

# Iowa Rural Health Association

Iowa Mental Health Redesign

Webinar

April 12, 2012

## Current System

### Key Issues Affecting Hospitals

- \* System is fragmented
- \* 99 County Mental Health Plans
- \* No single authority or point of accountability
- \* Significant service gaps, especially alternatives to costly institutional services
- \* Financing is ineffective, inefficient, too complex

## Current System

Key Issues affecting Hospitals

System is Fragmented

How do consumers know where to get help?

Go to the Emergency Department

## Current System

99 County Mental Health Plans

Do you give input to your county's plan?

If you serve multiple counties:

Do you know contents of each county plan?

How do you know patient has resources?

Where do you go for information?

## Current System

No Single Authority or Point of Accountability

Do you know who should be billed?

If your claim is denied is there an appeal?

If one county passes the claim to another (legal settlement vs. residency), how do you know they are making the correct decision?

How can you notify or preauthorize with Magellan if the ELVS system isn't current on the first few days of the month?

## Current System

No Single Authority or Point of Accountability

Why do only some counties pay for court ordered patients?

Why does a county sometimes pay for court ordered patients, but not always?

## Current System

Significant service gaps, especially alternatives to costly institutional services

How do you plan for discharge?

Are the right follow-up services available in the patient's county?

Does the patient have a case manager?

How do you find out?

## Current System

Financing is ineffective, inefficient, too complex

Medicaid?

County?

Waiver?

State Case?

Charity?

## Results

- \* Services vary county to county
- \* Consumers need help to navigate the system
- \* Inadequate Provider Reimbursement
- \* Shortage of mental health professionals
- \* Long waits for outpatient appointments and treatment beds
- \* Strain on Emergency Departments and Law Enforcement
- \* Hospitals close psychiatric units

## Affects on Hospitals

### Rural Hospitals

- Psychiatrist Retention/Recruitment Challenges
- Psychologist and Therapist Patients Left Without Medication Management
- Unable to Maintain Psychiatric Inpatient and Partial Hospitalization
- Loss of Mental Health Professionals
- Inadequate Community Based Services to Keep Patients Stable

## Affects on Hospitals

### Urban Hospitals

- Patients Transfer From Areas Without Inpatient Services
- Local Patients Transferred to Other Areas
- Discharge Planning and Transportation Home

- Placement Challenges (PMICS, ICF's, Residential, Shelters, Group Homes, Nursing Homes)
- Longer Stays Without Reimbursement
- Psychiatrist Retention/Recruitment Challenges
- Strain to Maintain Psychiatric Inpatient and Partial Hospitalization

## Affects on Hospitals

### Rural and Urban Hospitals and Law Enforcement

- Why do you require so many tests before we can transfer?
- Why do you transfer so many patients that don't need inpatient care?

- We don't have a bed available.
- Do you "really" not have a bed available? Really?

- If I take your patient are you paying for transportation back home?
- Is your hesitation to accept patient an EMTALA infraction?

- We need the deputy sheriff to stay to provide safety.
- Why does the deputy sheriff have to wait so long for assessment?

## Reforms

- \* **Accountable Care Act**

Increase Numbers of Insured  
Increased Federal Share for New Medicaid  
Health Homes & Integrated Care

Are there enough services?  
For how long before states have to pay?  
If there's no psych service available to integrate?

- \* **Iowa Mental Health Redesign**

Strengthen Local Services in Regions  
Inpatient Services Available in Each Region  
Reduce Use of High Intensity/High Cost Services  
Reinvest Savings/Develop Robust Community Services  
Same Core Services Available in Each Region  
Piggyback on Health Homes & Integrated Care  
Option for Outpatient Assessment in Lieu of 5 Day Commitment

## Redesign Proposal

- \* **Regional Management**

Will you have input? How? How will resources be used?

- \* **Core Services available in all regions**

Can hospitals without psych units work with the hospitals that have psych units to develop common protocols? Can the courts agree with these? Can law enforcement agree? Can CMHC agree?

- \* **Address Financing**

What is the region's fund for outpatient services? Structured Outpatient? Inpatient? Where will you send claims?

## Core Services

- \* Treatment to ameliorate a person's condition
  - Assessment and evaluation
  - Mental health outpatient therapy
  - Medication prescribing and management
  - Mental health inpatient treatment
- \* Basic Crisis Response
  - 24 Hour access to crisis response
  - Evaluation
- \* Support for Community Living
  - Home Health aide
  - Home and vehicle modifications
  - Respite

## Core Services

- \* Support for Employment
  - Day habilitation
  - Job Development
  - Supported employment
  - Prevocational services
- \* Recovery Services
  - Family Support
  - Peer Support
- \* Service Coordination
  - Case Management
  - Health Homes



## Core Services

Region ensures that providers have these competencies:

- Serving persons with co-occurring conditions
- Providing Evidence-based services
- Providing trauma informed care that recognizes the presence of trauma symptoms in persons receiving services

## Core Services

Additional Core Services Domains (when public funds are made available)

- Comprehensive Crisis Services
- Sub-acute Services
- Justice System-Involved Services
- Advances in the Use of Evidence-Based Treatment

## Core Services

What services does your Community Mental Health Center provide?

How quickly can it provide the services?

Do you have a good working relationship with your CMHC?

How good is the hand-off of patients from inpatient to outpatient?

Who can provide brief crisis intervention for your region when a patient needs a place to stay, but isn't acute?

## DIALOGUE

Who are all the players in your region?

Will you all meet together to identify resources available? What are the gaps?

How will you all plan together to use your resources well?

How will you revise your plan if it isn't working?

## DIALOGUE

Help your county supervisors design a strong region.

Take initiative. Be at the table.

A resource: Iowa Hospital Association's BHA  
(Behavioral Health Affiliates of Iowa)  
Affinity group of hospitals with psych services.

## Contact Me

### Contact information:

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