Background

Mental illness and substance use disorder impacts a large and growing portion of Iowa’s population. Nearly 1 of 5 adult Iowans face mental illness. Of these adults, less than half receive treatment. These statistics become more severe when addressing substance use – only 7% to 13% of Iowans facing substance misuse receive treatment.

Hospitals see the need for assistance and treatment every day in their communities. Patients are left in emergency rooms as a last resort and only hope for treatment. If a patient is ultimately admitted to an inpatient psychiatric unit, there are limited resources available to assist in transitioning back to the community or locating long-term care. **Iowans need behavioral health resources.**

Iowa’s General Assembly took a significant step forward last legislative session in recognizing the importance of mental health and passing legislation to create and grow a continuum of services and supports for those in need of assistance. These services are vital to ensuring access to needed services and supports. **Legislators must continue to make progress to address mental health.**

Position:

1. The General Assembly should modernize commitment laws to ensure a working and efficient commitment process for patients and professionals.
2. The General Assembly should designate state-operated Mental Health Institutes as Psychiatric Intensive Care Hospitals.
3. The General Assembly should continue its work towards developing a system of services and supports for adults and ensure that significant system gaps are addressed.
4. The General Assembly should require appropriate authorizations and reimbursements for substance use services and treatments.

Iowa’s Vulnerable Rural Communities

According to a recent study, the suicide rate in rural America is 45% greater than in large urban areas.

Another study found that workers in the farming, fishing and forestry occupational group had the highest rate of suicide with 84.5 per 100,000 workers dying from suicide.
**Action Needed**

**Develop an Efficient Commitment Process**

The General Assembly should modernize commitment laws to ensure a working and efficient commitment process for patients and professionals.

Pursuant to Iowa law, an individual can be ordered by a court to undergo evaluation and treatment for mental illness or substance use. The term “commitment” is used to describe the full process that occurs when an individual has been court-ordered to a hospital (or other designated facility). Often, the individual is delivered to the hospital by law enforcement.

Iowa’s commitment laws are complex and require a patient to move through several agencies and processes. Judicial, law enforcement, and medical personnel are just a few of the many professionals who will make decisions on behalf of the patient. This makes the commitment process difficult to navigate.

The full commitment process should be reviewed to determine ways to assist patients and professionals to navigate the process and identify efficiencies. **Key issues to resolve include establishing an evaluation process to screen individuals before being involuntarily committed, ensuring consistency in the use and application of holding patients for evaluation and treatment, and ensuring hospitals receive payment for treatments provided pursuant to a commitment.**

**Ensure Patient Access to Psychiatric Intensive Care**

The General Assembly should designate state-operated Mental Health Institutes as Psychiatric Intensive Care Hospitals.

Psychiatric Intensive Care refers to hospitals that provide acute psychiatric care to individuals with complex psychiatric needs that other providers find too difficult or dangerous to treat. Patients that would be treated by a psychiatric intensive care hospital may include patients that exhibit violence or aggression, co-occurring conditions (such as substance use or intellectual or developmental disabilities) or other conditions that make the patient extremely difficult or dangerous to treat.

The Complex Service Needs Workgroup, convened pursuant to legislative mandate in 2017, found that Cherokee Mental Health Institute and Independence Mental Health Institute should be designated as psychiatric intensive care hospitals to provide care on no eject and no reject basis. **The General Assembly should designate the Mental Health Institutes as psychiatric intensive care hospitals. Admission, treatment, discharge and reimbursement criteria and protocols should be established to support the designation of these hospitals.**
Continue Progress to Develop Behavioral Health Systems

The General Assembly should continue its work towards developing a system of services and supports for adults and ensure that significant system gaps are addressed.

The Legislature should be commended for the passage of House File 2456 last session. This legislation has paved the way for the development of many important mental health services and supports, including access centers, crisis assessment, crisis screening, crisis stabilization, mobile crisis response, 23-hour observation and holding, and sub-acute services.

The continued development, and corresponding support, of these programs and services is vital to the creation of a mental health system in Iowa. Sustainable funding for these services and supports should be identified and enacted.

Even with recent progress, significant gaps remain. There is still no system for children’s mental health in Iowa. In addition, the important role that Health Homes serve in ensuring quality care has not been addressed or resolved. The General Assembly must continue to work to address these significant gaps.

Reimburse Substance Use Disorders Services and Supports

The General Assembly should require timely and appropriate authorizations and reimbursements for substance use services and treatments.

Drug-related overdoses and deaths are on the rise in Iowa and hospitals are seeing the increasing use of emergency rooms to treat substance use emergencies. Now is the time to take action to get ahead and stay ahead of a growing trend in substance misuse.

The Complex Service Needs Workgroup noted in its Report last year that “low reimbursement rates for substance use disorder residential treatment make it difficult to maintain capacity and workforce to serve patients with complex needs.” Hospitals see the need for substance use services and detox beds daily and lack appropriate resources to ensure patients with substance use needs receive treatment. To address the growing substance use epidemic, the General Assembly must ensure appropriate payment for substance use services and treatments.

Appropriate payment means requiring reimbursement for detox beds and other necessary substance use services and ensuring timely authorizations for these treatments by Medicaid managed care companies. Medication Assisted Treatments are particularly important for the treatment of opioids in Iowa and time is of the essence in ensuring prompt access to these life-saving medications and treatments. The authorization requirements for Medication Assisted Treatments should eliminated or, at a minimum, authorizations should be issued on the same day of the request.