

2011 LEGISLATIVE PRIORITIES

The Iowa Mental Health and Disability Services (MHDS) Commission, Iowa Mental Health Planning Council, Iowa Olmstead Task Force and Iowa Advocates for Mental Health Recovery recognize that the members of this General Assembly face an unusually daunting task in allocating scarce resources and maintaining a balanced State budget. In making those difficult decisions, we remind you to carefully consider the health and safety needs of our most vulnerable citizens and recognize the human as well as the financial costs associated with policy and funding choices.

When essential and cost-effective supportive services to people with mental health and disability-related needs are not adequately funded, the result is more emergency room visits, more emergency psychiatric hospitalizations, more involvement with law enforcement, corrections, and the courts, more abuse and neglect, and potentially more preventable deaths. We urge you to preserve the necessary and basic supports of daily living for Iowans with special needs by fully funding the MHDS Commission's modest allowable growth recommendation to the Governor, and by supporting cost effective mental health and disability-related services that are needed more than ever in these difficult economic times.

At a time when so many Iowans are suffering because of lost income, jobs, health care benefits, and homes, are struggling to recover from natural disaster losses, and are facing the challenges of returning from military deployments, our community mental health and disability services system is a critical safety net for a growing number of individuals and families. We have identified the following four priorities for mental health and disability services in Iowa:

PRIORITY 1:

ENSURE THE BASIC MENTAL HEALTH AND DISABILITY NEEDS OF IOWANS

Fund cost-effective mental health, intellectual disability, developmental disability, and brain injury services at a level adequate to meet basic needs.

PRIORITY 2:

BUILD COMMUNITY CAPACITY

Take steps designed to build community capacity to serve Iowans with mental health, intellectual and developmental disabilities, and brain injuries in non-institutional settings.

PRIORITY 3:

ADOPT PROPOSAL FOR REVISING IOWA CODE CHAPTER 230A

Adopt recommendations for revisions to Iowa Code Chapter 230A, governing the organization and operation of Community Mental Health Centers in Iowa.

PRIORITY 4:

LAY THE FOUNDATION FOR REVISING IOWA CODE CHAPTER 229

Further develop recommendations for revisions to Iowa Code Chapter 229, governing mental health commitments in Iowa.

PRIORITY 1:

ENSURE THE BASIC MENTAL HEALTH AND DISABILITY NEEDS OF IOWANS

Fund cost-effective mental health, intellectual disability, developmental disability, and brain injury services at a level adequate to meet basic needs.

PRINCIPLE: Maintain needed services and allow growth necessary to eliminate waiting lists and prevent more expensive interventions and placements, give counties flexibility in determining when growth is needed, and take steps to integrate primary health care, mental health care, and substance abuse services.

STRATEGIES:

(1) ***SUPPORT OLMSTEAD PLAN*** - Adequately fund the services and activities identified and prioritized in the DHS Olmstead Plan for Mental Health and Disability Services to make the plan a reality.

(2) ***REPLACE PROPERTY TAX CAP*** - Replace the dollar cap on county property tax levies with a levy rate cap and allow counties flexibility in determining which base year to use as the capitation rate. The dollar cap has remained unchanged since 1997. It has been estimated that if the 1996 levy rates were applied today, there would be approximately \$50 million more county dollars available to fund current service needs.

(3) ***PROTECT COUNTY FUND BALANCES*** - Hold counties harmless for increased fund balances resulting from the enhanced FMAP (Federal Medical Assistance Percentage) for FY 2010.

(4) ***PROMOTE MENTAL HEALTH PARITY*** - Build on the Affordable Health Care Act to achieve Mental Health Parity for all insurers. Parity in private insurance coverage would reduce reliance on public mental health services and would better support a comprehensive array of services statewide.

(5) ***RETAIN OPEN ACCESS*** - Retain open access to mental health medication. Preferred drug lists requiring prior approval for exceptions may be a generally effective cost containment measure, but create the potential for even greater costs when applied to mental health medications. The medications with the fewest side effects are often the newest and not the 'preferred medications.' Consumers who experience unpleasant side effects from older medications are less likely to stay on them and, as a result, are more likely to be hospitalized or require other more expensive forms of treatment.

(6) ***ALLOW MEDICAID SUSPENSION*** - Allow for the suspension rather than the termination of Medicaid benefits for persons entering a correctional facility for up to 12 months. If it is determined that person remains eligible for benefits at the time of release, benefits could then be immediately reinstated and the individual would have prompt access to mental health medications and necessary treatment that will help deter re-offending.

(7) ***SHIFT COMMITMENT COSTS*** - Transfer the costs of commitments and persons in state hospitals from counties to the State as another step toward the elimination of legal settlement. Increase the use of mental health jail diversion programs and special needs courts and promote other appropriate alternatives to commitment.

(8) **INTEGRATE SERVICES** - Develop an implementation plan for integration of primary health care, mental health care, developmental disability, brain injury, and substance abuse services as a part of federal healthcare reform, following a the basic characteristics of a comprehensive, continuous, and integrated System of Care model.

(9) **PROMOTE SYSTEM EFFICIENCIES** - Promote cost-saving efficiencies and less-restrictive service options including:

- **COMMUNITY-BASED** - Redirecting resources from expensive institutional care to more cost-effective community-based services Initiating or increasing client participation for some services
- **CONSISTENT** - Evaluating Medicaid program integrity, regulations, and policies for efficiency and consistency in meeting the needs of lowans
- **EFFECTIVE** - Replicating programs that demonstrate cost-effectiveness and positive outcomes for people
- **MODERN** - Utilizing technology to improve system efficiency
- **FOCUSED** - Insuring that federal funds received for health care purposes are obligated to health care and not diverted for other use
- **SIMPLIFIED** - Minimizing processes and paperwork to reduce costs

PRIORITY 2:

BUILD COMMUNITY CAPACITY

Take steps designed to build community capacity to serve lowans with mental health, intellectual and developmental disabilities, and brain injuries in non-institutional settings.

PRINCIPLE: Adults and children should have access to needed services and supports in their communities and should not have to resort to nursing home or institutional living.

STRATEGIES:

(1) **ADDRESS WORKFORCE SHORTAGES** - Address the critical shortage of mental health and other professionals by:

- **SUPPORTING TRAINING & CREDENTIALING** - Supporting efforts to develop a competency-based curriculum and credentialing system for direct support professionals that values and promotes community-based services mental health and disability-related services through the use of established learning systems such as the College of Direct Support. Building competent direct support professional workforce also requires that training become a direct cost.

- **EXPANDING MENTAL HEALTH RESIDENCIES** - Developing and implementing a plan to expand opportunities for community psychiatry residency positions and training for psychiatric physician assistants, psychiatric nurse practitioners, and psychiatric social workers at multiple locations in Iowa.
- **UTILIZING PEER SUPPORT** - Expanding the use of trained and credentialed peer support specialists and family support services.
- **EXPANDING ASSERTIVE COMMUNITY TREATMENT (ACT)** – Building on the five existing Assertive Community Treatment (ACT) teams to establish statewide coverage.

(2) **DEVELOPING CRISIS STABILIZATION** - Developing crisis stabilization beds and sub acute care beds statewide utilizing a recovery model as recommended by the Acute Care Task Force and further supporting recovery with wellness centers, drop in centers, and peer support services.

(3) **EXPANDING CHILDREN'S SYSTEMS OF CARE** - Building on Iowa's two current children's system of care projects in northeast and central Iowa to create a comprehensive statewide system for children's disability services.

(4) **INCREASING WAIVER FLEXIBILITY** - Raising the monthly individual cap on waiver services for children to provide flexibility and support the ability of families to keep their children at home, in school, and out of expensive residential placement. If families cannot access critical services such as respite care when they need it, children are vulnerable to abuse and neglect or out-of-home placement.

(5) **EXPANDING BRAIN INJURY SERVICES** - Eliminating the need for a waiting list for brain injury services by fully funding the HCBS Brain Injury Waiver at the projected level of growth approved by the Centers for Medicare and Medicaid Services (CMS) and by removing the dollar funding cap that prohibits the provision of services at a level necessary to prevent institutionalization or out of state placement.

(6) **EXPANDING ID WAIVER** - Amending the HCBS Intellectual Disabilities Waiver to include individuals with autism spectrum disorders and determine eligibility through an individual clinical assessment based on functional impairment.

PRIORITY 3:

ADOPT PROPOSAL FOR REVISING IOWA CODE CHAPTER 230A

**Adopt recommendations for revisions to Iowa Code Chapter 230A,
governing the organization and operation of
Community Mental Health Centers in Iowa.**

PRINCIPLE: Community mental health centers should play a critical role in the statewide system that serves Iowans who have mental health disorders and/or experience mental health related crises. The recommendations are proposed with a long-term vision of (1) Establishing a statewide organized public safety net of services for Iowans of all ages who have mental health disorders; (2) making an array of core safety net services available to Iowans regardless of their place of residence or economic circumstance; and (3) assuring of provision of quality services.

STRATEGY: *UPDATE CHAPTER 230A* - Revisit the original proposal presented in 2010 for updating the statutory provisions governing the role and operation of community mental health centers to reflect current needs and expectation as one step in implementing improvements to Iowa's system of public mental health and disability services. Consider the role of CMHCs in the implementation of federal health care reform and the establishment of a comprehensive, continuous, and integrated System of Care model, including the use of technological enhancements such as telemedicine.

PRIORITY 4:

LAY THE FOUNDATION FOR REVISING IOWA CODE CHAPTER 229

**Further develop recommendations for revisions to
Iowa Code Chapter 229, governing mental health commitments in Iowa.**

PRINCIPLE: The number of mental health commitments in Iowa is growing and too often individuals go through commitment proceedings because it is the path of least resistance to a "bed," not because the person truly needs to be committed. Alternatives need to be developed that are less expensive and more effective in addressing the needs of individuals in need of mental health services.

STRATEGY: *REVISE CHAPTER 229* – A workgroup including representatives of the judicial system and the mental health system is currently meeting to develop recommendations for changes in the commitment process. We support coordinated and continued efforts to review and update Chapter 229 to better meet the needs of Iowans with mental illness, to alleviate the burden of unnecessary commitment proceedings on the services system, and minimize the disruption in the lives of individuals experiencing mental health crises. Our recommendations to develop crisis stabilization services, expand Assertive Community Treatment statewide, and increase the use of mental health jail diversion programs and special needs courts are examples of systemic changes that can also contribute to the reduction of unnecessary commitments.

Signatory Page

Regarding the 2011 Legislative Priorities document dated December 2, 2010 -

Our organization supports the legislative priorities which have been adopted by:

- the Iowa Mental Health and Disabilities Commission on December 2, 2010
- the Iowa Mental Health Planning Council on November 17, 2010
(please note the Council approved an additional 3 legislative action items not on the attached document)
- the Iowa Olmstead Task Force on December 3, 2010 and
- the Iowa Advocates for Mental Health Recovery on December 2, 2010

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The following organizations signed on as signatories:

MHDS Commission
Iowa Mental Health Planning Council
Olmstead Task Force
Iowa Advocates for Mental Health Recovery
National Alliance on Mental Illness of Central Iowa
The ARC of Iowa
Hillcrest Family Services
Mental Health America of Dubuque County
Brain Injury Association of Iowa
National Alliance on Mental Illness of Dubuque County

United States Psychiatric Rehabilitation Association of Iowa
Broadlawns PATH program
AMOS Mental Health Workgroup (A Mid-Iowa Organizing Strategy)
Mental Health Association of Siouxland
Iowa Federation of Families for Children's Mental Health
National Alliance on Mental Illness of Greater Des Moines
Eyerly-Ball Community Mental Health Center
NAMI Jasper County