

2023

IOWA STATE ASSOCIATION OF COUNTIES

TOP LEGISLATIVE PRIORITIES



Emergency Medical Services

PROBLEM: The authority to declare emergency medical services (EMS) an essential county service and seek voter approval for a dedicated ad valorem property tax is a positive step to ensure proper coverage areas and predictable funding. However, EMS coverage areas do not always conform to county geographic lines, and this will lead to inequities in who pays for the available service and a lack of service area coordination. The current funding authority could also be improved to accommodate changing needs as a county or regional EMS system is implemented and administered.

SOLUTION: Amend Iowa Code to allow two or more counties to form an EMS coverage area with the same levy rate for all property owners within the district, while maintaining the same requirements as individual counties for voter approval, advisory council responsibilities, and reporting. Further, the legislature should authorize the EMS governance board to set the annual levy rate, after initial voter approval, at a level sufficient to cover the anticipated costs.

Iowa's Natural Resources, Outdoor Recreation, and Water Quality and Quantity

PROBLEM: Iowa's natural resources and outdoor recreation opportunities are significantly under-funded at the state level. The Natural Resources and Outdoor Recreation Trust Fund remains empty since it was established in 2010. Legislators and the Governor have yet to raise the state sales tax – the funding mechanism in the Iowa Constitution. The funding formula in state law (Iowa Code Chapter 461) is favored by counties, but changes to the formula are expected. In the end, any changes to the Iowa Code funding distribution must meet the integrity of the language that was inserted into the Iowa Constitution in 2010.

SOLUTION: Raise the sales tax by a minimum of 3/8-cent and retain the integrity of the formula to meet the promises defined in the Iowa Constitution. Any change to the funding formula should be acceptable to county conservation boards and boards of supervisors. There have been proposals to fund the Trust in the past as part of broader tax plans. Any proposal that funds the Trust, retains the integrity of the funding formula, and is a large, net win for conservation is worthy of consideration.

Local Public Health as an Essential Service

PROBLEM: Iowa Code Chapter 137 outlines the requirements for the provision of local public health in each county in the state of Iowa, but funding for this requirement is not mentioned. Currently, this has resulted in each local public health agency being held to different expectations and funding levels. There is no consistency from agency to agency, which hinders the creation of a strong public health infrastructure.

SOLUTION: Amend Iowa Code Chapter 137, Local Boards of Health, to include language to outline funding levels and sources of funding. Funding language currently found in Iowa Code Chapter 80, Local Public Health Services, would then need to be modified to allow the local agency to determine the services necessary for expending these funds.

ISAC members are elected and appointed county officials from all 99 counties.

ISAC promotes effective and responsible county government for the people of Iowa as the principal, authoritative source of representation, information and services for and about county government in Iowa.

ISAC Government Relations Team

Jamie Cashman
Government Relations Manager
jcashman@iowacounties.org
515.210.9845

Lucas Beenken
Public Policy Specialist
lbeenken@iowacounties.org
515.408.1780



5500 Westown Parkway
Suite 190
West Des Moines, IA 50266
515.244.7181

WWW.IOWACOUNTIES.ORG

Competency and Treatment for Persons in the Justice System and Civil Commitments

PROBLEM: Inmates are confined in county jails when their criminal cases are suspended pending a competency evaluation and treatment (if deemed appropriate) per Iowa Code Chapter 812. Those individuals are frequently mentally ill with exacerbation of severe symptomology. Wait times for inmates in county jails to the Iowa Medical and Classification Center (IMCC) can be three to nine months and at Cherokee Mental Health Institution (MHI) two to four months. The inmate frequently remains untreated and symptomatic behaviors include suicidal and homicidal ideation, assaultive behaviors, delusional thinking, etc.

Those inmates who are found 'not competent and not restorable' have their criminal proceedings dismissed per law. They are typically returned to the community due to limited beds in the two remaining MHIs. It is rare that MHIs or private community providers have security staff for those individuals who, due to their incompetence, continue to have assaultive or dangerous behaviors. There have been four Occupational Safety and Health Administration (OSHA) complaints filed since 2013 resulting in tens of thousands of dollars in fines against the Iowa Department of Health and Human Services (IDHHS). It is unknown if or how many civil lawsuits have been filed by staff who have been permanently disabled or the total cost to the State of Iowa.

Iowa Law established competency evaluations to be done for certain individuals who have mental health/brain health issues who have been arrested in Iowa Code Chapter 812.

Four problems currently exist:

1. It can take three to nine months to get a person into state programs that provide the evaluations.
2. Iowa law is unclear on who is responsible for payment of the competency stay under Iowa Code §812.3.
3. When persons are determined incompetent to stand trial, they are not always able to access services while incarcerated and instead, their illnesses may continue to exacerbate.
4. Frequently, hospitals are not able to accept placements of individuals with high acuity into their inpatient psychiatric units due to the level of care that they require and the level of care that can be provided in the unit.

Additionally, Iowa Code Chapter 229, Mental Health Civil Commitment, is outdated and needs to be modernized. This has resulted in a lack of clarity of the role of Judicial Advocates and the need for assistance to ensure Judicial Advocates can perform the duties that are expected of them

SOLUTION: Iowa Code §812.3 should be changed to clarify which state agency is responsible for competency evaluations and holds for persons with mental health/brain health issues.

The state should appropriate dollars necessary to expand the number of beds available for competency evaluations so persons do not need to wait, possibly without services or medication, for extended periods of time to get the evaluations done. This should include programs to treat and supervise individuals found not guilty by reason of insanity (Rule 2.2).

The development of a civil forensic unit should be explored at the state's current MHIs for non-violent offenders and at IMCC for offenders who may be considered dangerous. Once an individual is deemed not restorable but still a danger to the community, that person should be placed in the appropriate unit. If at a certain point, that individual is no longer in the custody of the department of corrections, they should be funded by IDHHS. There needs to be a change in the Iowa Code process in §812 that changes their custody from the Department of Corrections (DOC) to IDHHS at that point. This is not a Chapter 229 issue. Because this originated out of a criminal proceeding, it should not be turned over to Chapter 229.

IDHHS and DOC need to jointly develop a civil forensic unit with input from law enforcement, MH/DS Regions, Judicial Mental Health Advocate, etc. There needs to be a facility where individuals with mental illness can obtain treatment in a secure environment. This will also allow those who have been found 'not competent and not restorable' a multi-tiered program based upon the individual's acuity for a safe reentry to the community.

IDHHS and other state agencies should work with the Iowa Community Services Association, the Iowa State Sheriffs' and Deputies' Association, and the Iowa State Association of Counties to implement Tertiary Care Hospitals in the state that are geographically dispersed to meet the needs of individuals requiring a higher level of care than is currently available in an inpatient unit in Iowa.

Further, ISAC supports the addition of clarifying language in the various areas of Chapter 229 that aid in this process.