

Policy Statements

Advance Psychiatric Directives

ISAC supports legislation that gives advance psychiatric directives the same recognition as durable powers of attorney. Advance directives can ensure treatment without having to use intervention of the courts through the civil commitment process. However, while the similar durable power of attorney is readily accepted for somatic care, advance psychiatric directives are not generally recognized in Iowa.

Appeals Process

ISAC supports amending Iowa Code chapter 17A to reflect that any non-Medicaid appeal heard and ruled on by an administrative law judge cannot be overturned by the DHS director. The state appeals process allows the Department of Human Services (DHS) director to override an administrative law judge decision, which is not consistent with the recent Attorney General interpretation of Salcido v. Woodbury that boards of supervisors cannot be included in the county appeals process.

Children's Services

ISAC supports recommendations by the MH/MR/DD/BI Commission to improve children's services to better meet the needs of children and families.

The current child welfare, juvenile justice, and children's mental health waiver systems are not meeting the needs of children with mental health problems and their families. This is evidenced by an increase in the number of inappropriate mental health commitments of minors and the number of costly out of state placements.

County/State/Commission Collaboration

ISAC supports: county/state/commission collaboration in developing and implementing statutes, rules, and budgets for all programs for which the county and the state both have responsibility. When involved in the development of rules counties can better assist in the implementation of policies at the local level.

County/State Data Collaboration

DHS and ISAC have enjoyed a collaborative partnership in mutual development of improved data management systems. ISAC supports work to identify any legal obstacles to moving forward and code changes to overcome these obstacles.

Court-Related Expenses

Rule 21 Commitments

ISAC supports the development and state funding of specialized forensic programs to treat and supervise individuals found not guilty by reason of insanity. Individuals found not guilty by reason of insanity (Rule 21) are currently inappropriately placed in the mental health system when they need specialized forensic treatment and supervision.

812 Commitments

ISAC supports legislation to revise Iowa Code chapter 812 to clarify that the cost of evaluation and restoration of competence to stand trial pursuant to Iowa Code chapter 812 is a state funding responsibility in cases where the defendants are unable to pay.

Civil Court-Ordered Services

There are significant, ongoing issues related to the costs for commitments. ISAC supports transferring the funding responsibility of court-appointed advocates, attorneys, sheriffs' fees, and court-ordered diagnostic evaluations for both substance abuse under Iowa Code chapter 125 and mental health under Iowa Code chapter 229 from the counties to the state.

ISAC supports legislation that clarifies that the state has the responsibility of locating beds for mental health and substance abuse commitments. Historically, low reimbursement rates, combined with the shortage of psychiatrists, have resulted in the loss of local inpatient capacity in the MHIs. Therefore, ISAC also supports legislation that would address the crisis in the availability of beds statewide, and legislation to improve the reimbursement rate from Medicaid for private hospitals.

Department of Corrections

ISAC supports clarifying that the cost of treatment ordered by the criminal court is a state funding responsibility. The Department of Corrections and the Department of Correctional Services are statutorily responsible for treating persons in their custody who need mental health, developmental disability or substance abuse services.

IowaCare

ISAC supports county involvement in the evaluation of the current IowaCare program, and in the design and implementation of any future expansion. ISAC supports legislation to direct DHS to evaluate the lack of funding for medications, transportation, and lodging both in regard to impact on IowaCare enrollees and cost shift to counties.

Medicaid

Medicaid Partnership

ISAC supports legislation that would require DHS to work with the counties to design any proposed changes to the MH/DD services provided through the Iowa Medicaid plan.

ISAC supports both a change in state policy to comply with the federal directive not to terminate Medicaid upon admission to jail or an IMD, and the state-funded continuation of Medicaid eligibility for individuals being held in jail or juvenile detention.

Mental Health and Substance Abuse Parity

ISAC urges the Legislature to expand the insurance parity law to cover all mental health diagnoses and substance abuse treatment including prescription drugs.

MH/DD System Improvement

ISAC supports an MH/DD system, based on the concepts of consumer-driven services provided in the community. It is ISAC's position that any system redesign must be adequately funded, including adequate funding for additional county administrative costs, so that no existing class of consumer would have to give up services in order to finance system change. Once the current system is adequately funded, ISAC supports legislation that would lay the groundwork for a transfer from a funding system based on legal settlement to one based on residency. Since all stakeholders are represented on the MH/MR/DD/BI Commission, ISAC believes that the Commission should be the single point of accountability driving future system improvement. To accomplish this, the Commission must have authority over budget, administrative rules, and planning and the Commission must have staff and other operational support from the MHDS Division.

Psychiatric Workforce Shortage

ISAC supports the continued statewide effort for the recruitment of psychiatrists and psychiatrically trained and certified physicians' assistants and nurse practitioners. The shortage of trained mental health professionals is becoming life threatening in rural areas and critical in urban areas.

Substance Abuse Treatment

ISAC supports the appropriation of sufficient state funds to the Iowa Department of Public Health to make services available for the evaluation, medical and social detoxification and prescribed outpatient, residential or inpatient treatment, including MHIs, for Iowans in need of substance abuse treatment.

Treatment for Co-occurring Mental Illness and Substance Abuse

ISAC supports efforts by the state of Iowa and its managed care contractor to develop and use an evidence-based, integrated approach for the treatment of persons with co-occurring mental illness and substance abuse disorders.

Uniform Cost Report

ISAC supports the continued work of county, DHS and other stakeholders to develop strategies to create one uniform provider cost report. ISAC believes that this tool should include County Rate Information System (CRIS) principles, such as all provider revenues and costs on one report for a specific service regardless of service funding stream. Adopting uniform cost centers and standardizing the definitions of costs will assist providers, counties, and DHS in understanding and defining the cost of service provision. Additionally, to assist in ensuring appropriate reimbursement for services continue the CRIS principle of defining the number of FTE's used to provide a service.

Legislative Objectives

1. Adequate Funding for Mental Health Services

PROBLEM: The current Allowable Growth Appropriation, \$62,157,491, does not allow any real growth from the FY 2009 amount that we received of \$61.7 million. In fact the amount now appropriated for FY 2011 is about \$8 million LESS than the 2008 Legislature appropriated for FY 2010. The federal stimulus money stops flowing midway through FY 11. So in addition to not having any real growth from the state for two years, our federal money from the stimulus package goes away. That means that there will be significant problems maintaining existing levels of service, let alone accounting for new consumers and increases in costs such as higher medication costs, higher fuel costs, etc.

SOLUTION: In addition to fully funding MH/DD allowed growth, ISAC supports legislation to allow counties the address MH/DD underfunding through necessary adjustments to the MH/DD levy. This would allow counties the option to generate additional revenue to address the rising costs of services and effectively meet the needs of person with disabilities in their own community. If the state must reduce expenditures, ISAC would argue against across-the-board cuts and for targeted cuts that do not impact services for persons with disabilities.

2. Building Community Capacity

PROBLEM: Iowa relies more on institutionalization of people with disabilities and mental illness than most states.

- In 2007, Iowa ranked second in the U.S. in its rate of reliance upon large (16+ bed) residential facilities and ICF/MRs (Intermediate Care Facilities for People with Mental Retardation) to serve people with disabilities.
- Due to a lack of community capacity to serve individuals with complex needs or challenging behavior, Iowa currently serves 205 adults and children in out of state facility placements, at an annual cost of \$17 million.
- Although the utilization rate of Iowa's State Institutions for individuals with mental illness was half that of the U.S. as a whole, utilization of psychiatric hospitals was higher than the U.S. average in 2006, and four and a half times that of Minnesota.
- The Acute Care Task Force has found that people experiencing mental health crises too often seek treatment in, or a taken by first responders to, hospital emergency rooms due to the lack of more appropriate community services.

SOLUTION: ISAC supports efforts, including necessary funding, to develop the capacity to serve individuals with disabilities and mental illness in communities, in non-institutional settings. Such efforts could include revising the Code of Iowa to remove the institutional biases in the Code (such as mandated services and preferential client co-pays for state institutions vs. community settings), addressing critical workforce shortages through recruitment and retention of skilled professionals (especially in mental health) by offering appropriate pay scales and other incentives; the development of a competency-based curriculum(a) and credentialing pathway(s) for direct support professionals; and the creation of incentives for the pursuit of those pathways through differential reimbursement in order to produce a workforce that is skilled, trained and able to fully respond to the diverse needs of individuals and families in all target populations served. ISAC supports efforts to develop community capacity and affordable housing to serve persons outside of institutional settings.

