RECOMMENDATIONS FOR CHANGES IN IOWA LAW IN 2016

MHDS regions have now operated for a year as the administrative bodies of the MHDS system. The transition to the provision of core services for Iowans with mental health and intellectual disabilities appears to be progressing but is still far from complete. The past year has seen yet another layer of service and funding uncertainty as Iowa moves rapidly towards a January 1, 2016 deployment of Medicaid managed care at the same time that there is significant budget shortfall to support current levels of Medicaid services.

In some Regions the decision of this year's legislature to refrain from reducing MHDS funds associated with a "Medicaid offset" allowed additional progress towards core and core plus services. All MHDS Regions now have core services available and most are meeting all of the required access standards. MHDS Regions are offering and developing additional core-plus services including residential crisis beds, 23 hour observation and holding, and or transition beds, mobile crisis, 24 hour crisis lines, mental health commitment prescreening and justice involved services including mental health courts, service coordination in jails as an effort in jail diversion, and mental health services in the jails.

Yet there is still much work to be done to fulfill the promise of comprehensive statewide access to a basic set of cost-effective community-based mental health and disability services that offer Iowans better access to health care, employment, and supportive services, and more opportunities for choice and community participation. Distinct groups such as individuals with brain injury and those with developmental disabilities have, in many locations, been left out of the planning and budgeting for services and supports. Improved access to preventative and early intervention services has the potential to significantly reduce the demand for the most intensive, highest cost services by minimizing emergency room visits, emergency psychiatric hospitalizations, and involvement with law enforcement, corrections, and the courts.

The question of the stability of funding for mid to long-term service planning and deployment is still an obstacle for some regions. The Commission recommends actions to ensure that the MHDS system is supported by a stable and predictable long-term funding formula; a well-trained and fairly compensated workforce, and sufficient provider capacity.

PRIORITIES REGARDING MHDS REGIONS

PRIORITY 1: Assure a stable and predictable long-term funding structure for mental health and disability services that is appropriate to fully implement the vision of redesign and to support growth and innovation over time.

1.1 Update the levy cap for county MHDS funding allowing the counties to assess rates that are aligned with their regional needs, priorities and plans; or

1.2 Increase state funding for regional services; or a blending of the two above.

The Commission recommends these actions because:

- The commission believes there is a need to increase the funds available to the regions to sustain and maintain services.
- The MHDS Regions need stable and predictable revenues so that core services may be secured and additional (core plus) services developed and maintained in a sustainable manner.

- There is variability across the state and across MHDS Regions for services and funding demands. This is particularly evident between more rural MHDS Regions and those with more urban areas.
- The current MHDS system is unfunded for, and thus unable and unwilling to respond to, the needs of Iowans with developmental disabilities, brain injuries, or physical disabilities.
- We are now able to gauge the initial impact of the change from legal settlement to residency, the adequacy of the $47.28 per capita levy formula, the effect of the introduction of Integrated Health Homes, and the long term savings from the Iowa Health and Wellness Plan. The Commission supports updated and flexible funding to meet the needs of Iowans with mental health and other disability-related needs.
- Counties/MHDS Regions need to maintain their efforts to build a robust and sustainable array of crisis response services, which are key to a reduction in poor health outcomes and divert many from emergency rooms, in-patient psychiatric treatment, and incarceration.
- Some source of risk pool funding still needs to be available as a safety net for the system.
- Regions need flexibility. A statewide minimum levy rate for mental health and disability services along with counties ability to set a higher levy rate with local support would address this need.

1.3 Include transportation related to accessibility of mental health and disability services as an approved MHDS regional core service.

The Commission recommends this action because:

- Transportation is a vital component for Iowans with mental health conditions or other disabilities to access essential services. Many individuals served by the public mental health and disability service systems have few resources to arrange or pay for their own transportation.
- In many areas of Iowa, both urban and rural, public transportation options are limited and the distances people must travel to service providers can be an insurmountable barrier to access if the cost of transportation is not covered.
- Reimbursement for transportation services would encourage the development of more transportation providers in areas where they are not currently available.
- While Medicaid does provide some limited transportation services, those services do not meet many of the needs individuals have in the community. The Commission recommends regions provide transportation services that Medicaid does not already cover.

PRIORITIES REGARDING MEDICAID SERVICES

PRIORITY 2: Provide for a robust Medicaid Program with a full array of services that serves its members.

2.1 Assure that there is no shifting of financial responsibility or provision of services from IA Health Link (Managed Care) to MHDS Regions or other entities.

The Commission recommends this action because:

- The successful transition to IA Health Link should monitor and prevent service changes and/or reductions, which will result in consumers needing additional services and supports from MHDS Regions and/or others funders.
- Transportation, including but not limited to non-emergency medical transport (NEMT), has been an obstacle to many Iowans being able to live, learn, work and integrate in their communities of choice.
- The MHDS Regions need stable and predictable responsibilities so that core services may be secured and additional (core plus) services developed and maintained in a sustainable manner.
- As responsibility for Medicaid payments to providers shifts from the State to managed care organizations via IA Health Link, the availability of an adequate provider network and financial viability of safety net providers will depend on reasonable reimbursement rates from third part insurers.

2.2 Require a coordinated oral health services component between IA Health Link and an oral health contractor.

The Commission recommends this action because:

- A preponderance of medical evidence supports the relationship between living with mental health or disability and poor oral health.
- Poor oral health has a substantive evidence base associated with myriad other health challenges.
- Iowa lacks an integrated dental health component for individuals with mental health and other disabilities.

2.3 Authorize funding to reduce the waiting lists numbers and waiting time for the Medicaid Home and Community Based Waiver program.

The Commission recommends this action because:

- Four of Iowa's seven HCBS Waivers – the Brain Injury, Children's Mental Health, Health and Disability, and Physical Disability Waivers – routinely have waiting lists with wait times can, in some cases, exceed two years. In July, August, and September of 2015, the IME reported more than 11,000 names on the lists.
- The HCBS waiver for individuals with intellectual disabilities currently has a waiting list of over 1600 individuals.
- Individuals who remain on the waiting list for an extended period of time are at a higher risk of institutional placement, which is disruptive for families, expensive, and contrary to Iowa's goal of promoting individual choice and supporting inclusive community living.
- Individuals seeking services are not currently screened for eligibility and may apply for more than one waiver, so the actual number of eligible applicants waiting for services cannot be accurately determined; a pre-screening process at the time of application could identify those who are not eligible, refer them to other appropriate services, and eliminate them from the list.
- Individuals who are found to be potentially eligible in a pre-screening process could be triaged for services based on their level of need and risk of institutionalization.

PRIORITIES REGARDING A CHILDREN'S MENTAL HEALTH SYSTEM

PRIORITY 3: Support and act on recommendations made by the Children's Mental Health and Well-Being Workgroup.

3.1 Implement recommendations from the current Children's Mental Health and Well Being Workgroup.

The Commission recommends this action because:

- Early intervention and prevention are well-accepted methods to reduce the incidence, prevalence, personal toll, and fiscal cost of mental health and other disabilities. An integrated service system for Iowa's children is overdue, needed, and critical to our most valued resource.
- Encourage the inclusion of screenings to identify adverse childhood experiences (ACEs) during regular wellness visits with primary care physicians.
- In 2013, the final report from the Children's Disability Services workgroup with five clear and well considered recommendations that were never adopted or deployed.
- In 2015 SF 505 established yet another children's workgroup building on the efforts that have come before with a report and recommendations anticipated on December 15, 2015

PRIORITIES REGARDING WORKFORCE CAPACITY

PRIORITY 4: Expand the availability, knowledge, skills, and compensation of professionals, paraprofessionals, and direct support workers as an essential element in building community capacity and enhancing statewide access to a comprehensive system of quality mental health and disability services.

4.1 Implement incentive programs to train, recruit, and retain professionals and paraprofessionals qualified to deliver high quality mental health, substance abuse, and disability services.

The Commission recommends this action because:

- The shortage of psychiatrists and the barriers to accessing acute psychiatric care in our state are still readily apparent.
- Adequate funding and resource allocation is needed to ensure access to appropriate care throughout the state.
- Special incentives are needed to encourage and support Psychiatrists, Psychiatric Physician Assistants, Advanced Registered Nurse Practitioners, and other mental health and substance abuse treatment professionals who are trained in Iowa to stay and practice here.
- Special incentives could attract professionals trained elsewhere to practice in Iowa and encourage their retention.
- Professionals indicate that effective incentives include loan forgiveness programs and opportunities for fellowships; programs could be targeted to specific professionals and specialties that are most needed.
- Current loan forgiveness programs are restricted to areas that are designated as "Health Professional Shortage Areas", and all of Iowa is in need of additional mental health workforce at all levels.

SUMMARY

There continue to be developments in Iowa's mental health and disability service system, and the Commission would like to acknowledge everything that has been accomplished while recognizing that all stakeholders must continue to work together to ensure that the delivery system has adequate resources to sustain statewide network of person-centered services that support Iowans with mental health and disability-related needs in being healthier, more productive, and fully integrated citizens.

This report is respectfully submitted on behalf of the members of the Mental Health and Disability Services Commission.

Patrick J Schmitz
Chair, MHDS Commission