

- **Big improvement in 2006 with the reestablishment of some identifiable Mental health authority;**
- **Still woefully under-resourced in terms of FTE's – but much better than where we were a few short years ago.**
- **T-SIG grants – state infrastructure; many states (2 rounds) got several million in federal funds per year to do “system transformation”;**
- **We literally did not have the personnel to apply –we could today if the mechanism still existed;**

Over-reliance on ER's and acute hospitalization

- **Our system is overly reliant on acute care hospitals as the locus of care**
- **This is dumb**
- **LOS measured in hours - days**
- **Even for those people (and I would argue it is a minority) whose problems really could be fixed by med changes – this often takes weeks**

Wrong place, wrong time, wrong service, etc.

- **A majority of people that I see on the acute inpatient service every day...**
 - **(4 months/year)**
- **...could be far better served elsewhere**

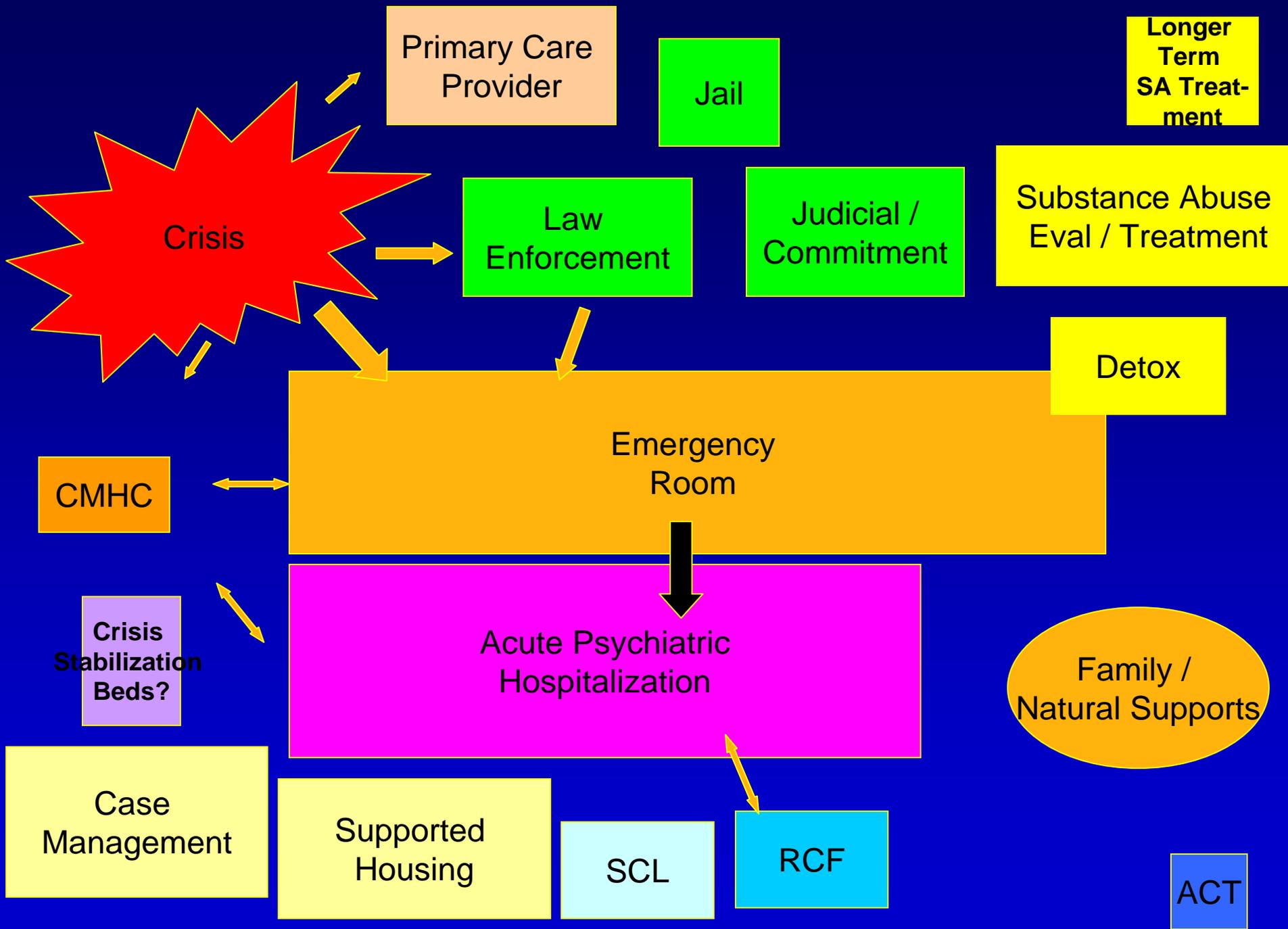
Who do I see in the hospital?

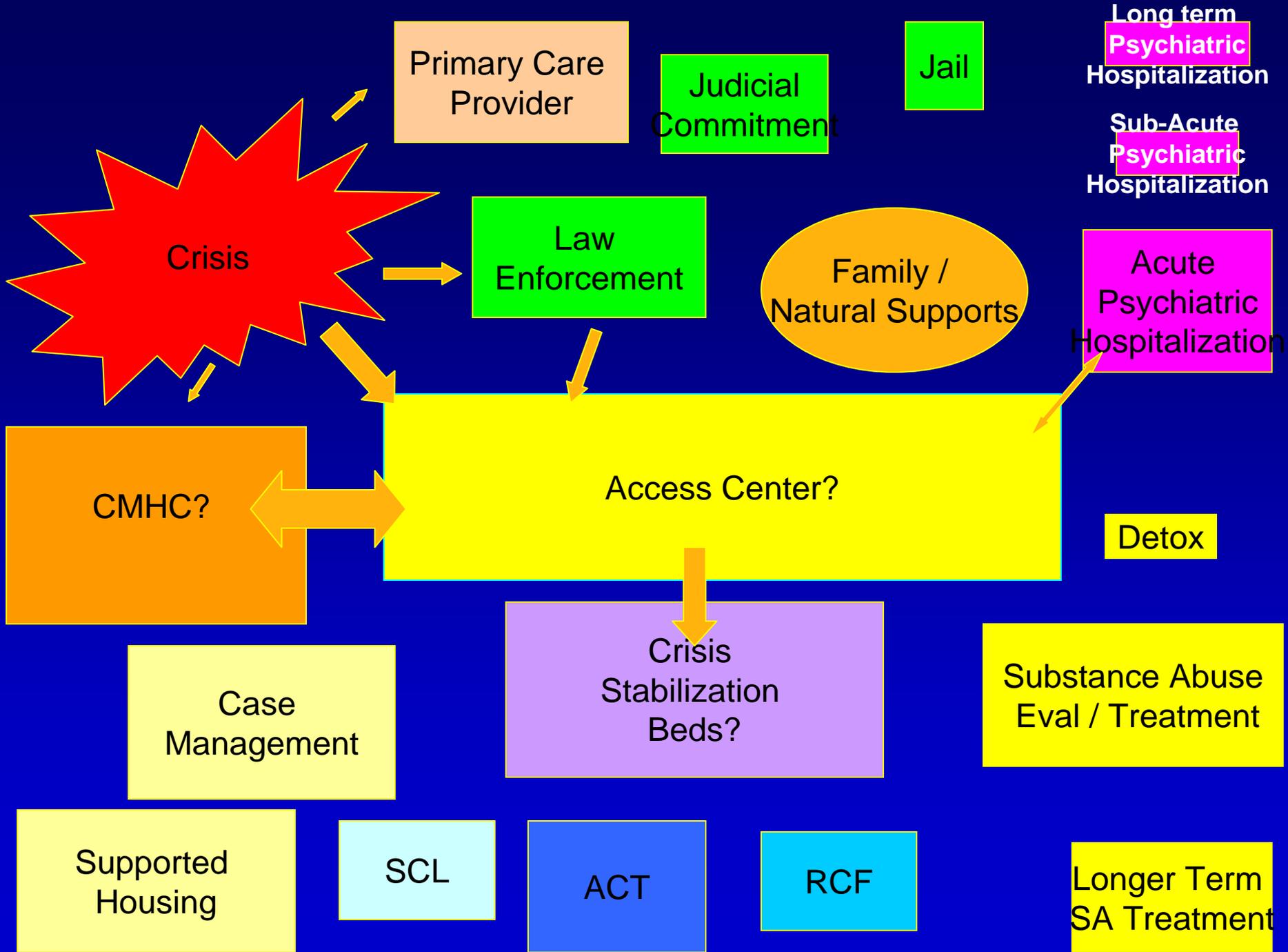
- **People in crisis – not necessarily people with SMI.**
 - **People who have multiple, co-occurring problems including:**
 - ◆ **Substance abuse**
 - ◆ **Criminal justice issues**
 - ◆ **trauma (often multigenerational)**
 - ◆ **Homelessness**
 - ◆ **Joblessness**
 - ◆ **Lifelessness**

-
- **When they hit the wall, they go to the emergency room.**
 - **From there, they are in.**
 - **Go to midas, get a muffler**
 - **If you are a hammer, you see every problem as a nail**
 - **Acute hospital beds are our hammers**
 - **All of the patients are nails**

Functional vs. Structural Hospital Bed Shortage

- There are certainly real nails – and real cars that need mufflers.
- Often they can't get in because the beds that we do have (~700) are filled with non-nails.
- Inflow issues
- Outflow issues
- Acute Hospitals as locus of care for
 - chronic conditions that would better be treated as such
 - Crises that do not require medical treatment





Array of community services

- **Not necessarily available in every county, or every community – but reasonably ACCESSIBLE, including**
 - **Crisis stabilization units**
 - **Access centers**
 - **Assertive Community Treatment**

Crisis Stabilization Units

- **Mary Greeley – Story County Project**
 - **6 bed - “little white house” (TLP – transitional living project)**
 - ◆ **Staffed 24/7 – by “entry level” – type person**
 - **Not licensed (bachelor’s level)**
 - ◆ **\$150 / day**
 - ◆ **Intake from ER, county**
 - ◆ **Average LOS – 2 weeks – range (a few days to a month)**
 - ◆ **Also – step down (from hospital)**
 - ◆ **Licensure – SCL at one time; now?**

ACT services

	Total Population	Pop. Adults 18- 65	# expected to need ACT	# receiving ACT as of 6/07	% receiving / Needing
Des Moines (City)	198,682	124,574	75	69	92.3%
Lynn	201,853	126,562	76	72	94.8%
Johnson	118,038	74,010	44	53	119.4%
Webster	38,960	24,428	15	42	286.6%
Pottawattamie	90,218	56,567	34	26	76.6%
BlackHawk	126,106	79,068	47	0	0.0%
Scott	162,621	101,963	61	0	0.0%
Subtotal	936,478	587,172	352	262	74.4%
Remainder of State	2,045,607	1,282,596	770	0	0.0%
State Total	2,982,085	1,869,767	1,122	262	23.4%

Example of need for regionalization: Number of adults expected to need ACT services by county

	Total Pop. (2007)	Adults (18 and older)	Adults age 18-64	Needing ACT 18 and older	needing ACT (18-64)
		76.30%	61.50%	0.06%	0.06%
Iowa	2,988,046	2,279,879	1,837,648	1368	1103
.Adair County	7,624	5,817	4,689	3	3
.Adams County	4,096	3,125	2,519	2	2
.Allamakee County	14,610	11,147	8,985	7	5
.Appanoose County	13,019	9,933	8,007	6	5
.Audubon County	6,072	4,633	3,734	3	2
.Benton County	26,546	20,255	16,326	12	10
.Black Hawk County	127,446	97,241	78,379	58	47
.Boone County	26,391	20,136	16,230	12	10
.Bremer County	23,734	18,109	14,596	11	9
.Buchanan County	20,927	15,967	12,870	10	8
.Buena Vista County	19,776	15,089	12,162	9	7
.Butler County	14,660	11,186	9,016	7	5

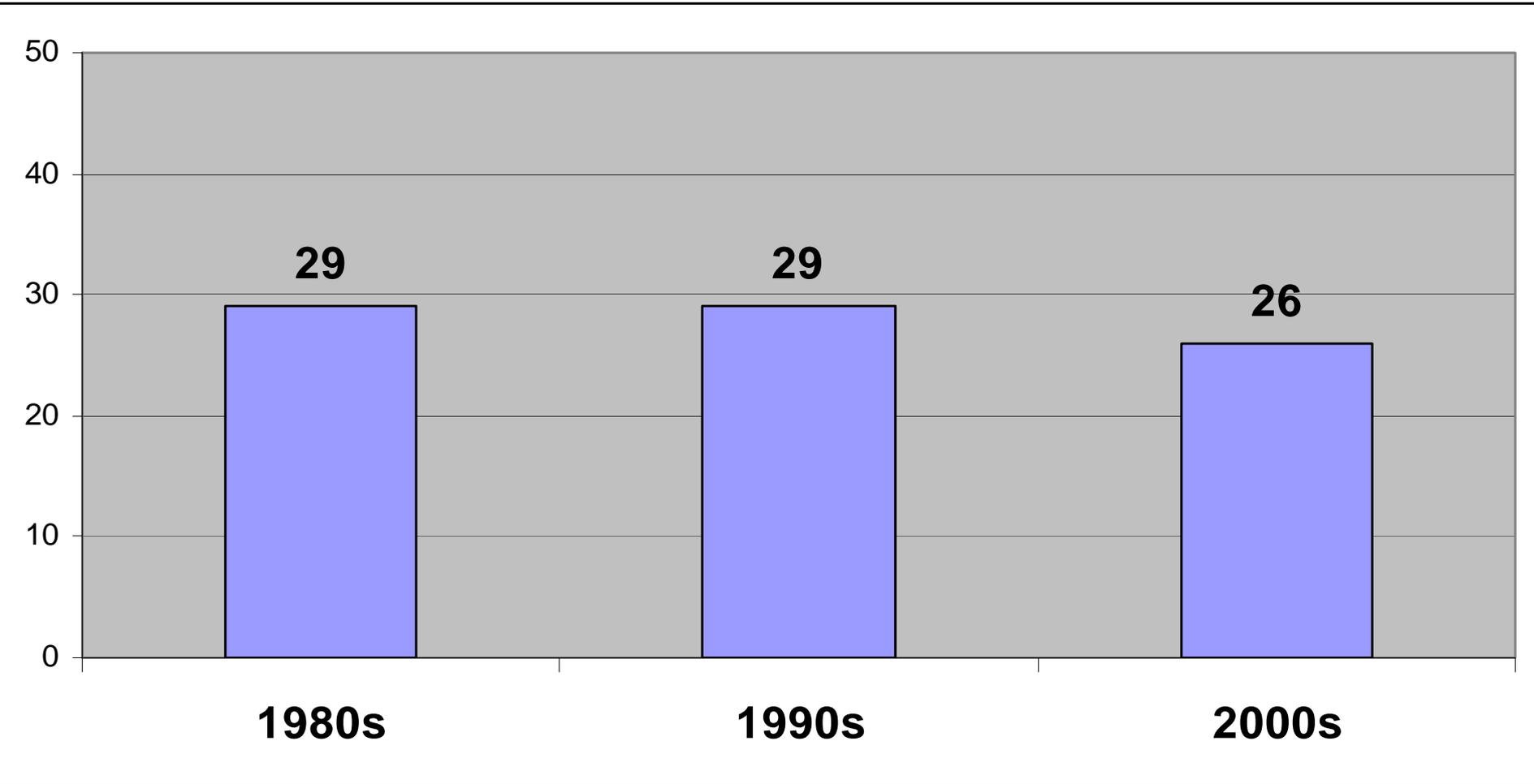
**What services? How much?
Where?**

A few slides on:

Data needs

- **Estimates of:**
 - **Expected prevalence of mental illness**
 - ◆ **By severity**
 - **Expected utilization of mental health services**
 - ◆ **By provider type**
 - **Trends over time**

12-Month National Prevalence Estimates (%) of Mental Illness Across 3 Decades

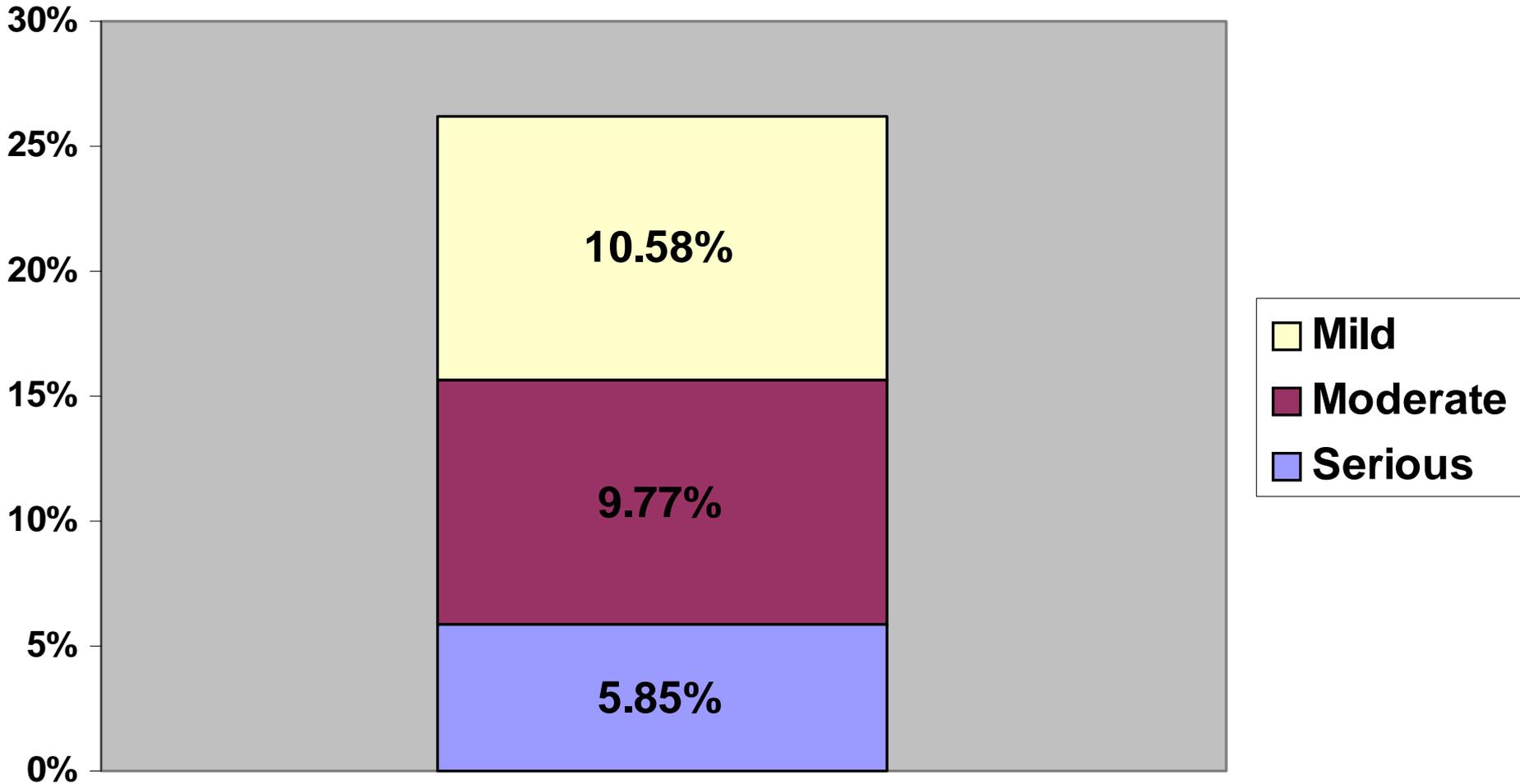


Study: ECA

NCS

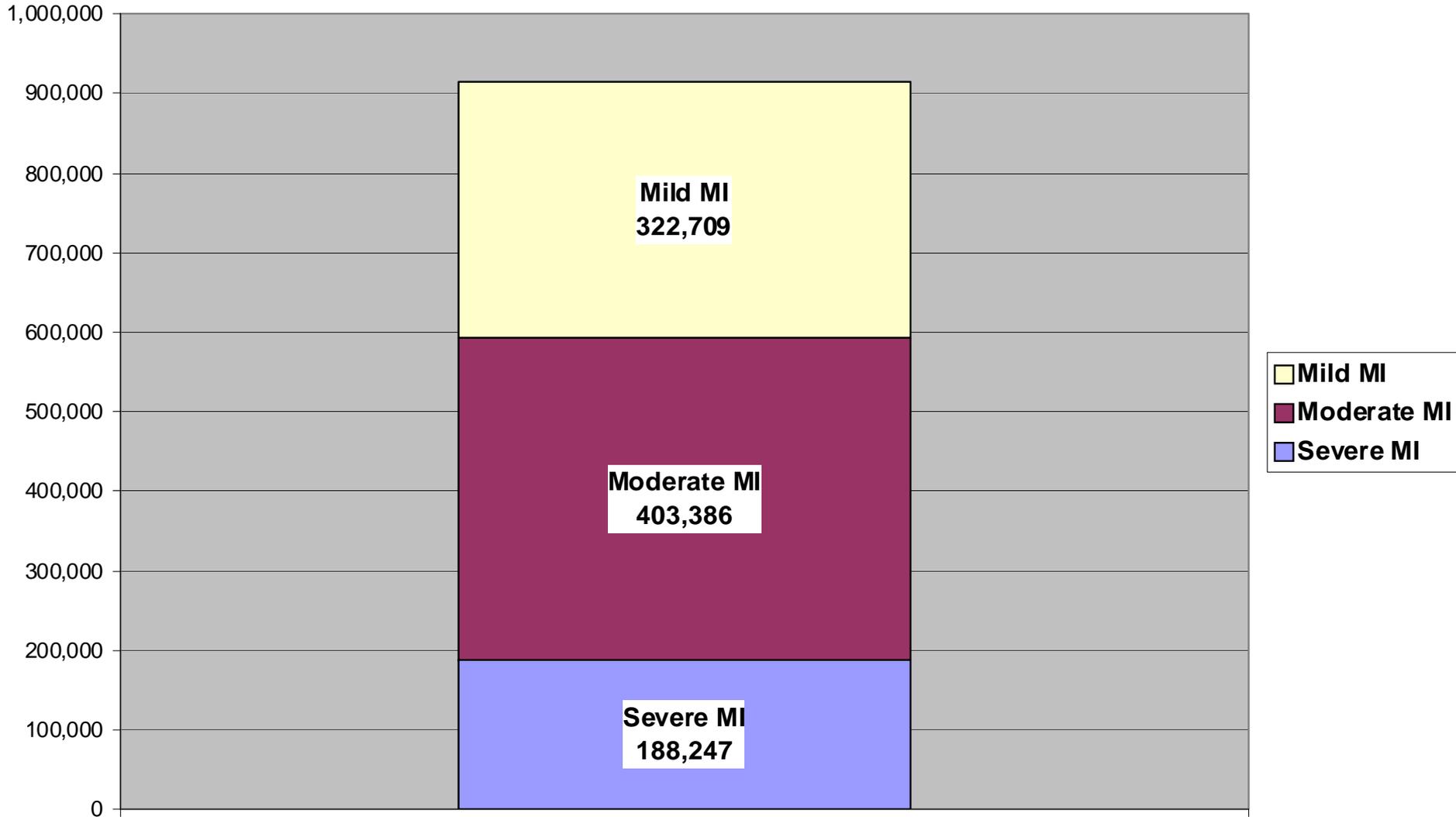
NCS-R

Estimated Annual Prevalence of Mental Illness Nationally, by Severity

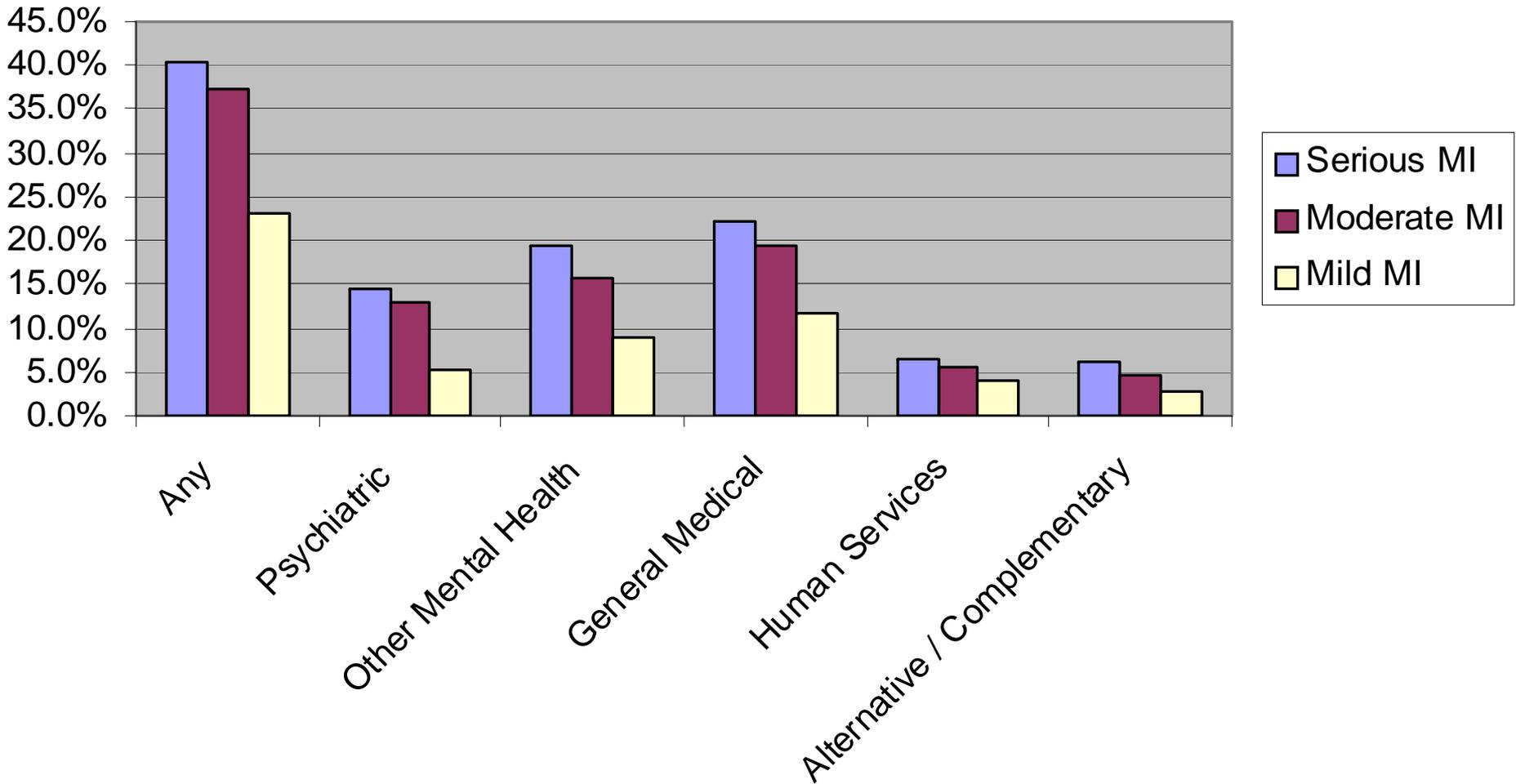


Source: National Comorbidity Survey Replication (NCS-R), Kessler et al, 2005

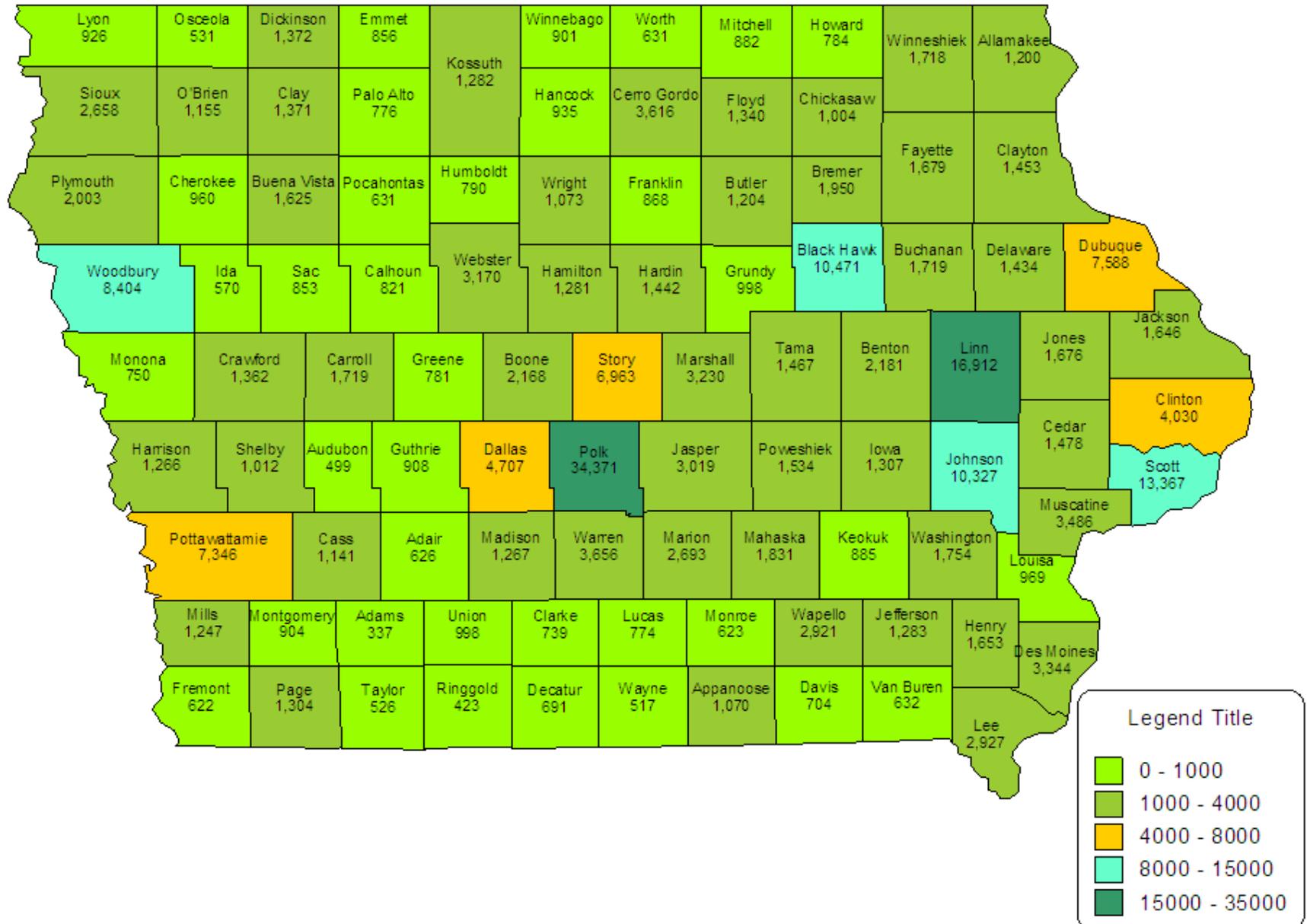
Expected Prevalence of Mental Illness in Iowa



Percent Expected to Seek Treatment Annually (by severity and provider)

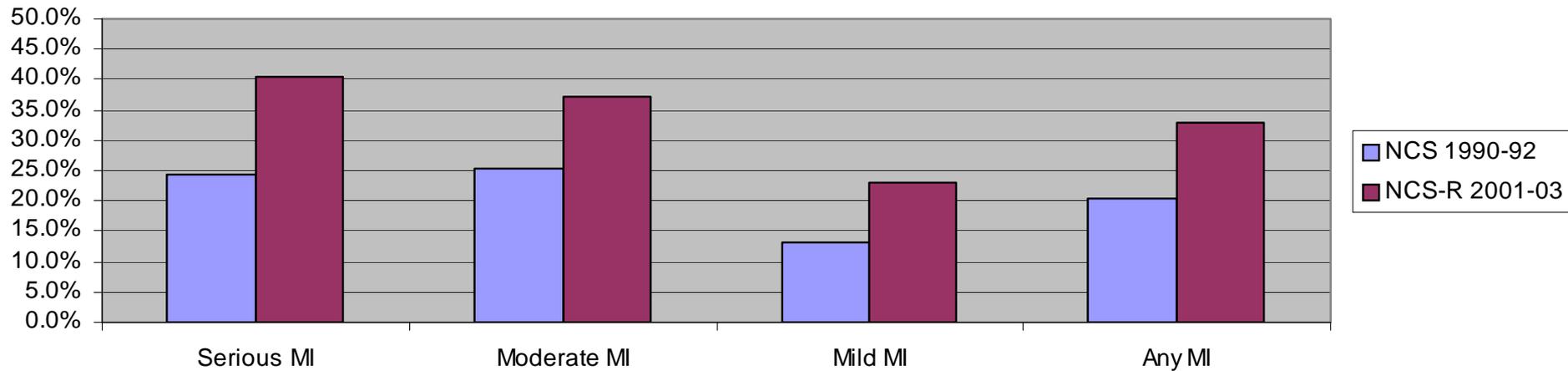


Number of Iowa Adults Expected to Access ANY Kind of Mental Health-Related Service Annually, by County



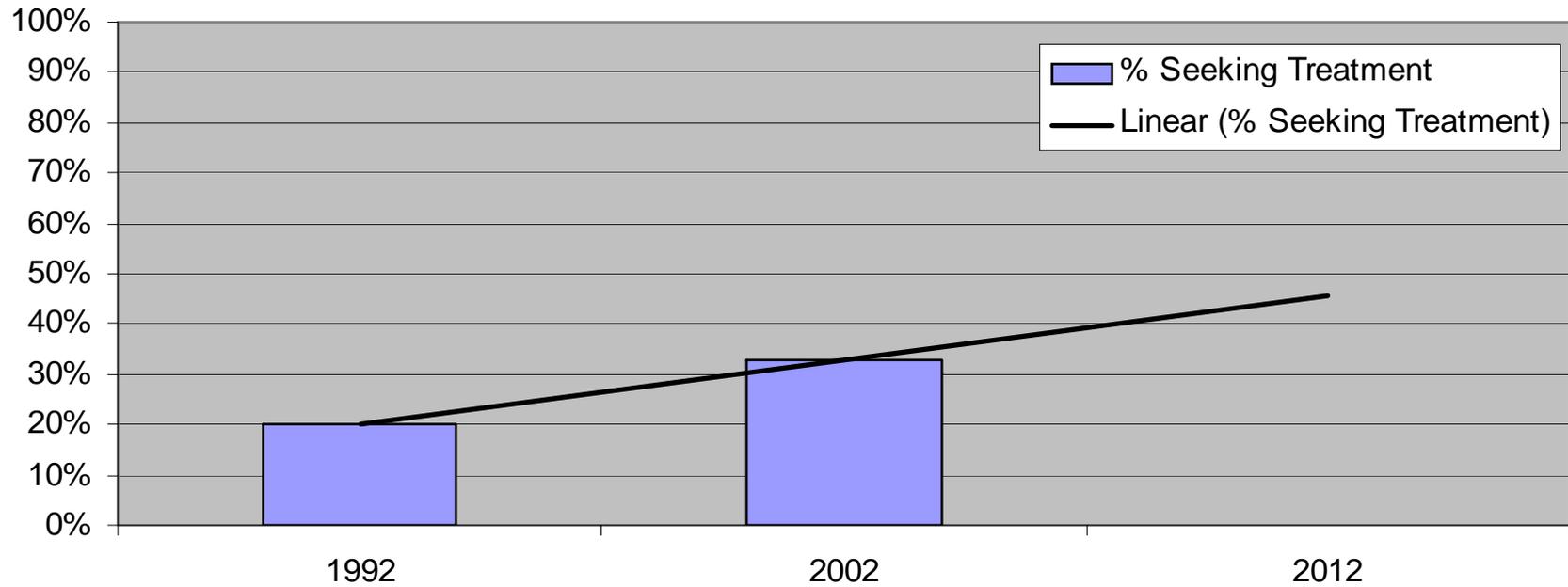
% Seeking Treatment 1990's vs. 2000's

**% Identified Cases Seeking Any Treatment
Early 1990's vs. Early 2000's
by Severity**



Percent Seeking Treatment Over Time?

Percent of Adults with Identified Mental Illness Seeking Any Treatment
NCS vs. NCS-R



Earlier Efforts: Mental Health Planning in Iowa 1965

- 2 year study
- Federally financed
- Multi-stakeholder
- Iowa MH Authority

*Exec summary and full report
[available on line](#)*

