

Purposes of the Iowa Mental Health Planning Council

- 1) **Review Mental Health Block Grant** and make recommendations.
- 2) To serve as an **advocate** for adults with a serious mental illness, children with SED and their families, and other individuals with mental illness.
- 3) To **monitor, review, and evaluate**, not less than once each year, the allocation and adequacy of mental health services within the State.

Iowa Mental Health Planning Council Evaluation of MH services in Iowa Legislative Priorities Which Reflect Needs and Gaps

1. Children, Teens, Caregivers Page 2

Prevention and Access

Continue to grow and support early intervention strategies

2. Adults Page 3

Access to Treatment

3. Older Adults Page 4

Access to Care

4. Essential priorities which are key to all age groups – birth to death

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An endorsement of the legislative priorities of the Iowa Behavioral Health Association

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Children, Teens, Caregivers

Prevention and Access - Continue to grow and support early intervention strategies

As per the Gov's Condition of the State Report – pg. 27 – the Governor proposes:

Increasing support for pregnant women and promoting the importance of fatherhood.

1. **Extend postpartum Medicaid coverage from 2 months to 12 months** to provide greater maternal supports including reducing barriers to accessing health care, mental health care and substance use disorder treatment. (ACES) (pg.3 of Dec 22 Postpartum Coverage report – 34 states have implemented, has helped women meet their behavioral health and substance use disorder needs)
2. **Increase access** to evidence-based (prenatal support) **home visiting programs** to address upstream risk factors (ACES).
3. Update Iowa Code to include **service coordination** and **supports to community living** as **core services** for children and teens by July 1, 2023 (State Children's Board).
4. **Implementation and appropriation for Iowa Project LAUNCH** – Mental Health Consultation for infant and early childhood and the caregivers. The Iowa Department of Public Health is currently implementing a **five-year federal grant** called Project LAUNCH. The purpose of this initiative is to support young children's healthy mental development by focusing on strategies that foster safe, stable and nurturing relationships and positive experiences for children, newborn through age eight. (State Children's Board)
5. **Legislation to enact the Seizure Safe Schools initiative** - would require all public and private schools to:
 - Train school personnel on seizure detection and first aid response;
 - Mandate Seizure Action Plans be on file for every student diagnosed with epilepsy or a seizure disorder, and require those plans be available to all personnel responsible for the student;
 - Ensure the administration of medications approved by the U.S. Food & Drug Administration; and
 - Educate and train students about epilepsy and seizure first aid response
 (Epilepsy Foundation)
6. **Expand access to school mental health services** to include preschool and kindergartners.
7. **Protect Iowans from Preventable Diseases (IPHA)**
 - Uphold Iowa's vaccine laws - Maintain childhood immunization laws
 - Ensure robust data collection and analysis
8. **Enact guidelines on Youth Gun Safety Education** (Blank Children's Hospital) [Teaching Kids Gun Safety: 42 Things They Need to Know | KeepGunsSafe](#)
9. **Increased funding for childhood lead poisoning prevention** [Bureau of Environmental Health Services - Childhood Lead Poisoning Prevention \(iowa.gov\)](#)

Lawsuit Accuses Iowa of 'longstanding failure' to provide kids with mental health care

Disability Rights Iowa

https://www.desmoinesregister.com/story/news/health/2023/01/06/groups-accuse-iowa-of-failing-to-address-kids-mental-health-needs/69785335007/?utm_source=newsletter&utm_medium=email&utm_campaign=newsletter_axioslocal_desmoines&stream=top

Adults - Access to Services – A task force to determine 4,5 and another task force to determine 6,7

1. Invest in addressing barriers to community living such as family restrooms, adult changing tables, accessible sidewalks, parks, and public spaces. *(IDD Council)*

2. Increase access to affordable, reliable, and convenient transportation that allows people with disabilities to live, work, and play in their community during day, evening, and weekend hours. *(IDD Council)*

3. Expand access to paid leave benefits - *Military personnel are now eligible for 12 weeks of parental leave, doubling the previous amount, after a memorandum from the Department of Defense took effect last week. The leave is available for birthing and nonbirthing parents, as long as they have been in active or reserve duty for at least a year. (Gov/s bill – state employees would be given paid leave benefits- pg. 27)*

4. Competency - Iowa Law established competency evaluations to be done for certain individuals who have mental health/brain health issues who have been arrested in Iowa Code Chapter 812. Iowa Code §812.3 should be changed to clarify which state agency is responsible for competency evaluations and holds for persons with mental health/brain health issues. *(ISAC)*

- Treatment in the Justice System - Inmates are confined in county jails when their criminal cases are suspended pending a competency evaluation and treatment (if deemed appropriate) per Iowa Code Chapter 812. Those individuals are frequently mentally ill with exacerbation of severe symptomology. Wait times for inmates in county jails to the Iowa Medical and Classification Center (IMCC) can be three to nine months and at Cherokee Mental Health Institution (MHI) two to four months. The inmate frequently remains untreated and has symptomatic behaviors include suicidal and homicidal ideation, assaultive behaviors, delusional thinking.
- There have been four Occupational Safety and Health Administration (OSHA) complaints filed since 2013 resulting in tens of thousands of dollars in fines against the Iowa Department of Health and Human Services (IDHHS). It is unknown if or how many civil lawsuits have been filed by staff who have been permanently disabled or the total cost to the State of Iowa.

5. Civil Commitments - **Iowa Code Chapter 229, Mental Health Civil Commitment, is outdated and needs to be modernized.** This has resulted in a lack of clarity of the role of Judicial Advocates and the need for assistance to ensure Judicial Advocates can perform the duties that are expected of them. Additional clarity is needed to enter persons into treatment earlier when they do not realize they are ill and their decision-making capacity is impaired to cause a serious threat to their health and safety and to others. *(ISAC)*

6. The development of a civil forensic unit should be explored at the state's current MHIs for non-violent offenders and at IMCC for offenders who may be considered dangerous. Once an individual is deemed not restorable but still a danger to the community, that person should be placed in the appropriate unit. If at a certain point, that individual is no longer in the custody of the department of corrections, they should be funded by IDHHS. There needs to be a change in the Iowa Code process in §812 that **changes their custody** from the Department of Corrections (DOC) to IDHHS at that point.

- Those inmates who are found 'not competent and not restorable' have their criminal proceedings dismissed per law. They are typically returned to the community due to limited beds in the two remaining MHIs. It is rare that MHIs or private community providers have security staff for those individuals who, due to their incompetence, continue to have assaultive or dangerous behaviors.
- The state should appropriate dollars necessary to expand the number of beds available for competency evaluations so persons do not need to wait, possibly without services or medication, for extended periods of time to get the evaluations done. This should include programs to treat and supervise individuals found not guilty by reason of insanity (Rule 2.2)
- **IDHHS and DOC need to jointly develop a civil forensic unit with input from law enforcement, MH/DS Regions, Judicial Mental Health Advocate, etc.** There needs to be a facility where individuals with mental illness can obtain treatment in a secure environment. This will also allow those who have been found 'not competent and not restorable' a multi-tiered program based upon the individual's acuity for a safe reentry to the community. *(ISAC)*

7. Implement Tertiary Care Hospitals in the state that are geographically dispersed to meet the needs of individuals requiring a higher level of care than is currently available in an inpatient unit in Iowa. IDHHS and other state agencies should work with the Iowa Community Services Association, the Iowa State Sheriffs' and Deputies' Association, and the Iowa State Association of Counties. Further, ISAC supports the addition of clarifying language in the various areas of Chapter 229 that aid in this process. *(ISAC)*
(2018 Tertiary Care task force) (2017 Complex Needs Workgroup)

Older Iowans - Access to care

1. **Improve nursing home care** (Older Iowans Legislature)
 - Appropriations should be tied to outcomes and direct a portion to workforce challenges
 - Inadequate workforce – need incentives to recruit and retain – more training needed and wages and benefits need to be improved.
 - Agencies in charge of oversight need enhanced enforcement powers
- Extensive articles have published in the DM Register and Iowa Capital Dispatch about the closings, fines, and deaths which have been occurring in nursing homes across the state.*
2. **Passage of proposed Guardianship and Conservatorship bill** to protect vulnerable adults and minors.
<https://www.lowagca.org> (Older Iowans Legislature)
 3. **Funding Iowa Return to Community program** from the lottery (Older Iowans Legislature)
 4. **Implementation of BOLD Act** by IDPH - [BOLD Infrastructure for Alzheimer's Act | CDC](#)
 - Establish Alzheimer's and Related Dementias Public Health Centers of Excellence
Per pg. 27 Gov. proposals - Increasing funding for Centers of Excellence to improve access to medical specialties in rural and underserved communities
 - Provide funds to support Public Health Departments
 - Increase Data Analysis and Timely Reporting
 - The activities outlined in BOLD are designed to create a uniform national public health infrastructure with a focus on issues such as increasing early detection and diagnosis, risk reduction, prevention of avoidable hospitalizations, and supporting dementia caregiving.
 - Iowa is using a core capacity grant for steps to date.
 4. **Locations where SA and MH could both be treated in the elderly** (Hope Harbor)
 - Training on substance abuse issues in the elderly
 5. **Case managers/navigators** to assist families with finances and regulations (Hope Harbor)
 6. **Increase the beds where geriatric psychiatric care** can be given. There is only one unit with around 12 beds located in Storm Lake.
 7. **Nursing homes for incarcerated persons with dementia** (275 people) under control of DOC to guarantee quality of care
 - Apprenticeship programs for persons incarcerated so nursing home staffing can come from within and people have personal and professional skills upon leaving DOC.

Essential Priorities for all Age groups - Strengthening public health policy on greater good vs individual rights

1. Workforce Crisis and Training

- Support the recruitment, training, and retention of Iowa's maternal and mental health workforce and child care workforce at all levels of care. (IPHA)
- Expand incentives to train, recruit and retain all levels of the maternal and mental health workforce and child care workforce including pay, benefits, loan forgiveness repayment grants and fellowships.
- Wages MATTER - support living wage increases using annual cost of living as a guideline (IDD Council).
- Strengthen the Public Health Workforce (IPHA)
 - Increased funding for state and local public health infrastructure
 - Protect the workforce from harassment and threats of violence
 - Incentives to diversify the public health workforce
 - Public health training programs and loan forgiveness
- Fully fund health care services and community-based supports to address the workforce crisis in both rural and urban areas (IDD Council) (Pg.27 Governor's Condition of the State proposals - Increasing funding for Centers of Excellence to improve access to medical specialties in rural and underserved communities)
- Allow guardians and family members to be paid to provide support to both minors and adults through Iowa's self-direction options. (IDD Council)
- Establish a career ladder in the direct caregiver field.
 - Enacting a dementia specialist program (Older Iowans legislature)
 - Fund a training package on mental health for direct caregivers (a potential for MHBG funding)
 - Fund a training package on dementia for direct caregivers (a potential for MHBG funding)
 - Funding Iowa Return to Community from the lottery (Older Iowans legislature)
 - Increase wages for direct caregivers (IDD Council)
 - Have the state take a bold step - provide a group healthcare plan, a group disability insurance plan and an individual retirement account for direct caregivers beyond their hourly wage. Some funding could come from nursing home approps
 - Provide state tax cuts for direct support professionals. (IDD Council)
 - Provide loan forgiveness/low-interest loan consolidation for direct support professionals. (IDD Council)
- Paid apprentice or intern programs in high school and college to entice interest in maternal, mental health and child support fields. (Gov's budget proposal- Iowa Health Careers Registered Apprenticeship Program Based on the early success of the program and the need for additional health care workers, total funding will be increased from \$3 million to \$15 million, and the program expanded to offer additional health care certifications addressing other critical needs across the state. • Establish new or expand existing high school RAPs for nursing certifications including CNAs and LPNs with the potential of pursuing a RN. • Establish collaborative, community-based emergency medical service RAPs that lead to EMR, EMT, and paramedic certificates. • Create in-house related training instruction (RTI) programs that certify direct care professionals (Levels I, II and III) for employment in assisted living and nursing facilities, private homes, community-based services, and programs for people with disabilities. • Incentivize behavioral health providers to create RAP pathways for community health workers, substance abuse counselors and behavioral health counselors.)
- Training on positive behavioral supports (Hope Harbor)
- Upon completing training, a hotline for caregivers to call when problem solving is needed (Hope Harbor)
- Training with Teepa Snow (occupational therapist expert in dementia care) – (Hope Harbor)
- A consultant for older Iowans is Kitty Buckwalter, UIHC, a world-renowned leader, mentor, and researcher in the field of geropsychiatric nursing. She has worked closely with the National Academy of Medicine on their recent report, Quality of Care in Nursing Homes". Her work has been with Caregivers of persons with dementia, as well as stigma for PWD and their caregivers and works with the Csomay Center of Gerontological Excellence at the UI. <https://nursing.uiowa.edu/faculty-staff/emeriti-directory/buckwalterk>
- Expand the Peer Support Workforce, including Peer Support & Family Support for mental health and Recovery Coaching for substance use, to strengthen community-based services.

Per Gov's Condition of the Proposals:

- Increasing funding for Centers of Excellence to improve access to medical specialties in rural and underserved communities
- Establishing a Family Medicine Obstetrical Fellowship to support maternal health in rural and underserved communities pg.28
- Ensuring the availability of emergency medical care in rural communities
- Expanding the Iowa Health Careers Registered Apprenticeship program.
- Launching a rural emergency medical services pilot program.

Essential Priorities for all Age groups - Strengthening public health policy on greater good vs individual rights

2. Medicaid - Medicaid helps Iowans get and stay healthy — so they can live healthy and productive lives.

- **Reduce the administrative burden** associated with Medicaid billing, such as implementing a single credentialing system across the MCOs, standardization of prior authorizations, and prohibiting recoupment beyond 24 months.
- Waiting for report for results of **proposed reinvented HCBS program** (due Jan 2023) (*12-9-22 reports to Health Policy Oversight Committee – Community Based Services Evaluation and Medicaid Community Integration*).
- **Rate relief** - Medicaid reimbursement levels are among the lowest in the nation. (*Orchard Place*) (*Iowa Medicaid Overview report*)
 - Rate relief for direct care providers
 - Rate relief for Medicaid funded Mental Health Therapy
 - Rate relief for Medicaid psychiatric services
 - Rate relief for Medicaid funded non-waiver respite care
- Complete **ongoing** and regular **provider reimbursement rate reviews** to reflect the cost of doing business.
- Incentivize participation by physicians and dentists to serve Medicaid clients. At the present time, it is extremely poor due to paperwork administrative burden and low reimbursement rates.
- Provide **free naloxone distribution** to any groups who need or want it. (*Gov's budget proposal-pg.37 Iowa can improve access to naloxone by expanding secondary distributors as defined in law to include: • Law enforcement agencies • EMS programs • Fire departments • School districts • Licensed health care providers, including behavioral health providers • County public health departments • Iowa Department of Health and Human Services*)
- **Protect Medicaid** from harmful changes and funding cuts. Oppose barriers that take away health care from Iowans and increase administrative costs to the state, including work reporting requirements and ongoing/repeated verification checks. (*12-9-22 Report to Health Policy Oversight Committee - Medical Eligibility Determination & Tools*)
- **Extend telehealth parity to physical health services** and maintain telehealth flexibilities.
- Protect and support appropriate access to health care for Iowans transitions from Medicaid at the end of the federal Public Health Emergency. (*Iowa Medicaid Overview report – pg 25-29, Public Health Emergency Unwind*)
- **Do not allow Non-Medical Switching of medications** to assure a Continuity of Care for the patient (*Epilepsy Foundation*)
- **Require insurance companies** to enforce **mental health parity** so both the public and private sectors are sharing the support of an adequately paid mental health and disability workforce.

(12-9-22 Health Policy Oversight meeting – Topic: Iowa Medicaid Overview report- see pg. 8-Progress on Objectives and Pg. 9-16 Implementation of Legislative Appropriations, Pg 17-23- MCO contracts and rates, Pg25-29 Public Health Emergency Unwind)

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3. Regions

- **Increase maximum cash carryover** for regions from a maximum of 5% fund balance to a 18% fund balance. (*MHDS commission*) (*Jan-23 MH and Disability Services Regions Study Report recommends increase to 10%*)
- **Include children with ID, DD and Brain Injury** to an integrated service system with the Children's Behavioral Health System for mental health and substance abuse and adjust the Regions' funding to reflect the additional populations. (*MHDS Commission*)
- Amend Iowa Code to **include service coordination and supports to community living as core services** by July 1, 2023. (*State Children's Behavioral Health Board*)
- Address region's **ability to apply to the incentive fund** so that the requirement is not looking at funds that were available two years prior to the year of application but are utilizing current fiscal year funds available.
 - Current language reads: The region's ending fund balance in the fiscal year that commenced two years prior to the year of application shall meet the ending balance threshold in accordance with Iowa Code section 225C.7A.

Jan-23 MH and Disability Services Regions Study Report contains additional recommendations.

Dec -22 Iowa Mental Health and Disability Services Commission Combined Annual and Biennial Report

Essential Priorities for all Age groups - Strengthening public health policy on greater good vs individual rights

4. Water Quality – Increase funding and enforcement for water quality initiatives – a basic measure of citizen health

- The lower Missouri River is the 2nd most endangered river in the U.S.
- The Raccoon River is 9th among the 10 most endangered rivers in the U.S.
[Iowa's Raccoon River in top 10 most endangered in US from ag runoff \(desmoinesregister.com\)](http://desmoinesregister.com)
- Mississippi River -drinking water directly from the Mississippi River is very unsafe. Public utilities along the river treat the river water so it can be safe to drink in cities along the river route. [Is the Water From the Mississippi River Safe To Drink? - AZ Animals \(a-z-animals.com\)](http://a-z-animals.com). See the IA Capital Dispatch article below)
- Wells – private wells should be tested every 5 years [Bureau of Environmental Health Services - Grants to Counties Water Well Program \(iowa.gov\)](http://iowa.gov)
- Impaired waters – [Impaired Waters \(iowadnr.gov\)](http://iowadnr.gov)
- Blue Green algae [Iowa Department of Public Health](http://iowa.gov)
- **Ban the use of chlorpyrifos** in Iowa. Chlorpyrifos is banned in three states for harming brain development. Yet it remains one of the most commonly used pesticides, which means it's in the food that children eat every day – including their school meals. It is an [organophosphate pesticide](http://www.epa.gov) that has been used on crops, animals, and buildings, and in other settings, to kill several [pests](http://www.epa.gov), including insects and worms.
- **Take aggressive actions against PFAS** – toxic chemicals which contaminate food and drinking water and are found in the blood of nearly every American. [PFAS \(per- and polyfluoroalkyl substances\), Iowa DNR](http://www.dnr.iowa.gov)

Iowa Capital Dispatch: The Mississippi River town of Camanche is set to get two new deep wells for drinking water to replace shallower ones that are contaminated by "forever chemicals," according to the Camanche city administrator. 3M Co. has been a major manufacturer of perfluoroalkyl and polyfluoroalkyl substances — commonly known as PFAS — and its facility across the river near Cordova, Ill., has been identified as the likely source of contamination.

5. Local Public Health as an essential service

Amend Iowa Code Chapter 137, Local Boards of Health, to include language to outline funding levels and sources of funding. Funding language currently found in Iowa Code Chapter 80, Local Public Health Services, would then need to be modified to allow the local agency to determine the services necessary for expending these funds. Flexible, adequate and sustained funding for local public health depts – which is a local source of staffing for mental health care and physical health care from birth to death.

Anticipated for other possible recommendations – placement in one of the legislative priorities above?

Waiting for report on **HCBS program reinvention** (from Mathematica)

Ensure all federal funds received in Iowa are spent so the citizens of Iowa can receive maximum benefit.

Develop a **data infrastructure** to reveal outcomes and the effectiveness of evidence-based practices and other promising practices.

- Continue to develop and implement statewide data collection and identify key points for a dashboard pertaining to children's behavioral health (*State Children's Behavioral Health Board*)

Climate change is causing extreme anxiety and catastrophic weather events. The climate crisis is accelerating, destroying more homes and lives each year. Bomb cyclones, atmospheric rivers, record snowfalls, hurricanes, rising water levels along shore lines, multiple tornadoes, et.

The IMHPC endorses the legislative priorities of the Iowa Behavioral Health Association.
(see attached copy)