

We need to build a movement.

We can't be afraid to challenge our friends in power.

We have to give our cause a human face.

Goal: An adequately funded and staffed public mental health system outside of the criminal justice system. A system for persons of all ages and services across the continuum of wellness.



A Step along the Journey

**The AMOS Mental Health and Disabilities
Workforce Workgroup Report**

December 2014

Summary of AMOS Mental Health and Disabilities Workforce Workgroup

Primary Care

Psychiatrists

Psychologists

Psych-Mental
Health Advanced
Registered Nurse
Practitioners

Psychiatric
Nurses

Physician
Assistants in
Psychiatry

Psychiatric Social
Workers

Social Workers

Certified
Behavioral
Analysts

Certified Alcohol
and Drug
Counselors

Certified Co-
Occurring
Disorders
Professionals

Peer specialists

Family Support
Specialists

Certified
Employment
Specialist

Direct Care
Workforce

The purpose of the AMOS Mental Health and Disabilities Workforce Workgroup was to research and formulate recommendations to the legislature to increase the mental health and disabilities workforce in Iowa – short term and long term.

What has been accomplished

- ✓ We worked with professional organization members of each specialty to determine what two legislative actions could be taken by the legislature to increase the numbers of their profession in the Iowa mental health and disabilities workforce.
- ✓ Estimates of the costs of legislative actions (whenever possible) and whether the request will be one time funding or require ongoing support - have been reached by working with professional organization members.
- ✓ We have identified common issues across all mental health and disability professional specialties.
- ✓ We researched past reports and inquired to obtain current information.
- ✓ Interviews were conducted in person, by phone and by email to reach points of consensus and to reflect information as accurately as possible.
- ✓ Conclusions were reached and recommendations are contained in this report.

The next steps

1. We are requesting a legislator(s) who will sponsor the legislation to implement the recommendations.
2. We will work with legislators, caucus staffs and LSA (Legislative Services Agency) to develop legislation for action in the upcoming legislative session.
3. We will work with Legislators on the
 - Commerce Committee
 - Human Resources Committee
 - Appropriations Committee
 - Governor's Office

Communication with professional organizations is still open. There have been **common issues** which have come forth.

- More training (funds and locations) are needed across the state.
- An entity needs to be in charge of the long term effort to build the capacity of the MHDS workforce.
- Steps are recommended to make providers more financially viable and to make insurance companies more accountable.
- Recruitment, incentive, and loan forgiveness programs for the mental health and disabilities workforce need to be better funded and a loan forgiveness program is needed specifically to incent the mental health and disabilities workforce.

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Please note: the majority of information relates to mental health

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Comparison of Legislative Priorities from Advocacy Organizations - Adequate funding for present services and Medicaid match to cover growth in the system.

IDAAN	Prevention of Disabilities Policy Council	League of Women Voters	NAMI Greater Des Moines Iowa Mental Health Planning Council	Older Iowans Legislature	NAMI Children's Mental Health Committee	National MS Society Upper Midwest Chapter	Brain Injury Alliance of Iowa Recommendations	Olmstead Task Force	MHDS Commission
1. HCBS Waiver system reform and ending the institutional bias	3. Appoint a Governor's task force composed of state officials and key stake-holder groups to identify changes that can be made immediately to Iowa's HCBS System Waivers to improve equity, enhance flexibility, prevent institutionalization, and build community capacity.	Health Care – Enact policies that guarantee access for all residents to comprehensive, uniform and afford-able health services, including the full range of reproduce-tive services for women	Legislative study on HCBS waiver system to make recommendations for possible changes and funding to reduce waiting lists.	Increase the reimbursement rate for HCBS providers by % and increase the cap by a like amount. Provide a \$300 tax credit for caregivers/direct care workers that provide at least 1000 hours of service within a home and community based environment.	Eliminate or significantly reduce (by more than 40%) the waiting list for the Children's MH Waiver. Upon application, the child shall be assessed for eligibility. Tie eligibility to immediate Medicaid benefits – esp. for respite & bridge services – to close the gap in services between Medicaid and insurance	Monitor efforts to include non-emergency medical transportation benefits in the health and wellness plan.	A legislative study committee to review the Iowa Medicaid waiver system and make recommendations on how to address waiting lists and to improve and sustain services	5.Funding to reduce HCBS Waiver waiting list	Part of 1. HCBS legislative study
1. Creation of a children's mental health system that synchronizes with the adult mental health system so when these children grow up they have a smooth transition into the adult system	2. Instruct the Dept. of Human Services to prioritize development of a children's disability system that includes prevention and early intervention and provide sufficient funding to the department to carry out this charge.		Children's MH system framework legislation		Create therapeutic schools for children and adolescents with disabilities (think Omaha/Council Bluffs school) – an unintended consequence of the present fractured system is that kids are going to PMICs when therapeutic schools to keep them out	Continue support of gas pump accessibility initiatives from last year	A dramatic reduction of the waiting list for Medicaid brain injury services by fully funding the HCBS Brain Injury Waiver at the projected level of growth	2.Expand integrated employment efforts	
3. Mandate core and additional core services per SF 2315 + telehealth -- mandate private insurance to cover same services -- to enable a public MH system to be built outside of the criminal justice system and to reach those who lack available, affordable and accessible transportation.	2. Assure consistent public and private insurance coverage for telehealth services that meet the needs of Iowans with disabilities.	Fully fund and stabilize funding for the state's regional MHDS system and combine core and core plus services into a single menu of "core services" that regions are required to provide.	Mandate core and additional core services per SF 2315 + telehealth -- mandate private insurance to cover same services -- to enable a public MH system to be built outside of the criminal justice system and to reach those who lack available, affordable and accessible transportation.	Improve access to mental health treatment for older Iowans: First step: demonstration programs of EBP depression screening and treatment programs in each of the six Area Agencies on Aging. (\$25,000) Future steps: a) provide financial incentives for integrated care models, b) fund a student loan forgiveness programs for those who have chosen careers in mental health and aging, c) Provide higher rates of reimbursement for mental health providers, d) apply mental health parity in Medicare psychiatric services	Mandate that pediatricians and other first line children' health providers include a standard MH screening in all wellness exams and school required physicals. A committee of child psychiatrists will set the standard and a training program will be planned, funded & initiated by 2016.		"A priority preference for people who are in crisis" for the Brain Injury Waiver instead of the current "first come - first serve" system	1. Fund Core services for DD and BI (developmental disabilities and brain injury)	1-stable long term funding for MH & Disability services --Medicaid offset \$'s used to develop core and core plus regional services --adequate provider reimbursements --resp for judicial MH advocates in Regions --include transportation as a core service
4. Refundable income tax credit up to ___% for retrofitting a primary home, including new construction, to make the home accessible for persons with disabilities	2. Create a state income tax credit for the costs incurred in retrofitting a primary residence to accommodate a disability		Legislation and funding to expand existing incentives and create new incentives for expanding the mental health workforce capacity			1. Tax credit for accessibility home renovations	Increase funding of \$325,000 in the IDPH budget for the Brain injury services program to meet demand for BI resource facilitation, information, training and coordination	2.Workforce development	2. Build workforce capacity for statewide access to MH & disability services --Designate training costs as a direct service expense so they are reimbursable --training of peer specialists --implement incentives
3. Rental assistance fund for affordable and accessible housing	5. Provide funding to strengthen Iowa's infrastructure for injury prevention and related research.		Legislation for a long term funding fix. \$47.28 per capita expires 6-30-15. Equalization dollars? Not included in the DHS proposed budget	Statewide evidence based falls prevention program. Injuries and falls have risen 20% over the last decade in Iowa. In Iowa, the total cost for hospitalizations due to falls is \$13M per year	From Jim Paprocki Fully fund the Iowa Coalition of Mental Health and Aging		Expansion of 2011 Iowa Youth Sports & Concussion Act – to include all youth in sports, forbid specific contact actions for 14 & under, return to school protocol after concussion	4.Solutions to reduce housing gap for persons with disabilities– for ex: regional housing demonstration projects	
4. Require 25-50% membership on disability related advisory committees and legislative task-forces that involve people with disabilities and their families	Sources of Mental Health Dollars County - \$47.28 per capita thru a combination of property taxes and equalization dollars 25% Block Grant funds - \$800,000 Medicaid offset \$'s - \$10 million DHS budget dollars Possibilities for new money Raise long term funding formula Insurance companies pay for more services – perhaps provide block grants to regions		Legislation and funding for an acute care bed availability tracking system Legislation to require re-credentialing of providers at one source from which all payers can consult. Restore the MHI's original purpose as the treatment residence of last resort	Establish a task force to address the problem of caring for sex offenders and combative residents in appropriate settings. The task force is to report its finding by 12-15-14	Final administrative rules on: outcomes and performance measures for regions and providers – and - on remaining core plus services: justice involved services & advances in use of evidence based treatment Refueling Assistance Bill – Federal bill introduced HR 4992 – to require a federal study by DOT	Transition of RCF's – how to transition to 15 beds or less and change to handle hard to place patients and implement training for personnel	\$10 million in funding for regionally administered brain injury core services as recommended to DHS by the 2012 MHDS Redesign Brain Injury Workgroup Oppose legislation expanding the use of ATV's on Iowa's roadways	Implementation of the 1-2 page prior authorization form and administrative rule process for insurance companies. For emergency situation- 24 hour decision –for non-emergency – decision within 72 hr. IME proposal on prior authorization for 2 nd anti-psychotic	BIPP ends 9-30-2015 – As of July 2014 – 52% of \$'s spent on non-institutional care, 48% on institutional care – Monitor roll-out of standardized assessments-ID done, BI being worked on MI remains tbd Dramatic reduction of solitary confinement in jails and prisons
	Close down the Market Place Choice Plan – no cost to state CoOpportunity has withdrawn federal \$ pays 100% Coventry has lousy coverage and doesn't meet standards Simplify the Medicaid expansion to 2 parts: Medicaid and Iowa Health and Wellness Plan		Legislative study for financial support for CMHC's Implement Court's plan for mental health advocates	Work cooperatively with the Iowa Dept of Education to design legislation to address mental illness/mental health education in Iowa's schools and colleges – this could include anti-bullying, suicide prevention, trauma informed care, illness education, de-escalation techniques, school based mental health services, etc. – for both school staff and students. The grants recently awarded will move this forward.			IME RFP for transportation services Continued outreach for the Iowa Wellness Plan	IME request for continued waiver of transp in IHWP&MCP Faster approval of "medically frail/exempt"	Taser training for law enforcement – parameters of use IME new claims system

Summary of Legislative Priorities

11 X 17 chart from multiple organizations

1. Core and Core Plus Services

- Use Medicaid offset dollars to build core and core plus services statewide
- Mandate both core and core plus domains in SF 2315 to a single menu of “core domains”
- Mandate private insurance to cover core and core plus domains as per SF 2315
- Mandate coverage of telehealth
- Mandate coverage of transportation
- Demonstration programs for older adults for depression screening and other EBP treatments
- Mandate children and adolescents receive a depression screening as a standard part of exams
- Fund core services for DD and BI (developmental disabilities and brain injury)
- Increase funding of brain injury services program to meet demand - \$325,000
- \$10 million in funding for regionally administered brain injury core services
- Placement of MH Advocates in regions

2. Workforce Capacity building

- See the AMOS MHDS workforce workgroup report

3. Long Term funding fix

- Stable long term funding – the \$47.28 levy expires 6-30-15

4. HCBS Waiver System Legislative Workgroup

- Concerns range from long waiting lists not funded, bias toward some waivers over others, improve equity, enhance flexibility, prevent institutionalization, build community capacity, improve provider pay, immediate access to respite and bridge services for children, changes in priority for funding, and others

5. Children’s MH & Disability Legislative Workgroup

- Need a system for children and adolescents following the regional model
- Need framework legislation similar to SF 2315
- Core Services to include prevention and early intervention
- A need for therapeutic schools
- Need to identify a source of funding

6. Income tax credit for retrofitting a primary residence to accommodate a disability

7. Rental assistance fund for affordable housing

- To assist with moving to a community based treatment system
- Additional fund for expenses in transitioning and setting up a household

8. Injury prevention

- Funding to strengthen Iowa’s infrastructure for injury prevention and related research
- Concussion care protocol requirements for all sports programs in Iowa for persons of all ages
- Keep ATV’s off Iowa roads

IME concerns – Reimbursement levels

RFP for transportation services

Waiver for transportation for Iowa Health and Wellness Plan

Prior authorization for 2nd anti-psychotic, lack of open access to meds

Continued outreach for the Iowa Health and Wellness Plan

Faster approval of “Medically exempt” or “Medically fragile”

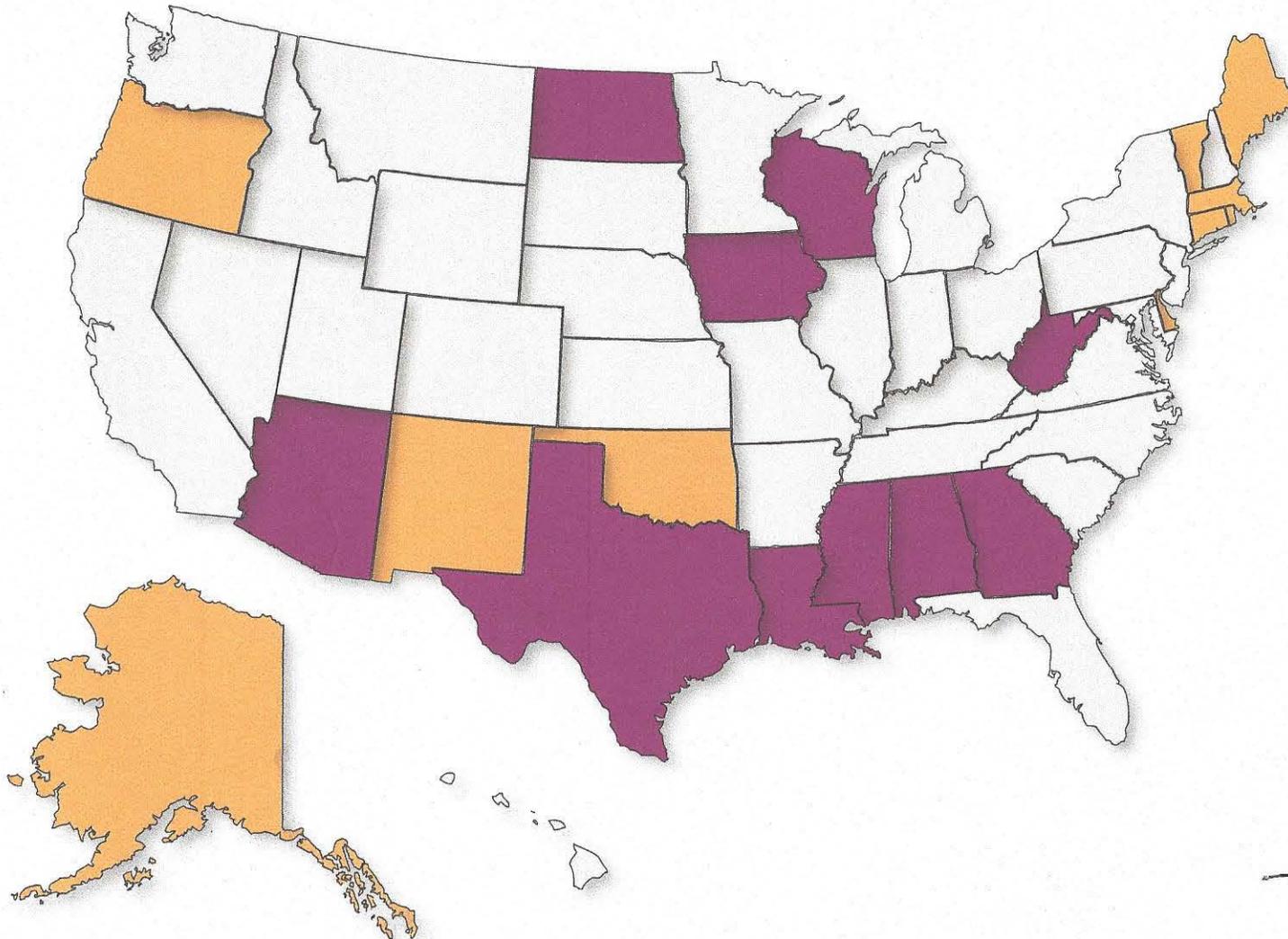
RFP award to replace antiquated claims system

Acute Care Bed Availability
Tracking system

Iowa Insurance
Commission – response
times for urgent requests
for meds

School Administrators of Iowa, AEA’s, and the Iowa Association of School Boards- all of these organizations are adding mental health supports to their legislative platforms for the upcoming legislative sessions.

Mental Health Workforce Availability



Rank	State	Ratio
1	Massachusetts	248:1
2	Delaware	293:1
3	Vermont	329:1
4	Maine	342:1
5	Rhode Island	361:1
6	New Mexico	376:1
7	Oregon	410:1
8	Oklahoma	426:1
9	Alaska	450:1
10	Connecticut	455:1
11	New Hampshire	493:1
12	New York	510:1
12	Wyoming	510:1
14	Washington	533:1
15	Nebraska	560:1
16	Colorado	570:1
17	Utah	587:1
18	Hawaii	597:1
19	California	623:1
20	Michigan	661:1
21	Maryland	666:1
22	District of Columbia	675:1
23	Arkansas	696:1
23	North Carolina	696:1
25	Minnesota	748:1
26	Montana	752:1
27	New Jersey	809:1
28	Pennsylvania	837:1
29	Idaho	839:1
30	Illinois	844:1
31	Kentucky	852:1
32	Kansas	861:1
33	South Dakota	871:1
34	Florida	890:1
35	Indiana	890:1
36	Missouri	947:1
37	Tennessee	974:1
38	South Carolina	995:1
39	Virginia	998:1
40	Nevada	1,015:1
41	Ohio	1,023:1
42	Wisconsin	1,024:1
43	North Dakota	1,033:1
44	Iowa	1,144:1
45	Arizona	1,145:1
46	Mississippi	1,183:1
47	Louisiana	1,272:1
48	West Virginia	1,291:1
49	Georgia	1,440:1
50	Texas	1,757:1
51	Alabama	1,827:1

The top priority in the January 2013 Legislative MHDS Workforce workgroup report was:
“Improve the mental health and disabilities training of primary care doctors and other primary care providers.”

Legislative Priority #1:

Implement TERMH (Training Enhancement in Rural Mental Health) training or similar program in Iowa for Primary Care Providers in both rural and urban settings

A 29 slide power point presentation on the program can be found at:

https://www.google.com/webhp?sourceid=chrome-instant&rlz=1C1CHWA_enUS607US607&ion=1&espv=2&ie=UTF-8#q=TERMH

Background: The January 2013 Legislative MHDS Workforce Workgroup recommendation was to improve the mental health and disabilities training of primary care doctors and other primary care providers. Research revealed a program that is being successfully utilized in Missouri – called “**TERMH**” – Training Primary Care Physicians (PCP) and Nurse Practitioners in Psychiatry to meet the Mental Health Needs in Rural Missouri. Missouri was successful in obtaining two Dept. of Labor grants to initiate and refine the program. The training includes:

- 120 hours of training which includes 56 hours of didactics and 64 hours of practicum in an inpatient setting
- Available for general practitioners, nurse practitioners, family physicians, physician assistants and pediatricians
- A child psychiatry track is offered to general psychiatrists and pediatricians.
- Once training is completed and placement in an integrated health team, they have:
 - A 24/7 hotline for consultation
 - Immediate access to a psychiatrist
 - Medication guidance
 - Inpatient hospitalization access, if needed, and more intense outpatient options
- Documents received from Dr. Husain are: Project TERMH narrative, Training Objectives, Curriculum, FNP Practicum tracking document, Practice Profile Survey, TERMH Certificate. Copies can be made of these documents with prior approval from Dr. Husain.

Other issues of interest:

- Institute of Medicine expert panel is proposing changes to the doctor training system – they want to switch to a performance based system.
- The number of physician training residencies financed by Medicare have been frozen since 1997.
- Missouri uses “assistant physicians” in underserved rural areas – they pick up graduates of medical schools who haven’t been able to get into a residency program. Only 48% of medical school grads were successful in their second attempt to get a residency. They also have to pass the first two sections of the national licensing exam.
- The ACA has the “Teaching Health Center” program which is funding 550 residents to smaller teaching facilities serving rural, lower income or minority residents. On the federal level, Senator Patty Murray has introduced legislation called “the Community Based Medical Education Act of 2014” to extend the program to 2019 which would ultimately grow the number of residency slots to 2050 and make them permanent. If not passed, the programs ends next year.

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Director, Project TERMH-Initiative 4 (*there have been 4 initiatives – each with a specific focus & targeted geographically*)

Director, UMC International Center for Psychosocial Trauma Professor Emeritus of Psychiatry and Child Health
 University of Missouri-Columbia, School of Medicine Executive Vice President and Medical Director, Royal Oaks
 Hospital and Compass Health

- Iowa is 47th in the nation for # of psychiatrists based on our population
- The American Psychiatric Association estimates that in 2015, the nation will face a shortage of 22,000 child psychiatrists and 2,900 geriatric psychiatrists.
- 55% of all psychiatrists are older than 55.
- A December 2013 study showed that only 55.3% of psychiatrists take insurance, compared to 88.7% of other doctors. This means patients are expected to pay cash – a limiting factor for many to access services.
- There are 426 psychiatrists licensed in Iowa as per the Iowa Board of Medicine database. 260 have addresses in Iowa, 166 have addresses outside of Iowa. Of the 260 in Iowa – 86 were in Iowa City and 49 were in Des Moines, the balance of 125 had addresses in other Iowa locations.
- Of the 260 with Iowa addresses, the estimated number of psychiatrists actually treating patients is somewhere between 140 and 150. There is an estimated 180,000 Iowa residents with severe mental illness (6% of state's population).

2015 Legislative Priorities

Workforce Development and Rural Access to Mental Health Care: IPS recognizes that there is a shortage of psychiatrists serving rural areas in Iowa and makes the following suggestions to help attract and supplement the workforce:

- 1. Provide psychiatric training for primary care physicians.**
 - Family physicians are on the front lines in rural areas and with some additional training, can help supplement psychiatric services in rural areas.
 - Establish and fund a pilot project in conjunction with the Academy of Family Physicians
 - Modeled after a program in Missouri
- 2. Ensure adequate and equitable reimbursement for telepsychiatric services paid for by Medicaid and private insurance**
 - Telepsych provides an opportunity to reach patients in rural areas and to ensure access to mental health drugs while maintaining the physician relationship with the patient.

Information of interest:

- Incentives to stay and practice in Iowa most often mentioned by surveyed psychiatrists:
 - Accelerated debt pay off
 - Higher beginning salary (\$200,000+)
 - Family recruitment package
 - Negotiable on-call duties and creative assistance w/coverage such as a registry of providers willing to take phone call coverage for rural colleagues
- In communications with the American Board of Pediatrics and the American Psychiatric Association – both are moving forward with task forces to incorporate treating the “whole” person as a part of physician training and are working with other primary medical associations to do the same. Translation: more mental health training for physicians
- There are at least 364 MH beds in the prison system, 6 F/T psychiatrists, 4 P/T on Thurs/Fri, 2-3 residents work a couple nights a week (\$250/hour), 1 ARNP. The Dept. of Corrections is paying Psychiatrists \$210,000 per year with limited administrative duties, no insurance paperwork and hassle, a 40 hour work week and limited other private practice worries.
- We are grateful for the level of mental health care now available within DOC. However, If DOC can afford to pay at these levels, the public mental health system (outside of corrections) should be able to do the same. The incentive of adequate salaries is one of the pieces to enable an adequate mental health system outside of the Dept. of Corrections.

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The number of prescribers in Iowa for Mental Health is limited.

237 psychiatrists – 146 Psychiatric Advanced Nurse Practitioners – 15-20 Psychiatric Physician Assistants. Primary care doctors usually limit to prescription of anti-depressants.

Legislative Priority #1

Increased funding to \$120,000 and expansion of the postdoctoral training program.

- The Iowa Psychological Association presently receives state funding of \$48,000 for 3 postdoctoral internships. They had 27 applicants for the 3 internships in 2014.
- The increase of funding to \$120,000 is estimated to double the number of internships to 6.
- The Training Director of the program is Dr. Michelle Greiner. The IPA and IDPH have a joint venture to administer the program

Legislative Priority #2

Prescriptive authority for psychologists based on the New Mexico Model through passage of Senate Study bill 1162 and House Study Bill 149.

- There are approximately 564 psychologists licensed in Iowa. Approximately 83 have out of state addresses. Not all will pursue prescriptive authority.
- The bill follows the New Mexico model and would result in a master's in psychopharmacology. Dr. Beth Lonning is the contact person on the contents of the bills.

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Psych-Mental Health Advanced Registered Nurse Practitioners (ARNP)

~~NOT FINAL~~

Nursing

- The number of psychiatric nurses in Iowa with ANCC national certification cannot be determined, but there are several psychiatric nurses working in mental health units across the state.
- There are 146 Psych-Mental Health Advanced Registered Nurse Practitioners (ARNP). They are certified by the American Nurses Credentialing Center (ANCC).

Legislative Priority #1

Access funding that creates the availability of sufficient nurses in the workforce to provide specialists in the mental health field by:

- a. Fully funding the Iowa Needs Nurses Now Initiative in the Health and Human Services Appropriations budget to include a nurse educator incentive payment program and establishes a scholarship-in-exchange-for- service program.
- b. Explanation:
 - In the 2014 legislative session, the Iowa Needs Nurses Now Initiative was protected from the 2014 sunset clause and extended to 2016 but was not funded.
 - Nurse educator shortages inhibit the ability to expand the workforce.

Legislative Priority #2

Educate legislators, health care professionals and the public regarding the role of nursing within the team of mental health professionals to:

- a. Clarify misperceptions regarding the role of nurses and advanced practice nurses.
- b. Emphasize the important role that Psych-Mental Health ARNP's provide in medication management for Iowa residents in underserved and rural Iowa locations.

Information of Interest:

- There are not enough local treatment beds for those needing services. There are only 762 acute care beds for 180,000 persons with serious mental illness.
- The Oakdale forensic unit is not big enough to address the need of jails that transfer their inmates with mental illness. The DOC budget is proposing adding 33 beds.
- All associate degree (AD) nursing programs and bachelor degree (BSN) nursing programs include curriculum that teaches mental health concepts and include a psych-mental health clinical rotation before graduation

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- Actual reimbursement equity for mental health services would help shortage of services.
- Out of an estimated 1000 PA's in Iowa, only 15-20 are PA's in psychiatry.
- In the 2012 report by Dr. Flaum (psychiatrist at U. of Iowa) – more mid-level providers was cited as a workforce need.

Legislative Priority #1

Require adequate reimbursement and credentialing for psychiatric physician services provided by PA's.

Reimbursement example: Reverse the denial of reimbursement for PA's. United Behavioral Health and Magellan both refuse to cover or cover at an extremely low rate for psychiatric physician services provided by PA's. They do this despite Iowa's mandate requiring coverage for Physician Assistant and Nurse Practitioner services if they cover for physicians doing the same tasks. It is not unusual for PA's to provide services in lieu of a psychiatrist because of Iowa's psychiatrist shortage.

Credentialing example: Both United Behavioral Health and Magellan too often refuse to credential PA's – leaving them out of provider networks. Insurance companies don't accept state standards and add criteria with no basis for requiring it so the provider network remains small.

Terminology is important: The term PAs in psychiatry should be used rather than psychiatric PA because Iowa law defines Mental Health Professionals to include PAs practicing with the supervision of a psychiatrist. Despite Iowa laws, both credentialing and terminology are used as an excuse not to pay or pay at a rate too low to sustain a practice.

Legislative Priority #2

Loan repayment for PAs in psychiatry would provide the biggest incentive for PAs to practice in psychiatry along with better funding of Iowa's PAs in psychiatry fellowships.

The present capacity in Iowa for post graduate fellowship training in psychiatry is 2, maybe 3 per year.

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Ed practices in a clinic at Redfield, Iowa

Social Workers

NOT FINAL

- A significant number of experienced mental health practitioners will reach retirement age in the next ten years, leaving the state at risk of being unable to meet the demand for mental health services.
- As of January 10, 2013, about half of independently licensed social workers are age 55 or older, and approximately 37% of bachelors-level social workers are age 55 or older
- The shortage of mental health professionals is evident already in certain rural areas, notably the northeast quadrant and the southern two tiers of counties.
- As the state's population ages, there is a growing need for skilled geriatric social workers to address the specialized needs of Iowa's seniors, especially in rural areas.
- Only 3% of social work licensees are nonwhite (Kelly, 2006), and overall, relatively few are bilingual.

Before the legislative priorities can be provided, they need to be approved by the Iowa NASW Board of Directors. The meeting is now scheduled until after our Dec. 16 meeting with legislators.

The legislative priorities will need to be sent to legislators under separate cover.

The following information is a reflection of a discussion with the Executive Director and may or may not be included in legislative priorities.

- Develop and fully fund a loan repayment program for Iowa social workers.
- Forgive educational loans for individuals who make a commitment to work in underserved geographic areas or designated fields of practice.
 - Provide educational funds to recruit and educate social workers from minority communities.
 - Provide funding for cross-cultural, bilingual, and geriatric education and training of social workers.
- Designate a provisional license for LMSW's upon receipt of degree so they can qualify for reimbursement. A full license can be given after designated hours of supervision have been completed. (Similar to the provisional license given to psychologists in the FY 14 session)

The latest figures on job growth in the field:

19% Growth — All social work jobs; faster than the average for all occupations (2012–2022)

15% Growth — Demand for child, family and school social workers (2012–2022)

23% Growth — Demand for mental health and substance abuse social workers (2012–2022)

27% Growth — Demand for healthcare social workers (2012–2022)

>700,000 Total — Projected social work employment (2022)*

Information of interest:

---National Council for Behavioral Health 8-13-14

Contact:

CEO of Iowa NASW – Denise Rathman exec@iowanasw.org 277-1117

djrathman@gmail.com

Legislative Priority #1

Allocate a pool of funds for higher education institutions who want to develop a Board Certified Behavior Analyst (BCBA) master’s program. The pool of funds would be to offset new program development deficits (including instructor recruitment). The Iowa Dept. of Education would like to see programs set up in the east, central, and western part of the state.

- a. **Western** area of Iowa – Briarcliff, Sioux City – the only existing program - It is our understanding that Briar Cliff has received more than 100k -more like 180k to fund three faculty who teach and provide supervision to students. The people we consulted said: To my knowledge, Morningside was exploring incorporating BA courses into the undergraduate curriculum.
- c. **Central** area of Iowa – Drake –at least \$150,000 per year for 3 years – *most active in pursuit of establishing program* The people we consulted said: If not at Drake then potentially Grandview - DMACC option could work for courses granted at the associate level or Bachelor's degree.
- e. **Eastern** area of Iowa –U. of Iowa?

Legislative Priority #2

RFP for Behavior Analyst Supervision for a **limited** number of established professionals who are enrolled in online coursework while maintaining employment, in rural areas, underserved areas, and/or possibly in each region of the state. Similar to Iowa Grants RFP for medical residency opportunities, only in this case the “supervisor” needs the flexibility to be able to travel to the “supervisees” location to provide on-site observations. Estimated cost per supervisor is \$85,000 which includes salary, fringe benefits, and expenses (for ex: travel)

Please note: This service is intended to be only temporarily available, e.g. 3 years, as those who receive this initial service will eventually be candidates to provide supervision to future candidates. Also, once up-and-running, local university programs will likely be a resource for both coursework and student supervision.

Information of Interest

1. Places Certified Behavior Analysts could be utilized:

- Education
- STEM
- DHS
- IDPH
- Judicial
- Autism providers
- Community Mental Health Centers
- Regional Crisis Services
- Gerontology -PASSR
- Corrections
- Juvenile Justice System
- Behavioral Medicine
- Brain Injury Treatment
- Substance Abuse Treatment
- Sexual Offending ?- Iowa’s Board for the Treatment of Sexual Abusers (IBTSA)

2. A lead MH Workforce entity could work with Regions to establish partnerships with local colleges and universities to identify programs needing development and recruitment.

3. There are only 58 Certified Behavior Analysts in Iowa

Persons Consulted

Maria G. Valdovinos, Ph.D., BCBA-D
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 Associate Professor of Psychology
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Susan Smith, LMHC, BCBA
 Iowa's Technical Assistance and Behavior Supports
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Iowa Association for Behavior Analysts <http://iowaaba.com/>

- Mental health and substance abuse treatment is required to be covered in Qualified Health Plans (QHP's) in the Iowa Marketplace Choice Plan and on the Iowa Insurance Exchange.
- In SF 2315 legislation, providers and regions are expected to be co-occurring capable, trauma informed, and utilize evidence based or best practices.

Legislative Priority #1:

Part 1: Treatment and policy experts at the Federal level don't emphasize licensure as a key component for securing reimbursement; rather that the workforce needs to be competent to do the work, such as is accomplished by the well-established certification system in place in Iowa.

As reimbursement for services is pushed into fee for service and away from block grant funding, third party payers are wanting to reimburse licensed but not certified counselors.

Preserve the career ladder for substance abuse professionals by continuing the well-established process of certifying alcohol and drug counselors in the state of Iowa. Accomplish this by not supporting efforts to create a substance abuse specific license in Iowa.

Part 2:

We request legislation requiring 3rd party reimbursement for master's level certified alcohol and drug counselors, **and**

we request legislation to support incentives for mental health licensed professionals (MHC, MFT, LISW, etc...) to become certified in substance abuse counseling. Incentives could include loan forgiveness for education, scholarships toward training, a pay raise, time off for furthering one's education, etc.

The Iowa Board of Certification believes strongly that the certification process is a well-established means for determining competency in substance abuse professionals, backed up by a nationally and internationally accepted system of credentialing. We hope to strengthen that stance through the legislative process by educating law and policy makers, and by working for appropriate recognition of certified substance abuse professionals in Iowa.

Legislative Priority #2:

Support efforts to increase availability and accessibility to 2 and 4 year college programs that contain coursework and practicum/internship opportunities to fulfill requirements for certification as a substance abuse professional.

This may be enhanced by a lead MH workforce entity working with Regions to establish partnerships with colleges and universities to offer training to meet the shortage of substance abuse professionals.

Information of interest

1. There are no masters programs in Iowa that focus on addiction services.
2. Most students graduating from masters counseling or masters in social work have very little exposure or training in treating substance use disorders.

Persons Consulted

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- In SF 2315, Recovery services are one of the core mandated domains – including but not limited to Family support and Peer support
- Training is key, not only basic training, but specialized training for different work environments.
- Peer support is an evidence based practice (EBP)

Legislative Priority #1

Funding for the RFP which was issued by DHS 10-6-14 to build the Peer Support and Family Support Peer Specialist workforce in Iowa.

The Letter of Intent was due by 10-21-14.

Proposals are due by 12-8-14.

An award will be made around 12-22-14 to:

- Recruit
- Train
- Coordinate
- Manage and
- Monitor peer led training and
- Develop and maintain the certification program for Peer Support Specialists and Family Support Peer Specialists in Iowa

The proposal will include:

- Recruitment and Training Plan
- Certification and Supervision Plan
- Continuing Education Plan
- Peer Support Training
- Family Support Peer Training
- Monthly Progress Reports
- Performance Measures

Consulted with:

Todd Lange – member of IAMHC
Peer Support coordinator, Integrated Health Home
Magellan Behavioral Care of Iowa
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Office: 800-725-8294 X 85037

Also read the 11 page description of the RFP

Information of Interest

We have been given the impression the funding will come from the **Mental Health Block Grant** (federal dollars).

Other topics are of concern which do not appear to be covered in the RFP:

- A training component for employers and non-peer support staff on the role of peer support.
- For now, peer support must rely on Medicaid billing. The payer network needs to be widened. For example - the regions or insurance companies
- To retain peer specialists, a livable minimum hourly wage should be considered.

There are many settings in which peers can provide effective assistance and can include:

- Assist licensed professionals in their practice
- Emergency Rooms
- Peer run respite centers
- Crisis stabilization
- Mobile crisis teams
- Community Mental Health Centers
- Program for Assertive Community Treatment (PACT) teams
- Integrated care projects
- Inpatient care units – and others.

- This direct support professional is used in Supported Employment services.
- To be considered a Certified Employment Support Professional (CESP) a nationally recognized and portable Examination must be passed.
- Iowans with disabilities deserve to have properly trained staff to assist them in their pursuit of employment.
- A CESP has demonstrated that they have the skills necessary to support individuals with disabilities to secure and maintain employment.
- Supported Employment is a core service for regions.

Legislative Priority #1

Training funds for 4 geographically based Certified Employment Support Specialist (CESP) training programs offered **twice a year** (for ex: North, South, East, West, and/or Central). The increased availability of training would strengthen the Supported Employment programs across the state—an important part of the recovery effort and full participation for persons with disabilities.

Each of the trainings involves approximately 15 hours of independent work covering the basics of Supported Employment and 4 days of face-to-face training focusing on Job Development and Job Coaching. The cost is \$325.00 per person. This includes all training materials and refreshments at break. An estimated 25 participants at each training (**8 trainings with 25 participants = 200 participants @ \$325.00**) would have an estimated cost of **\$65,000.00**.

Information of Interest: There are 30 CESP's in Iowa

IA- APSE (Iowa Chapter of the Association for Person Supporting EmploymentFirst) is currently the primary provider of face-to-face training for direct support professionals working with Community Rehabilitation Providers (CRPs) providing employment services to Iowans with disabilities. The IA-APSE Community Employment Series is based on the competencies covered in the CESP Exam that was determined to be necessary by national APSE. To maintain neutrality, the Employment Support Professional Certification Council (ESPCC) that developed and continues to oversee the certification process does not identify any training as preparatory nor do they recommend any particular training.

The IA-APSE training series consists of three parts.

1. **Foundations:** Completed by the participants prior to coming to one or both of the face-to-face trainings. It entails readings and activities the participants complete at their own pace.
2. **Job Development:** A two-day face-to-face training and involves field assignments.
3. **Job Coaching:** The second face-to-face training and also requires field assignments.

It is important to note that the IA-APSE curriculum is the only ACRE (Association of Community Rehabilitation Educators) approved curriculum in the state. This national organization, a group of professionals involved in the education of rehabilitation professional, certifies curriculums. To be certified, curriculums must meet both competency content as well as hours spent in training. There is also a differentiation between having knowledge of a competency and being able to demonstrate skills in a competency area.

There are currently over 30 CESP's in Iowa. This is remarkable as there is no extra pay for becoming a CESP and the Certification has only been offered since 2012. This demonstrates the sincere commitment of Iowa providers to ensure the individuals they serve have qualified staff. IA-APSE has given the Exam twice and all Iowans who have taken the Exam have passed. Over 95% of the Iowa Exam takers have taken the IA-APSE Community Training Series.

Providing funding for additional training opportunities for direct support staff providing employment services would better ensure that all Iowans with disabilities have access to qualified staff. Currently CRPs who are providing Supported Employment are barely breaking even, if they are. There is just not enough money in the system to pay for staff to attend training. This, in spite of the fact, that trained staff and staff who feel "invested in" by their agency tend to be more long term employees which would reduce turnover; thus reducing the total cost of service. Assisting direct service employment staff to have better access to quality and regional training will go a long way to ensuring better employment outcomes for Iowans with disabilities. Which in turn means better benefits for taxpayers.

Contacts

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Legislative Priority #1

\$120,000 in development funds to create **Prepare to Care** curriculum for the following areas of specialty certification as contained in the recommendations of the direct care worker advisory council in its final report (\$30,000 X 4 = \$120,000).

- Alzheimer's/dementia
- Autism
- Positive Behavioral Supports
- Mental Health

Legislative Priority #2

\$380,000 appropriation (an increase of \$166,600 from FY 15) to the Direct Care Worker Advisory Council shall be used for continuation of the work of the direct care worker advisory council established pursuant to 2008 Iowa Acts, chapter 1188, section 69, in implementing the recommendations in the final report submitted by the advisory Council to the governor and the general assembly in March 2012. The work includes:

- Outreach
- instructor training
- training Direct Care Professionals
- exams and
- establishing and sustaining the infrastructure for all of these activities

Information of Interest:

FY 2015 appropriation - *Direct care worker advisory council* **\$213,400** – During early months of SFY 2014, IDPH was able to use carryover federal grant funds to support part of this work. The grant funds ended September 30, 2014.

The above request is not to be confused with:

FY 2015 appropriation - *Independent statewide direct care worker organization* **\$216,375** – This is funding for the work of Iowa CareGivers and is separate from the Direct Care Workforce Initiative and the Advisory Council. It is important to keep those separate and adequately fund these workforce support efforts as well.

FY 2015 appropriation - *Direct care worker educational conferences training or outreach activities* **\$75,000** – These funds also have supported direct care workers in such initiatives as mentor training, leadership training, professional development of this workforce.

Contacts:

Iowa Dept. of Public Health staff

State Public Policy Group (SPPG) staff

SPECIALTY ENDORSEMENTS

Autism, Alzheimer's/Dementia, Advanced Nurse Aide, Brain Injury, Crisis Intervention, Hospice & Palliative Care, Medication Aide, Medication Manager, Mental Health, Mentoring, Positive Behavior Supports, Paid Nutritional Assistant, Psychiatric Care, Rehab Aide, Wellness & Prevention

Specialty Endorsements will be developed by experts in those subject or professional areas and approved by the Iowa Board of Direct Care Professionals. Specialty Endorsements currently have or may have unique regulatory requirements.

Optional education open to all Certified Direct Care Associates. Some Endorsements may be required for workers based on regulations for those specialties.

Requirements: Active Certification status
Credential Received: Endorsement
Continuing Education: Determined separately for each Endorsement. Continuing education completed for a specialty will count toward hours to maintain Certification or Advanced Certifications.
Title: Determined separately for each Endorsement.

CORE TRAINING

CORE

Direct Care Associate

Basic foundational knowledge and introduction to profession. Required for all direct care professionals, except individuals who are:

- » providing direct care services and are not paid for the services
- » providing direct care services to family and are paid through the Medicaid Consumer Choice Option

Requirements: Must meet minimum age for employment and pass a background check to be employed.

Credential Received: Certification; must be renewed every two years

Continuing Education: 6 hours every two years

Title: Direct Care Associate

ADVANCED TRAINING MODULES



Home & Community Living

Services to enhance or maintain independence, access community supports and services, and achieve personal goals.



Instrumental Activities of Daily Living

Services to assist an individual with daily living tasks to function independently in a home or community setting.



Personal Support

Services to support individuals as they perform personal activities of daily living.



Personal Activities of Daily Living

Services to assist an individual in meeting their basic needs.



Health Monitoring & Maintenance

Medically oriented services to address health needs and maintaining health.

ADVANCED TRAINING CREDENTIALS

Community Living Professional

Optional education open to all Certified Direct Care Associates.

Requirements: CORE + HCL + IADL + PS + active Certification status

Credential Received: Advanced Certification; must be renewed every two years

Continuing Education: 18 hours every two years

Title: Community Living Professional (CLP)

Personal Support Professional

Optional education open to all Certified Direct Care Associates.

Requirements: CORE + PS + PADL + IADL + active Certification status

Credential Received: Advanced Certification; must be renewed every two years

Continuing Education: 18 hours every two years

Title: Personal Support Professional (PSP)

Health Support Professional

Optional education open to all Certified Direct Care Associates. Certification is required for individuals performing health support functions in nursing facilities and home health/care agencies.

Requirements: CORE + HMM + PADL + active Certification status

Credential Received: Advanced Certification; must be renewed every two years

Continuing Education: 18 hours every two years

Title: Health Support Professional (HSP)

Workforce statistics and Training Locations

Per SF 2315 -The Workforce and Regions must be Co-occurring capable, Trauma informed, and use EBP's December 2014	# licensed or certified in Iowa	Total years to complete training	# of programs in Iowa for this type of licensed professional	Eastern Iowa	Central Iowa	Western Iowa <i>(not including Omaha and Sioux Falls)</i>
Primary Care Doctors <i>Can prescribe</i>	6294 (as of 2010) 40th in the nation	11-12	2	U. of Iowa	DMU	
Psychiatrist* <i>Can prescribe</i>	237 Adult: 202 Child: 35 <i>(140-150 in private practice)</i> 47th in the nation	13-14	1	U. of Iowa Adult psych 6-7 Children's psych 2-3 Med/psych 2-3 Family/psych2-3		
Psychologist	564 licensed in Iowa (83 have out-of-state addresses) 46th in the nation	11	2	U. of Iowa Doctoral program	ISU Doctoral program	
Psych-Mental Health Advanced Registered Nurse Practitioner** (ARNP) <i>Can prescribe</i>	1459 (712 active) <i>(146 specializing in mental health)</i>	6-8	2	U. of Iowa Allen College Both have doctoral programs		Post grad course in psychiatry at Cherokee MHI
Nurses <i>MORE information to be provided</i> How many years of education and clinical practice does it take to become a psychiatric nurse ? <i>AD and RN-2 and 4 year programs available</i> <i>RN-BC- must have RN active license+ 2 yr F/T as registered nurse+ 2000 hr. of clinic practice in psych-MH + 30 hr CEU in psych-MH in last 3 yr.</i>	ARNP – active – 712 RN – active – 5089 LPN – active - 513	2-6	100 Doctoral (PhD) – 1 Doctoral (DNP) – 6 Post- masters – 4 Master's (academic)-7 Baccalaureate – 21 Associate Degree – 32 Practical - 29	1 4 2 4 12 11 10	0 1 1 2 3 11 9	0 1 1 1 5 10 10
Physician Assistant (PA) in Psychiatry <i>Can prescribe as delegated</i>	717 <i>(14-20 have a mental health specialty area)</i>	8	3	U. of Iowa St. Ambrose U. Post grad course in psychiatry at U of Iowa	DMU	Post grad course in psychiatry at Cherokee MHI

Workforce statistics and Training Locations

Per SF 2315 -The Workforce and Regions must be Co-occurring capable, Trauma informed, and use EBP's December 2014	# licensed or certified in Iowa	Total years to complete training	# of programs in Iowa for this type of licensed professional	Eastern Iowa	Central Iowa	Western Iowa (not including Omaha and Sioux Falls)
Social Workers <i>We do not have a license for psychiatric social worker</i> The state awards these licenses: LBSW , LMSW, LISW, LMHC <i>MORE information to be provided</i>	Bachelor level: 1259 Master Level: 1247 Licensed Independent Social Worker (LISW): 1644 Marriage and Family Therapists: 186 Licensed Mental Health Counselors: 831	6-8 need MSW or PhD in social work for LMSW or an LISW -after 2 yrs of super-vised practice	Bachelor's – 12 schools Master's –8 schools Doctorate – 1 school	UNI, U. of IA in Iowa City & Quad Cities, St. Ambrose U., Clarke College U. of Iowa	U of IA has MSW program in Des Moines	U. of Nebraska in <u>Omaha</u> U of IA has MSW Program in Sioux City
Certified Behavioral Analysts (Autism, brain injury and other specialties such sex offender treatment)	BCBA-Masters - 44 BCBA-Doctoral – 8 BCaBA – BA or Masters not accepted for Masters certify – 6	5-6	1 BCBA– Masters BCBA-Doctoral			Briar Cliff University
Substance Abuse and Co-Occurring Workforce Continuing education courses listed at http://www.iowabc.org/continedu.html	CTA Certified Treatment Assistant – 39 HS Diploma/GED + 40 hours job related education MHPSS – Mental Health Peer Support Specialist – 45 - No minimum education level + 40 hours Georgia model training + pass exam CADC – Certified Alcohol and Drug Counselors – 650 – HS Diploma/GED or higher – usually have BA in counseling, psychology, social work, criminal justice + courses in Substance abuse + pass national exam IADC – International Alcohol and Drug Counselor – 298 – most hold a BA + more education + experience + supervision + pass a national exam IAADC – International Advanced alcohol and Drug Counselor – 33 – MA + more education + experience + supervision + pass a national exam CCDP – Certified Co-occurring Disorders Professional – 5 – BA degree + more education + experience + supervision + pass a national exam CCDPD – Certified Co-occurring Disorders Professional – Master's level – 14 - + more education + experience + supervision + pass a national exam	2-6 No masters or BA programs in Iowa that focus on addiction services	10 A.D. + distance learning	Southeast CC – W. Burlington Kirkwood CC U. of Iowa (some Courses) UNI (some courses)	DMACC Kaplan U (DM)	IA Western CC IA Lakes CC-Spencer SWCC – Creston Buena Vista (some Courses) U. of SD (some courses)

Workforce statistics and Training Locations

Per SF 2315 -The Workforce and Regions must be Co-occurring capable, Trauma informed, and use EBP's December 2014		Total years to complete training		
# licensed or certified in Iowa				
Peer Specialists and Family Support Specialists	Certified Peer specialists – 300 Family support specialists - 140	hours	3 programs training peers 1 program training family specialists	The programs for training peer specialists move around to where the trainees are. The family support specialist training is done through U. of Iowa. <i>An RFP has been issued for building a peer and family support specialist workforce in Iowa.</i>
Certified Employment Specialists	30 - utilized in supported employment programs – a core service	hours	IA-APSE provides the training to become certified. ESPCC provides the test and issues certifications. They want to have 4 regional meetings twice a year	
Direct Care Workforce Extremely high turnover rates	Home & Health Care Aides 13,108 Nursing aides, orderlies 29,168 Personal & Home Care Aides 30,938	hours	IDPH has a training program for direct care workforce – trainings are held in multiple locations around the state – <i>there is no curriculum yet for Alzheimers/dementia, autism, positive behavior supports, mental illness and oral health.</i>	

Are there other health care workers who could help in rural areas? EMT's and paramedics?

There is also a huge need for school mental health professionals. Need for transportation specialists, too.

Primary Care

Psychiatrists

Psychologists

Psych-Mental Health Advanced Registered Nurse Practitioners

Psychiatric Nurses

Physician Assistants in Psychiatry

Psychiatric Social Workers

Social Workers

Certified Behavioral Analysts

Certified Alcohol and Drug Counselors

Certified Co-Occurring Disorders Professionals

Peer specialists

Family Support Specialists

Certified Employment Specialist

Direct Care Workforce

Proposal: Identify a responsible entity to focus on building the MHDS workforce

This is an employment/economic development issue.

Purpose – Someone needs to be in charge/direct/coordinate this effort.

In the Jan. 2013 Legislative MHDS Workforce Workgroup report – the following recommendations were made – we have checked the recommendations this report addresses:

- Improve the mental health and disabilities training of primary care doctors and other primary care providers.
- 1) Develop a system approach and incent the use of a team to improve treatment services, monitoring and case management of those with mental illness, co-occurring chronic illness and those with co-morbid MH and SA disorders
- Review licensing and credentialing eligibility criteria for adequate and efficient production of a workforce that meets Iowa's provider needs.
- Plan immediately for provider service needs over the next 20 years.
- Identify and implement strategies to fix system problems that inhibit production of needed providers.

The entity to have this responsibility could be the Iowa Dept. of Public Health or Iowa Workforce Development or MHDS or Dept. of Education – who has the staff, relationship building and collaboration skills?

Staff a department focused on building the MHDS workforce – multi-occurring, trauma informed, EBP

The responsibilities could include but not be limited to:

- Be responsible for the recruitment and retention of MH professionals in Iowa
- Be responsible for the implementation of mental health training for primary care physicians & staffs
- Be responsible for the recruitment of Iowans to mental health professions.
- **Work through regions/health enterprise zones for input, collaboration and matching funds.**
- Identify barriers in licensing, certification, education, and other issues which need to be addressed
- Identify incentives to recruit and retain MH professionals in Iowa
- Work with graduate and post graduate training programs in Iowa including the possible implementation of additional training programs for geographical coverage.
- Monitor and report on MH professionals using federal and state financial incentives and loan forgiveness programs
- Communicate and collaborate with MH professional organizations
- Identify a community based recruitment strategy. It could include:
 - Jobs for spouses
 - Schools for kids
 - Available housing stock
 - Recreational activities
 - A salary capable of handling repayment of large educational loans, repayment of a home mortgage, and the expenses in raising a family.
- Combine the community based recruitment strategy with incentives to address the following recruitment and retention concerns which could include but not be limited to:
 - Placement incentives
 - Loan repayment incentives
 - Length of time commitment to remain in Iowa
 - Competitive salary and perks
 - Good clinical back-up
 - An effective administration in the practice
 - Collaboration with primary care practitioners
 - Time Off
 - Available education opportunities
 - Ability to attend educational conferences
 - Professional practice management
 - Appreciation for the work done
- Work with educational institutions for adjustments in curriculum requirements
- Propose legislative steps which could help to increase the mental health professional workforce in Iowa.
- Maintain an accurate database of MH professionals in Iowa with assistance from Boards of Licensure and Certification.
- **Issue a public annual report on status of responsibilities so progress can monitored by all.**

Require a MH and Disability Workforce Council –

to meet quarterly with MH and Disabilities Workforce staff to hear progress reports, concerns, and advise on changes which may need to be made. Membership would be composed of DHS, Dept. of Education, IWD and IDPH reps, professional organization representatives, and at least 25% of the membership would be persons with lived experience and family members.

Side by Side Look at MHDS and IDPH – the two primary state agencies involved with mental health

<i>Iowa Dept of Human Services</i>	<i>Iowa Dept of Public Health</i>
Dept of Mental Health and Disabilities (Bureau of Community Services & Planning) Bureau of Case Management Office of Facility Support 4 MHI's – Independence, Cherokee, Clarinda, Mt. Pleasant 2 Resource Centers – Glenwood and Eldora Eldora State Training School Toledo Juvenile Home Civil Commitment Unit for Sexual Offenders	<u>Acute Disease Prevention and Emergency Response</u> Center for Disaster Operations and Response E-health Emergency Medical Services (EMS) Prescription Services
15 MHDS Regions Community Mental Health Centers Iowa Mental Health and Planning Council Mental Health and Disabilities Commission Disaster Behavioral Health Response Teams Iowa Consortium for Mental Health and Aging (U. Iowa)	<u>Administration and Professional Licensure</u> Health Statistics <u>Licenses for the following:</u> Behavioral Science Physical and Occupational Therapy Physician Assistant Psychology Social Work <u>Behavioral Health</u> Administration, Regulation & Licensure Disability, Injury, & Violence Prevention includes Brain Injury Gambling Treatment and Prevention Substance Abuse Prevention and Treatment Youth Suicide Prevention <u>Environmental Health</u> <u>Health Promotion and Chronic Disease Prevention</u> Access to Quality Health Services Center for Congenital and Inherited Disorders Chronic Disease Prevention and Management Family Health (including children's health and women's health) Health Care Access, Health Workforce Local Public Health Services Multicultural Health Nutrition and Health Promotion Oral Health <u>Tobacco Use Prevention and Control</u> <u>Dept. of Public Health Director's Office</u> Iowa Dental Board, Iowa Board of Medicine, Iowa Board of Nursing, Iowa Board of Pharmacy Director's Physician Advisory Group, State Board of Health Office of the State Medical Examiner

What We Do –
 IDPH Vision, Mission, and
 Guiding Principles
 Prevent Injuries
 Promote Health Behaviors
 Strengthen the Public
 Health Infrastructure
 Prepare for, Respond to,
 and Recover from
 Public Health
 Emergencies

The vision for a good and modern mental health and addiction system is grounded in a public health model. The integration of primary care, mental health and addiction services must be an integral part of the vision.

The first time the Surgeon General addressed mental health was in 1999 – barely 15 years ago. In his 1999 report, the Surgeon General said: “Our society no longer can afford to view mental health as separate and unequal to general health. It is a misperception that mental health or mental illness is unrelated to physical health or physical illness. In fact, the two are inseparable.”

Providers – to reduce costs, increase the bottom line of entities and increase access

1. **Do not include training costs in administrative expenses**
 - so providers can get reimbursed for the investment in their employees and
 - the mental health workforce has adequate opportunities to be well trained and
 - regional workforces can be determined trauma informed, multi-occurring capable and deliver evidence based and best practices as per SF 2315
2. **Establish a clearinghouse for re-credentialing** *(saves money for both providers and insurance companies)*
 - So providers only have to establish their credentials once – rather than multiple times thereby diverting valuable time from clients
 - Use a universal application
 - Require insurance companies to use the clearinghouse for all credentialing and re-credentialing in Iowa
 - This could also increase provider networks which will increase access to services.
3. **Require Medicaid and private insurance reimbursement for telehealth** for better access to MH professional services in a variety of settings
 - For multiple levels of providers
 - In a variety of settings – medical location, educational location, home location, law enforcement location and anywhere else MHDS services can be provided
 - Strive for a telehealth parity law <http://www.americantelemed.org/docs/default-source/policy/ata-state-policy-toolkit.pdf?sfvrsn=38>

Insurance companies – comply with mental health parity and establish a floor for reimbursements

1. Establish a **floor** for MH services **reimbursement** below which insurance companies cannot fall below. Suggested: Reimbursement cannot fall below the Medicare or Medicaid rate, whichever is higher – or another methodology which strengthens provider's financial status and increases access for clients
2. **Exigent or Urgent preauthorization medication decisions made within 24 hours.** Non-emergency preauthorization medication decisions made within **72 hours.**
3. **Insurance companies required to cover the same MHDS core service domains** as stipulated in SF 2315 for core and additional core domains.
 - The goal is a continuum of services being provided for MHDS populations regardless of payer.
 - To have an adequate public mental health system, everyone needs to be “in” to support the system.
 - Because of low reimbursements from insurance companies and paperwork hassles and demands, there is an increasing trend for providers not to accept insurance – only cash.
 - If providers will only accept cash, it makes access to services rare and sometimes impossible.
 - Perhaps a **good first step** is for insurance companies to “block grant funds” to Regions or to the State MH and Disabilities Workforce center:
 - to help with establishing and maintaining services or
 - to assist in building training locations
 - to assist in providing incentives for MH professionals to practice in Iowa
4. **Approval of reimbursement for “certified” MHDS providers, not just “licensed”.** We have an Iowa Board of Licensing and an Iowa Board of Certification – both with rigorous standards.
5. **Issues which create serious doubt of compliance with mental health parity**
 - Inadequate provider networks
 - High deductibles which discourage seeking care
 - Poor reimbursement for mental health
 - Too few mental health services so a continuum of care is not provided

NAMI Array of Services: Effective Mental Health Services for Youth

Array of Services	Wellmark	Medicare	Magellan	United Behavioral Health Care	MH Net Coventry
Prevention and Outreach Services	No	Some diagnoses in primary care setting	No	Some information on their website	Some information on their website
Screening, assessment and evaluation	Yes	Yes	Yes	Yes	Yes
Effective individual, group and family therapies	Yes	Yes	Yes	Yes	Yes
Integrated mental health, addictions and primary care	Yes	Yes	Yes	Yes	Yes
Medications	Yes	Yes	Yes	Yes	Yes
Case Management and care coordination	For those identified at risk	Med Advantage uses managed care Traditional Medicaid asks primary care offices to coordinate	Yes, for those identified as at risk	Thru utilization management process (managed care)	Thru utilization management process (managed care)
Peer and caregiver education and support services	No	No	Yes	Some education information offered on website	Not peer –see website information
Intensive evidence-based interventions (e.g. MST, FFT)	If meets the criteria for psychotherapy	If meets the criteria for psychotherapy	If meets the criteria for psychotherapy	If meets the criteria for psychotherapy	If meets the criteria for psychotherapy
“Wrap-a-round” planning services	No	No	Participates in treatment planning meeting	No	No
School and in-home skill-building and behavioral supports	No	No	If meets the criteria for psychotherapy	No	No
Respite care	No	No	No	No	No
Therapeutic foster care	No	No	No	No	No
Juvenile justice screening and diversion	If meets the criteria for psychotherapy & assessment	If meets the criteria for psychotherapy & assessment	If meets the criteria for psychotherapy & assessment	If meets the criteria for psychotherapy & assessment	If meets the criteria for psychotherapy & assessment
Crisis Intervention and stabilization	Only Emergency dept observation bed	Only Emergency dept observation bed	Only Emergency dept observation bed	Only Emergency dept observation bed	Only Emergency dept observation bed
Day treatment	If meets criteria for partial hospitalization	If meets criteria for partial hospitalization	Yes	If meets criteria for partial hospitalization	If meets criteria for partial hospitalization
Hospital and residential care	Hospital – yes Residential – some group plans	Hospital – yes Residential – no	Hospital – yes Residential – yes	Hospital – yes Residential – some group plans	Hospital – yes Residential – a few group plans have residential

Purple boxes – companies have care managers that do utilization review (managed care) and call it case management or care coordination. We don't think it is the same thing you and I think about for these terms.

NAMI Array of Services: Effective Mental Health Services for Adults

Array of Services	Medicaid	Medicare	Wellmark	United Behavioral Health and MH Net
Prevention and Outreach Services	Yes – check website	Yes – in primary care setting	Check website	Check website
Screening, assessment and evaluation	Yes	Yes	Yes	Yes
Effective individual, group and family therapies	Yes	Yes	Yes	Yes
Integrated mental health, addictions and primary care	Yes	Yes	Yes	Yes
Medications	Yes	Yes	Yes	Yes
Case Management and care coordination	For those identified at risk	Med Advantage uses managed care Traditional Medicaid asks primary care offices to coordinate	For those identified at risk	Thru utilization management process (managed care)
Peer and caregiver education and support services	Yes	No	No	Check website for information
Intensive outpatient services	Yes	As less intensive partial hospitalization	Yes	Yes
Employment and education supports	No	No	No	No
Housing with support services	No	No	No	No
Skill building and socialization services	No	No	No	No
Daily living and personal care services	No	If qualify for home care services	No	No
Assertive Community Treatment (ACT)	Yes	Might pay some components	No	Check website
Jail diversion and re-entry services	Might pay some components	Might pay some components	Might pay some components	Might pay some components
Crisis Intervention and stabilization	Only emergency dept. observation bed	Only emergency dept. observation bed	Only emergency dept. observation bed	Only emergency dept. observation bed
Hospital and residential care	Hospital – Yes Residential - Yes	Hospital – Yes Residential - No	Hospital – Yes Residential – some group plans	Hospital – Yes Residential – some group plans

NEEDS TO BE COMPLETED

Wrap Around Care Service Types	EBP? Evidence Based Practice	Staff needed per team	Ratio of staff to clients	Caseload per team	Initial cost to set up	Monthly cost to payer	How often are clients seen – phone and in person
System of Care Wrap around services for the family	Yes						
RAISE Wrap around services after 1 st episode of psychosis	Yes						
Integrated Health Homes Care and coordination to treat the whole person	Best practice						
Supportive Community Living – to have a life in the community – least restrictive location possible	Best practice						
Habilitative Services Transitional and potentially long term care for complex cases	Best practice						
Assertive Community Treatment Transitional and potentially long term care for complex cases	Yes						
Forensic Assertive Community Treatment Team Transitional and potentially long term care for complex cases for persons involved in criminal justice system	Yes						
Jail Diversion Community Support Team to connect person released from jail to services and supports	Best practice						
Mental Health Court Court team follows person under court ordered treatment	Best practice						

NEEDS TO BE COMPLETED

**NonProfit
PhD Psychologist**

CPT Codes	BCBS	Medicare	United Health Care	Magellan/Medicaid	Aetna	Midlands/CoOpportunity	Multi Plan	Cigna	MH Net Coventry	TriCare	Value Options
90791-psychiatric diagnostic evaluation-no medical svcs	\$198.00	\$129.47	\$97.75	\$115.47	\$154.27	\$146.25	\$121.41	\$90.00	\$85.00	\$132.00	\$124.00
90832-psychotherapy w/patient And/or family member, 30 min.	\$ 81.00	\$ 62.74	\$52.25	\$ 51.26	\$ 64.37	\$ 60.60	\$ 50.66		\$45.00	\$ 50.66	\$ 40.00
90834-psychotherapy w/patient And/or family member, 45 min.	\$105.00	\$ 83.23	\$79.00	\$ 78.55	\$ 83.98	\$ 78.38	\$ 96.89	\$75.00	\$80.00	\$ 66.10	\$ 84.00
90837-psychotherapy w/patient And/or family member, 60 min.	\$153.00	\$124.68	\$85.75	\$120.59	\$123.11	\$114.74	\$121.41	\$80.00	\$95.00	\$ 96.89	\$ 84.00
90785-interactive complexity add-on	\$ 6.00	\$ 13.91	\$ 4.50	\$ 4.00	\$ 4.86	\$ 4.85	\$ 3.83	\$ 3.20	\$15.00	\$ 3.83	
90846-family psychotherapy without the patient present	\$ 96.00	\$100.93	\$77.00	\$ 84.63	\$ 77.22	\$100.40	\$ 60.78	\$75.00	\$80.00	\$ 64.11	\$ 84.00
90847 family psychotherapy without the patient present	\$115.00	\$104.19	\$78.75	\$ 84.63	\$ 92.65	\$125.46	\$ 72.92	\$75.00	\$80.00	\$ 93.01	\$ 84.00
Above Medicare											
Below Medicare											
Medicare											

**Nonprofit
LISW/LMHC**

CPT Codes	BCBS	Medicare	United Health Care/UBH/UMR	Magellan/Medicaid	Aetna	Midlands/CoOpportunity Health	Multi Plan	Cigna	MH Net Coventry	TriCare	Value Options
90791 psychiatric diagnostic evaluation-no medical svcs	\$177.00	\$97.10	\$90.00	\$102.64	\$128.56	\$109.69	\$107.13	\$75.00	\$70.00	\$102.89	\$100.00
90832-psychotherapy w/patient and/or family member, 30 min.	\$ 74.00	\$47.05	\$47.50	\$ 45.57	\$ 53.64	\$ 45.45	\$ 44.70	\$42.00	\$35.00		\$ 35.00
90834--psychotherapy w/patient and/or family member, 45 min.	\$ 95.00	\$62.42	\$70.00	\$ 69.82	\$ 69.98	\$ 58.78	\$ 58.32	\$60.00	\$65.00	\$ 49.57	\$ 65.00
90837-psychotherapy w/patient And/or family member, 60 min.	\$139.00	\$93.51	\$75.50	\$107.19	\$102.59	\$ 86.05	\$ 85.49	\$62.00	\$75.00	\$ 96.89	\$ 65.00
90785 interactive complexity add-on	\$ 5.50	\$13.21	\$ 4.25	\$ 4.00	\$ 4.05	\$ 3.64	\$ 3.83	\$ 2.80	\$15.00	\$ 3.83	
90846-family psychotherapy without the patient present	\$ 87.00	\$75.69	\$69.00	\$ 75.22	\$ 64.35	\$ 75.30	\$ 53.63	\$60.00	\$65.00		\$ 65.00
90847- family psychotherapy with the patient present	\$104.00	\$78.14	\$70.00	\$ 75.22	\$ 77.21	\$ 94.09	\$ 64.34		\$65.00	\$ 69.75	\$ 65.00

Community Mental Health Center Medicare Reimbursement Charts

CMHC Reimbursement Charts												
		200	347	251	252	305	311	315	323	326	328	
CPT CODES	Counties	Medicare	United Health Care	Magellan/Medicaid*	IME	BC/BS	Community Support Advoc	Coventry HealthCare	Humana Claims Center	Meritain Health	Broadlawns Path	
90791-Initial evaluation	181.50	76.13	119.00	196.50	145.23	177.00	165.00	119.00	119.00	119.00	181.50	
90792 - psych diag eval w/ med svcs	285.00	125.97	119.00	223.08	145.23	164.00	194.25	119.00	119.00	119.00	285.00	
90832-Half hour therapy session	60.50	36.90	78.00	57.12	39.00	73.00	57.50	39.00	39.00	78.00	60.50	
90834-Hour therapy session	121.00	48.94	39.00	109.74	67.41	97.00	115.00	78.00	78.00	39.00	121.00	
90837-Hour therapy session	121.00	73.31	78.00		67.41	130.00	115.00	78.00	78.00	78.00	121.00	
99211 - Office outpatient visit w/ nurse, est patient, 5 mins										119.00		
99212 - Office outpatient visit, est patient, 10 mins	67.90	26.28	78.00	47.60	52.15	63.00	88.50	78.00	78.00	119.00	99.75	
99213 - Office outpatient visit, est patient, 15 mins	97.00	45.25	78.00	69.64	52.15	105.00	88.50	78.00	78.00	119.00	142.50	
99214 - Office outpatient visit, est patient, 25 mins	104.76	66.97	78.00	88.54	52.15	130.00	98.44	78.00	78.00	119.00	153.90	

* Magellan rates changed 10-1-14

Community Mental Health Center Medicare Reimbursement Charts

CMHC Reimbursement Charts												
	330	333	335	339	349	353	354	357	358	362	363	
CPT CODES	Midlands Choice	Principal Life Insurance	Secure Horizons Direct	Tricare For Life	Value Options 1830	Today's Options PFFS	American Heritage Life	Bridgestone Firestone Claims	American Republic Corp	Aetna	First Administrators Inc	
90791 -Initial evaluation	119.00	70.00	119.00	119.00	119.00	119.00	119.00	119.00	119.00	119.00	119.00	119.00
90792 - psych diag eval w/ med svcs	119.00	119.00	119.00	119.00	119.00	119.00	119.00	119.00	119.00	119.00	119.00	119.00
90832 -Half hour therapy session	39.00	60.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00
90834 -Hour therapy session	78.00	39.00	39.00	39.00	39.00	39.00	39.00	39.00	39.00	39.00	39.00	64.00
90837 -Hour therapy session	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00
99211 - Office outpatient visit w/ nurse, est patient, 5 mins												
99212 - Office outpatient visit, est patient, 10 mins	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00
99213 - Office outpatient visit, est patient, 15 mins	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00
99214 - Office outpatient visit, est patient, 25 mins	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00

Community Mental Health Center Medicare Reimbursement Charts

CMHC Reimbursement Charts												
	371	378	381	382	389	398	407	410	413	415	421	426
CPT CODES	Colonial Penn Life Ins	Cigna Behavioral Health	Cigna	UMR	AARP Health Care Options	Multi Plan PHCS	Golden Rule	Select First Insurance	IMS	Line Co	Starmark	Companion Life
90791 -Initial evaluation	119.00	119.00	119.00	119.00	119.00	119.00	119.00	119.00	119.00	119.00	119.00	119.00
90792 - psych diag eval w/ med svcs	119.00	119.00	119.00	119.00	119.00	119.00	119.00	119.00	119.00	119.00	119.00	119.00
90832 -Half hour therapy session	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00
90834 -Hour therapy session	39.00	39.00	39.00	39.00	39.00	39.00	39.00	39.00	39.00	39.00	39.00	39.00
90837 -Hour therapy session	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00
99211 - Office outpatient visit w/ nurse, est patient, 5 mins												
99212 - Office outpatient visit, est patient, 10 mins	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00
99213 - Office outpatient visit, est patient, 15 mins	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00
99214 - Office outpatient visit, est patient, 25 mins	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00

Community Mental Health Center Medicare Reimbursement Charts

CMHC Reimbursement Charts							
	427	432	436	440	449	452	453
CPT CODES	MECCA	Veterans Affairs	Sentinel Security Life Ins Co	Physicians Mutual	CoOpportunity Health	Chesterfield Resources	Medica
90791 -Initial evaluation	165.00	125.97	119.00	119.00	119.00	119.00	119.00
90792 - psych diag eval w/ med svcs	165.00	125.97	119.00	119.00	119.00	119.00	119.00
90832 -Half hour therapy session	67.50	69.03	78.00	78.00	78.00	78.00	78.00
90834 -Hour therapy session		48.09	39.00	39.00	39.00	39.00	39.00
90837 -Hour therapy session		69.03	78.00	78.00	86.05	78.00	78.00
99211 - Office outpatient visit w/ nurse, est patient, 5 mins		19.74					
99212 - Office outpatient visit, est patient, 10 mins	116.00	47.10	78.00	78.00	63.39	78.00	78.00
99213 - Office outpatient visit, est patient, 15 mins	116.00	47.10	78.00	78.00	105.16	78.00	78.00
99214 - Office outpatient visit, est patient, 25 mins	116.00	47.10	78.00	78.00	130.00	78.00	78.00

Community Mental Health Centers Medicaid Reimbursement Charts

CMHC Reimbursement Charts											
		200	347	251	252	305	311	315	323	326	328
CPT CODES	Counties	Medicare	United Health Care	Magellan/Medicaid*	IME	BC/BS	Community Support Advoc	Coventry HealthCare	Humana Claims Center	Meritain Health	Broadlawns Path
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90792 - psych diag eval w/ med svcs	285.00	125.97	119.00	223.08	145.23	164.00	194.25	119.00	119.00	119.00	285.00
90832 -Half hour therapy session	60.50	36.90	78.00	57.12	39.00	73.00	57.50	39.00	39.00	78.00	60.50
90834 -Hour therapy session	121.00	48.94	39.00	109.74	67.41	97.00	115.00	78.00	78.00	39.00	121.00
90837 -Hour therapy session	121.00	73.31	78.00		67.41	130.00	115.00	78.00	78.00	78.00	121.00
99211 - Office outpatient visit w/ nurse, est patient, 5 mins										119.00	
99212 - Office outpatient visit, est patient, 10 mins	67.90	26.28	78.00	47.60	52.15	63.00	88.50	78.00	78.00	119.00	99.75
99213 - Office outpatient visit, est patient, 15 mins	97.00	45.25	78.00	69.64	52.15	105.00	88.50	78.00	78.00	119.00	142.50
99214 - Office outpatient visit, est patient, 25 mins	104.76	66.97	78.00	88.54	52.15	130.00	98.44	78.00	78.00	119.00	153.90
				* Magellan rates changed 10-1-14							

Community Mental Health Centers Medicaid Reimbursement Charts

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CPT CODES	Midlands Choice	Principal Life Insurance	Secure Horizons Direct	Tricare For Life	Value Options 1830	Today's Options PFFS	American Heritage Life	Bridgestone Firestone Claims	American Republic Corp	Aetna	First Administrators Inc	
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90792 - psych diag eval w/ med svcs	119.00	119.00	119.00	119.00	119.00	119.00	119.00	119.00	119.00	119.00	119.00	119.00
90832 -Half hour therapy session	39.00	60.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00
90834 -Hour therapy session	78.00	39.00	39.00	39.00	39.00	39.00	39.00	39.00	39.00	39.00	39.00	64.00
90837 -Hour therapy session	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00
99211 - Office outpatient visit w/ nurse, est patient, 5 mins												
99212 - Office outpatient visit, est patient, 10 mins	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00
99213 - Office outpatient visit, est patient, 15 mins	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00
99214 - Office outpatient visit, est patient, 25 mins	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00

**Community Mental Health Centers
Medicaid Reimbursement Charts**

CMHC Reimbursement Charts												
	371	378	381	382	389	398	407	410	413	415	421	426
CPT CODES	Colonial Penn Life Ins	Cigna Behavioral Health	Cigna	UMR	AARP Health Care Options	Multi Plan PHCS	Golden Rule	Select First Insurance	IMS	Line Co	Starmark	Companion Life
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90834 -Hour therapy session	39.00	39.00	39.00	39.00	39.00	39.00	39.00	39.00	39.00	39.00	39.00	39.00
90837 -Hour therapy session	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00
99211 - Office outpatient visit w/ nurse, est patient, 5 mins												
99212 - Office outpatient visit, est patient, 10 mins	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00
99213 - Office outpatient visit, est patient, 15 mins	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00
99214 - Office outpatient visit, est patient, 25 mins	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00	78.00

**Community Mental Health Centers
Medicaid Reimbursement Charts**

CMHC Reimbursement Charts							
	427	432	436	440	449	452	453
CPT CODES	MECCA	Veterans Affairs	Sentinel Security Life Ins Co	Physicians Mutual	CoOpportunity Health	Chesterfield Resources	Medica
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90792 - psych diag eval w/ med svcs	165.00	125.97	119.00	119.00	119.00	119.00	119.00
90832 -Half hour therapy session	67.50	69.03	78.00	78.00	78.00	78.00	78.00
90834 -Hour therapy session		48.09	39.00	39.00	39.00	39.00	39.00
90837 -Hour therapy session		69.03	78.00	78.00	86.05	78.00	78.00
99211 - Office outpatient visit w/ nurse, est patient, 5 mins		19.74					
99212 - Office outpatient visit, est patient, 10 mins	116.00	47.10	78.00	78.00	63.39	78.00	78.00
99213 - Office outpatient visit, est patient, 15 mins	116.00	47.10	78.00	78.00	105.16	78.00	78.00
99214 - Office outpatient visit, est patient, 25 mins	116.00	47.10	78.00	78.00	130.00	78.00	78.00

Existing Recruitment and Loan Forgiveness Programs in Iowa

There are two state agencies involved in incentives and loan forgiveness programs for the Iowa Mental Health Workforce:

1. Iowa Dept. of Public Health
2. Iowa College Student Aid Commission

FY 2014 – IDPH programs

Existing Programs	2014 Dollars Available	Present Impact	Include supervision costs?	A Conservative Proposal <i>Focus dollars on MH workforce</i>
IPA psychologist internship program* <i>Post-doctoral psychologist training program</i>	\$ 48,000	3 sites - 27 applicants 3 selected	Yes	\$120,000 to double the internship sites
U. of Iowa MH workforce initiative* <i>Post graduate training for licensed professionals</i>	\$ 105,656 <i>Eastern Iowa</i>	1 physician assistant 33 nursing students	Yes	\$200,000 to double PA's
Cherokee MHI MH Workforce initiative* <i>Psychiatric training for licensed PA's and ARNP's</i>	\$ 99,904 <i>Western Iowa</i>	Up to 2, generally 1 (can PA or ARNP)	No	\$200,000 to double applicants
<i>Proposed –</i> Broadlawns MH Workforce initiative <i>Post graduate fellowship for licensed professionals</i> <i>Please note: There is a Broadlawns/Iowa Veterans Home PA program which was renewed till 2016 but has never been funded.</i>	\$ 0 <i>Central Iowa</i>	2 applicants – can be PA or ARNP	Yes	\$250,000
MH Professional Shortage area program* <i>Funding used for stipends for psychiatrists and may also support recruitment costs</i>	\$ 105,448 <i>Emphasis on securing and retaining medical directors at CMHC's</i>	1 psychiatrist retained 1 psychiatrist recruited Eligible uses of funds: • Salary supplement • Matching for team practices for clinical back-up Community based recruitment strategies	No	\$200,000
Medical Psychiatric Residency Matching Grants** <i>Support accredited graduate medical residency training programs – establish new or expand existing programs</i>	\$2,000,000 Allocated to U of IA But priority supposed to be new program family practice or psychiatric residencies	Broadlawns wants to start a 4 person per year psychiatric residency program - \$180,000/yr/resident X 4 years X 4 residents per year = \$2,880,000	Yes Allows stipends or salary and fringe benefits for residents, fellows and related program staff	\$2,000,000 See third page for an explanation of why the RFP for these dollars will not work for Broadlawns.
Direct Care Workforce Training* Lacking curriculum for autism, alzheimer's/dementia, mental illness, positive behavioral supports	\$ 213,400	277 total trained across multiple years but no certification in mental health yet available	Yes	\$120,000 for additional creation of curriculum for 4 specialties \$380,000 for regular operations
PRIMECARE**	\$ 139,170 state \$ 139,170 federal	\$185, 560 – 3 mental health recipients	No	\$280,000 double state funds
National Health Service Corps*** <i>Primary care in rural and underserved areas</i>	\$ 533,003 federal	Still processing applications, so far 22 MH clinicians (8 new)	No	<i>April 2014-more than 30 organizations wrote to Congressional leaders – mandatory funding for NHSC could expire at the end of FY2015</i>

Existing Recruitment and Loan Forgiveness Programs in Iowa

Conrad 30 J1 Visa Waiver	No funding	2 psychiatrists <i>Up to 30 slots for physicians of all specialties each fiscal year</i>	NA	No funding
Total state funds	\$2,711,578	20 mental health professionals	Total state funds	\$3,750,000
<i>Not counting the \$2 million for residencies, amount spent for MH workforce</i>	\$ 711,578	20 mental health professionals	<i>Not counting the \$2 million for residencies, amount proposed to be spent for MH workforce</i>	\$1,750,000 (\$1 million(e) more proposed than FY 14 level)
Total federal funds	\$ 672,173	3/2+22+2 = 25.5 mental health professionals	Federal funds	Unknown

If leftover funds, do they roll over to next FY? No* Yes ** NA***

Existing Recruitment and Loan Forgiveness Programs in Iowa

FY 2014 Iowa College Student Aid Commission
Health Care Loan Forgiveness Programs

Existing Programs	MH professional benefitting	Impact	Proposal
<p><i>State program – Iowa Nurses Needs Nurses Now Initiative</i></p> <p><i>Last FY, was protected from the 2014 sunset clause and extended to 2016 but was not funded. It looks like funding was not cut this week in the H.R. 83. INA will probably ask for several hundred thousand for INN.</i></p>	<p>INA works together with the two nurse practitioner groups (INPS and IANP) examine and react to legislation and administrative code language that attempts to restrict our ability to practice to the full degree of our authority. In Iowa, nurse practitioners have a strong nurse practice act that allows us to practice independently. This is very important in mental health. Many community mental health centers rely on nurse practitioners.</p>	<p>By funding the Iowa Needs Nurses Now initiative, we would be encouraging psychological health nurses to return to school and become nurse practitioners. This would expand the workforce significantly.</p>	<p>IWD develops a Nursing Workforce Data Clearinghouse - 1 FTE – first year \$90,000 <u>\$65,000/yr thereafter</u> DPH to administer the Iowa Needs Nurses Now Infrastructure Account and the Nurse Residency State Matching Grants Program account– 1 FTE - first year \$134,000 <u>\$103,000/yr thereafter – admin costs 5%</u> College Student Aid Commission would be responsible for the Nurse Educator Scholarship Program and the Nurse Educator Scholarship-in-Exchange-for-Service Program - 1 FTE - First year - \$100,000 <u>Admin costs 5%</u> First year funding request total \$350,000</p>
<p>Nurse Corps Loan Repayment program</p>	<p>Registered nurse loan recipients - Loan forgiveness of up to 60% of qualifying loan balance in exchange for 2 yr. service at a critical shortage facility National funding \$738,357,107 \$61,088 awarded in Iowa in 2014</p>	<p>See info in the box to the left</p>	
<p>Rural Iowa RN and PA Loan Repayment Program</p>	<p>Advanced registered nurse and PA students enrolled at eligible Iowa colleges and universities who go practice in a rural service commitment area in Iowa for 5 consecutive years</p>	<p>\$400,000 0 applicants 0 recipients</p>	
<p>Iowa Registered Nurse and Nurse Educator Loan Forgiveness Program</p>	<p>Registered nurses employed in Iowa and nurse educators teaching at eligible Iowa college and universities</p>	<p>\$80,852 260 applicants 35 recipients</p>	
<p>Health Care Professional Loan Repayment Program</p>	<p>Osteopathic doctors, PA's, podiatrists and physical therapists practicing in high need communities in Iowa</p>	<p>\$471,000 11 recipients None are MH professionals</p>	
<p>Rural Iowa Primary Care Loan Repayment program</p>	<p>Medical students at U of IA or DMU who agree to practice as physicians in rural commitment areas in Iowa for 5 consecutive years</p>	<p>\$1,705,823 8 applicants 8 recipients None are MH professionals</p>	
<p>Des Moines University Recruitment Program</p>		<p>\$400,973 No graduates were MH professionals</p>	

Existing Recruitment and Loan Forgiveness Programs in Iowa

Proposed Program	MH professionals benefitting	Impact	Proposal \$1,000,000 annually
Mental Health Workforce Loan Forgiveness Program	Psychiatrists Psychologists Psych-Mental Health Advanced Registered Nurse Practitioners Psychiatric Nurses Physician Assistants in Psychiatry Psychiatric Social Workers Certified Behavior Analysts Certified Alcohol and Drug Counselors Certified Co-Occurring Disorders Professionals	To help incent MH professionals to pursue advanced degrees, to practice in Iowa, and to meet the needs in specialty areas	Qualifications for MH loan forgiveness program – some combination of: <ol style="list-style-type: none"> 1. Grew up in Iowa, family in Iowa 2. Practice commitment in Iowa for 5 years 3. Practice commitment in an underserved area in Iowa for 3 years 4. Specialty in child and adolescent MH 5. Specialty in geriatric MH 6. Minority, cross cultural, bilingual 7. Pursuit of advanced degrees beyond BA

Updated 12-27-14

Why the RFP for the \$2,000,000 in Medical Psychiatric Residency Grants doesn't help Broadlawns:

1. *There was \$2 million given to IDPH for medical residencies by the state legislature in FY 2014 – with preference to new programs for psychiatrists and family practitioners.*
2. *As it turns out, the administrative rules for the program and the subsequent RFP have made it less preferential to new programs and instead favors existing programs.*
3. *The RFP calls for the program to be fully designed as part of the RFP.*
4. *Broadlawns needs time and dollars to have a physician coordinator and a non-physician assistant work out the details of the project they want to start, however....*
5. *Broadlawns leadership is looking for a commitment of ongoing funding before giving a go-ahead to pursue a psychiatric residency program. If we are understanding the situation correctly, leadership wants to see \$2,000,000 per year for a minimum of five years. The RFP is not going to work for Broadlawns.*
6. *Regarding the RFP, the funding is a one-time offer at this point, not a guarantee for ongoing support.*
7. *The RFP only allows for a percentage of start-up costs to be covered and the applicant has to provide the majority of the rest of the cost.*
8. *“Costs” appeared to be fairly liberally defined, so resident salaries, benefits, and other overhead could be included, but would be a part of the overall cost calculated to determine the amount of funding that would be provided.*
9. *The amount funded from the RFP is estimated to be around 20% of total costs.*
10. *The ongoing costs appear to be what is prohibitive. If Broadlawns were to have four residents per year, when up and fully running, the program would have sixteen residents (psychiatric residencies are four years). At an estimated cost of \$180,000 per resident, the total projected cost per year would be approximately \$2.88M dollars. While some of the cost could be recouped in increased patient volumes, it would be nowhere near this amount.*
11. *Medicare has no dollars to offer because residencies are frozen.*
12. *There is federal money through ACA but the program has to be extended and the number of residencies has to be increased (Senator Patty Murray from Washington has introduced legislation for this).*
13. *Possible partner for this venture is Des Moines University – there have been discussions but there has not been an “ask” to them for what their financial participation could be.*
14. *Other possibilities for a funding partnerships for a psychiatric residency program are: United Way, Mid Iowa Health Foundation, GDM Community Foundation, and other corporate partners.*

Dec 2014 - As per conversation with Michael Boussetot – changes are being made to the program.

MH Workforce Workgroup Final report – 2013	2012 MH Workforce Report We need “out of the box” thinking.	Flaum 2012	Flaum on Telemental health
<u>Recommendation 1</u> : Improve the mental health and disabilities training of primary care doctors and other primary care providers	IDPH provides professional practice oversight through licensing boards and certifying bodies – they license for practice.	More mid-level providers <u>ARNP's</u> -Line item funding from the legislature for tuition, job placement, on-line materials – expected to practice in Iowa <u>PA's</u> – mini-residency, inpatient and outpatient rotations, supervision in EBP's, distance supervision through telehealth	Circuit riding is not an efficient use of a psychiatrist's time
<u>Recommendation 2</u> : Develop a systems approach and incent the use of a team to improve treatment services, monitoring, and case management of those with mental illness, co-occurring chronic illness, and those with co-morbid MH and SA disorders.	DHS organizes workforce services into categories for reimbursement – and – may or may not relate to the professional licenses of IDPH.	Telehealth Already used throughout <u>prison system</u> and <u>veteran's system</u> with good satisfaction (separate Flaum report on this topic)	Magellan has funded for Medicaid population CMHC's have telepsychiatry suites Fair reimbursement policies implemented and small care coordination fee paid to local site
<u>Recommendation 3</u> : Review licensing and credentialing eligibility criteria for adequate and efficient production of a workforce that meets Iowa's providers needs.	Designed shortage is a requirement for 1. National Health Service Corps loan repayment and placement of scholars 2. State Loan Repayment Program participation 3. J-1 Visa Physician Placement Waivers 4. And participation in over 40 federal health programs	Recruitment and retention strategies	Pilot program using telepsychiatry in several rural hospital emergency rooms. Use of telepsychiatry still the exception rather than the rule
<u>Recommendation 4</u> : Plan immediately for provider service needs over the next 20 years.	Education and residency or internships necessary to produce practitioners in the local mental health teams are identified	Collaborative models with primary care – Medical homes	Supervision of mid-levels via telehealth Telephone consultation services for primary docs with child psychiatrist
<u>Recommendation 5</u> : Identify and implement strategies to fix system problems that inhibit production of needed providers. Integrated team approach, medical homes, Fund supervision expenses, expand residency programs	Between 1996 and 2005 – 85 psychiatric residents at U. of Iowa Half (43) left the state immediately after training 32 remain in Iowa practice 17 at the U. of Iowa 10 in private practice 5 working in community MH settings	Expanding concept of workforce to include consumers, families, care coordinators	Use by psychologists?
	Expansion of primary care provider engagement	Maximize utilization of psychiatrists	
	An ongoing community based recruitment strategy which include jobs for spouses, schools for kids, available housing stock, recreational activities, support for practices, time off, educational opportunities, mentoring, retirement of large educations loans, an adequate salary	Examples: Nebraska Behavioral Health Statewide Workforce Initiative And CYC I – child and youth psychiatric consult project of Iowa	
	Direct care professionals and peer support specialists to transportation supporters		
Psychology Workforce Report		Social Work Workforce	
More internship locations	Student debt relief	Relief of student debt	
2014-provisional license when doctorate awarded so insurance reimbursement can begin earlier	Strengthen training and models of integrated, team approach to care	Iowa salaries below the national average	
Approve licensure and reimbursement for those with prescriptive capacity		Need for geriatric and dual diagnosis practitioners	
Strengthen training in areas of need for Iowa (ex: cultural, rural and geriatric)		Need more diversity in workforce	

Recommendations		
Iowa's Health and Long Term Care Workforce – Dec 2007 - IDPH	An Action Plan for Behavioral Health Workforce Development - SAMHSA – Annapolis Coalition 2007	Iowa Mental Health and Disability Services Workforce Review – DHS & Annapolis Coalition – March 2008
Short term recommendations:	MH workforce - Notable lack of racial and cultural diversity and lack of geographic distribution	Global recommendations
1. Establishment of the Iowa Health Workforce Center	SA workforce – workforce needs as a result of identified prevalence is staggering – primarily older white female workforce	1. Increase the use of peer supports and peer operated services
2. Expansion of loan repayment programs a. Developing or expanding loan forgiveness and loan repayment programs b. Increasing the number of available Iowa residencies/internships c. Providing technical assistance to communities trying to recruit and/or plan d. Creating mentoring programs, preceptorships, team based approaches and other similar strategies to prevent turnover/increase retention	Trends of SA workforce and behavioral health field – Workforce and treatment capacity insufficient to meet demand, increased co-occurring disorders, increased public financing of treatment and declining private coverage, paradigm shifts, such as recovery model of care, escalation to change practices to best practices and evidence based interventions, need to understand medications, services in nonbehavioral settings, requirements for performance measures and outcomes, and climate of ongoing discrimination.	2. Enhance clinical competence through strengthened infrastructure - creation of an ongoing workforce collaborative, as well as a Center for Clinical Competence and Training Institute 3. Systematically prepare the system to develop, implement and sustain evidence based practices for Iowa.
3. Continue efforts to increase Medicare/Medicaid reimbursement for Iowa so providers are able to pay health professionals at rates that are competitive with other states	MH productivity reduced because of administrative burdens, low pay, absence of career ladders, excessive workloads, tenuous job security, lack of supervision, and an inability to influence the system they work for	4. Provide incentives for recruitment and retention of behavioral and developmental specialists. – establish a pool of dollars to offer financial incentives
4. Raise public awareness of the shortages and impact – expanded public awareness of the shortages and impacts will expand the conversations around the state on these issues and get more people involved in addressing them.	Pg. 3 – Persons in recovery and their family members are explicitly recognized as pivotal members of the workforce, as they have critical roles in caring for themselves and each other, whether informally through self-help and family caregiving or more formally through organized peer and family support services.	5. Increase opportunities for integration of behavioral and primary care – adults with serious mental health conditions die 25 years younger than their age cohorts with diagnoses and frequency of co-occurring conditions
Long term recommendations	Critical shortage of child & adolescent psychiatrists	6. Systematically evaluate the effectiveness of Iowa's behavioral and disability workforce efforts
1. Continue with item 3 in short term recommends	Shortfall of providers with expertise in geriatrics	A Report Prioritizing a Potential Shortage of Licensed Health Care Professionals in Iowa May 2005
2. Continue with item 2 in short term recommends	SA-50% turnover in front line staff – lack of technology	
3. Maintain and improve data collection/tracking/accessibility	SA & MH-lack of cultural diversity, culturally and linguistically incompetent	
4. Sustain recruitment/retention/training programs that are working a. PRIMECARRE – Iowa Loan Repayment Program – 2 yr practice commitment in HPSA - \$15,000 to \$30,000 per year b. National Health Service Corps Loan Repayment Program and Scholarship Program c. 3R Net – a job search web site devoted exclusively to rural health care recruitment d. The J-1 Visa Waiver Program for foreign medical graduates DMU, U. of Iowa have either scholarship, loan repayment programs or both. Federal grants received to create a total of seven area health education centers (AHEC) – Educating students about career options and to provide clinic training sites for students and CEU opportunities for current practitioners.	7 strategic goals <i>Broaden concept of workforce</i> 1. Significantly expand the role of individuals in recovery, and their families and ultimately direct, or accept responsibility for their own care; provide care and supports to others; and educate the workforce. 2. Expand the role and capacity of communities to effectively identify their needs and promote behavioral health and wellness. <i>Strengthen the workforce</i> 3. implement systematic recruitment and retention strategies at the federal, state and local levels <i>Training stipends, tuition assistance, and loan forgiveness, wages and benefits commensurate with education, experience, and levels of responsibility, comprehensive public relations campaign, career ladders (pg 18 has summary of wants)</i> 4. increase training and education 5. actively foster leadership throughout workforce	Professions serving the mental health needs of Iowans have the highest combined percentage of licensees age 55 and older and are, therefore, at greatest risk of having a shortage of workers. 1. All licensing boards should collect a uniform minimum data set of employment information regarding their constituents 2. The work of Iowa's Office of Statewide Clinical Education Program should be expanded to include all health professionals. 3. Each profession should develop its own working definition of workforce shortage 4. Professional associations should closely monitor issues within their profession. 5. Health occupational trend data should be used in planning formal and continuing education programs. 6. This study should be replicated using data from non-licensed health professionals.
5. Align licensure scope of practice with scope of practice taught in education programs – so that “mid-level” aka “physician extender” professions are allowed/expected to maximize use of training/skills.	<i>Structures to support the workforce</i> 6. enhance infrastructure to support and coordinate workforce development - a human resources and training infrastructure 7. implement national search and evaluation agenda on behavioral health workforce development	47 th among states in psychiatrists per capita 64% work in private practice 46 th in psychologists per capita 28 th in social workers per capita
6. Expand efforts toward wellness and prevention, a health care system rather than a sick care system, to reduce demand.		25 nurse practitioners per 100,000 (33.7 is national) Only 5% in psychiatric/mental health services No national rank on physician assistants
7. Maximize best practices and efficiencies in how professionals deliver services – communicate/share	Recent graduates are unprepared for the realities of practice in real world settings	
84 Iowa counties are MH Professional shortage areas Statistics are on pages 19 and 20.		
Training program for psychiatric physician assistants at Cherokee MHI and U. of Iowa. Training program for psychiatric advanced registered nurse practitioners at U. of Iowa.	Silos create tensions: 1. mental health field vs. addiction field 2. split between treatment and prevention 3. separation between the traditional treatment system and the recovery community	
Graphs of ages of each type of professional and where located in Iowa is in Appendix B.	Tendencies to do what is affordable rather than what is effective	

Ranking Results from First Open Enrollment

Following the ACA's first open enrollment, the Assistant Secretary for Planning and Evaluation (ASPE) reported that 8,019,763 individuals (28 percent of potential marketplace enrollees) selected an insurance plan through the Health Insurance Marketplace. States that created their own marketplaces performed slightly better, insuring 32.5 percent of those potentially eligible, as compared to federally facilitated exchanges, which insured 26.3 percent.³

Rank	State	# Who Selected a Marketplace Plan	Estimated # Potential Marketplace Enrollees	% of Potential Population Enrolled	Rank	State	# Who Selected a Marketplace Plan	Estimated # Potential Marketplace Enrollees	% of Potential Population Enrolled
1	Vermont	38,048	45,000	85.17%	27	Texas	733,757	3,143,000	23.35%
2	California	1,405,102	3,291,000	42.69%	28	Illinois	217,492	937,000	23.21%
3	Rhode Island	28,485	70,000	40.64%	29	Missouri	152,335	657,000	23.18%
4	Florida	983,775	2,545,000	38.66%	30	Arizona	120,071	551,000	21.79%
5	Idaho	76,061	202,000	37.74%	31	Alabama	97,870	464,000	21.08%
6	Michigan	272,539	725,000	37.57%	32	Louisiana	101,778	489,000	20.79%
7	Connecticut	79,192	216,000	36.70%	33	Mississippi	61,494	298,000	20.62%
8	Maine	44,258	122,000	36.27%	34	Oregon	68,308	337,000	20.27%
9	North Carolina	357,584	1,073,000	33.34%	35	Arkansas	43,446	227,000	19.12%
10	Washington	163,207	507,000	32.17%	36	Kansas	57,013	298,000	19.10%
11	District of Columbia	10,714	36,000	29.77%	37	Ohio	154,668	812,000	19.04%
12	Georgia	316,543	1,063,000	29.77%	38	Nevada	45,390	249,000	18.24%
13	New Hampshire	40,262	137,000	29.33%	39	Nebraska	42,975	239,000	17.99%
14	New York	370,451	1,264,000	29.32%	40	West Virginia	19,856	117,000	17.04%
15	Delaware	14,087	48,000	29.06%	41	New Mexico	32,062	193,000	16.61%
16	Wisconsin	139,815	482,000	29.00%	42	Alaska	12,890	78,000	16.50%
17	Kentucky	82,747	302,000	27.42%	43	Minnesota	48,495	298,000	16.30%
18	Virginia	216,356	823,000	26.29%	44	Maryland	67,757	419,000	16.18%
19	New Jersey	161,775	628,000	25.74%	45	Oklahoma	69,221	446,000	15.52%
20	Utah	84,601	331,000	25.52%	46	Wyoming	11,970	80,000	14.92%
21	Indiana	132,423	525,000	25.24%	47	Hawaii	8,592	58,000	14.85%
22	Colorado	125,402	501,000	25.02%	48	North Dakota	10,597	77,000	13.83%
23	Pennsylvania	318,077	1,276,000	24.93%	49	Massachusetts	31,695	259,000	12.24%
24	South Carolina	118,324	491,000	24.12%	50	South Dakota	13,104	118,000	11.15%
25	Montana	36,584	152,000	24.10%	51	Iowa	29,163	262,000	11.14%
26	Tennessee	151,352	645,000	23.47%		United States	8,019,763	28,605,000	28.04%

³ The Henry J. Kaiser Family Foundation. Marketplace Enrollment as a Share of the Potential Marketplace Population. <http://kff.org/health-reform/state-indicator/marketplace-enrollment-as-a-share-of-the-potential-marketplace-population>

Iowa

IOWA

	2014 VALUE	RANK	NO 1 STATE
Behaviors			
Smoking (Percent of adult population)	19.5	28	10.3
Binge Drinking (Percent of adult population)	21.7	47	9.6
Drug Deaths (Deaths per 100,000 population)	8.5	5	3.0
Obesity (Percent of adult population)	31.3	39	21.3
Physical Inactivity (Percent of adult population)	26.5	39	16.2
High School Graduation (Percent of incoming ninth graders)	89.0	5	93.0

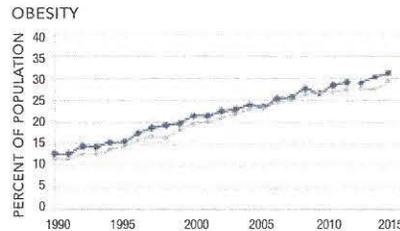
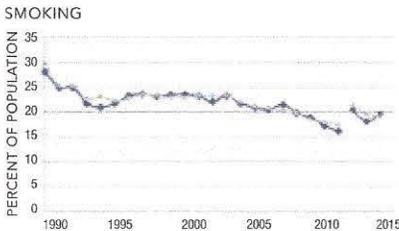
Community & Environment			
Violent Crime (Offenses per 100,000 population)	264	16	123
Occupational Fatalities (Deaths per 100,000 workers)	5.6	39	2.2
Infectious Disease (Combined score Chlamydia, Pertussis, <i>Salmonella</i> *)	0.39	41	-0.9
Chlamydia (Cases per 100,000 population)	371.5	15	233.0
Pertussis (Cases per 100,000 population)	56.7	46	1.6
Salmonella (Cases per 100,000 population)	20.3	40	6.8
Children in Poverty (Percent of children)	14.3	10	9.2
Air Pollution (Micrograms of fine particles per cubic meter)	9.6	32	4.9

Policy			
Lack of Health Insurance (Percent of population)	8.3	5	3.8
Public Health Funding (Dollars per person)	\$56	38	\$219
Immunization—Children (Percent aged 19 to 35 months)	78.3	4	82.1
Immunization—Adolescents (Percent aged 13 to 17 years)	61.7	35	81.3

Clinical Care			
Low Birthweight (Percent of live births)	6.7	10	5.7
Primary Care Physicians (Number per 100,000 population)	85.7	46	324.6
Dentists (Number per 100,000 population)	55.7	27	107.6
Preventable Hospitalizations (Number per 1,000 Medicare beneficiaries)	55.7	23	28.2
ALL DETERMINANTS	0.07	25	0.71

OUTCOMES			
Diabetes (Percent of adult population)	9.3	20	6.5
Poor Mental Health Days (Days in previous 30 days)	2.9	4	2.5
Poor Physical Health Days (Days in previous 30 days)	3.3	5	2.8
Disparity in Health Status (Percent difference by education level**)	30.3	30	15.5
Infant Mortality (Deaths per 1,000 live births)	5.0	9	4.2
Cardiovascular Deaths (Deaths per 100,000 population)	245.4	26	184.7
Cancer Deaths (Deaths per 100,000 population)	191.8	27	145.7
Premature Deaths (Years lost per 100,000 population)	6,309	16	5,345
ALL OUTCOMES	0.14	13	0.34
OVERALL	0.22	24	0.91

*Negative score denotes less disease than US average, positive score indicates more than US average
 **Difference in the percentage of adults aged 25 and older with vs without a high school education who report their health is very good or excellent

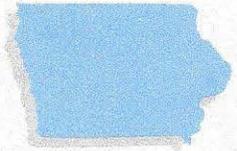


STATE —◆— NATION —○— The 2012–2014 data in the above graphs are not directly comparable to prior years. See Methodology for additional information.

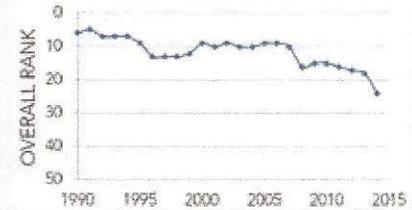
ECONOMIC ENVIRONMENT	IA	US
Annual Unemployment Rate (2013)	4.6	7.4
Annual Underemployment Rate (2013)	9.2	13.8
Median Household Income (2013)	\$54,855	\$51,939

MEASURE	ADULT POPULATION AFFECTED
Smoking	451,000
Obesity	697,000
Physical Inactivity	626,000
Diabetes	221,000

Overall Rank: 24



Change: ▼ 6
 Determinants Rank: 25
 Outcomes Rank: 13



Strengths:

- Low rate of drug deaths
- High rate of high school graduation
- High immunization coverage among children

Challenges:

- High prevalence of binge drinking
- High incidence of infectious disease
- Limited availability of primary care physicians

Ranking:

Iowa is 24th this year; it was 18th in 2013. The ranking for senior health in Iowa was 13th in 2014.

Highlights:

- In the past year, smoking increased by 8 percent from 18.1 percent to 19.5 percent of adults.
- In the past year, physical inactivity increased by 15 percent from 23.1 percent to 26.5 percent of adults.
- In the past year, pertussis increased by 636 percent from 7.7 to 56.7 cases per 100,000 population.
- In the past 2 years, immunization coverage among children increased by 9 percent from 71.6 percent to 78.3 percent of children aged 19 to 35 months.
- Since 1990, infant mortality decreased by 43 percent from 8.8 to 5.0 deaths per 1,000 live births.

State Health Department Website:

<http://www.idph.state.ia.us/>

Chart of Recommendations – AMOS Workforce Workgroup

Mental Health Professional Information from Tab 3	Legislative Priorities	Estimated Cost
Primary Care Doctors and staffs	Implement TERMH training or similar program in Iowa Provide psychiatric training for primary care physicians by establishing a pilot project in conjunction with the Academy of Family Physicians based on TERMH	Cost not known
Psychiatrists	Ensure adequate and equitable reimbursement for tele-psychiatric services paid for by Medicaid and private insurance.	
Psychologists	Increase funding to \$120,000 for expansion of the postdoctoral training program (increase of \$72,000) Prescriptive authority for psychologists based on the New Mexico Model through passage of Senate Study bill 1162 and House Study Bill 149.	See tab 7 chart legislation
Psych-Mental Health Advanced Registered Nurse Practitioners Psychiatric Nurses	Fully fund the Iowa Needs Nurses Now initiative Educate legislators, health care professionals and the public regarding the role of nursing within the team of mental health professionals	\$350,000
Physician Assistants in Psychiatry	Require adequate reimbursement and credentialing for physician assistants in psychiatry Loan repayment for PAs in psychiatry would provide the biggest incentive for PAs to practice in psychiatry along with better funding of Iowa's PAs in psychiatry fellowships.	legislation See tab 7 chart
Psychiatric Social Workers Social Workers	Information to be received	Cost not known
Certified Behavior Analysts	Allocate a pool of funds for higher education institutions who want to develop a Board Certified Behavior Analyst Master's Program RFP for Behavior Analyst supervision \$85,000/supervisor/year for a maximum of 3 years	\$150,000 Per institution for up to 3 years \$190,000 each year for up to 3 years
Certified Alcohol and Drug Counselors Certified Co-occurring Disorders Professionals Certified Alcohol and Drug Counselors Certified Co-occurring Disorders Professionals	Do not support licensure in this workforce, retain present certification process and 3 rd party reimbursement for master's level certified alcohol and drug counselors Increase availability and accessibility to 2 and 4 year college programs for certification at higher levels as a substance abuse professional and Support incentives for MH and Disability licensed professionals to become certified in substance abuse programs	legislation Work thru regions and Workforce center See tab 7 chart

Chart of Recommendations – AMOS Workforce Workgroup

Mental Health Professional	Legislative Priorities	Estimated Cost
Peer Specialists Family Support Specialists	An RFP has been issued to build the Peer Support and Family Support Peer Specialist workforce in Iowa	Cost not known
Certified Employment Specialists	Training funds for 4 geographically based training programs offered twice a year. 8 trainings w/25 participants each = 200 @ \$325 =	\$65,000
Direct Care Workforce	Development funds to create Prepare to Care curriculum for 4 specialty areas: autism, Alzheimer's/dementia, mental health and positive behavioral supports Increase appropriations for the Direct Care Worker Advisory council to conduct operations (federal grant funds expired)	See tab 7 chart See tab 7 chart
Tab 3	TERMH or similar training Social Worker information RFP for Peer & Family Support workforce system New Funds Known from above Chart	Cost not known Cost not known \$ 755,000
Tab 5	A responsible entity to focus on building the MHDS workforce	Cost not known
Tab 6	Recommendations to: <u>Enable providers to be more financially viable</u> Do not include training costs in administrative expenses Establish a clearinghouse for re-credentialing----- Require Medicaid and private insurance reimbursement for telehealth <u>and Insurance companies more accountable</u> Establish a floor for MH services reimbursement Exigent or urgent preauthorization medication decisions Insurance companies required to cover core & core plus domains Approval of reimbursement for "certified" MHDS providers, not just "licensed".	legislation cost not known legislation
Tab 7	Recruitment and Loan Forgiveness programs Existing funds spent FY 14 \$2,711,578 Additional New funds proposed MH & Disabilities Workforce Loan Forgiveness Program	\$1,000,000 \$1,000,000
	Total additional funds known so far	\$2,755,000 +

Updated 12/27/14