Quad Cities Area
Behavioral Health and IDD Project

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I. Project Overview

A partnership between United Way of the Quad Cities Area (UWQCA), Genesis Health Systems, UnityPoint Health, and Hubbell-Waterman Foundation initiated an effort to complete a survey of the behavioral health (BH) and intellectual and other developmental disability (I/DD) services in the two-county area to include Rock Island County Illinois and Scott County Iowa. UWQCA served as the backbone agency for this partnership. In keeping with the health goals of the United Way of the Quad Cities Area "All Quad Citizens are Healthy and Safe", MTM Services, LLC was engaged to gather and analyze behavioral health and I/DD provider and treatment data. The survey results will be combined in a report for the United Way of the Quad Cities Area to help identify the vast resources that are available in the area, improve access and will point to where the needs exist that may warrant the Quad Cities community's focus and attention.

MTM Services consultants developed an online survey for outpatient, inpatient and community-based behavioral health providers, met with key behavioral health providers, and conducted two community forums – one in each county to gather and assemble the information. An analysis of all the data and information collected follows and has been combined into this report.

MTM Services consultants acknowledge the contributions of the United Way of the Quad Cities Area for their assistance, support and guidance throughout this project. Vice President of Community Impact Karrie Abbott, and President Scott Crane, provided excellent guidance, data, contacts and organizational support for this project. We also gratefully acknowledge the many behavioral health and I/DD leaders and providers from both counties whom we met with, contributed data, and withstood our relentless pursuit of accuracy and detail to strengthen the outcomes of this work. We also acknowledge the many community citizens, some of them consumers of services, who participated with us and contributed to a deep understanding of the services and capacity within Scott and Rock Island County area.

II. The Challenge

The partnership requested this survey, analysis and objective opinions of the consultants regarding the status of behavioral health and I/DD care within the Quad Cities area. The goals include the assessment and reporting of the extent and availability of behavioral health services in the two-county area to include Rock

Island County, Illinois and Scott County, Iowa. In conjunction with this task, the partnership is also requesting a needs and gaps analysis of behavioral health and I/DD services to understand the availability and accessibility of the behavioral health and I/DD services that are in the Quad cities area and to pursue recommendations to address the identified service gaps. This survey is designed to collect the necessary information to fulfill these two objectives.

Results from this survey and needs assessment should be used by the partnership to develop a community planning process that would result in the development of new and expanded services as well as the expansion of existing programs to meet emerging needs.

Essential Questions Asked

- ***What are the strengths regarding behavioral health and intellectual and other developmental disability services in the Quad Cities Area?***
- ***What are the gaps regarding behavioral health and intellectual and other developmental disability services in the Quad Cities Area?***
- ***What action items and resources are needed to address the concerns with behavioral health and intellectual and other developmental disability services in the Quad Cities area?***

This survey and assessment of behavioral and I/DD healthcare within the Quad Cities area is the first following the Mental Health Parity and Addiction Act (MHPAEA) requiring group health plans and health insurance issuers to ensure that financial requirements (such as co-pays, deductibles) and treatment limitations (such as visit limits) applicable to mental health or substance use disorder (MH/SUD) benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical/surgical benefits. The behavioral health survey and assessment is also the first since the Patient Protection and Affordable Care Act (PPACA) was passed by Congress and signed into law by the President in March 2010. Both Acts had as one of the many goals to reduce barriers and increase the access to behavioral healthcare among citizens. This survey and needs assessment also follow the most recent implementation of the Medicare Access and CHIP Reauthorization Act– 2016 (Quality Payment Program (QPP)) designed to lower cost, improve care outcomes and improve the health status of the Medicare population. The prevalence of mental health, substance use disorders and intellectual and other developmental disabilities is highest among the Medicaid and Medicare populations, and these Acts target these populations by increasing access.

Under the Iowa Health and Wellness Plan, Iowa expanded Medicaid by allowing citizens up to 100% of the federal poverty line to receive the same health benefits as state employees with premiums paid for with Medicaid funds. Illinois also expanded Medicaid in 2013 and like Iowa, removed the financial barrier for behavioral health access in the Iowa population for persons up to 100% of the federal poverty level. Medicaid expansion also reduced the financial barriers to access behavioral healthcare among this population.

Relevant History

While no specific behavioral health and I/DD survey or needs assessment has been completed for Scott County, Iowa and Rock Island Counties, Illinois, the authors do note that a 2015 Community Health Needs Assessment was completed for these counties in September 2015. This Community Health Needs Assessment addressed Mental Health in six (6) areas: self-reported mental health status, presence of depressive disorders, symptoms of chronic depression, suicide mortality, children's mental health and children receiving medication for Attention Deficit Hyperactivity Disorder (ADHD).

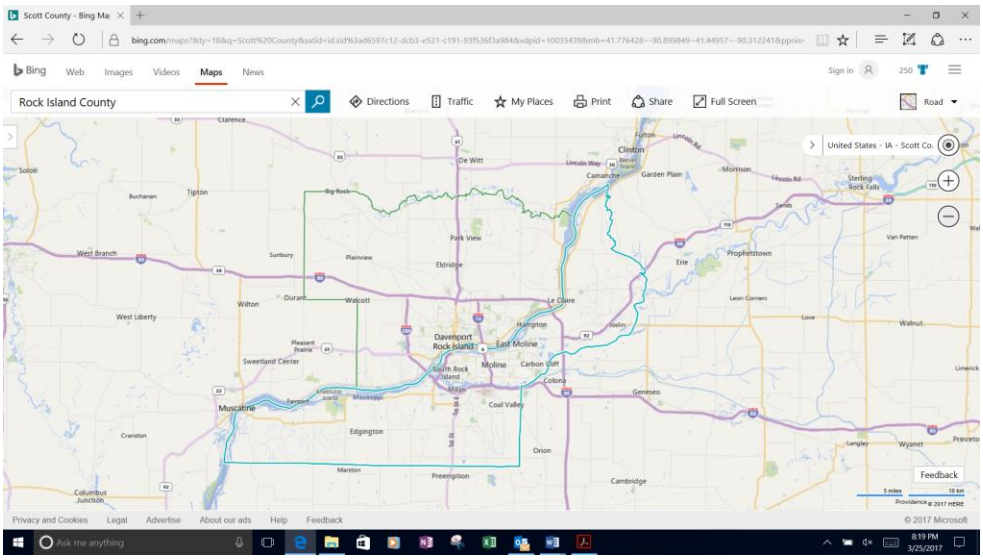
The relevant findings of the Community Health Needs Assessment related to mental health include the following for the Quad Cities Area:

- 11.9% of the Quad Cities Area adults report that their mental health is "fair" or "poor". This value represents a trend upward from previous Community Health Needs Assessments
- 17.9% and 32.4% of low and very low income populations respectively report that their mental health is "fair" or "poor" compared to 7% of mid-to-high income populations.
- 20.5% of the survey respondents to the Community Health Needs Assessment reported that they have been diagnosed with a depressive disorder with a higher prevalence in women and low to very low income population.
- 29.8% of Quad Cities adults reported they had experienced depression or sadness two or more years in their lives describing chronic depression.
- Women and low to very low income populations respectfully report symptoms of chronic depression more than other populations.
- The annual average age-adjusted suicide rate of 16.2 deaths in the Quad Cities Area is higher in Scott County compared to Rock Island County, and is higher than the respective Iowa and Illinois state rates and the national rates. The report indicates the rate of suicide has trended upward over the past ten-years.

Our efforts were directed to the surveying of outpatient, inpatient and independent behavioral health and I/DD providers that can be used by the United Way 211 database to navigate citizens into the services they may need. The consultants also analyzed the survey responses, assembled stakeholder contributions and obtained behavioral health and I/DD provider data to determine the needs and gaps in services or capacity of services within the Quad Cities Area.

Scott County, Iowa lies on the eastern border of the state and Rock Island, Illinois lies on the western boarder of the state. The counties and the states are separated by the Mississippi River lying between the two counties. The counties are accessed by two interstate highways: I-80 running east and west as well as I-74 running north and south. The Quad Cites include the Illinois cites of Rock Island, Moline and East Moline along with the neighboring Iowa cities of Davenport and Bettendorf. The Quad Cities has a population of about 380,000. Scott County, Iowa is designated as a Health Professional Shortage Area (HPSA) for mental health professionals by the U. S. Department of Health and Human Services and may qualify for special recruitment incentives. Rock Island County, Illinois has not been designated as a HPSA at the time of this report. A map of the Quad Cities geographic area lies below as Picture 1.

Picture 1



III. Assessment Methods

- ***Input on the behavioral health and I/DD survey and assessment came from citizens and behavioral health providers across both Scott County, Iowa and Rock Island County, Illinois.***
- ***Community Forums were held in Scott County, Iowa and Rock Island County Illinois.***
- ***The survey was completed electronically by targeted stakeholders and the link to the survey was published by the United Way of the Quad Cities Area to broaden the scope of those who participated.***
- ***Individual interviews were conducted with 12 providers within the Quad Cities Area.***

The MTM Services consultants utilized several strategies to gather information for assessment purposes. The general strategies included data searches via on-line methods, face to face interviews with behavioral health (BH) and intellectual/developmental disability (I/DD) service providers, a written survey to service providers via electronic means, and a broad-based community forum in each county. These strategies and resulting information formed the basis for the consultants to accomplish the contract tasks of identifying the available services and providers and gaining some insight into the gaps in services in the Quad Cities area.

To complete the initial task of identifying the BH and I/DD services and providers in the area, the consultants searched and reviewed multiple sources that collect and retain such information. These sources included the Iowa Department of Human Services, Iowa Division of Medicaid, Illinois Department of Human Services, Illinois Department of Medicaid, AmeriHealth Caritas Iowa, Amerigroup RealSolutions, United Healthcare, Blue Cross Blue Shield of Illinois, Aetna, Ambetter Health, Harken Health, Humana One, United Health One and the United States Substance Abuse and Mental Health Administration. This query resulted in the creation of a set of tables that identify the behavioral health and intellectual/ developmental disability service providers in the Quad Cities area. Specifically, the investigation centered on service providers located in Scott County Iowa and Rock Island County Illinois. The Provider Directory can be found in **Appendix A**.

The MTM consultants developed a survey designed to gather some basic demographic data from twenty-two selected service providers. The selections were made through a process to ensure the survey included approximately an equal number of service providers from each county and representation of all three disability groups from each county. In a small number of cases more than one person from the same agency received the survey, thus the survey was sent to a total of twenty-five individuals. The survey consisted of nineteen fill in the blank questions and twenty-one yes/no questions. The twenty-one yes/no questions were designed to provide the consultants with information regarding the service provider's business operations related to specific types of data collection. The format of yes/no questions would provide the basis for a possible future survey. Those that answered in the affirmative on these twenty-one questions would qualify for the second survey as this indicated they

tracked and collected certain information. Those that did not track and collect this information would answer in the negative thus not warranting a second survey. The first nineteen survey questions collected information regarding business operations, types of services provided, populations served, budget size, data on numbers of persons served, amount of service delivered and the size of any service waiting list. This information was used to assist the consultants in determining service available and the capacity to deliver those services against the need. The results of the survey will be reviewed in the report section entitled Data Analysis. The survey can be found in **Appendix B**.

The MTM consultants also utilized face to face, one on one interviews to obtain additional information as found in the written survey. Again, a selected number of service providers were chosen to receive a face to face interview. These interviews were conducted as part of an on-site visit to the United Way of the Quad Cities Area on March 6, 7 and 8, 2017. Ten service providers were initially selected for interview and all accepted however one individual was not able to meet during the on-site time thus that interview was conducted on March 10th. Following these interviews, the United Way of the Quad Cities Area requested that we conduct two additional phone interviews. These were conducted on March 23rd and March 24th, 2017 via a conference call. As with the survey criteria the consultants chose five service providers from each county while also choosing at least one service provider of each of the three disability areas, mental health, addictions and intellectual/developmental disabilities. The consultants developed a five-item questionnaire for use in the interviews with supplemental questions coming from the last twenty-one survey questions. Approximately one hour was allotted for each interview. The interview questions centered on basic business operations, macro level system issues, gaps in services, ideas on closing those service gaps and state level issues that have an impact on the ability of local service providers to meet the needs of citizens. A summary of the outcome of these interviews may be found in the report section entitled **Summary of On-Site Meetings**.

As a third means to obtain information, the MTM consultants and the United Way of the Quad Cities held two community forums. The forums were held to hear from individuals receiving services, family members of individuals receiving services, service providers, and the community at large. The United Way advertised the forums to the broader Quad Cities community. The format used was an interactive one where the consultants facilitated and asked questions of the audience and the audience provided perspectives on the given topic. The first forum was held on Monday March 6, 2017 at the public library in Davenport, Iowa. The second forum was held on Tuesday March 7, 2017 at a community health center in Rock Island, Illinois. Two hours were set aside for each of the forums. The audience was asked three basic questions with follow-up as needed. The questions centered on identifying strengths of the local behavioral health and intellectual/developmental disability service system, identifying gaps in the current service system and identifying possible actions that the private partners could initiate to result in an improved service system for Scott and Rock Island counties. A summary of the results of the forums can be found in the report section entitled **Summary of On-Site Meetings**.

Part of the assessment process was to ask residents of the Quad Cities Area about their perceptions of behavioral health and intellectual and developmental disability services. Each respondent, whether in the survey or in a listening session, voiced their perceptions about the service access and components within the community. Some of the information that the respondents contributed to this assessment is very positive and some of it is not so flattering. The readers must bear in mind that these individuals responded from their respective frame of reference. Data collected from other sources is included in the report and may offer a counterbalance to perceptions gleaned from community responses.

IV. Summary of Onsite Meetings

Community Forums

The two community forums provided information and perspectives related to the service system in each county and state. Both forums provided similar reactions and perspectives. There were some differences perhaps in the extent of an issue in one county versus the other however the overarching themes were very similar. Approximately sixty individuals attended each forum. The forums differed in that the Iowa forum was attended by individuals who were direct recipients of services and there were public officials in attendance. The Illinois forum was comprised of primarily direct service providers.

The following is a **summary** of the identified strengths, gaps and action items provided by the individuals attending the two forums. It should be noted that the participants list of strengths were few while the list of gaps was their primary focus. This is consistent with other community forums conducted by the consultants over many years of work in the field.

The identified strengths include:

- Dedicated and committed staff who care about the individuals being served.
- There does exist some effort to coordinate community efforts aimed at improving the service system.
- There is a belief that more individuals, groups and organizations are becoming aware of the issues related to mental illness, addictions and intellectual/developmental disabilities.
- There are specialty courts in both counties, primarily mental health court and drug court.

The identified gaps in the service system include:

- Lack of services to include both those that are not available at all and those that are available but have capacity issues such that accessing those services is not done in a timely manner.
- Lack of staff both those that are licensed and for the I/DD service providers direct support staff. The licensed staff needs include all the disciplines in the mental health and addictions field identified as psychiatrists, licensed clinical social workers, licensed professional counselors, psychologists, licensed mental health counselors, addictions counselors, and those trained in serving those having both a mental illness and an addictions issue. The I/DD system suffers from

a lack of qualified direct support staff, psychiatrists trained or who have experience with individuals having both an I/DD and a mental health issue, and psychologists.

- Funding is a major issue for both counties as local and state funds are believed to be inadequate to cover the cost of a full continuum of service for adults and children across all three disability groups.
- Lack of sufficient Medicare and Medicaid service providers.
- Lack of adequate support groups for those having a mental illness.
- Lack of community awareness of the issues of mental illness, addictions and intellectual/developmental disabilities.
- Lack of crisis services in Illinois and for both counties for children and adolescents.
- Lack of service provider communication, collaboration, sharing of information and coordinating of care. This applies across service providers and across levels of care.
- There are waiting lists for services particularly for psychiatric evaluation and medication management.
- Access to services is not timely and may be non-existent.
- Lack of political willpower to address the needed funding levels and issues associated with mental illness, addictions and intellectual/developmental disabilities.
- Administrative policies and protocols, at times, get in the way of timely access and good care.
- Due to the low levels of funding service providers are territorial and in competition for funds thus they do not work together as they should to improve individual outcomes and system performance.

The forums identified action items that the United Way and their private partners could undertake to improve the system of care. Those suggestions include:

- Serve as a depository of resource information to include a service provider directory and act as a resource library to house information regarding clinical studies and clinical trials. An example would be the United Way of the Quad Cities 211 System for the provider directory.
- Coordinate a variety of behavioral health and I/DD impact projects and activities to include providing grants to small non-profits, grant money for the faith based community, assist in the implementation of evidence based and/or best practice models of care, measuring system performance and improvement, a volunteer group to team with the mentally ill for social support, affordable housing, critical incident training for law enforcement, prevention programs, assistance with medication management, training to families, creation and development of support groups, development of data sharing protocols for service providers and training of non-mental health organizations regarding recognizing the signs of mental illness.
- Development and implementation of protocols regarding labor force to attract needed specialists to the Quad Cities.
- Making revisions in the United Way contracts with service providers to ensure that certain performance and results-oriented requirements must be met for continued funding.

Face to Face Interviews

The MTM consultants conducted nine face to face interviews on Monday March 6, 2017 and Tuesday March 7, 2017. All the interviews were with individuals representing service providers from the Quad Cities and representing service providers of all three of the disability areas (MH, I/DD, SA). Of the nine interviewed two were addiction providers, one was an I/DD provider, one was a mental health crisis provider and the others were all mental health outpatient or inpatient providers. The interviewees were quizzed about their business and service operations, as well as the same items discussed in the community forums i.e. strengths, gaps and action ideas. In addition to the face to face interviews the consultants conducted three telephonic interviews of direct service providers later. One of these is a mental health provider, one is an I/DD provider and one a community health group.

The main themes of the group interviewed were very like the sentiments voiced at the community forums. There was disagreement only on two items. The first disagreement is whether in Iowa there should be a new service provider to deliver psychiatric inpatient beds. There are disagreements among the Scott County community as to whether this should be done. The current system has bed capacity that is not being utilized as there has not been shown the need for additional beds thus one group does not support any new entities coming into the county. Others argue that there is the need for more bed capacity and a new service provider is needed. The second issue with some disagreement is whether the county has enough licensed professionals. There are those that argue that there is a sufficient number available but most have the opposite viewpoint.

The central points of agreement related to gaps involving workforce issues, primarily a lack of psychiatrists and other licensed professionals, funding of the MH/I/DD/SA treatment system, a lack of transportation, insufficient detoxification beds, some levels of care unavailable, specific services such as assertive community treatment team and mobile crisis unavailable or not readily accessible, a weak system of care for children and adolescents in Illinois and issues with payment difficulties from the Medicaid agency in Illinois thus prompting many service providers to withdraw from participation in the Medicaid program.

The attendees provided ideas for improvement that included the expansion of the mental health court, development of an assertive community treatment team, an increase in inpatient psychiatric beds, competency training for staff and better coordination of treatment between providers.

V. Data Analysis

Behavioral Health/I/DD Survey

The MTM consultants developed a survey to gain information related to service provider's business operations and service data. There were nineteen primary questions with another twenty-one supplemental questions. The second set of questions captured whether service providers collected various types of data. If a future survey were developed it would capture specific information regarding

the data elements related to these twenty-one questions. Only those service providers who responded that they collect the information would receive the future survey.

The survey was distributed to twenty-two specific organizations with ten responding, for a response rate of 45.5%. In addition, other service providers were given a link to the survey with an option to respond. There were fifteen individuals that responded via the survey link. All the responses, whether via the link or the e-mail survey, were included for data purposes. The survey was composed of a total of 25 (twenty-five) agency respondents.

A review of the responses resulted in the following findings.

- Twenty or 80% of agencies are not for profit, four are private and one public
- Fifteen or 60% provide outpatient services, seventeen community based, eleven outpatient psychiatric and nine inpatient psychiatric
- Nine or 36% reported have a waiting list while sixteen or 64% did not have a waiting list
- The agencies reported accepting the following payment types:
    - Self-pay 87.5%
    - Medicaid 66.7%
    - Medicare 37.5%
    - Health Insurance 66.7%
    - County Funds 58.3%
    - State of Iowa 66.7%
    - State of Illinois 41.7%
    - Other 45.8%
- Eighteen or 72% utilize a clinical outcome tool or a level of care tool to measure outcomes
- Twenty-one or 84% develop and utilize performance measures to judge success
- Seventeen or 68% have conducted either a formal or informal needs and gaps assessment and analysis
- Nineteen or 76% have developed and implemented consumer experience surveys
- Thirteen or 52% track the number of days between the initial contact/referral and the initial clinical assessment
- Eight or 33% track the number of days between the initial assessment and the psychiatric assessment
- Fifteen or 60% track the number of days between the initial assessment and initiation of treatment
- Eighteen or 72% have estimated the number of individuals that could be served at any given time
- Nine or 37.5% track the length of time an individual in crisis must wait before being seen
- Five or 20% track the length of time an individual must wait to be seen when walking in without an appointment
- Five or 22.7% track the time it takes to complete the screening, triage and referral

- Eleven or 45.8% track the annual intake/assessment no-show rate
- Fourteen or 58.3% track the annual on-going therapy no-show rate
- Seven or 30.4% track the annual initial psychiatric evaluation no-show rate
- Six or 26.1% track the annual no-show rate for medication management follow-up visits
- Six or 25% track the annual penetration rate for each population served
- Fourteen or 56% track the average length of stay for each of the services offered
- Thirteen or 54.2% track the annual percentage of Medicaid claims that require authorization
- Eleven or 50% track the average number of days from the date of the services to the date of claim submission
- Thirteen or 54.2% are willing to participate in a more in-depth survey to capture specific information regarding questions #21-39
- Twenty responders serve the adult population and seventeen serve children; most respondents were those that served individuals having a mental illness
- The waiting list ranged from 10 to 525 individuals
- The agency fiscal year budget ranged from $5000 to over $34 million; twelve have a budget more than $1 million; the median is $9,000,000; the mean is $9,812,633

The responses suggest there is a lack of data for providers of service to make important business decisions. They mostly do not track the data that would allow an agency to know their status on critical elements of effective care, thus without this data do not make improvements that would result in an effective and efficient system. This lack of data tracking and analysis somewhat explains the differences in opinion we received via interviews and community forums. Since measured results about treatment outcomes is not available, the community can only create opinions about the quality of care via anecdotal information which may vary widely from person to person.

Further we find that, primarily due to funding and lack of desire, service providers are not inclined to make the system efficient. Providers, for the most part, are not interested in collaborating with other service providers in ways that could reduce cost and increase quality and efficiency.

The MTM Services consultants also reviewed data regarding number of persons served and mental health expenditures to gain further understanding and insight into the issue of service sufficiency.

The National Association of State Mental Health Program Directors Research Institute reports for the State fiscal year of July 1, 2012 to June 30, 2013, Illinois mental health expenditures totaled over $930 million while Iowa spent approximately $440 million. On a per capita basis, Illinois spends $72.44 per citizen while Iowa spends $142.38 per citizen. This places Iowa in the top twenty nationwide.

Iowa is divided into regions with Scott County being in the Eastern Iowa Mental Health and Disability Services Region. This region consists of the counties of Scott, Cedar, Jackson, Muscatine, and Clinton and has an estimated July 2016 population of 300,649. The region was created on May 23, 2013 and for 2016 had a service budget of $8,923,796 and served 2486 individuals. This is an expenditure of $3590

per person served. On a per capita basis, this is $29.68 per citizen. These numbers do not include Medicaid expenditures thus a comparison with the State per capita is not possible. Given the prevalence of mental health nationally at one in five and the July 1, 2016 estimated population of Scott County of 172,474, we would expect approximately 34,495 Scott County citizens to experience some type of mental illness during the year. Of those, approximately one in twenty-five will suffer from a serious functional impairment due to a mental illness, thus for Scott County 6899 citizens would fall into this category. The eastern Iowa Region served 1427 Scott County citizens during the fiscal year. Again, this number does not include those who are Medicaid recipients.

Rock Island County with a July 1, 2016 estimated population of 144,784 would have 28,957 who experience some form of mental illness with 5791 suffering from a serious functional impairment. Illinois is also divided into regions with Rock Island County in the North Central Region 3.

Illinois is unlike Iowa in that the three disability groups are separated at the state level with each having its own division. Iowa on the other hand has two divisions, one for mental health and addiction and one for developmental disabilities. Although there may be arguments as to which administrative structure is more successful, the ultimate measurement is whether the leadership, planning and communication infrastructure exist to create a system that results in positive outcomes for people served.

Provider Directory

The MTM Services consultants conducted a search from various sources to identify the behavioral health and intellectual and other developmental disability service providers delivering treatment in Scott County, Iowa and Rock Island Counties, Illinois. The MTM Services Consultants have developed a service provider database that we believe is reliable. However, The MTM Services consultants found a few instances where the same individual was listed multiple times with each having a different address. It is not known whether these are in fact multiple office locations for these individuals or whether offices have moved and old information was not deleted.

Below is a summary listing by professional groups and agencies that provide behavioral health and or I/DD resources and services in the Quad Cities Area:

Scott County, Iowa Behavioral Health and I/DD Resources

- 118 Licensed Clinical Social Workers
- 24 Psychologists
- 16 Psychiatrists
- 14 Licensed Professional Counselors
- 13 Licensed Mental Health Counselors
- 7 Licensed Marriage and Family Therapists
- 32 agencies delivering services to those having a mental illness

- 10 agencies delivering services to those having an intellectual and other developmental disability
- 8 agencies delivering outpatient addiction services
- 2 agencies delivering inpatient and residential addiction services
- 3 agencies delivering psychiatric services.

In 2016, Scott County has 9.3 psychiatrists per 100,000 population while in 2013 the United States had 9.6 per 100,000. The most recent review of psychiatrists practicing in the U.S. was completed by Tara Bishop, et al. and published in *Health Affairs* in 2016 which showed the population of practicing psychiatrists declined by ten percent between the dates of 2003-2013 when measured by the number of psychiatrists per 100,000 population. Scott County has 14 psychologists per 100,000 while the United States has 31.1 per 100,000. Scott County has 68.6 licensed clinical social workers per 100,000 while the United States has 35.3 per 100,000 population. It should be noted that the State of Iowa has fewer psychiatrists than the other states in the Midwest and most of the other states in the nation. Iowa ranks in the bottom tier of states of psychiatrists per 100,000 population. The Midwest has approximately 35 psychiatrists per 100,000 while Iowa is below 25 per 100,000 population.

There is some reason to be concerned about a workforce shortage. Access to psychiatry as a healthcare specialty may still be limited due to several factors. Access may be diminished by the type of reimbursement accepted by private practice psychiatrists. Many psychiatrists work in more than one setting and may have been counted more than once due to this phenomenon. There is also a concentration of psychiatrists that work exclusively in private practice environments and who accept only cash for reimbursement. Nationally, forty-percent of psychiatrists practice exclusively in a private practice and accept only cash for payment. Only the specialty of dermatology has a higher prevalence of practitioners accepting cash only payments. Therefore, the perceived shortage in Scott County Iowa may be more real when considering these factors.

There are more than 200 licensed practitioners delivering services in Scott County, Iowa and there are over 35 agencies delivering mental health, addictions or intellectual and other developmental disability services.

Rock Island County, Illinois Behavioral Health and I/DD Resources

- 40 Licensed Professional Counselors
- 34 Licensed Clinical Social Workers
- 19 Licensed Mental Health Counselors
- 13 psychologists
- 10 psychiatrists
- 12 Licensed Marriage and Family Therapists
- 20 agencies delivering services to those having a mental illness
- 11 delivering outpatient addiction services

- 3 delivering inpatient and residential addiction services
- 1 agency delivering services to those having an intellectual and other developmental disability
- 1 agency delivering psychiatric inpatient services

In 2016, Rock Island County has 6.9 psychiatrists per 100,000 population while in 2013 the United States had 9.6 psychiatrists per 100,000. Rock Island County has 13.7 psychologists per 100,000 population while the United states has 31.1 per 100,000 population. Rock Island has 23.3 licensed clinical social workers per 100,000 population while the United states has 35.3 per 100,000 population. The state of Illinois has more psychiatrists per 100,000 than many of the other states in the nation, however there may be a significant unbalanced concentration within geographic areas of the state. Illinois has between 35 to 50 psychiatrists per 100,000 population, however most of these are clustered in large metropolitan cities. There is some reason to be concerned about a workforce shortage and the analysis above for Scott County applies also to Rock Island County. There are more than 140 licensed practitioners in Rock Island County, Illinois and more than 55 agencies delivering mental health, addictions or intellectual and other developmental disability services.

During the community forums and one on one interviews we encountered some differences in opinion as to whether Scott County and Rock Island County have sufficient capacity to address the behavioral health needs of its citizens.

While the MTM Services consultants do not have all the data necessary to provide a definitive answer to this question, the consultants believe that the current service system contains the capacity to deliver services to an increased number of individuals if the capacity were more efficient and maximized.

There also appears to be enough service providers and licensed professionals in both counties to provide services to a greater number of citizens in the Quad Cities Area. As previously noted, Rock Island County, IL is not a HPSA designated county now, while Scott County, IA is designated as a HPSA county. The issues identified through the community forums and interviews can be addressed by solutions other than increasing the number of professional staff. The data indicated sufficient staffing for individuals having private insurance, Medicare or Medicaid. It is unclear as to whether there is sufficient funding or staffing to accommodate the indigent population i.e. those that do not have health insurance, do not have Medicaid and cannot afford the cost of services. In Illinois, respondents indicated that some providers were not accepting Medicaid due to delay in payment, while the survey results indicated that 67% of the providers in the Quad Cities Area accepted Medicaid as a form of payment for behavioral health and I/DD services. The MTM consultants will address some of these issues and strategies in the Recommendations Section of this report.

VI. RECOMMENDATIONS TO THE PARTNERSHIP

The MTM Services consultants make the following recommendations to the partnership.

1. A long-term plan that we recommend needing immediate attention is to convene a consortium of behavioral health and intellectual and other developmental disability service provider agencies that will develop and implement a Quad Cities Behavioral Health and I/DD one (1) to two (2) year Strategic Plan. The strategic plan should outline the mission, vision and values of the consortium, goals and the methods to achieve those goals. This group meeting may be an on-going continuous activity as it will take several years for the strategic plan to be accomplished. The MTM Services consultants view this task, as large a task as it may be, as the most important action that the United Way and private partners could undertake as a neutral agency. There are a whole host of issues that need addressing and a strategic planning process is the best method to approach meeting those issues to gain as much consensus as possible. The consortium must not only include the service providers but also key community stakeholders including funders of behavioral health and I/DD services. The desired goals of the consortium are to have an agreement among service providers to improve the quality of services while creating efficiencies in the system. The Quad Cities Health Initiative (QCHI) could take the lead in the development and implementation of this initiative.
2. A short-term recommendation would include the development of key community-based services within a larger continuum of care that would add value by providing rapid interventions and help by reducing the overuse of high cost and more restrictive care. An example would include stimulating the development of mobile crisis, facility-based crisis and walk-in urgent care for behavioral health and I/DD. This enhanced continuum of care would ensure community-based crisis interventions are available, engaging citizens in community-based treatment and reducing the reliance on emergency medical services such that is found in hospitals. These new services will improve quality and may reduce the cost of care.
3. Another short-term recommendation is to develop additional services that are within the continuum, but not currently present in the Quad Cities Area in the amount needed, that lie between community-based care and inpatient care. An example for children and youth, would be the best practice of community support teams. This will improve quality and may reduce the costs of care. Community support teams work with individuals in the community to provide the individual with sufficient support to allow for continued community based care as opposed to the use of more expensive service options. This service is more intensive than outpatient therapy but not as intensive as Assertive Community Treatment Team nor Inpatient psychiatric services. This is a mid-level service. Many states use this service in the manner described here as an alternative to either outpatient therapy or more expensive inpatient services.
4. When distributing funding the partnership should utilize performance based contracts. If the above consortium is developed, the partnership should distribute its funding based on community priorities as defined by the consortium. Funding should go towards those priority activities for which other funding cannot be obtained. Except in rare circumstances funders should not provide funding to an organization to supplement an activity due to the

organizations inability to draw down sufficient funding through a fee for service system to meet its costs. The exception to this policy may include circumstances where the service delivered has a value-added dimension that is not reimbursable from other sources yet the consortium deems as critical to the improvement of the system. The partnership should consider funding start-up infrastructure or services that lead to improved quality and efficiencies e.g. same day access or urgent care walk-in for behavioral health. Another consideration could be contributing resources to short-term pilot of a project that would be funded in other ways in the future but would begin with partnership support. E.g. Assertive Community Treatment Team for adults with serious mental illness.

5. To overcome the workforce challenges of recruiting and retaining clinical professionals, the providers should strongly consider the use of telehealth to deliver rapid access to care without delays. Medicaid and many of the commercial health plans support the use of telehealth. Medicare has some specific rules, but also supports the use of telehealth in HPSAs therefore allowing Scott County to make this model of care available. The use of telehealth needs to be utilized by a broader segment of the service provider network and perhaps could be expanded by those who already use this strategy, but mainly more service providers should use this option.
6. The consortium should consider a shared agreement among participating entities that may resolve some of the workforce recruitment challenges. This would mean that a success by one provider could be shared with another Quad Cities Area provider to satisfy the community need for that professional e.g. a psychiatrist employed by one entity could be shared with another entity and other similar arrangements for other clinical professionals.
7. Use of professional health practitioner recruitment incentives to recruit and retain mental health professionals through the U.S. Department of Health and Human Resources for Scott County which is designated as a HPS A. Recruitment incentives such as loan re-payment and salary support are among several options that are available to HPSAs.
8. Performance standards and benchmarks in several key areas should be emphasized and possibly required in agreements for partnership funding for the larger providers in the Quad Cities area to maximize capacity. Examples include, but are not limited to the following:
    - the demonstration of no-show/cancellation management processes reducing no-show and cancellation events to 10% or below;
    - Use of the psychiatric care as a medical specialty and referring stable patients to mid-level practitioners and primary care physicians when condition(s) are stable;
    - Having agencies produce cost reports by CPT service codes allowing comparisons to be made based on efficiencies;
    - Implementation of same day access not for completion of initial paperwork but for actual treatment;
    - Implementation of Open Access scheduling for psychiatry to reduce no-show events, increase access to psychiatric care, and increases the psychiatrist productivity and ability to generate income;
    - Implementation of standards of care regarding timeliness of treatment i.e. same day evaluation/assessment; appointment for initial psychiatric evaluation within 3 to 5 days

not to exceed 8 days; implementation of on-going treatment within 3 to 5 days not to exceed 8; and,

- Measurement-based outcomes.

9. The partnership may want to consider assuming a leadership role in the development and implementation of an array of advocacy strategies targeted to local, state and national governments and private foundations regarding an increase in funding for the indigent population, an increase in funding for a comprehensive child mental health system of care and an increase in funding to develop an array of services between outpatient and inpatient psychiatric services for the adult population. The targeted population are those indigent individuals who continue to be uncovered even after Medicaid expansion occurs.

VII. RECOMMENDATIONS TO THE UNITED WAY OF THE QUAD CITIES AREA

1. The United Way of the Quad Cities Area may change its methodology of fund distribution across a longer-term from a request based system to a grant proposal connected to the priorities developed by the consortium.
2. The provider directory will need to be revised and updated at least annually to capture all changes in the behavioral health and I/DD service providers within the Quad Cities Area. When the United Way 2-1-1 initiates the renewal, they can also verify the service providers with multiple office locations and listings as the consultants were unable to determine a small number of the larger group of practitioners with each having a different address and whether those multiple addresses are in fact just different offices or whether these are one office that simply moved from one location to another.

VIII. SUGGESTED AREAS FOR POSSIBLE FUTURE EXPLORATION

1. If deemed critical, send out a second survey to those service providers who answered in the affirmative to questions #21-39 in the first survey. The level of specificity to be gained can provide a better picture of the agency's capacity levels and ability to use data as a driver for improved outcome and efficiencies.
2. There is the need to conduct additional analysis of the amount of funding from each state for the indigent population, the types and cost of services currently delivered to this population and an analysis of whether the funding is used in the most efficient manner.

IX. LIST OF TABLES

Appendix A-Provider Directory

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Appendix B-Provider Survey

[SURVEY PREVIEW MODE] United Way