



In 2006, Iowa's mental health care system received an F grade. Three years later, it receives a D. Iowa has charted a course for progress, but much work remains to be done.

Iowa's elected officials deserve credit for recognizing the need to improve the state's community mental health system. Governor Chet Culver and Lieutenant Governor Patty Judge have made improving access to services a key goal, and in 2007 the legislature called for stakeholders to make recommendations as part of a Mental Health Systems Improvement (MHSI) initiative. The initiative came on the heels of creating a new Mental Health and Disability Services (MHDS) division.

Iowa was the first state to implement the Medicaid 1915(i) option, which allows a state to provide an array of services, but restricts eligibility to persons who meet specific criteria and whose incomes do not exceed 150 percent of the federal poverty level. Unlike other Medicaid plans, it also allows a state to cap the number of individuals served. Stakeholder groups report a collaborative process and relatively smooth transition.

Medicaid-funded services are provided primarily through Magellan Behavioral Health and are overseen by the Iowa Medicaid Enterprise. Community-based mental health services remain highly decentralized in this rural state, with services largely controlled by 99 county governments. The system is a patchwork quilt, with services varying considerably throughout the state.

One helpful recommendation of the MHSI initiative, presented to the governor and legislature in 2008, is to establish core "safety net" services. These would include intensive case management, medication management, therapy, crisis response services, peer support services, and other evidence-based practices (EBPs).

The MHSI initiative includes a thoughtful workforce development plan to address the state's shortage of mental health professionals. If implemented, it would help the state meet its goals for adopting a range of EBPs. Iowa has struggled to expand EBPs such as Assertive Community Treatment (ACT). However, its handful of ACT teams can be commended for fidelity to the national model and successful reduction of lengths of hospitalization, incarceration in jails, and homelessness.

Innovations

- Mental Health Systems Improvement initiative
- Expansion of co-occurring disorders treatment
- Crisis services pilot projects

Urgent Needs

- Uniform statewide data collection system
- Crisis response and stabilization services
- Address mental health workforce shortage

Consumer and Family Comments

- *"The system is too confusing. It's impossible to know what happens from county to county in Iowa."*
- *"It takes forever to see anyone unless you commit a crime."*
- *"We have no hospitals that deal with mental emergencies. We waited several hours to find an open bed in a facility that could hold our family member. If our community can't house the mental emergencies in the local hospital, what are we to do?? Drive long distances . . ."*
- *"The supported housing program in our community is a wonder and is very important to our family member. It is a model for others across the state."*

A critical challenge is the lack of infrastructure to collect and analyze uniform statewide data. Lack of meaningful data effectively stifled stakeholder ability to make some recommendations as part of the MHSI initiative. Lack of progress on funding formulas has limited efforts to eliminate Iowa's "legal settlement" policy, which traditionally has required individuals who receive services to prove county residence for at least one year before they can receive help. The policy has been made less restrictive, but still impedes access to care.

In addition, Iowa faces shortages of permanent supportive housing, crisis services, and jail diversion programs.

The MHSI initiative represents a road map for progress, but it will require leadership and political will from the governor and the legislature to make it a reality. The challenge for Iowa is to move beyond a D grade. In the end, transformation of the state's mental health care system should save money through more cost-effective EBPs, which will better serve its citizens.