

Mental Health Workforce Workgroup

MINUTES

OCTOBER 29, 2012

9:00 A.M. – 1:00 P.M.

POLK COUNTY DHS OFFICE BUILDING

LEAD	Director Mariannette Miller-Meeks
MEETING	In Person # 1
FACILITATOR	Jane Schadle
NOTE TAKER	Natalie Ginty
ATTENDEES	Appointed Workgroup, observers and public -- See attached sign-in Sheets

Agenda topics

9:30-10:00 A.M.

DHS MENTAL HEALTH REDESIGN

TERESA ARMSTRONG

DISCUSSION	<p>Overview of the general mental health redesign efforts was provided by Theresa Armstrong from DHS with MHDD Division. 2011 Legislation SF 525 was the beginning of Mental Health Redesign in Iowa, which created six workgroups. The first report from these workgroup was due a year ago. An interim committee was created based on DHS recommendations for the 2012 Legislation. SF 2247 changed Iowa code use of mental retardation to intellectual disability. SF 2312 was a judicial bill that looked at law enforcement mental health training every four years. SF 2315 was the core bill that is guiding the implementation of the modified system.</p> <p>The principles behind the Mental Health System with services at the local level, managed regionally, and with statewide standards. Has to be a collaborative system with people working together. The structure will include management, services, and financing. Management is changing from a county system to a regional system. Regions will come together by the counties. CPC and boards of supervisors are coming together to look at how they want to form together. The regions will be continuous counties. CMHC or FQHC, and in-patient psych are required to be within regional proximity. The letter of intent from counties is due to DHS by April of 2013. Regions will be formed by Dec 2013. Fully operating by July 2014. Counties can opt out of the system based on the Legislation passed, but the county must be able to provide all core services, accountability, FQHC, in-patient psych, and outcomes as good as though in a region. Services required are out-patient medication management, basic crisis response, community living, job development, peer and family support, and health home services. Financing of the new system will be through Mental Health levy and property taxes. The Legislature is offering one-time assistance for FY 2013 to help them through the transition.</p> <p>Many workgroups are still ongoing. Children's workgroup is in second year and is charged with the concept of health homes using a systems of care philosophy. Last year the main was to look at bringing out of state kids home. The judicial workgroup is charged with looking at the commitment laws to bring them up to current standards. Data and statistics workgroup wants to streamline the data systems out there. Software and systems need to collaborate with all forms of technology. Outcomes and performance committee is working closely with data and statistics workgroup looking for outcomes. Transition committee will be providing recommendations on how the transition is coming along, and looking at the administrative financing of the new system. Jail diversion workgroup is charged with looking at the mental health courts. The Legislative Interim committee will be meeting in November and December.</p>	
CONCLUSIONS		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

10:00-10:30 A.M.

MENTAL HEALTH SHORTAGE DESIGNATIONS

MICHELLE HOLST

DISCUSSION	<p>Michelle Holst works in the Primary Care Office of IDPH, which is a federal grant to provide data on provider shortages. Michelle used a power point that will be on the website.</p> <p>She described health Professional Shortage Area Designations (HPSA) from the US Health Resources and Services Administration, which provide guidelines for determining federally qualified professional shortage areas. Geographic HPSAs are population-to-psychiatrist ratio greater than 30,000 residents to 1 psychiatrist. Geographic High Need HPSA are</p>
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population to psychiatrist ration of 20,000:1 plus one high need indicator. Population Groups are if at least 30% of the population is at or below 200% poverty, the population becomes the number of people in poverty and the FTE count becomes FTEs the served people on Medicaid or sliding fee. The ration required is 20,000:1. A map was shown of all HPSAs in Iowa. HPSAs are re-analyzed every 4 years for re-designation. The HPSA score from HRSA indicates the severity of the shortage.

National Health Service Corps, PRIMECARRE, Conrad 30/j-! Visa Waiver Program and Mental Health Professional Shortage Area Program all use HPSA scores.

CONCLUSIONS		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

11:00-11:20 A.M.

PROVIDER PROFILES: ARNP ROLES IN MH SERVICES

PATRICIA CLINTON

DISCUSSION	Advanced Registered Nurse Practitioner (ARNP) is a nurse that has a graduate education that can practice as a nurse practitioner, clinical nurse specialists, midwives, and nurse anesthetists. There are five programs in Iowa – Allen, Briar Cliff, Graceland, Clarke, and the University of Iowa. In Iowa we have two psych ARNP programs – Allen and Iowa. There are around 30 students enrolled at Iowa, which is a significant increase to the program. There are 2286 ARNPs in Iowa. There is about an eight year time frame to get a student into the workforce. Estimated \$30,000 to receive ARNP.	
CONCLUSIONS		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

11:20-11:40 A.M.

PROVIDER PROFILES: PHYSICIANS IN MENTAL HEALTH SERVICES

DR. MICHAEL FLAUM

DISCUSSION	Dr. Michael Flaum, a psychiatrist from the University of Iowa gave a presentation he gave to the Legislature in Feb 2012.	
The estimated need is 25.9 psychiatrists/100,000 population. With the current population, the nation would need 78,000 psychiatrists. The current supply is only 48,000. Iowa is an extreme example within the bottom 30 states in terms of psychiatrists per capital. Iowa has 225 FTE psychiatrists, and would need to double current numbers to reach the national average, and near trip the numbers to meet expected need. 55% of psychiatrists are older than 55 years old. There is about a 12 year time frame to prepare a psychiatrist including residency requirements. Final school loans can be about \$200,000.		
Meanwhile, demand for psychiatric services continues to increase from a growing and aging population, mental health parity, the affordable health care act, economic downturn, psychological toll of two wars, and progress in the anti-stigma efforts.		
CONCLUSIONS		
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

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