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STATE OF IOWA  
HOUSE OF REPRESENTATIVES

CHESTER J. CULVER, GOVERNOR  
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES  
KEVIN W. CONCANNON, DIRECTOR

**IOWA MENTAL HEALTH, MENTAL RETARDATION,  
DEVELOPMENTAL DISABILITIES, BRAIN INJURY COMMISSION**

**RECOMMENDATIONS REGARDING  
MENTAL HEALTH SYSTEMS IMPROVEMENT REPORT**

January 29, 2008

The Honorable Governor Chester Culver  
Office of the Governor  
State Capitol Building  
Des Moines, IA 50319

Michael E. Marshall  
Secretary of the Senate  
State Capitol Building  
Des Moines, IA 50319

Mark Brandsgard  
Chief Clerk of the House  
State Capitol Building  
Des Moines, IA 50319

Dear Governor Culver, Mr. Marshall and Mr. Brandsgard:

According to legislation passed in the 2007 General Assembly (House and Human Services appropriations bill House File 909) the MH/MR/DD/BI Commission is to review the report submitted by the Department of Human Services related to Iowa's Mental Health Systems Improvement. It is the purpose of this letter to forward the recommendations of the Commission as expected.

It should be noted that members of the Commission did serve on the six Mental Health Systems Improvements workgroups that initially discussed most aspects of the final report. In addition, the Commission sponsored a Public Hearing, held December 13, 2007 involving 13 sites across the state to receive public comment on the Mental Health Systems Improvement recommendations. Verbal testimony was received from 22 individuals. In addition to verbal comment during this Hearing we also solicited written input with such input being provided by nine individuals and/or organizations.

After reviewing this input and discussing recommendations within the Commission we offer the following recommendations:

1. We strongly support the general directions of the workgroup reports, considering these closely aligned with previous recommendations we have made as a Commission. Over the past several years the Commission has identified the following values as guiding our input regarding systems transformation in Iowa. We advocate for a system across disability services that is:
  - a. Consumer and family driven
  - b. Designed to improve service quality and results, and
  - c. Leads to a reduction in the disparity of services across Iowa.

We continue to believe strongly in these values and believe that much of the work reflected in these recommendations reflect such values. We also believe that this report documents the ongoing need to establish a coherent mental health system serving all Iowans with mental health needs.

2. We certainly recognize the need to develop emergency mental health services, services for children's mental health and school-based mental health programs. While we support these directions we believe that the development of such services must be done in such a way that does not reduce funding for critical services for adults, families and youth currently being served in our system.
3. The Commission continues to receive data suggesting that we are facing a crisis in our current system primarily serving adults needing disability related services. As referenced in testimony documented in the workgroup report we have received information suggesting that a number of counties are seeing increased waiting lists for service, a number of counties are facing significant fund shortfalls and that our overall disability support system is in a highly vulnerable state. We are working on additional information to demonstrate the types of services lost and its impact on the lives of Iowans and feel that this issue needs to be kept in mind as you consider the workgroup reports. The Commission did receive testimony from persons who served on the Alternative Distribution Formulas Workgroup that there were significant changes made from the workgroup deliberations in the final report. While we recognize the need to edit from the voluminous documentation of each of the workgroups, we are concerned that this issue of funding solutions must continue to involve the consideration of all possible options rather than more narrowly focused solutions.
4. We believe the workgroup reports accentuate the need for increased collaboration across all levels of service delivery. The intent of a genuine partnership among counties, providers, families and persons with disabilities and the state requires a true commitment to working together rather than any attitude that encourages the identification of those who are truly working to improve the system versus those blocking such progress. We believe this standard needs to be applied diligently to all of these parties whose support is critical to sustained improvement to our overall disability service system.
5. Specific recommendations contained in the workgroup reports (for example, school mental health efforts) point to the need for cross agency cooperation at the state, regional and local levels. The composition of the workgroups did not, for example, contain significant representation from educators. We would hope that there would be more intensive efforts to involve other agencies such as education, corrections and juvenile justice, and public health in this work as it moves forward.
6. The timeline for implementation of the workgroup recommendations and the original expectations as defined in House File 909 present a formidable challenge. For example,

implementation with integrity of evidence-based interventions requires more than simply relying on demonstration sites without a carefully planned strategy of implementation sustainability for any new evidence-based practices. It is also important, in our opinion, to identify any current sites in Iowa that are already implementing evidence-based practices rather than assuming that these do not exist. It will also be important to operationally define these various practices being proposed.

On behalf of the Commission I want to thank you for your continuing work on these critical issues impacting the lives of Iowans with disabilities and their families.

Sincerely,



Carl R. Smith, Ph.D.  
Chairperson  
Iowa Mental Health, Mental Retardation,  
Developmental Disabilities and Brain Injury Commission