

NAMI GREATER DES MOINES 2008 LEGISLATIVE PRIORITIES



Keep in mind these two quotes:

1. *“America’s mental health service delivery system is in shambles.”* -- President Bush’s New Freedom Commission on Mental Health, 2002

2. *In 2006, the National Alliance on Mental Illness gave Iowa an “F” in a report card on mental health care.* -- Grading the States, 2006.

There have been steps taken to improve Iowa’s mental health system and a lot of planning, but the hard decisions and the action needed to improve it have still yet to be done.

NAMI GDM’s legislative priorities are in 3 major areas:

1. Assure there are basic services for mental health care.
2. Adequately fund a mental health system in Iowa.
3. Build a mental health system which consists of programs and methods which are a wise investment of taxpayer dollars.

Within each of the 3 major areas are steps which can be taken to reach each priority. Those steps are on the following pages.

NAMI Greater Des Moines Legislative Priorities

1. Assure there are Basic Services for Mental Health Care

Address Mental Health Workforce Shortage Crisis

The current demand for psychiatrists (positions which could be filled if a qualified psychiatrist were available):

Full time Adult	50
Part time Adult	14
Full time Child	13
Part time Child	6

Only about 20 of 650 physicians assistants (PA's) specialize in psychiatry in Iowa. Iowa has 2 post graduate PA training programs – Cherokee and U. of Iowa offer training. The person who started and was running the program in Cherokee recently retired. The U. of Iowa program was funded by the legislature and allows for the training of 1 trainee per year.

In 2005, the Iowa Dept. of Public Health reported there were over 200 psychiatrists in Iowa, of those 147 were in private practice. As of 2007 – that number continued to decline.

State records show two-thirds of Iowa's counties have no private-practice psychiatrists.

We are hearing stories from families being turned away from Des Moines area hospitals because psychiatrists are no longer taking additional patients.

Iowa has 6.6 practicing psychiatrists for every 100,000 residents, according to 2001 statistics, the latest available, from the U.S. Department of Health and Human Services. That ratio is worse than in all but three other states: Idaho, Nevada, and Mississippi.

Iowa's numbers fall short of the 10 psychiatrists per 100,000 residents in the Midwest and 14 psychiatrists per 100,000 in the U.S. population. Iowa is 49th in the nation in psychologists and 47th in the nation for number of psychiatrists.

Patients are experiencing a 2 month time delay in scheduling first follow-up appointments after release from psychiatric hospitalization.

Based on age, about 50% of the currently practicing psychiatrists will retire within the next 10 years.

The training program at the University of Iowa cannot keep pace with the attrition of psychiatrists so the current work shortage is becoming increasingly acute.

Talking points with your legislator:

- ✓ There are an insufficient number of mental health professionals to treat Iowa's population.
- ✓ Expand the number of psychiatric residency positions at the U. of Iowa with accompanying incentives for them to remain in Iowa upon graduation.
- ✓ Expand programs for psychiatric physician assistants, psychiatric nurses, senior level clinicians as well as other psychiatric direct care workers.
- ✓ Scholarships, loan forgiveness, job location incentives, job benefit incentives, and other programs need to be targeted toward individuals seeking careers in this field and to attract individuals to this field.

Stop the closing of acute care beds and take steps to increase the number of beds available.

Nationally
State psychiatric beds
 1955- Over 500,000
 1990 to 2000 - 98,000 to 59,000
Private psychiatric beds
 1990 to 2000 – 45,000 to 27,000
 ----from SAMHSA

In a 3 year period, the 4 Iowa mental health institutions' beds have been reduced by 43%. During the same time, the prison population has increased from under 3000 to just under 9000.

Des Moines has approximately 110 acute care beds in hospitals for psychiatric patients. Woefully short sighted for a community of an estimated 400,000 persons. Families, health professionals, crisis response teams, law enforcement, and the court system are all alarmed at the **lack of acute care beds**. It is not only a Polk County problem, but also a statewide concern.

The number of state hospital beds is also decreasing which is worsening the crisis.

It is not unusual for families utilizing the commitment laws to seek assistance for their loved one to find there are no beds available in Iowa.

Admittance requirements to access a hospital bed are becoming narrower. It has been reported that it is no longer enough to be suicidal – they must also have a plan for committing suicide before they can be admitted for treatment.

Talking points with your legislator:

- ✓ The number of beds in Polk County should be increased for acute care and for recovery purposes (for ex: dual diagnosis, substance and drug abuse).
- ✓ The limited time allowed for hospitalization should be expanded to allow for patient stabilization, to determine medication efficacy, and allow for illness education for the consumer and family along with recovery information.
- ✓ Create a standard for admittance to a hospital which isn't totally dependent on the element of imminent dangerousness.

Retain "open access" for mental health medications.

Talking points with your legislator:

- ✓ NAMI supports the "open access" language that is available for all psychiatric medications for those that are on Medicaid
- ✓ Requiring prior authorization for mental health medications will interfere with patients receiving the treatment that their physician/health care provider has determined to be most appropriate.
- ✓ Requiring a person with mental illness to try less effective medicines before receiving the medicine that is right for them will extend that person's suffering, place them at greater harm, and will in some cases increase hospitalization rates (at higher cost and in a system with inadequate in-patient treatment options).
- ✓ Limiting access to achieve a short term line item cost reduction will carry with it a high risk of higher overall treatment and social service costs.
- ✓ The Preferred Drug List (PDL) committee should have adequate representation from consumers, advocates, and mental health professionals. At the present time, the PDL committee is composed only of pharmacists.

2. Adequately fund a Mental Health system in Iowa.

The state should appropriate additional Mental Health dollars to restore services, eliminate waiting lists, and support building a mental health system in Iowa.

While both county and state levels of government share funding, the state is bearing an increasing percentage of the load, primarily because it is the only source where growth is allowed.

There is not enough money in the system for present needs nor for systemic change.

Increases in state funding and an expansion of services eligible for Medicaid reimbursement have helped to cover the increasing need for services during the last decade, since county property taxes were frozen. But they have not been sufficient to cover all the need.

There was a reduction of \$18 million (\$23-24 million in today's dollars) in state funding in 2002. The state has restored about half of the reduction in funding from 2002. In the meantime, some counties have significantly reduced or eliminated services and/or have implemented waiting lists.

The Division for Mental Health and Development Disabilities has been created to be a statewide leader for a mental health system in Iowa. 6 workgroups of stakeholders were mandated by the state legislature in FY 07's session to assist them in making recommendations for establishing a mental health system in Iowa. A mental health system cannot be created without additional dollars to support it.

Talking points with your legislator:

- ✓ Restore the balance of state funding cut in 2002 to help restore services and eliminate waiting lists.
- ✓ Fund the necessary steps which need to be taken to establish a mental health system in Iowa.

Allow the counties who choose to - the flexibility for alternative methods of generating additional MH/DD money.

Counties are responsible for assisting persons with mental health care who do not qualify for Medicaid and do not have health insurance. Each county has a management plan for MH services they will offer.

SF 69 was the legislation in 1996 that froze the county property tax dollars for MH/DD. No county can raise money for MH beyond the specific dollar amount authorized in 1996. That was 12 years ago.

No other levy mandate (except for MH/DD) is expressed as a specific dollar amount, but rather is a cost/\$1000 of valuation.

In Polk county, this limit in dollars for MH has meant that people in need have been turned away for assistance and services available have diminished. The waiting list for services has grown to over 250 people.

A very conservative estimate is that at least \$4 million dollars worth of services statewide are not being provided this year because some counties do not have enough resources available to meet the expressed needs of their citizens.

Talking points with your legislator:

- ✓ Establish a mental health levy range with a minimum and maximum rate (cost per \$1000 of valuation) rather than continue to freeze county property tax dollars to a specific dollar amount. The minimum of the range will assure that each dollar of taxable valuation will generate an equal levy amount to support the newly designed mental health system, including all the core services with standard eligibility guidelines. Having a maximum eligibility rate allows those counties that want to provide more than core services to raise the money to do this.

Expand the mental health parity law.

Families should not have to choose poverty to get adequate mental health care through Medicaid. Unfortunately in Iowa, Medicaid often pays for more mental health services than private insurance. Mental illness is a physical illness of the brain. Equal coverage should be mandated under private insurance policies including prevention (early identification and treatment and nutrition strategies), outpatient services, medication, therapy, inpatient stays, and wellness strategies (recovery).

Talking points with your legislator:

- ✓ Include coverage for eating disorders, anxiety and panic disorders including post traumatic stress disorder, children and adolescent mental health disorders, and substance abuse.
- ✓ Extend insurance benefits to cover children of policyholders until age 26. Young adults are the most likely to be without insurance coverage because they age out on their parent's policy and may not have health benefits in the current job market. Most mental health disorders become evident in young people ages 15-25.
- ✓ Require all health insurance policies sold to Iowa residents to include equal coverage for the "other physical illness" that is still referred to as "mental illness".
- ✓ Full mental health parity will help to combat stigma and increase the number of people seeking treatment.

3. Build a mental health system which consists of programs and methods which are a wise investment of taxpayer dollars.

Fund Assertive Community Treatment Services (ACT teams).

Why Act is Needed - People with severe mental illness have multiple needs and have trouble negotiating complex systems. Many find their symptoms are unresponsive or only partially responsive to medications. Community mental health centers and other agencies may not be equipped to meet the needs of persons with severe mental illness. Families can't bear all the burden of care.

Assertive Community Treatment (ACT) is a way of organizing services for a person with a severe mental illness that fosters integration, teamwork, and continuity of care.

It incorporates proven treatments for integrated treatment for co-occurring disorders, supported employment, social skills training, appropriate use of medications, and education about the illness.

The key features of ACT are: multidisciplinary staff, team approach: daily rounds, integrated care: continuity of care, care is provided in the community, favorable ratio of 7 clients per staff member, assertive outreach to those in need, 24/7 availability for crisis intervention, and time unlimited services.

How well does ACT work? Here are some outcomes:

- ⇒ Fewer hospitalizations for persons with severe mental illness.
- ⇒ Improved housing stability for persons with SMI.
- ⇒ Better quality of life for persons with SMI.
- ⇒ Better retention in mental health services.
- ⇒ High satisfaction (patients and families)
- ⇒ Cost effective (cost neutral to cost savings)

Assertive Community Treatment teams provide inpatient care for persons with severe mental illness – in their homes, rather than the hospital.

There are 5 ACT teams in Iowa. One of the teams is in Des Moines. More teams are needed. About 500 persons out of an estimated 2000 needing ACT are being served. **More teams are needed.** In Oklahoma, the state legislature funds the start up dollars for 2 ACT teams every 2 years and provides ongoing funding to existing teams. From 2000 to 2005 – 8 teams are serving 350 clients with capacity to increase to 600 clients. Indiana has 15 teams in operation currently.

Talking points with your legislator:

- ✓ Make Assertive Community Treatment team services a specific Medicaid reimbursable service in Iowa to assist in ongoing funding.
- ✓ Provide “start up money” for additional ACT teams.

Establish a statewide emergency response system for persons in mental health crisis – a safety net.

To establish an effective statewide emergency response system, the legislature will need to implement the first 2 NAMI GDM legislative priorities – assure there are basic services for mental health care and adequately fund the mental health system. An emergency response system will be extremely stressed with little chance for better outcomes if you have no one or no place to take ill persons for treatment.

Invest in a system of mental health care that includes inpatient and outpatient services to support vulnerable people and keep them out of the criminal justice system.

Talking points with your legislator:

- ✓ Establish a statewide training center/program and/or traveling teams to offer Crisis Intervention Team (CIT) training and/or Mobile Crisis Unit organization in local support networks. Train designated police officers to respond to persons in mental illness crisis. Train others such as Community Mental Health Center employees, EMT's, paramedics, emergency room personnel, school employees, jailers as well as others. This will help reduce stigma, increase the likelihood of a safe resolution of the crisis, facilitate the ill person obtaining treatment, and reduce the criminalization of mental illness.

Develop a jail diversion system for persons with mental illness.

Iowa prisons are overcrowded. 3500(e) of 8500 (e) prisoners have mental illness. 60% of women at the Mitchellville prison have mental illness.

To establish an effective jail diversion system, the legislature will need to implement the first 2 NAMI GDM legislative priorities – assure there are basic services for mental health care and adequately fund the mental health system. A jail diversion system will not be workable if you have no one or no place to take ill persons for treatment.

Develop statewide diversion programs to reduce the number of individuals put in jails and prisons instead of treatment programs. It is cheaper to provide persons with mental illness with the care and social supports they need in a community based system rather than paying for it through the criminal justice system.

A jail diversion program will help to reduce the criminalization of mental illness.

<p>Develop a jail diversion system for persons with mental illness. (cont'd)</p> <p>Mentally ill inmates spend 15 more months on average in state prison, at a cost to the system of an additional \$5.7 billion in 2005. --Bureau of Justice (computed using an average annual cost per inmate of \$22,650; actual cost for mentally ill inmates can be much higher.</p>	<p><u>Talking points with your legislator:</u></p> <ul style="list-style-type: none"> ✓ Expand the use of mental health courts. ✓ Roll back punitive drug laws and invest in drug treatment, giving people many chances to succeed. ✓ Adequately staff intensive case management services for assisted outpatient treatment. ✓ Implement re-entry programs to facilitate access to benefits, meds, treatment, housing, supported employment, other needed social programs, etc., - to decrease recidivism. ✓ Invest in housing and supported employment programs. ✓ Provide for the possibility of long term care in state hospitals, when needed.
<p>Reform how jails and prisons treat the mentally ill.</p> <p>America had the world's highest per capita incarceration rate in 2006: 750 per 100,000 people. Russia placed third with 628. England's rate was 149. In the last decade of the 20th century, 400 prisons were built and 40 mental hospitals were closed in America. --The Sentencing Project, 2002</p>	<p><u>Talking points with your legislator:</u></p> <ul style="list-style-type: none"> ✓ Invest in special prison units for people with mental illness – for the few mentally ill people who belong in prison. ✓ Train prison officers to work with and respect inmates with mental illness. ✓ Invest in prison rehabilitation programs, which curb recidivism. ✓ Stop putting mentally ill people into solitary confinement, which are psychologically devastating for the sane as well as the sick. ✓ Stop building new prisons, but do provide rehabilitation and renovation to existing out-dated facilities to accommodate the needs of ill prisoners.