



RECOMMENDATIONS TO REDESIGN IOWA'S MENTAL HEALTH SYSTEM

Iowa Protection and Advocacy Services, Inc.

Iowa Protection and Advocacy Services, Inc. (Iowa P&A) is part of a national network of protection and advocacy systems established in the 1970s by the U.S. Congress to respond to abuse and neglect that people with disabilities have suffered in large institutions throughout the United States. People with disabilities are now served in a variety of community settings – schools, group homes, and employment sites – as well as institutions. Iowa P&A's mission is to advocate for the rights of Iowa citizens with disabilities, as well as to assure their freedom from harm, wherever they may live.

Background

For decades, numerous commissions, stakeholder groups, advocacy organizations and legislative study committees have met to discuss the operation of mental health services in the State of Iowa. In 2007, a year-long Mental Health Systems Improvement (MHSI) planning process by 100 stakeholders met for several months and produced dozens of recommendations to the Director of the Iowa Department of Human Services (DHS), the Governor, and the Legislature calling for a major redesign of the mental health system. While some legislative action has been taken in response to the MHSI effort, many recommendations seem to have been placed "on the shelf".

In previous documents, Iowa P&A reported on the following areas regarding DHS-operated Mental Health Institutes (MHIs) in previous documents:

- FY 2009 Iowa Department of Human Services (DHS) Budget Requests for Facilities
- Cost and Utilization Data on MHI Facilities
- State Auditor's (SAO) Report
- Auditor's Summary Reports and Conclusions
- Additional Analysis of the SAOs Data
- Average number of residents at MHIs
- Average number of employees at MHIs
- Average annualized costs for MHIs
- Average daily costs for MHIs
- Median length of stay at MHIs
- Costs of stay at MHIs

Several trends emerged from our analyses of data provided by DHS and the State Auditor's Office:

1. DHS budget *Offer Requests* do not show comparative costs over time and thus do not demonstrate upward trending costs and declining utilization at the MHIs.

2. DHS budget *Offer Requests* do not show utilization or costs *by programs* that would allow for an analysis of their relative cost-effectiveness.
3. DHS utilizes no outcome measures to demonstrate program or service effectiveness.
4. DHS and State Auditor data show that the percentage decline of the number of state employees (19.1%) is significantly less than the percentage decline of number of residents/patients (34.5%) served at MHIs. Thus, there has been neither adjustment to declining enrollments in state facilities nor any budget shift to community programs.
5. Average annual costs continue to escalate at all facilities. There is no available data to examine whether increased costs resulted in improved care. There is no evidence of cost control efforts or shifting costs/funds to the community.
6. There is no available data on the possible cost savings if residents were placed in alternate, community-based facilities, or a cost comparison of institution-based services versus community-based programs.

Mental Health Systems Improvement Report Gathers Dust

As previously stated, in December 2007, the Administrator of the Division of Mental Health and Disability Services, at the direction of the Iowa Legislature, along with over 100 stakeholders, produced a comprehensive and visionary report to improve the state's mental health system. The Mental Health Systems Improvement (MHSI) report widely distributed in January 2008 had far-ranging and robust recommendations to develop Iowa's community system of care for mentally ill persons. Most of these recommendations have not been acted upon. Those MHSI recommendations accepted by the Legislative and Executive branches were subsequently grossly underfunded.

Iowa P&A believes that the MHSI report was comprehensive in that it developed a way of viewing mental health services in the state from multiple systems perspectives. It attempted to examine the key components of a mental health system that consumers and families needed, that focused on Emergency Mental Health Crisis Services (EMHCS) to ensure that citizens entered the "right door", and included community mental health centers at the core of the system. Admissions processes involving CMHCs, counties, law enforcement, and other facilities were discussed and should continue to be negotiated throughout the state. Additionally, incentives for counties and mental health providers to manage patient lengths of stay need to be formulated in a manner in which funding follows consumers to incentivize community care. The MHSI report also stressed the need for adequate Information Systems to electronically link all service components to monitor service needs and acute situations as well as the need for a comprehensive behavioral health workforce plan.

Iowa P&A previously called for the following infrastructure changes:

It is difficult to develop a comprehensive plan for mental health, provide leadership for the plan's implementation and also provide oversight and supervision of the current system of services within the existing structure of DHS. Iowa P & A recommends the development of two new departments which will focus the importance of the implementation of efficient and responsive services, in addition to implementation of best practice methods. The departments we recommend are:

- *Department of Mental Health and Substance Abuse*
- *Department of Developmental Disability Services*

It is our belief that “bigger state departments” are not necessarily better. Now more than ever, it is important to ensure that bureaucracy is minimized, and that our government responds to lowans’ needs in the most cost-efficient manner.

*Iowa P & A’s recommendation to form a “Department of Developmental Disabilities Services” is fully described in IP & A’s document entitled, **Ensuring Everyone Experiences Presence and Participation in Iowa’s Way of Life**, April 2009.*

The development of a comprehensive, statewide, multi-year plan for mental health services must be a priority. The plan should be developed consistent with the recommendations of the National Association of State Mental Health Program Directors (NASMHPD) regarding the restructuring, consolidation and closure of some current state mental health institutes, incorporating best practice methods and striving for individualized and efficient service delivery. For example, the planning could explore/include the option of contracting with the University of Iowa’s Department of Psychiatry to manage the medical and psychiatric services and operations of one MHI for the state. This recommendation would be consistent with service delivery systems in many other states and would allow experienced, qualified clinical oversight and management of programs for individuals with complex needs.

Needed: Comprehensive Continuous Quality Improvement Approach

Iowa P&A believes that an effective, organized and stakeholder-driven Continuous Quality Improvement (CQI) program is missing at DHS with regards to the operation of the MHIs and Resource Centers. Comprehensive CQI activities are a major component of ongoing self-appraisal found in almost every State Mental Health Authority in the United States. There is no central CQI infrastructure in Iowa related to mental health services and specifically no Quality Council to maintain oversight of CQI activities at DHS. A CQI approach should be developed immediately to monitor and continually update mental health system activities.

Following a 2007-2008 consultant review of the DHS Accreditation Bureau requested by the former MHDS Administrator, the need for a significant overhaul of accreditation standards and processes was identified. The exhaustive and detailed list of recommendations from the MHDS Accreditation consultant should be immediately implemented in the context of a Quality Council that has representative stakeholder participation to address a wide range of quality issues.

Needed: Defined Array of Consumer Services

Presently there is no clear delineation of the types of populations that could ideally be served by inpatient facilities. The approach taken by DHS is seemingly haphazard, based on historical characteristics of the population served and void of any attempts to maximize community-based resources. There is no central gate keeping regarding admissions and no incentives to keep consumers in community-based programs and reduce inpatient lengths of stay, maintain high standards of quality care, and focus on returning patients to adequate services in their home communities. The MHSI project report identified a range of community-based “Core Services” that would be necessary to implement a “state of the art” mental health system.

In terms of the populations that could be served by state-supported inpatient programs the following table illustrates a configuration of key populations and the locus of key oversight:

Population	Oversight
Children	Community-based Hospital
Adolescents	Community-based Hospital
Adults	DMHSA-managed
Older Adults	DMHSA-managed
Forensic	DOC/DMHSA co-managed
Medical/Psychiatric	U of I contract
Co-Occurring MH/SA	DPH/DMHSA co-managed
Co-Occurring MH/MR	DMHSA-managed

Population Statistics Do Not Support Operation of Four Facilities

If Iowa has a contemporary service delivery system approach designed to meet the needs of consumers and families in community-based care, then there is no rational need to operate four MHIs in a relatively small, “low population” state. Community-based services have been well-established nationally, but the continued operation of multiple MHIs that do not meet consumer and family needs will continue to result in inadequate treatment, additional human, financial and social costs, and inefficient state government. These surplus facilities could be utilized more appropriately to meet the needs of other state or county organizations. The ongoing operation of multiple MHIs drains needed funds and impedes the development of a community-based services system consistent with the national and international approach of community-based care for the mentally ill.

Unfortunately, over the last several years, DHS has demonstrated that it has neither the technical ability nor the administrative will to adequately manage the multiple facilities currently under its purview. Psychiatric clinical expertise, such as that found at the University of Iowa’s Department of Psychiatry, is significantly underutilized. Mental Health care in Iowa is not, but should eventually become integrated with general health care through the operation and management of ONE Mental Health Institute in concert with the psychiatric and medical expertise presently available at the University of Iowa.

Recent Disasters Affect Mental Health of Citizens and Mental Health Services

The devastation from floods and tornadoes in Iowa in 2007, and the resultant surge in the need for mental health services further exposed the absence of any coordinated and state-wide Emergency Mental Health Crisis Service system available to address the emotional crisis needs of all Iowans – not just those with mental illness. The need for an emergency mental health response system was foreshadowed in the MHSI Report. Development of Emergency Mental Health Crisis Services (EMHCS) legislation and funding requests were made but unfortunately, and perhaps ironically, the State failed to act at a time when these services were needed most.

Needed: Emergency MH Crisis Services

Management of consumer movement through the community to various levels of care at critical times as well as to-and-from needed inpatient services calls for professional mental health services to help individuals who are in psychiatric crisis. These services provide a “gate-keeping” function for access to appropriate levels of care and to reduce the need for costly

hospitalization or inappropriate incarceration in DOC or local jails. Most states throughout the country utilize EMHCS as a key, central element in a functional system of mental health care.

Iowa lacks a statewide EMHCS. There are a small number of counties that have adequate EMHCS but there continues to be a desperate need for EMHCS throughout the state to ensure entry to the “right door” for all citizens. In previous legislative sessions some funding support for enacting Code and Rules was evident but insufficient funds were appropriated to implement these services in any meaningful way and on a state-wide basis – thus resulting in an inadequate response to a major, critical need.

Needed: Relationship with Academic Psychiatry to Address Workforce Issues

Previous MHDS consultant reports and recommendations from the nationally recognized *Annapolis Coalition on Behavior Health Workforce* for the State of Iowa indicated the need for a wide range of training initiatives to be implemented simultaneously that address critical workforce shortages - particularly those in mental health facilities.

Iowa P&A agrees that one possible solution to some of the workforce issues would be to actively involve the University of Iowa’s Department of Psychiatry in contractual management of the medical and psychiatric care provided at inpatient facilities. This would allow access to the psychiatry faculty and residents and provide much needed high quality care to individual patients at the MHI as well as high quality supervision to the medical, nursing and direct care workforce at the facilities. Also, previous proposals have been submitted to the Legislature to create a central training entity to develop all levels of the workforce throughout DHS (see Annapolis Coalition report) but have not been funded despite the logic of such a relationship.

Needed: Forensic Psychiatry Unit

Through the recent publication of consultant reports, the Department of Corrections (DOC) has identified major needs for mental health services to inmates incarcerated in the DOC systems. Iowa P&A believes that this need can be best met by the joint development of a program at one facility to care for mentally ill inmates. A specific forensic mental health program and unit could be developed in the space currently used by one of the MHIs. Environmental modifications could be completed to convert the facility to a secure care program at a cost less than building a new facility. The medical and psychiatric services provided by a Forensic Unit could also be contracted for with the University of Iowa’s Department of Psychiatry.

Needed: Medical - Psychiatric Care

As previously suggested, there is also a need for state-wide access to a medical-psychiatric unit for adults who are both seriously mentally ill and medically compromised. As with the operation of medical and psychiatric services in general, and specifically with a forensic mental health unit, these services could best be contracted with through an agreement with the University of Iowa’s Department of Psychiatry at one MHI.

Needed: Close Psychiatric Medical Institutes for Children (PMICS) and Keep Children Out of Institutions

Very few states operate PMICs as they represent an antiquated approach to the care of children and adolescents with mental illness and fail to support community integration and family systems support. There is no need to continue the institutionalization of young children.

While there is presently adequate capacity throughout the state in terms of available hospital psychiatric beds for adults, the use of local community hospital psychiatric beds for children has neither been explored, encouraged nor financed to maintain local community care of children. A specific initiative on contracting for child and adolescent inpatient beds with local community hospitals could not only save the state significant funds but also primarily eliminate long-term institutionalization effects on children at PMICs. Key units could be developed in locations around the state to maintain the home community care approach.

Recommendations

- As a result of our careful study, investigations, previously published white papers, as well as our ongoing participation in the recent Mental Health Systems Improvement initiatives and other related DHS committees and workgroups we believe that restructuring and changing the oversight, management and operation of services for the mentally ill and those with substance abuse disorders must be made. These changes cannot be implemented in the context of the existing organizational structure and culture at DHS and the Department of Public Health. As a result of the DHS's ongoing inability to manage the mental health programs in any satisfactory manner, ***it is recommended that a new and separate Department of Mental Health and Substance Abuse (DMHSA) be formed, adequately funded and appropriately staffed by professionals knowledgeable and experienced with clinical management of a complex state mental health and substance abuse system.***
- Iowa P&A recommends that the State of Iowa, through a new DMHSA, immediately begin to systematically plan for and then to carefully implement the closure of three MHIs and transfer patients to one remaining MHI following the processes set forth in our reports. We have developed and attached a process for such closures which could be followed at each facility.
- Iowa P&A recommends that restructuring, consolidation and closure activities occur within the context of a ***State Mental Health and Substance Abuse Plan*** to be developed by the recommended DMHSA, consistent with previous recommendations from the *National Association of State Mental Health Program Directors* (NASMHPD) and with the MHSI stakeholders report and recommendations. Such a plan should involve consumers, families, advocates and the wide range of stakeholders in a manner similar to the groups represented by the recent Mental Health Systems Improvement process.
- Iowa P&A recommends the immediate implementation of comprehensive Emergency Mental Health Crisis Services on a statewide basis with adequate funding to a new DMHSA in collaboration with local Community Mental Health Centers and County Administrators. The new DMHSA should be charged with the drafting recommendations for a new state law to establish EMHCS.
- Iowa P&A recommends the immediate development of a Quality Council at DHS (and at the new Department of Mental Health and Substance Abuse) to set quality standards, review facility closures, systems improvement plans, quality improvement and accreditation activities, incident reporting, staff workforce training, and the overall systems development elements described in this document.

- Iowa P&A recommends that the new DMHSA actively explore the option of contracting directly with the University of Iowa's Department of Psychiatry to manage the medical and psychiatric services and clinical operations at one MHI as the central MHI for the state. This recommendation is consistent with service delivery approaches in many other states around the U.S. and would allow experienced, qualified clinical professional oversight and management of programs for individuals with complex needs.
- Iowa P&A recommends that the new DMHSA establish a contracting approach for child and adolescent inpatient services through an RFP process to obtain sufficient numbers of child and adolescent inpatient beds from community hospital providers throughout the State. Accreditation standards should be developed for these units and their operations monitored by the recommended Quality Council.
- Iowa P&A recommends the immediate start of planning with the new DMHSA and the Department of Corrections to utilize one of the to-be-closed MHIs for a Forensic Mental Health Program that would be jointly managed by the new Department of Mental Health and Substance Abuse and the Department of Corrections.
- Iowa P&A will make recommendations about co-occurring mental illness/substance abuse and mental illness/mental retardation programs and services in a future report.

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