

APPENDIX F:

A Draft Community Mental Health Centers Bill

With respect to mental health and disability service be it enacted by the Legislature of the State of Iowa,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Iowa Community Mental Health Services Centers Act”.

SEC. 2. FINDINGS.

There is a crisis nationally and in Iowa regarding the workforce that delivers mental health and developmental disability services. It is characterized by serious workforce shortages, difficulty recruiting employees into careers and into positions in these fields, high turnover rates, lack of access to relevant and effective training, and the slow pace with which the evidence on effective care informs the practice of the workforce.

The U.S. Congress reported that (1) almost 60,000,000 Americans, or one in four adults and one in five children, have a mental illness that can be diagnosed and treated in a given year; (2) mental illness costs our economy more than \$80,000,000,000 annually, accounting for 15 percent of the total economic burden of disease; (3) alcohol and drug abuse contributes to the death of more than 100,000 people and costs society upwards of half a trillion dollars a year; (4) individuals with serious mental illness die on average 25 years sooner than individuals in the general population; and (5) community mental and behavioral health organizations provide cost-efficient and evidence-based treatment and care for millions of Americans with mental illness and addiction disorders.

Demand for healthcare that is both clinically –effective and cost-effective has led to the proliferation of practice guidelines (such as those promulgated by the American Psychiatric Association) and to increasing demand for evidence-based approaches to behavioral health care (such as the Substance Abuse and Mental Health Services “Toolkits”). However, the fact that there is still wide variation in clinical practice patterns and failure to deliver care in accordance with established guidelines has generated concerns about the competence of the workforce.

Any effort to address concerns about the quality or quantity of workers in the mental health and disabilities service system must have as its goal *sustainable, practical* approaches. The answers are not to be found solely among existing service providers, in

our institutions of higher education, or in state government. What will serve Iowa's citizens best is a structure that brings together the strengths of all of these communities with a heightened focus on real-world solutions to the on-going crisis of having a competent, committed workforce in place to support people with mental illnesses and intellectual and developmental disabilities.

The vision of this **Community Mental Health Centers** bill combined with the Department of Human Services effort to build a Mental Health and Disability Services Training Institute is to systematically (and using the evidence-base on the provision of training) build a skilled mental health and disability services workforce, including consumers and their families, that will work in local communities, community mental health centers, key state agencies, state employees and provider service organizations to implement efficient, appropriately applied, and evidence-based services that significantly expand the role of individuals in recovery and their families when appropriate, to participate in, ultimately direct, or accept responsibility for their own care; provide care and supports to others; and educate the mental health and disability services workforce.

SEC. 3. CO-LOCATING PRIMARY AND SPECIALTY CARE IN COMMUNITY-BASED MENTAL HEALTH SETTINGS. GRANTS FOR CO-LOCATING PRIMARY AND SPECIALTY CARE IN COMMUNITY-BASED MENTAL HEALTH SETTINGS.

(a) DEFINITIONS. —In this section:

(1) ELIGIBLE ENTITY. —The term 'eligible entity' means a qualified community mental health program accredited by the Department of Human Services under Ch. 24 accreditation standards.

(2) SPECIAL POPULATIONS. —The term 'special populations' refers to the following three groups:

(A) Children and adolescents with mental and emotional disturbances who have co-occurring primary care conditions and chronic diseases or co-occurring mental health and substance abuse disorders.

(B) Adults with mental illnesses who have co-occurring primary care conditions and chronic diseases or co-occurring mental health and substance abuse disorders.

(C) Older adults with mental illnesses who have co-occurring primary care conditions and chronic diseases or co-occurring mental health and substance abuse disorders.

(b) PROGRAM AUTHORIZED. —The Director of Human Services through the Division of Mental Health and Disability Services, shall award state grants to eligible entities to establish demonstration projects for the provision of coordinated and integrated services to special populations through the co-location of primary and specialty care services in community-based mental and behavioral health settings and the provision of services for persons with co-occurring mental illness and substance abuse disorders.

(c) APPLICATION. —To be eligible to receive a grant under this section, an eligible entity shall submit an application to the Administrator of Mental Health and Disability Services at such time, in such manner, and accompanied by such information as the Administrator may require. Each such application shall include—

(1) an assessment of the primary care needs of the patients served by the eligible entity and a description of how the eligible entity will address such needs; and
(2) a description of partnerships, cooperative agreements, or other arrangements with local primary care providers, including community health centers, to provide services to special populations.

(3) a description on the manner in which the applicant will develop, provide or contract for services for persons with co-occurring mental illness and substance abuse disorders in the applicant's service area.

(d) USE OF FUNDS. —

(1) IN GENERAL. —For the benefit of special populations, an eligible entity shall use funds awarded under this section for—

(A) the provision, by qualified primary care professionals on a reasonable cost basis, of—

- (i) primary care services on site at the eligible entity;
- (ii) diagnostic and laboratory services; or
- (iii) adult and pediatric eye, ear, and dental screenings.

(B) reasonable costs associated with medically necessary referrals to qualified specialty care professionals as well as to other coordinators of care or, if permitted by the terms of the grant, for the provision, by qualified specialty care professionals on a reasonable cost basis on site at the eligible entity, of—

- (i) endocrinology services;
- (ii) oncology services;
- (iii) pulmonary/respiratory services; or
- (iv) cardiovascular services.

(C) information technology required to accommodate the clinical needs of primary and specialty care professionals; or

(D) facility improvements or modifications needed to bring primary and specialty care professionals on site at the eligible entity.

(2) LIMITATION. —Not to exceed 15 percent of grant funds may be used for activities described in subparagraphs (C) and (D) of paragraph (1).

(e) GEOGRAPHIC DISTRIBUTION. —The Director of Human Services shall ensure that grants awarded under this section are equitably distributed among community mental health centers in the geographical regions of the State of Iowa and between urban and rural populations.

(f) EVALUATION. —Not later than 3 months after a grant awarded under this section expires, an eligible entity shall submit to the Administrator the results of an evaluation to be conducted by the entity concerning the effectiveness of the activities carried out under

the grant.

(g) REPORT. —Not later than 1 years after the date of enactment of this section, and annually thereafter, the Director of DHS shall prepare and submit to the submit to the Human Services Council and appropriate committees of Iowa Legislature a report that shall evaluate the activities funded under this section. The report shall include an evaluation of the impact of co-locating primary and specialty care in community mental and behavioral health settings on overall patient health status and recommendations on whether or not the demonstration program under this section should be made permanent. The Director of DHS shall also prepare a report for the appropriate committees of the Iowa Legislation on the implementation of co-occurring disorders services for persons with mental illness and substance that describes service utilization, scope of the population needs, development of service providers for this population, functional assessments employed and reports of any special workforce development projects for this population.

(h) AUTHORIZATION OF APPROPRIATIONS. —There are authorized to be appropriated to carry out this section \$1,000,000 for fiscal year 2009. The DHS is authorized to hire expert consultants to assist the department in the implementation of this project.

SEC. 4. INTEGRATING TREATMENT FOR MENTAL HEALTH AND SUBSTANCE ABUSE CO-OCCURRING DISORDERS.

FUNDING. —The Secretary shall make available to carry out this section, \$250,000 for fiscal year 2009. The DHS is authorized to hire expert consultants to assist the department in the implementation of this project.

(b) COMMUNITY MENTAL HEALTH PROGRAM. —For purposes of eligibility under this section, the term ‘private nonprofit organization’ includes a qualified community mental health program as defined under Ch. 230a and Ch. 24 accreditation standards.

SEC. 5. IMPROVING THE MENTAL HEALTH WORKFORCE - GRANTS FOR RECRUITMENT AND RETENTION

ESTABLISHMENT. —The Director of DHS, acting through the Administrator of the Mental Health and Disability Services, shall award grants to community mental health centers for innovative programs to address the behavioral and mental health workforce needs of designated mental health professional shortage areas.

(b) USE OF FUNDS. —An eligible entity shall use state grant funds awarded under this section for—

(1) loan forgiveness and repayment programs (to be carried out in a manner similar to the loan repayment programs carried out under subpart III of part D) for behavioral and mental health professionals who—

- (A) agree to practice in designated mental health professional shortage areas;
- (B) are graduates of programs in psychiatry, behavioral or mental health, advanced practice nursing, physician assistants;
- (C) agree to serve in community-based non-profit entities, or as public mental health professionals for the State or local government; and
- (D) agree to—
 - (i) provide services to patients regardless of such patients’ ability to pay; and
 - (ii) use a sliding payment scale for patients who are unable to pay the total cost of services.
- (2) behavioral and mental health professional recruitment and retention efforts, with a particular emphasis on candidates from racial and ethnic minority and medically-underserved communities;
- (3) grants or low-interest or no-interest loans for behavioral and mental health professionals who participate in the Medicaid program under title XIX of the Social Security Act to establish or expand practices in designated mental health professional shortage areas, or to serve in qualified community mental health programs as defined by the Director of DHS
- (4) placement and support for behavioral and mental health students, residents, trainees, and fellows or interns; or
- (5) continuing behavioral and mental health education, including distance-based education.

(c) APPLICATION. —

(1) IN GENERAL. —Each eligible entity desiring a grant under this section shall submit an application to the Director of DHS at such time, in such manner, and containing such information as the Director may reasonably require.

(2) ASSURANCES. —The application shall include assurances that the applicant will meet the requirements of this subsection and that the applicant possesses sufficient infrastructure to manage the activities to be funded through the grant and to evaluate and report on the outcomes resulting from such activities.

(e) SUPPLEMENT NOT SUPPLANT. —A grant awarded under this section shall be expended to supplement, and not supplant, the expenditures of the eligible entity and the value of in-kind contributions for carrying out the activities for which the grant was awarded.

(f) GEOGRAPHIC DISTRIBUTION. —The Director of DHS shall ensure that grants awarded under this section are equitably distributed among the geographical regions of the State of Iowa, the community mental health centers in Iowa and between urban and rural populations.

(g) EVALUATION. —Not later than 3 months after a grant awarded under this section expires, an eligible entity shall submit to the Director of DHS the results of an evaluation

to be conducted by the entity concerning the effectiveness of the activities carried out under the grant.

(h) REPORT. —Not later than 1 year after the date of enactment of this section, and annually thereafter, the Director of DHS shall prepare and submit to the Human Services Council an appropriate committees of the Legislature a report containing data relating to whether grants provided under this section have increased access to behavioral and mental health services in designated mental health professional shortage areas.

AUTHORIZATION OF APPROPRIATIONS. —There is authorized to be appropriated to carry out this section, \$500,000 for fiscal year 2009. The DHS is authorized to hire expert consultants to assist the department in the implementation of this project.

SEC. 6. GRANTS FOR BEHAVIORAL AND MENTAL HEALTH EDUCATION AND TRAINING PROGRAMS.

(a) DEFINITION. —For the purposes of this section, the term ‘related mental health personnel’ means an individual who—

- (1) facilitates access to a medical, social, educational, or other service; and
- (2) is not a mental health professional, but who is the first point of contact with persons who are seeking mental health services.

(b) ESTABLISHMENT. —The Director of DHS, acting through the Administrator of the Mental Health and Disability Services, shall within the Mental Health and Disability Services Training Institute, establish a program to increase the number of trained behavioral and mental health professionals and related mental health personnel by awarding grants on a competitive basis to mental and behavioral health nonprofit organizations or accredited institutions of higher education to enable such entities to establish or expand accredited mental and behavioral health education programs with a specific focus on community service at community mental health centers of DHS operated facilities.

(c) APPLICATION. —

(1) IN GENERAL. —Each eligible entity desiring a grant under this section shall submit an application to the Director of DSHS at such time, in such manner, and containing such information as the Director may reasonably require.

(2) ASSURANCES. —The application shall include assurances that the applicant will meet the requirements of this subsection and that the applicant possesses sufficient infrastructure to manage the activities to be funded through the grant and to evaluate and report on the outcomes resulting from such activities.

(d) PRIORITY. —In awarding grants under this section, the Director of DHS shall give priority to applicants that—

(1) demonstrate a familiarity with the use of evidenced-based practices in behavioral and mental health services and in the delivery of evidence-based training of behavioral health professionals and direct care staff;

(2) provide interdisciplinary training experiences; and“(3) demonstrate a commitment to training methods and practices that emphasize the integrated treatment of mental health and substance abuse disorders.

(e) USE OF FUNDS. —Funds awarded under this section shall be used to—

(1) establish or expand accredited behavioral and mental health education programs, including improving the coursework, related field placements, or faculty of such programs; or

(2) establish or expand accredited mental and behavioral health training programs for related mental health personnel.

(3) develop training programs for behavioral health workforce through the Mental Health and Disability Services Training Institute or other DHS approved training vendors.

(f) REQUIREMENTS. —The Director of DHS may award a grant to an eligible entity only if such entity agrees that—

(1) any behavioral or mental health program assisted under the grant will prioritize cultural competency and the recruitment of trainees from racial and ethnic minority and medically-underserved communities; and

(2) with respect to any violation of the agreement between the Director of DHS and the entity, the entity will pay such liquidated damages as prescribed by the Director of DHS.

(g) GEOGRAPHIC DISTRIBUTION. —The Director of DHS shall ensure that grants awarded under this section are equitably distributed among the geographical regions of Iowa and between urban and rural populations.

(h) EVALUATION. —Not later than 3 months after a grant awarded under this section expires, an eligible entity shall submit to the Director of DHS the results of an evaluation to be conducted by the entity concerning the effectiveness of the activities carried out under the grant.

(i) REPORT. —Not later than 1 year after the date of enactment, and annually thereafter, of this section, the Director of DHS shall prepare and submit to the Human Services Council and appropriate committees of the Legislature a report containing data relating to whether grants provided under this section have increased access to behavioral and mental health services in designated mental health professional shortage areas.

(j) AUTHORIZATION OF APPROPRIATIONS. —There is authorized to be appropriated to carry out this section \$250,000 for fiscal year 2009. The DHS is authorized to hire expert consultants to assist the department in the implementation of this project.

SEC. 7. IMPROVING ACCESS TO MENTAL HEALTH SERVICES - GRANTS FOR TELE-MENTAL HEALTH IN MEDICALLY UNDERSERVED AREAS.

(a) PROGRAM AUTHORIZED. —The Director of DHS, acting through the Administrator of Mental Health and Disability Services, shall award grants to eligible entities to provide tele-mental health in Medically underserved areas.

(b) ELIGIBLE ENTITY. —To be eligible for assistance under the program under subsection (a), an entity shall be a qualified community mental health program (as defined in Ch. 230a).

(d) APPLICATION. —

(1) IN GENERAL. —Each eligible entity desiring a grant under this section shall submit an application to the Director of DHS at such time, in such manner, and containing such information as the Director may reasonably require.

(2) ASSURANCES. —The application shall include assurances that the applicant will meet the requirements of this subsection and that the applicant possesses sufficient infrastructure to manage the activities to be funded through the grant and to evaluate and report on the outcomes resulting from such activities.

(d) USE OF FUNDS. —An eligible entity shall use funds received under a grant under this section for—

- (1) the provision of tele-behavioral health services; or
- (2) infrastructure improvements for the provision of tele-behavioral health services.

(e) GEOGRAPHIC DISTRIBUTION. —The Director of DHS shall ensure that grants awarded under this section are equitably distributed among the geographical regions of the State of Iowa and between urban and rural populations.

(f) EVALUATION. —Not later than 3 months after a grant awarded under this section expires, an eligible entity shall submit to the Director of DHS the results of an evaluation to be conducted by the entity concerning the effectiveness of the activities carried out under the grant.

(g) REPORT. —Not later than 1 year after the date of enactment of this section, and annually thereafter, the Director of DHS shall prepare and submit to the Human Services Council and appropriate committees of Congress a report that shall evaluate the activities funded under this section.

(h) AUTHORIZATION OF APPROPRIATIONS. —There are authorized to be appropriated to carry out this section \$250,000 for fiscal year 2009. The DHS is

authorized to hire expert consultants to assist the department in the implementation of this project.

SEC. 8. IMPROVING HEALTH INFORMATION TECHNOLOGY FOR MENTAL HEALTH AND DISABILITY SERVICES PROVIDERS.

(a) IN GENERAL. —The Director of DHS, in consultation with the Director of the Department of Public Health, shall collaborate with the Administrator of the Division of Mental Health and Disability Services to—

- (1) Develop and implement a plan for ensuring that various components of the state information infrastructure, including data and privacy standards, electronic health records, and community and regional health networks, address the needs of mental health, disabilities, and substance abuse treatment providers and consumer they serve; and
- (2) Finance related infrastructure improvements, technical support, personnel training, and ongoing quality improvements.

AUTHORIZATION OF APPROPRIATIONS. —There are authorized to be appropriated to carry out this section \$250,000 for fiscal year 2009. The DHS is authorized to hire expert consultants to assist the department in the implementation of this project.

SEC. 9. WAGE STUDY.

(a) IN GENERAL. —Not later than 12 months after the date of enactment of this Act, the Department of Human Services shall conduct a state- and nationwide analysis, and submit a report to the Human Services Council and appropriate committees of the Legislature, concerning the compensation structure of professional and paraprofessional personnel employed by DHS facilities (mental health institutes, regional centers for the mentally retarded, and juvenile justice centers) qualified community mental health programs as defined under Ch. 230a as compared with the compensation structure of comparable health safety net providers and relevant private sector health care employers.

SCOPE. —In preparing the report under subsection (a), the Department of Human Services shall examine compensation disparities, if such disparities are determined to exist, by type of personnel, type of provider or private sector employer, and geographic region. The DHS is authorized to hire expert consultants to assist the department in the implementation of this project.

(c) AUTHORIZATION OF APPROPRIATIONS. —There are authorized to be appropriated to carry out this section, \$150,000 for fiscal year 2009.

Summary of Appropriations Requests:

SEC. 3. CO-LOCATING PRIMARY AND SPECIALTY CARE IN COMMUNITY-BASED MENTAL HEALTH SETTINGS. GRANTS FOR CO-LOCATING PRIMARY AND SPECIALTY CARE IN COMMUNITY-BASED MENTAL HEALTH SETTINGS. \$1,000,000

SEC. 4. INTEGRATING TREATMENT FOR MENTAL HEALTH AND SUBSTANCE ABUSE CO-OCCURRING DISORDERS. \$500,000

SEC. 5. IMPROVING THE MENTAL HEALTH WORKFORCE - GRANTS FOR RECRUITMENT AND RETENTION. \$250,000

SEC. 6. GRANTS FOR BEHAVIORAL AND MENTAL HEALTH EDUCATION AND TRAINING PROGRAMS. \$250,000

SEC. 7. IMPROVING ACCESS TO MENTAL HEALTH SERVICES - GRANTS FOR TELE-MENTAL HEALTH IN MEDICALLY UNDERSERVED AREAS. \$250,000

SEC. 8. IMPROVING HEALTH INFORMATION TECHNOLOGY FOR MENTAL HEALTH AND DISABILITY SERVICES PROVIDERS. \$250,000

SEC. 9. WAGE STUDY. \$150,000

Total: \$2,650,000