



Iowa Department of Human Services

# Mental Health and Disability Services Redesign Progress Report

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Mental Health & Disability Services

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# Mental Health and Disability Services (MHDS) Report

- Required by 2016 Iowa Acts, Chapter 1139, Section 89
- Purpose
  - Report progress on implementation of the adult MHDS redesign
  - Identify challenges faced in achieving redesign goals
- Report reviews
  - Progress of the MHDS Regions
  - Current environment of the MHDS System
  - Challenges in the MHDS System

# Scope of the Report

- Improving the MHDS system is a journey
- MHDS system has made many positive steps forward
- Much is still left to do
- Changes have occurred that effect the MHDS system
- Department provided a broader view of the MHDS system beyond the MHDS Regions
- The report reviews:
  - The current environment
  - The challenges
  - Recommended next steps



# Key Findings for the MHDS System

- Small number of individuals with a mental illness (MI), intellectual disability (ID), or co-occurring substance use disorder (SUD) that also have multiple complex needs, are inadequately served or served in higher levels of care than necessary
- Lack of clarity on which entities are responsible for ensuring appropriate services for these individuals

# Key Findings for the MHDS System

- Most MHDS providers do not have capacity to serve individuals with severe and multiple complex needs
  - Created the perception that more inpatient psychiatric, resource center, and psychiatric medical institution for children (PMIC) beds are needed
  - Not a complete and effective continuum of services to serve those with the most severe and complex needs
- No point of responsibility for non-clinical services such as housing and transportation,
  - Critical for persons with severe MI or an ID to successfully live in the community



# Key Findings for the MHDS System

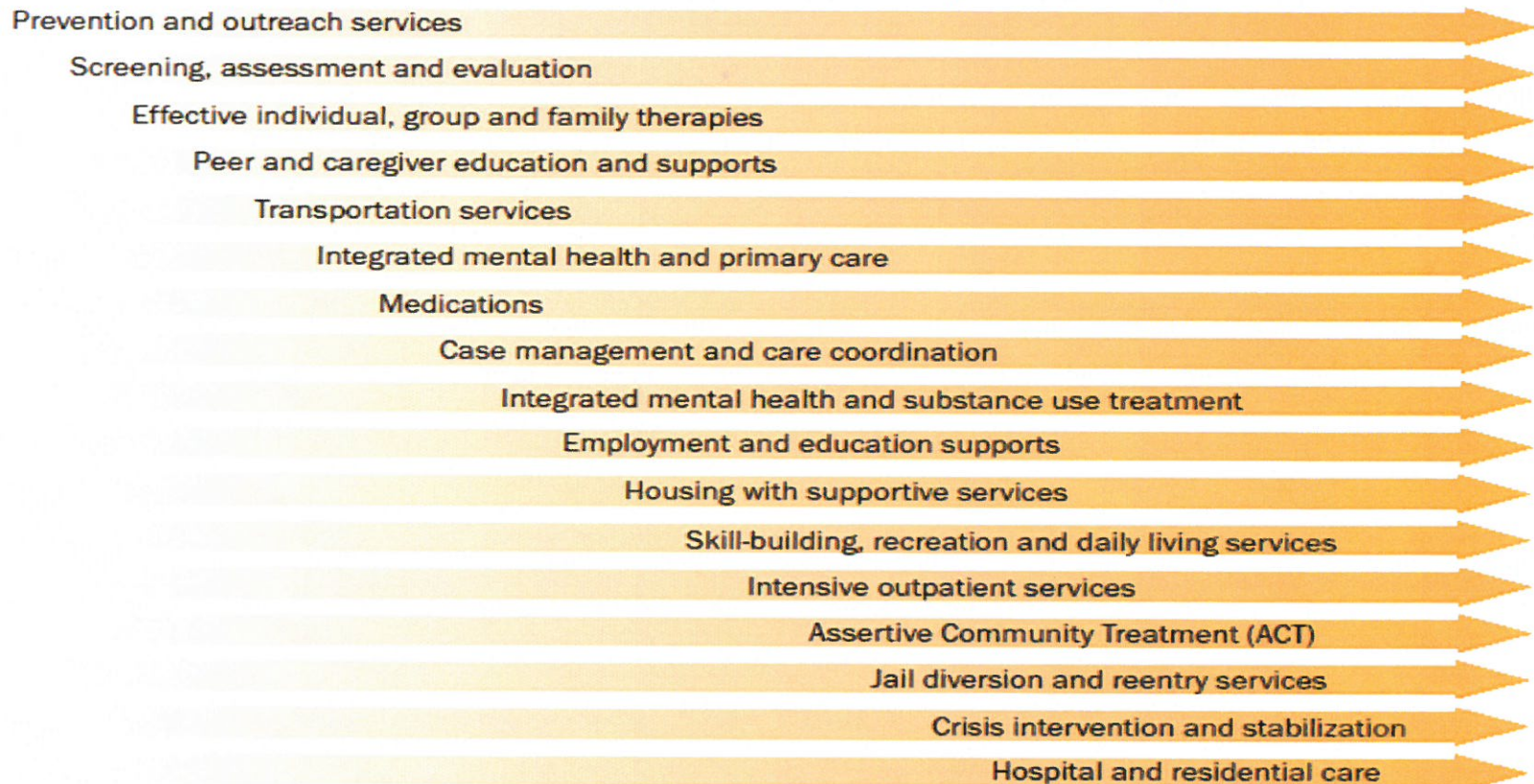
- Lack of collaboration by Medicaid Managed Care Organizations (MCOs) and the Regions to achieve statewide goals and outcomes to improve the MHDS system
- Sufficient funding exists to improve the array of services to achieve better outcomes for the individuals served

# An Array of Services



## Adult Mental Health Service and Support Array

**All Mental Health Conditions** | **Moderately Severe Conditions** | **Acute or Very Severe Conditions**



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# System Recommendations

- Provide a more complete and effective array of supports and treatment for individuals with severe multiple complex needs including 24 hour a day/7 days a week residential services



# Key Findings for MHDS Regions

- 14 Regions successfully established
- Areas of concern:
  - Continuity of leadership for a few Regions is not consistent as leadership is rotated among county staff
  - A small number of Regions do not combine county funds
  - Several Regions include too few county residents to operate effectively and efficiently
- Regions generally provide core services to core populations that meet access standards
  - Core services are not consistent in quality or quantity across the state

# Key Findings for MHDS Regions

- Optional core plus services such as crisis and jail diversion services are available in some regions
- Evidence-based practices are being developed, but more progress is needed
- Most Regions have sufficient MHDS levy authority and fund balances to operate at current service levels for several years
  - Regions state that current MHDS levy limits create the perception that some counties are subsidizing others
  - If Regional responsibilities are expanded, additional funding may be needed in the future
  - Primarily a tax policy issue

# MHDS Region Recommendations

- Regions should:
  - Have a minimum number of county residents,
  - Pool county funding, and
  - Maintain continuity of leadership
- Regions and MCOs should cooperate and coordinate to fund all Core and Core Plus services
- Regions should provide critical, non-clinical services such as housing and transportation
- Regions' responsibility for serving individuals with the most severe and complex needs should be clarified

# Conclusion

- Much progress has been made
- More progress is needed
  - Increased and improved array of services for individuals with the greatest needs
  - Clear definition of roles for accountability and responsibility for both clinical and non-clinical services
  - Increased coordination and cooperation between MHDS Regions and MCOs