



UMC ADCOCACY TEAM—JANUARY 2018 (1-6)

MENTAL HEALTH CARE IN IOWA

SUMMARY OF POSITION: We support all people including adults, youth, and children, when they suffer either the long or short-term effects of mental illness. We honor life and seek to prevent suicide at any stage of life. We support funding measures which ensure the availability of services to all in need, including adequate coverage for mental-health services in all the regions of the state of Iowa. We concur with other mental-health providers and relatives of mental-health patients that the following areas need the state's urgent attention.

Adequate Funding for Mental Health Care: We support adequate public funding to enable mental health care systems to provide appropriate therapy. Citing economic reasons as the cause for failure to provide medications to a person who needs them is unacceptable.

Suicide prevention: We believe that suicide is not the way a human life should end. The church and the community at large, have an obligation to see that all persons have access to needed pastoral and medical care and therapy in those circumstances that lead to loss of self-worth, suicidal despair, and/or the desire to seek physician assisted suicide.

Adequate number of mental health care workers: Children and adults alike are likely to suffer more harm to themselves or others if they are not able to get help from qualified mental health workers when it is needed. Iowa has a significant mental health workforce shortage, ranking 46th in the nation. We believe all persons have a right to obtain care appropriate to their condition. We support policies that promote access to care.

UNITED METHODIST OFFICIAL STATEMENTS

Persons with mental illness and their families have a right to be treated with respect. . . They also have a right and responsibility to obtain care appropriate to their condition.

United Methodist Social Principles, Para. 162, *The Social Community X) Mental Health*

b. . . . to ensure the availability of services to all in need, including adequate coverage for mental-health services in all health programs;

e. support adequate public funding to enable mental health care systems to provide appropriate therapy;

Resolution 3303, "Ministries in Mental Health" *The 2016 Book of Resolutions*, page 316.

SUPPORTING FACTS AND CONSIDERATIONS

Background: Adult mental health services in Iowa are provided by counties, through 14 Regions, and paid for through property tax dollars. Over the 3 ½ years since regionalization took effect, some counties have begun paying more than their fair share for their region's services, while other counties are paying less than they should, based on their population.

Problem: An overall dollar cap is frozen by the state at the 1996 level. That means that individual counties have not been able to increase their budgets for mental health and disability (MHDS) services beyond what it was 22 years ago. This is a problem for urban counties because their populations have grown, and they have not been able to increase the amount of money they collect proportionately. This is also a problem for rural counties, particularly those that are part of regions with the large, urban counties.

Solution: The state should authorize counties to set their per capita property tax levy for mental health programs and services at a level needed to meet local needs, to restore local control and increase sustainability. *(These points were presented in 2017 by a coalition including NAMI Iowa, NASW, ICC, UNITED METHODIST IOWA CONFERENCE, AND AMOS, A mid-Iowa Organizing Strategy.)*

In 2017 SSB 1187 was debated and a version passed. It was a good start, but all recognized that more needed to be done to assure a sustainable funding mechanism could be established for all counties. We are grateful for the good start – thank you!

We encourage you to find a solution that generates the necessary revenue to help Polk County residents and other county residents receive the mental health services they need.

Here is some background information: (provided by NAMI of Iowa, 4-4-17)

SSB 1187 – in Section 8 of the bill – the legislation treats Polk County different from the other 98 counties. It links the Polk County region to Broadlawns Hospital as a source of funding for their mental levy funding shortfall.

1. Polk County and Broadlawns each have separate levies and linking them presents legal issues.
2. Please **hold Broadlawns harmless from this legislation**. They serve clients from 1/3 to 1/2 of the counties in the state. So Broadlawns does not only benefit Polk County, they benefit a good share of the rest of the state, too.
3. Broadlawns benefits the rest of the state in other ways: they've stepped forward with a psychiatric residency program, an ARNP and PA fellowship program (2 positions), built a medical clinic to increase capacity to serve more mental health clients, and last fall, added 14 more acute care beds. All these programs will benefit a good share of the entire state.
4. Broadlawns is part of the solution working toward the goals of adequate mental health services to all who need it, and using public funding wisely to enable mental health care systems to provide appropriate therapy. But they are in a crisis mode at the hospital. Not only are all acute care beds full constantly, the mental health Emergency Department is full because they are having to board patients, some for up to 190 hours – before a bed will become available. There have been occasions when part of the regular ER beds is used for boarding mental health patients, too.

Allow Polk County and other metro counties (which are growing in population) **to have their levy cap removed**. County Supervisors are very responsible people and they will not raise their levy cap any higher than necessary. 73 counties (mostly rural) have reduced their levies. Most of the need to have the levy cap removed comes from metro counties where the % of farmland is becoming less and less, and the population continues to grow and grow.

The state legislature is the governmental body who has the responsibility and the power to give the authority to the counties to raise their tax levy. However, this does not mean that property taxes automatically increase. The decision to raise property taxes is left up to each county's Board of Supervisors in consultation with the other counties in their Region.

MHDS Regional Boards are made up of elected county supervisors. Supervisors are accountable to the voters every four years. The Department of Human Services approves their budgets. Accountability is built into the system.

We Methodists applaud Iowa's efforts to provide a viable, responsible, adequate revenue stream to assure adequate mental health care for all of Iowa's citizens. This will be an excellent step forward in making Iowa an exemplary Healthy State.

Other mental health issues also need to be addressed, namely **suicide prevention** and **increasing the number of mental health care workers**.

Often suicide is the result of untreated depression, or untreated pain and suffering. Some suicides are brought about by post-traumatic stress disorder (mental wounds) which are triggered by the experience of specific traumatic events such as combat, domestic violence, child abuse or rape. Schools and Regions need to work together on suicide prevention.

More ways need to be explored to attract and maintain trained mental health professionals.

For more information, contact UMC ADVOCATE Brian Carter at (515) 979-5775 or briancar@dwx.com or on suicide prevention, contact UMC ADVOCATE Gary Nims at (515) 422-2070 or gary.nims@gmail.com