



Mental Health and Disability Services Redesign

Transition Committee

Meeting #3

September 25, 2012, 10:00 am – 3:00 pm

Iowa State Capitol

Des Moines, IA 50310

Minutes

ATTENDANCE

Workgroup Members: Bob Lincoln, Teresa Bomhoff, Robert Brownell, Holly Fokkena, Jack Guenther, Patrick Schmitz, John Severtson, Nancy Tretina, Jack Willey

Legislative Representation: Senator Jack Hatch, Representative Lisa Heddens, Representative Dave Heaton

Facilitator: Steve Day, TAC

DHS/IME Staff: Director Charles Palmer, Joanna Schroeder, Theresa Armstrong, Robyn Wilson, Rick Shults, Deb Johnson

Other Attendees:

Linda Brundies

Jan Heidemann

Dan Strellman

Jess Benson

Carrie Kobrinetz

Earl Kelly

Brice Oakley

Josh Bronsink

Matt Steinfeldt

Maria Welker

Marissa Eganson

Amber DeSmet

Pam Railsback

Kim Scorza

Jeanette Minor

Deb Brodersen

Sandi Hurtado-Peters

Doug Wilson

Ombudsman

Bremer County

ABBE Inc.

Legislative Services Agency (LSA)

Caucus Staff

Eyerly Ball

AOC-IACMHC

Senate Republicans

Iowa Farm Bureau Federation

Polk County Health Services

Easter Seals

Legislative Services Agency (LSA)

Long Term Care Ombudsman

Seasons Center

NAMI Greater Des Moines

Spencer Hospital

Department Of Management (DOM)

eVissit

Other Attendees Continued:

Deb Ackerman Slack	Iowa State Association of Counties (ISAC)
Jessica Harder	Iowa Health System
John Pollack	Legislative Services Agency (LSA)
Linda Hinton	Iowa State Association of Counties (ISAC)
Deb Schildroth	Story County
Marty Schwager	Iowa Farm Bureau Federation (IFBF)
Gayla Harken	Story County Community Life

MENTAL HEALTH & DISABILITIES COMMISSION MEETING UPDATE – JACK WILLEY

- Des Moines County requested changes to its county management plan. Commission members has multiple concerns, including changing financial eligibility requirements from serving individuals up 200 percent federal poverty level (FPL) to 150 percent FPL.
- Commission voted to not recommend the county changes in its county management plan. The recommendation goes to the Department of Human Services (DHS) Director for a decision.
- Des Moines County is concerned about relying on transition funding that has not been appropriated.
- Eastern Iowa MH/DS Region has announced its formation. Counties include: Cedar, Clinton, Jackson, Muscatine, and Scott. The region is still discussing how to pool funds and who should handle the administrative function. Jackson County wants to have a rotating admin function. Each year a different county would handle admin. This could be difficult to transition the functions each year. Region still has work to do.

Analysis of Counties Financial Status – Rick Shults & Robyn Wilson

- Ninety-six (96) counties **are in the process of looking to form regions**; regions range from one (1) county to 18 counties.
- Population range varies from 36,600 to 522,200.
- One (1) **potential** region is estimated to have a population size over 500,000. The counties in discussion for the proposed region served an estimated 9,000 adult clients across all populations in 2011.
- One (1) **potential** region is estimated to have a population size range between 400,000 to 500,000. The counties in discussion for the proposed region served an estimated 8,400 adult clients across all populations in 2011.
- Four **potential** regions are estimated to have a population size range between 200,000-300,000. Counties in discussion for the proposed region served between 2,000 to 6,300 adult clients across all populations.
- Three **potential** regions are estimated to have a population size range between 100,000 to 200,000. Counties in discussion for the proposed region served between 1,300 to 2,900 adult clients across all populations.
- Three **potential** regions are estimated to have a population size of less than 100,000. Counties in discussion for the proposed region served less than 800 adult clients across all populations.

TRANSITION COMMITTEE

Preliminary Analysis of Contributing Factors to Counties' Financial Situation

Presented by Rick Shults, MHDS Division Administrator

September 25, 2012

The Department of Human Services (DHS) staff has talked with 93 counties regarding their projected FY 2013 financial positions. The remaining counties have not requested DHS assistance. In most cases DHS gathers financial data during these talks and uses the data to help counties project their FY 2013 financial positions. The data gathered is preliminary, open to some interpretation, and subject to change as new information becomes available. In a few instances, there is disagreement regarding the financial data and/or projections. However, most counties have found the discussions helpful in their planning and assessment processes.

DHS believes that 70 counties will end FY 2013 with positive fund balances. Some of these counties are experiencing cash flow challenges while they await their first county levy payment in October, but they are expected to end the year with positive fund balances. DHS staff believes there may be 29 counties that will experience serious financial difficulties; these counties may not have sufficient resources to meet all their obligations and are projected to end FY 2013 with negative fund balances. These conclusions include some assumptions regarding the counties that DHS has not talked with.

Using the available data, DHS has begun to analyze the factors that differentiate the counties experiencing serious financial difficulties from those that are not. No single factor has been found that differentiates these groups of counties. Instead there are multiple factors affecting each county in different ways. At this time, DHS believes it has preliminarily found that the following factors tend to appear more frequently in counties projected to experience serious financial difficulties:

- A lower maximum allowable MHDS county levy;
- A history of higher per capita spending for Medicaid services;
- A history of higher per capita spending for non-Medicaid services;
- A history of higher spending per person served for non-Medicaid services;
- A history of higher use of psychiatric inpatient services; and
- A history of serving a higher number of persons per 1,000 persons in the general population.

A summary of these preliminary findings are contained in the chart below.

Factors that Vary from the Average	Percent in the Group of Counties Having the Factor	
	Counties Projected to Not Have Financial Difficulties	Counties Projected to Have Financial Difficulties
Lower Maximum MHDS County Levy Amount	44%	65%
Higher Per Capita Medicaid Spending	43%	59%
Higher Per Capita non-Medicaid Spending	41%	63%
Higher Non-Medicaid Spending Per Person Served	43%	59%
Higher Per capita Spending on Inpatient	41%	63%
Higher Number of Persons Served Per 1,000 Population	43%	59%

Seventy-seven percent (77%) of the counties projected to experience serious financial challenges have experienced 3 or more of these factors. DHS is in the process of analyzing other factors that may be occurring more frequently in counties projected to have financial difficulties. DHS is also engaged in a multivariate analysis to determine which of these factors most strongly correlate with counties projected to experience serious financial challenges.

Short Explanation of Factors

County MHDS Levies

This measures the per capita county levy amount for each county by dividing the amount generated at the maximum MHDS levy amount divided by the county's population.

Per Capita spending for Medicaid funded MHDS services

These measures each county's FY 2012 Medicaid billings divided by each county's population.

Per capita spending for non-Medicaid funded MHDS services

This measures each county's calculated FY 2012 non-Medicaid expenditures divided by each county's population.

Per person served spending for non-Medicaid funded MHDS services

This measures each county's calculated FY 2012 non-Medicaid expenditures divided by each county's unduplicated number of persons served in FY 2011.

Inpatient psychiatric hospital utilization

This measures each county's amount spent on inpatient psychiatric services divided by each county's population.

Number of unduplicated persons served per 1,000 in the general population

This measures each county's number of unduplicated people served in FY 2011 per 1,000 people in the general population.

DISCUSSION

Review of Preliminary Findings:

- Need to continue to do work on refining the county financial information. Keep in mind this is only looking at a slice of the system at one point in time.
- Used median in most of these analyses and the per person number used is a year old (FY 2011).
- Any validity in tying these to unemployment factor by county? We should look at those to see if there is a correlation.
- What about the analysis of revenues for the state? In this analysis we didn't look at county fund balances.
- How many people served are affected in these 29 counties?

DISCUSSION OF DRAFT "THRESHOLD READINESS CRITERIA"

- "When is a region really a region?" Most criteria apply to either a multi-county region or single county region with a few exceptions.
- Regions offer economy of scale that could operate across regions and pooling of personnel and financial resources plus organizational resources.
- Discussion of continuum of care will be important when discussing regions. Plans need to show linkage between services, not just that there are certain core services being met.
- One of the major functions of regions is to coordinate care across systems. So just showing a region has core services is probably not sufficient.
- What is the time criterion for a single county region to meet the threshold criteria?
- Will "day one" be when a region signs a performance contract with the state? At that time they will be functioning as a region and will need to be able to do certain things.
- There will be some sort of evolution. What happens if a region falls below the threshold? What will be the authority of the Director? Will need to discuss this scenario and a resolution might need to be established in legislation.
- Will there need to be an appeal process for a county that applies for an exemption and it is denied?
- Think about two dimensions of criteria: one is readiness criteria and one is development criteria.
- Will FQHCs be able to provide services for those with co-occurring conditions? Regions will have to be able to offer co-occurring services and supports.
- A lot of counties have their own case management. Could this still continue or will they need to separate it to assure it is conflict free? Some work will need to be done here. There are ways to build firewalls to get there to enable counties to continue these services but regions/counties have to be open to choice.

Some things to consider

- We will need to change the mindset on what was done before regions and what will be done after regions including Business Plan; Region, region population base, how regions manage services and finances; and urban core including population size and surrounding counties.
- What does pooling resources mean? This could be several strategies.

- How will weighted votes work? When talking about services beyond core or more than 150 percent of FPL (200 percent) how will this work? Where will the money come from?
- Look at where providers are, for example psychiatrists, they are concentrated in urban areas. How do we maximize use of providers?
- Counties/regions are going to expect DHS to tell them how it's going to work, i.e. requirements of administrator, how to write the 28E, etc. A point of access in counties: is this a person or a place? Where do consumers go to sign up for services? It's the uncertainty that has supervisors the most concerned.
- When developing budgets, will there be a formula to establish risk pool funds? Meaning establishing an amount of money put back for unexpected clients? How will this be designated?

DISCUSSION ON CREDIBLE PLAN

Credible Plan

- From perspective of consumer
- Life in community (Olmstead plan)
- Options

Flexibility

- Evolutionary
 - Trust
 - Systems
- Link to Technical Assistance
- Need to focus on end point = what is success?

Adoption Process

- Orphan Counties (how do you measure the negatives?)
- Will there be opportunities for surrounding counties to provide comments to proposal from a county to be exempted (one county region)?

What additional recommendations do we have for Legislators to address?

- 1) Absence of an appeal process. Does group recommend there be one?
- 2) Coordinate with SA – detox, substance abuse, etc.
- 3) General Assistance

WORKGROUP UPDATE

Outcomes and Performance Measures Committee

- Group has established six domains that would each have a set of outcomes measurements: Access to Services, A Life in the Community, Person-Centeredness, Health and Wellness, Family and Natural Supports, Quality of Life/Safety.
- Under each domain trying to identify the measurements that reflect whether or not achieving that domain. There are two categories: outcomes collected directly from an individual or family member and outcomes and performance measures collected from providers.

- Creating manageable group and identifying what we are currently collecting that we don't need to anymore. Looking at national models but group has not adopted a single model in its entirety.

Service System Data & Statistical Information Integration Workgroup

- Working on implementation to integrate and collect data needed to manage system while agreeing to minimize the cost of developing/integrating data system.
- Agreed to adopt a view of data management that is modern so you don't have to require each entity to have the same transactional system. Just need to have systems that know how to talk to each other. All data would go to a data warehouse that can do analyses and share the data as necessary.

Judicial-DHS Workgroup

- The workgroup has completed its evaluation on whether the commitment processes for mental health and substance abuse can be streamlined.
- Also evaluating the intellectual commitment process. How many individuals go through 222 processes at any given time and can this also be eliminated?
- Moving to discussion on patient advocate program.

Children's Disability Services Workgroup

- The workgroup made the decision to go with a system of care model (SOC). Starting with children/family in the center and discussing what services should wrap-around children and family that will address their particular situation. There are a few different models across the state and they look very different. The workgroup is working on identifying common modalities within an effective SOC.
- The workgroup is beginning to talk about what SOC would look like for a statewide children's disability system. The group is also looking at how to get non-Medicaid children into the system and how to get their services paid.

PUBLIC COMMENT

Comment:

Concern that the 29 counties with financial challenges will not be asked to join a Region. What is the population make-up of these counties and what are the challenges in each county?

Next meeting is October 30, 2012, from 10:00 am to 3:00 pm at the Iowa State Capitol, Des Moines, IA 50310.

For more information:

Handouts and meeting information for each workgroup will be made available at: <http://www.dhs.state.ia.us/Partners/MHDSRedesign.html>

Website information will be updated regularly and meeting agendas, minutes, and handouts for the Redesign workgroups will be posted there.