

My name is Teresa Bomhoff. The report I will be summarizing to you today is from the AMOS MH and Disability Workforce workgroup.

Each of you has been given a copy of the report. I would be happy to meet with each of you to go over the contents in more detail. Iowa has a public health crisis that needs to be addressed.

Nowhere is this crisis more evident than in the status of the MH and Disability workforce.

Best practices in mental health care only work if there's enough money and enough qualified workforce to support the needs in the system. Iowa has neither.

The Adult MH Redesign will not be successful without qualified people to provide the services that are needed.

A children's mental health system is not possible without enough qualified workforce.

Families will continue to come to you with heartbreaking stories – services that are missing - tragedies that could have been avoided – suffering that could be alleviated.

The summary of recommendations can be found at tab 10 – all information ahead of it is justification, information and details.

Based on our interactions with 15 types of MH and Disability professionals and based on the research completed – our recommendations are:

- 1) **Establish an entity dedicated to building the MH workforce in Iowa** - Right now, there is some attention being paid to workforce in some locations - but no one is concentrating on the big picture.
- 2) **Establish a MH professional loan forgiveness program**. The loan forgiveness program was mentioned by nearly every one of the MH professional groups interviewed.
- 3) **Double the funds for IDPH workforce development programs and add a mid-level training program at Broadlawns**
- 4) **Implement the legislative priorities from the 15 mental health professional groups** to increase the number of people in the MH workforce - Examples are:
 - give psychologists the ability to prescribe after a rigorous training is completed – or
 - providing psychiatric training for primary care staffs to assist in upfront diagnosis and care – or –
 - more funds to develop curriculum for autism, positive behavioral supports, alzheimer's/dementia, and mental illness for the direct care workforce.All 15 MH professional groups had suggestions which will help you to achieve the goal of an adequate workforce over time.
- 5) **Help providers become more viable**
 - Do not include training in administrative expenses
 - Establish a clearinghouse for re-credentialing
 - Mandate Medicaid and private insurance to reimburse for telehealth for multiple levels of MH professionals and in multiple types of locations
- 6) **Be brave and make insurance companies more accountable**
 - Establish a floor for reimbursement
 - Require emergency medication preauthorization decisions within 24 hours and non-emergency medication preauthorization decisions within 72 hours
 - Require to cover core and core plus domains as per SF 2315
 - Require to reimburse certified as well as licensed providers
 - Compliance with mental health parity – the missing piece is coverage for wrap around services

In conclusion,

Iowa is 44th in the nation for mental health workforce availability.

47th in the nation for # of psychiatrist

46th in the nation for # of psychologists

47th in the number of acute care beds

We have 316 prescribers in the public health system for well over 123,000 people with serious mental illness.

Please address the public health crisis by increasing the capacity of the MH and Disability workforce.

We need 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. Thank you.

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NAMI GDM President

Iowa Mental Health Planning Council Chairperson

The recommendations in the draft final report of the Sandy Hook Advisory Commission echo the recommendations of the AMOS workforce report. In the section of the report entitled "Barriers to Access: Insurance and Funding Issues"

18. Inadequate reimbursement rates combined with high utilization rates have rendered many behavioral health clinics financially unsustainable. The commission recommends that higher reimbursement rates, which better reflect the costs of care, be a core component of a redesigned behavioral health care system.

19. Inadequate reimbursement rates have also impacted the behavioral health workforce, which remains insufficient to meet the needs of many residents. The Commission recommends that, in addition to addressing reimbursement rates, the state identify and take measures to increase the behavioral health workforce. These might include educational incentives such as loan forgiveness programs.

22. In particular, commercial insurance should cover the full panoply of services available through the public behavioral health system, e.g., programs that provide housing, vocational and occupational support and drop-in services that can be essential components of an effective treatment strategy for individuals struggling with severe mental illness. The Commission recommends continuing efforts to expand coverage to a broad range of evidence-supported services for individuals with private insurance.

Other information:

1 in 4 persons will have a mental illness in a given year – a mild, moderate, or severe illness.

However, approximately 4.1% of Iowa's population has a severe mental illness – or around 123,000 people- and recovery can be more challenging.

In the report before you, we have added up the present number of prescribers in Iowa – **316 prescribers for potentially 123,000 people**. (*150 Psychiatrists in private practice + 146 psych-mental health Advanced Registered Nurse Practitioners + 20 Physician Assistants in Psychiatry*)

That's an alarming statistic **316 prescribers for 123,000 people**. There's lots of **alarming things** we found which are in the report. For example:

- Nationally, only 55% of psychiatrists accept any type of insurance – they want cash – they are tired of dealing with insurance.
- The Dept. of Corrections has the funding to hire MH professionals – the public health system does not. Why is that?
- The Dept of Corrections proposed budget is to add 33 mental health beds – but we're closing beds in the public sector. Why is that?
- Mental Illness is not a criminal offense. Mental illness is a medical illness.

We urge you to invest more in developing the workforce to provide treatment for these illnesses - rather than stepping away. You will be moving in the right direction to address the public health crisis. Additional funds requested are \$2.8 million for the costs we could identify. Once again, there are 6 recommendations.

1. Establish an entity focused on building the MH and Disability workforce capacity.
2. Establish a loan forgiveness program specifically for Mental Health and Disability professionals.
3. Double the investment in IDPH workforce programs and add a program at Broadlawns for midlevel providers
4. Complete the legislative changes requested by the 15 types of mental health professionals which could help move more people into the workforce faster.
5. Take steps to help providers be more financially viable.
6. Be brave and take steps to make insurance companies more accountable.

Thank you.

A Public Health Crisis

Prevalence and Rate of Treatment

Lifetime prevalence - 1 of 2 people (1.5 M)
Annual prevalence - 1 of 4 experience a mental illness
(mild, moderate, severe) - 750,000 people
4.1% severe mental illness - 123,000 people
Half of all lifetime cases begin by age 14
Three-quarters by age 25
13% of youth age 8-15 live with mental illness causing
significant impairment in their day to day lives
This figure jumps to 21% in youth age 13-18.
Less than half get help.

Stigma - Lack of knowledge about MI

A mental illness is a medical illness - a disease - a
neurodevelopmental disorder, not a criminal offense
Mental illness is an equal opportunity disease. It strikes
families from all walks of life regardless of age, race, income,
religion and education.
A flaw in brain chemistry, not character
An ambulance won't respond to a request for medical
assistance, our help comes from law enforcement
Treatment is needed, not punishment
Those with severe mental illness die on average 25-30 years
sooner than the general population

Beds - Acute Care, Sub-Acute, Crisis

47th in the nation for hospital beds based on our population
766 Acute care beds statewide (140 at MHI's)
compared to 123,000 with severe mental illness
Beds are full every day, people are turned away for
treatment, tragedies happen
No facility based subacute beds - only 5 ACT teams
3 crisis observation centers
No place outside of criminal justice system to place persons
with challenging behaviors for which effective treatment has
not been found
Southern half of state in extreme need given proposed
closing of two MHI's at Mt. Pleasant and Clarinda

Workforce - Services

Without adequate workforce, there is no mental health
system, there are no services or beds
Iowa is: 47th for # of psychiatrists,
46th for # of psychologists
44th for overall mental health workforce availability
316 prescribers in the state
(150 psychiatrists in private practice, 146 ARNP's and 20 PA's
with psychiatric emphasis)
Problems with poor reimbursement, enough training
locations and dollars, incentives, loan forgiveness programs
Nationally, only 55% of psychiatrists accept insurance - they
want cash and no interference from insurance to treat
individuals
Dire need for direct care professionals, peers, home aides

Suicide

445 in Iowa in 2013 (17% increase) compared to
50 homicides
40,000 nationally compared to 20,000 homicides
Suicide is now the first cause of injury deaths, followed by car
crashes, poisoning, falls and murder
Many who complete suicide have visited their medical doctor
within one month of their death
Males complete suicide 4X the rate of females
Completed suicides are more likely to be men over 45 who
are depressed or alcoholic.
Over 4600 youth die from suicide each year
Over 90% of those who complete suicide have a mental
disorder - 1/3 have alcohol or other drugs in their system
In recent wars, there have been more suicides than combat
deaths
22 veterans complete suicide every day

Criminalizing a Medical Illness

Iowa builds prisons instead of recovery centers
40%+ of male inmates have mental illness
60%+ of female inmates have mental illness
70% have a substance use disorder
Local jails have larger percentages.
Beds are increasing in prison, reducing in the public sector
Nationally, there are 10X more people with mental illness in
jails and prison than hospital beds
We've come full circle from the 1840's - Dorothy Dix would
find more persons with mental illness in jails and prisons
than in hospital beds in 2015, just like she did in the 1840's
People with mental illness and substance abuse need
treatment, not punishment
We need investment in the public sector.

People who have experienced trauma are 3X more likely to experience depression,
4X more likely to abuse alcohol and 15 times more likely to attempt suicide.

www.namigdm.org
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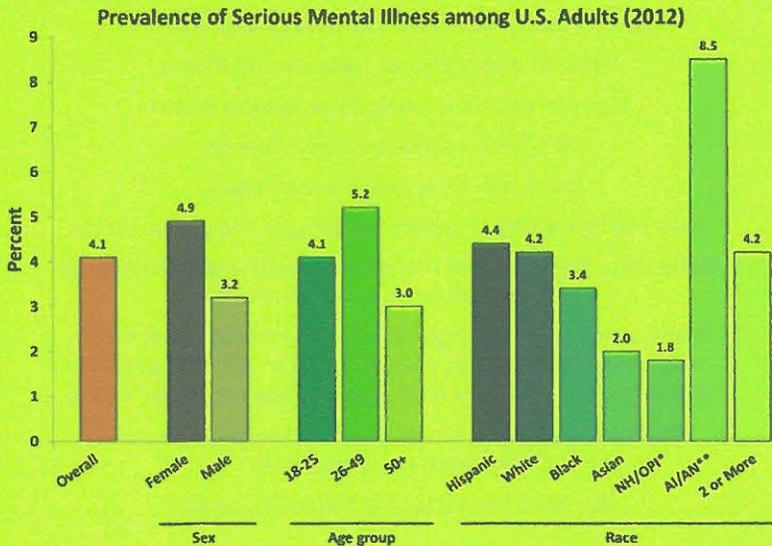


Iowa will end the year with over \$1 billion in surplus and reserves.
A balanced budget is laudable but please don't sacrifice persons with disabilities and their families

PLEASE FIND YOUR VOICE! Please contact the Governor & your legislators, we need more beds, workforce & services, not less!

Mental Health Institutes (MHI)	Total # of Beds	# adult beds	# child & adolescent beds	# geriatric beds	PMIC Beds*	Dual Diagnosis Beds	Substance Abuse Beds	Some of the prison mental health bed numbers compared to bed numbers outside corrections system
Cherokee MHI	36	24	12					100 bed Civil Commitment Unit for Sexual Offenders at Cherokee MHI
Clarinda MHI <i>Governor wants to close</i>	35 <i>Loss of beds</i>	15 <i>Loss of beds</i>		20 <i>Loss of beds</i>				Co-campused with a 795 bed prison and a 147 bed minimum security unit at the Clarinda MHI – the Director of both is a Corrections person.
Independence MHI	60	40	20		15			
Mt. Pleasant MHI – <i>Governor wants to close</i>	9 <i>Loss of beds</i>	9 <i>Loss of beds</i>				19 <i>Loss of beds</i>	50 <i>Loss of beds</i>	Co-campused with a 914 bed prison at the Mt. Pleasant MHI
Total MHI beds	140 – 44 = 96	88 – 24 = 64	32	20 – 20 = 0	15	19 – 19 = 0	50 – 50 = 0	Iowa is: <ul style="list-style-type: none"> • 47th in the nation for # of acute care beds based on our population. • 44th in the nation for mental health workforce availability • 47th in the nation for # of psychiatrists • 46th in the nation for # of psychologists
Staffed Hospital Beds Statewide	626	475	90	61				
Total	766 – 44 = 722	563	122	81 – 20 = 61				

4.1% of Iowa's population has severe mental illness or approximately **123,000** people. Listed above are the beds available for acute care. Reduced to **722 vs. 123,000** if MHI's closed - beds are full every day, 365 days a year, access is difficult and will get worse – people are being turned away for treatment.
<http://www.nimh.nih.gov/health/statistics/prevalence/serious-mental-illness-smi-among-us-adults.shtml>



ata courtesy of SAMHSA.

*NH/OPI = Native Hawaiian/Other Pacific Islander
**AI/AN = American Indian/Alaska Native

A critical need for Community based services, too.

These are Medicaid waiver programs Iowa offers eligible residents to allow persons to receive necessary services to remain in their home and community rather than an institutional setting.

Waiver Programs	# slots there are \$'s for	# on Waiting List October 2014	FY 2013 Ave. Cost per person
Health & Disability	2651	3456	\$10,356
AIDS/HIV	34	0	\$10,889
Elderly	8873	0	\$8824
Intellectual Disabilities	12912	0	\$36,021
Brain Injury	1339	1149	\$22,353
Physical Disability	1024	2649	\$5872
Children's Mental Health	1144	2035	\$11,617
	27977	9289	

<https://dhs.iowa.gov/sites/default/files/10.3.14%20Monthly%20Slot%20and%20Waiting%20list%20%28public%29.pdf>

Check out www.infonetiowa.org/ for legislative information, too.

Legislative Branch www.legis.iowa.gov

Iowa Senate: (515) 281-3271

Iowa House: (515) 281-3221

Executive Branch www.governor.iowa.gov (515) 281-5211

MHDS Website <http://dhs.iowa.gov/>

More information at www.namigdm.org and www.nami.org