



IOWA VOTER

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FROM THE PRESIDENT



LWVIA is enjoying a full schedule, with the upcoming (as I write this) Legislative Issues Briefing on October 11, the Suffragists' Parade Reenactment on October 25, and the Officers' Meeting which was held on September 20.

The Officers' Meeting was a successful and informative event held at the State Historical Museum in Des Moines. Local League presidents, treasurers, membership chairs, and other members received helpful tips about their League jobs. Many leaguers took advantage of a half-hour break in the session to view Historical Museum displays both new and old. We enjoyed a lunch-time talk given by Maureen J. Korte, Director of Special Projects and Programming.

The Legislative Issues Briefing will be held on October 11 at the Newton Inn in Newton. It is always a super event! Don't miss it. You will hear from Judy Hoffman and great speakers about League issues for 2009. I hope to see many of you there!

The LWVIA Board has recently sent out a fund raising letter, our first for a number of years. I know everyone is looking at the national economy and wondering what will happen and whether they could give a reasonable donation to LWVIA. No matter what happens nationally, League of Women Voters will continue with its valuable work. LWVIA does need a little extra help from our members! I am sure many other organizations are in the same boat as LWVIA --- for example, my church in Cedar Rapids also began a fund raising campaign this September. There are always so many demands on our money, including churches, flood relief, and many other areas. I hope you will remember LWVIA in your giving plan.

Fall is a very busy season as usual, with all our Leagues working hard on Candidate Forums and, soon, Legislative interviews. Remember to set aside Saturday, October 25, to come to Boone, Iowa. LWVIA is a co-sponsor for the Suffragists' Parade Reenactment in Boone. You are invited to participate in the parade (in costume) and of course to enjoy events of the day, including a Suffrage Play called "Take Your Places, Ladies."

Audrey Hauter
President, LWVIA

LWVUS GRANT BRINGS CAP WIZ TO IOWA

LWVUS has given LWVIA a generous grant to help us improve our communication with members, supporters, and government officials. Watch your E-Mail for monthly messages from LWVIA Cap Wiz. Immediately before and during the legislative session, messages will come more often.

I will provide talking points, sample letters to legislators, and more. You will be asked to make these messages your own and to send the message on in a quick and easy way.

People who track these things tell us that Cap Wiz messages significantly increase a group's influence in the governing process.

Here is an easy way to make a difference. Watch for your Cap Wiz message and respond. Good government is an active process. Watch. Read. Act. Good government depends on you --- LWVIA Cap Wiz can help.

Myrna Loehrlein
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LEAGUE OF WOMEN VOTERS OF IOWA 2009 LEGISLATIVE PRIORITIES

PRIORITIES

PREVENT FUTURE FLOODING BY BETTER LAND MANAGEMENT

LWVIA supports the promotion, enforcement, and funding of conservation policies that control erosion, improve water quality and help prevent flooding.

PROTECT IOWANS FROM PREDATORY LENDING and CONSUMER FRAUD

LWVIA encourages the Iowa Legislature to pass legislation to reduce payday loan fees (can be over 400% on a 14 day loan). LWVIA also encourages the Iowa Legislature to allow Iowa consumers to sue when they think they have been scammed or defrauded. Iowa is the only state in the country where an individual cannot sue under the state's Consumer Fraud Act.

IMPLEMENT IMMIGRATION REFORM

LWVIA urges the Iowa Legislature to support legislation that provides:

- penalties for employers who hire unauthorized workers
- due process for all persons including the right to a fair hearing, right to counsel, right of appeal, and right to humane treatment
- increased funding for English language classes

REFORM SENTENCING AND CORRECTION

LWVIA encourages the Iowa Legislature to:

- consider recommendations from the Criminal Code Reorganization Committee report, supporting especially those that address proportionality in sentences and those that recognize sentencing differences between violent and victimless crimes
- fund more community based correction programs and programs that facilitate prisoner reentry into the community
- fund more programs that treat the special needs offender

SECONDARY PRIORITIES:

RETURNABLE BEVERAGE CONTAINER LEGISLATION (BOTTLE BILL)

LWVIA supports expanding deposits on beverage containers to promote recycling, reuse, and litter reduction. We also support expanding the handling fee paid to redemption centers from 1 cent to 2 cents.

CAMPAIGN FINANCE REFORM

LWVIA will work for improved methods of financing political campaigns in Iowa in order to ensure the public's right to know, to combat undue influence, and to promote citizen participation in the political process.



Celebrate Suffrage!

REENACTMENT OF 1908 SUFFRAGISTS' PARADE BOONE, IOWA, OCTOBER 25, 2008

ACTIVITIES

Welcome 9:00 a.m.

Dedication of Suffrage Monument

The March 12:00 Noon

Reception (Lunch also available)

Educational Activities, Exhibits, and Displays

Suffrage Play: "Take Your Places, Ladies"

www.celebratesuffrage2008.org

515-432-1907



"What's Suffrage Got to Do with Me?" A Statement from the Iowa Commission on the Status of Women

"On October 29, 1908 a group of about 100 brave women took to the streets of Boone and protested for their right to vote. That day is an important one in Boone and Iowa history, for that march marked the only women's suffrage march ever held in Iowa, and one of, and possibly the first real suffrage parade, to be held in the entire United States."

Although it is important to remember, as well as commend, these ambitious women who fought against inequality and helped the Women of Iowa secure their right to vote, it is equally essential that we recognize the fight for Women's equality is not over. Women in Iowa still face many injustices. These injustices are particularly evident when we consider wage differences between men and women, as well as the disparity between men and women currently holding elective offices.

Women in Iowa, on average, earn just 78 cents for every dollar paid to males. Males also have higher hourly wages and salaries than females for the same level of education.

Hourly Wages:

In the high school diploma/GED category, the median hourly wage for males is \$15.50, while females are currently making a median wage of \$11.30/hour. Males with an associate degree receive a much higher wage (\$17.00/hour) than females with the same degree (\$13.60/hour). Males who have obtained a bachelor's degree once again have a higher hourly median wage (\$16.84/hour) than females (\$14.96/hour) with a bachelor's degree.

Salary Wages:

Males also earn higher salary wages than females for the same level of education. Men with a high school diploma/GED earn a median salary of \$45,000/year while females with the same education earn substantially less at \$35,000/year. Males with an associate degree are receiving an annual salary of \$48,000/year, while females receive \$35,500/year. Although a greater percentage of females (33.8%) than males (32.6 %) have a bachelor's degree or higher, males again are paid a higher annual median salary (\$60,000/year) than females (\$45,000/year).

(Iowa Gender Wage Equity Study, Iowa Workforce Development, 2008)

Elective Office:

Women in Iowa are also underrepresented in statewide elective offices. Although women make up almost 51% of the State's population, they only make up 20 % of the General Assembly. Five women served as Senators, while 25 served as Representatives in 2007. Iowa is also one of only two states that has never elected a woman as governor or as a member of Congress. In order for women's and family issues to become a priority, it is necessary that we continue to fight for equal representation in statewide elective offices.

(Iowa Commission on the Status of Women, 36th Annual Report, February 1st, 2008.)

Women across Iowa must come together, as they did in 1908 when fighting for their right to vote, to once again demand equality. Equal pay and fair representation in statewide elective offices must be made a priority. Women and families across Iowa not only need equality in these specific areas, but deserve it as well. When we become discouraged in this fight for equal pay and equal representation we must remain hopeful. We must remember that just 100 years ago women fought hard for their right to vote, and they eventually won this battle. We, too, can succeed in our quest for equality if we continue to work diligently towards equal rights for all Iowa women.



League of Women Voters of Iowa
Comprehensive Study of Mental Health Delivery Systems in Iowa
Part I: Background and Context
September 2008

Overall well being is a function of both mental and physical health. Yet the public views mental illness differently than physical illness. "Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress or impaired functioning". The stigma attached to mental illness has a long history and continues to be a challenging issue. It is exhibited in bias, distrust, stereotyping, fear, embarrassment, anger and/or avoidance. (1, Ch 1, Sec 1).

The National Institute of Mental Health estimates that in a given year, 26% of Americans of age 18 and older suffer from a diagnosable mental disorder. However, serious mental illness is confined to about 6% of this age group (2).

Several books have been published in recent years that describe the challenges of living with mental illness and trying to access appropriate treatment. A few examples are:

- *Crazy: A Father's Search Through America's Mental Health Madness* by Pete Earley (2006)
- *Crazy in America: The Hidden Tragedy of Our Criminalized Mentally Ill* by Mary Beth Pfeiffer (2007)
- *I Am Not Sick I Don't Need Help* by Xavier Amador (paperback 2007)
- *Street Crazy: America's Mental Health Tragedy* by Stephen B. Seager (2000)
- *The Center Cannot Hold: My Journey Through Madness* by Elyn R. Sachs (2007)

Awareness of Mental Health Issues at the National Level

The federal government is a major player in determining the direction and attention given to mental health issues. Several major documents have been published in the past decade that identify future directions for mental health delivery and funding in the United States.

Mental Health: A Report of the Surgeon General (1999). This report represented the first initiative on mental health by a surgeon general. The complexity of mental health systems, and a good description of the situation in Iowa, is illustrated by this quotation from the document: "Effective functioning of the mental health service system requires connections and coordination among many sectors (public-private, specialty-general health, health-social welfare, housing, criminal justice, and education). Without coordination, it can readily become organizationally fragmented, creating barriers to access. Adding to the system's complexity is its dependence on many funding streams, with their sometimes competing incentives" (1, Ch 6, Sec 1). Eight actions for improving mental health of the population in the new millennium were identified:

- Continue to build the knowledge base.
- Overcome stigma.
- Improve public awareness of effective treatment.
- Ensure the supply of mental health services and providers.
- Ensure delivery of state-of-the-art treatments.
- Tailor treatment to age, gender, race, and culture.
- Facilitate entry into treatment.
- Reduce financial barriers to treatment. (1, Ch 8)

Children's Mental Health: Developing A National Action Agenda (2000). A conference focused on children's mental health was initiated by the surgeon general as an outgrowth of the 1999 report. Eight goals and accompanying action steps resulted from this conference (3).

New Freedom Commission on Mental Health (2002). President George W. Bush recognized that our country must make a commitment to help individuals with mental health issues so they can be productive members of their communities. In April 2002, he announced the creation of the New Freedom Commission on Mental Health with the mission "to conduct a comprehensive study of the United States mental health service delivery system, including public and private sector providers, and to advise the President on methods of improving the system." The goal of the Commission was "to recommend improvements to enable adults with serious mental illness and children with serious emotional disturbances to live, work, learn, and participate fully in their communities" (4, Sec. 3).

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This Commission completed its work and submitted a final report, *Achieving the Promise: Transforming Mental Health Care in America*, on July 22, 2003. In the report a fundamental transformation of the Nation's approach to mental health care is recommended. The goal of a transformed mental health system is recovery. The report identified two principles (5, p. 7):

- Services and treatments must be consumer and family centered
- Care must focus on increasing consumers' ability to successfully cope with life's challenges, on facilitating recovery, and on building resilience.

Six goals form the foundation for transforming mental health care in the United States and are stated by describing what a transformed mental health system would be like (5, p. 8):

- Americans understand that mental health is essential to overall health.
- Mental health care is consumer and family driven.
- Disparities in mental health services are eliminated.
- Early mental health screening, assessment, and referral to services are common practice.
- Excellent mental health care is delivered and research is accelerated.
- Technology is used to access mental health care and information.

Identifying what is needed is easy compared to delivering the desired action and accomplishing goals.

The need for transformation of mental health systems in this country comes as no surprise to the National Alliance on Mental Illness (NAMI). In 2006 this organization issued a report card for each state based on 39 specific criteria. Category grades for infrastructure, information access, services, and recovery supports as well as an overall grade were reported. This was the first assessment of state programs in 15 years; another assessment is planned for 2009. The top grades were in the B range, and only five states (Connecticut, Maine, Ohio, South Carolina, Wisconsin) were evaluated as being at this level. Eight states received scores of F, including Iowa. The nation as a whole was assessed a grade of D with category grades of D, D, D+, and C- (6).

Awareness of Mental Health Issues in Iowa

The report of the President's Commission on Mental Health has provided an impetus for change in a number of states. Iowa is among those states that are making a concerted effort to improve delivery of mental health services. In 2006, the legislature reestablished the Division of Mental Health and Disability Services within the Department of Human Services (HF 2780). A separate division had been abolished earlier during a time of fiscal crisis in the state. At the direction of the 2007 Iowa legislature (HF 909), the Division of Mental Health and Disability Services established six workgroups with broad-based representation to discuss and make recommendations for improving delivery of mental health services in Iowa. Each workgroup focused on a specific aspect:

- Alternative distribution formula
- Community mental health center plan
- Core mental health services
- Evidence-based practices
- Co-occurring disorders
- Accreditation

The recommendations and priorities resulting from this activity were reported to the legislature and governor in January 2008 (7, Recommendations and Comments). A 3-phase plan was outlined and details are to be submitted on or before January 15, 2009. Two legislative proposals were presented during the 2008 legislative session:

- Establish a code on Emergency Mental Health Crisis Services (LSB 5362) and budget funds to establish 24/7 emergency/crisis response services to be provided by community mental health centers regionally throughout Iowa
- Establish a code on Children's Mental Health Services (LSB 5355) and budget funds to assist in the development of an infrastructure and local projects for children's mental health services (7, Appendix J).

The code changes were enacted and these budget requests were partially funded. However, no new money was provided for these initiatives.

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In the meantime, the College of Public Health at the University of Iowa has been sponsoring a forum series titled *Rebalancing Health Care in the Heartland*. The series has brought together health policy makers and key decision makers in an effort to identify priorities that address health care issues in Iowa. Health care has included both physical and mental health in this series. The first forum, held in November 2006, focused on health care programs in Iowa. The second forum, held in June 2007, focused on state-based health care reforms with particular attention to reforms initiated in Oregon, Tennessee, and Massachusetts. The last forum is scheduled for December 2008 and will zero in on HF 2539 Roadmap. This refers to 2008 Health Care Reform Legislation passed by the legislature (8)

Financing of Mental Health Services

Funding for mental health services comes from private sources in addition to public funds. Public money is appropriated at federal, state, and county levels.

Private insurance. Efforts have been made to include payment for mental health services in private health insurance plans that are comparable to other health services. This refers to mental health parity or equivalent coverage for mental health treatment and clinical visits as for regular medical and surgical benefits within an insurance plan. The federal Mental Health Parity Act of 1996 took effect on January 1, 1998, had a sunset provision of September 30, 2001, but has been extended each year since. The act applies to employers with 51 or more employees that include some form of mental health coverage in their health insurance plans. It does not mandate mental health coverage, and benefits for substance abuse and chemical dependency are excluded. Employers may opt out if mental health coverage would increase their costs by at least 1%. Some variances relating to mental health coverage are permissible under the law:

- Limit on number of patient days covered per member per year
- Limit on number of office visits per member per year
- Limit on amount of benefit cost per member per year for inpatient mental health coverage
- Greater member cost-sharing (9).

Most states have passed some form of mental health parity legislation. Much variation exists among the states, but only two states (Idaho and Wyoming) have no parity or mandate laws (10). In 2005, Iowa passed a limited mental health parity law requiring compliance beginning in January 2006. The law applies only to state-regulated health insurance plans. Employers with 50 or fewer full-time equivalent employees are exempt. The Iowa law covers biologically-based mental health treatment (diseases such as schizophrenia, bipolar disorders, major depressive, obsessive-compulsive disorders, schizo-affective disorders, pervasive developmental disorders, and autism) and requires minimum coverage of 30 days of inpatient care and 52 outpatient visits annually (11).

Other private funding. Payment for mental health services may come from out-of-pocket payments by those receiving services, if their incomes are sufficient to cover the costs. Nonprofit providers of services rely heavily on charitable donations to provide services to those who are unable to pay or need a partial subsidy and to cover shortfalls in reimbursements. Low reimbursement rates in Iowa and dependence on donations or funding from such agencies as United Way provide a precarious foundation for community mental health centers in the state.

Public financing. Public financing supports many of the mental health services that are available. This funding comes from various levels of government but is driven by federal funding. Funding is an ever-changing situation. Uncertainty makes long-term planning problematic.

Federal funding. Federal funding is in the form of major programs such as Medicare, Medicaid, and State Children's Health Insurance Program (SCHIP) in addition to federal grants for specific purposes. Each of these programs includes provisions requiring minimum benefits for mental health in addition to general health.

The amount of funding, what services will be funded, and eligibility criteria are subject to change during legislative sessions. For example, during the 2007-2008 legislative session a bill to reauthorize SCHIP with the requirement to provide mental health parity (H.R.976) was passed by Congress but vetoed by President Bush, and the veto override failed (12). SCHIP is operating under a short-term extension that expires in March 2009 (13). Medicare Improvements for Patients and Providers Act of 2008 (H.R. 6331) survived a presidential veto. This bill included important provisions for Medicare beneficiaries living with serious mental illness. They related to cost

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sharing under Part B, coverage of prescription drugs under Part D, and changes in eligibility for low-income subsidies under Part D. It also canceled reductions in Medicare's payment rates for physicians' services (14). State funding. Both Medicaid and SCHIP (known as *hawk-i*, Healthy and Well Kids in Iowa) require matching money from the states in order to access federal funds. The state funds are appropriated through the legislative process. State funding also may pay for some services not required or eligible for federal funding. For example, some states (including Nebraska, Illinois, and Minnesota) use state funds to provide health care for legal immigrant children who are ineligible to receive services paid with Medicaid or SCHIP money. Otherwise, in Iowa these children must wait 5 years to become eligible. Undocumented children are not covered (15).

Additional state appropriations for mental health and disability services in Iowa are channeled through the Department of Human Services. In addition to requests related to general administration, field services, operation of mental health institutes and resource centers, and other required functions, some funds are requested for competitive state block grants to provide specific services.

Some state funds are appropriated for counties according to a formula established by the legislature. Four appropriations are involved: property tax relief, mental health and developmental disability (MHDD) allowed growth, MHDD community services, and the state payment program (that funds services for Iowa residents who have not established legal settlement in an Iowa county). The legislature has funded an MHDD risk pool to assist in meeting financial obligations for MHDD services when a county is faced with extraordinary circumstances (16, p. 144).

County funding. Additional funds (special revenue funds) are collected through property taxes at the county level in Iowa. The county board of supervisors authorizes the assessment not to exceed a fixed budget amount to provide mental health, mental retardation, and developmental disabilities (MHRDD) services to those who have legal settlement in the county and meet criteria for financial need. The maximum dollar amount (collected from property taxes and received from the state as property tax relief funds) has been frozen since 1996 at the amount a county spent on these services during FY1996 (17). Core services are mandated for residents with mental retardation. These mandated services used an average of 63% of MHRDD county resources during FY1999-2006. Chronic mental illness, mental illness, and developmental disabilities represented 24%, 10%, and 3%, respectively of designated county resources during the same period (7, Appendix M, p. 10). Core services are not mandated for those with mental illness. Only the cost of involuntary commitment to a psychiatric unit must be paid by a county for someone with mental illness. Available services that are not mandated, criteria for eligibility, and procedures to follow differ among the 99 counties.

Legal settlement determines which county or whether the state pays for services. It relates to length of time someone has lived in a county (at least one year) and not received publicly-funded treatment during that period of time. It is defined in the Iowa Code (18) and is applicable only to a limited population of citizens 18 years or older (those with mental retardation, developmental disabilities, mental illness, brain injury, substance abuse issues, or blindness). Sometimes a dispute over which county should pay ends up in court, such as a case between Grundy and Tama Counties in 2002 (19). As part of the redesign implementation project, the county of legal settlement basis to determine service funding responsibilities is to be replaced by an approach based on residency (J. Halliburton, personal communication, September 23, 2008).

The County Rate Information System, an entity created by the Iowa State Association of Counties, has established a rate setting methodology to determine appropriate reimbursement rates for service providers based on actual cost of providing services. About two-thirds of the counties use information from this service in negotiations with service providers (20).

The strain on public resources to provide mental health services has been growing. The Medicaid share of total national mental health spending rose from 19% in 1991 to 27% a decade later in 2001. At the same time non-Medicaid state spending for mental health dropped from 27% of total mental health spending to 23% (21, p. xi). Of all health expenditures (physical and mental) in 2006, federal and state governments accounted for about 46% (22).

The number of people who potentially may qualify for public funding of their general and mental health needs continues to grow. Data for 2006 indicate that 14.8% of the U.S. population (36.5 million) had no health insurance. This represented 19.8% of adults (36.5 million) and 9.3% of children (6.8 million) (23). A recent study estimated that 25 million adult Americans are underinsured (24).

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Availability of Psychiatric Beds

The number of public hospital beds for mentally ill persons has declined dramatically over time reflecting the de-institutionalizing of mental health treatment. In 1955 there were 340 public (state and county) psychiatric beds per 100,000 population in the 48 states. By 2005 the number had declined to 17 per 100,000 population in the 50 states, and Iowa ranked fourth from the bottom with 8.1 beds. Less than 12 beds per 100,000 was considered a critical shortage, and a consensus of experts identified 50 beds per 100,000 as the minimum number needed (25).

The loss of psychiatric beds continues in Iowa. In 2007, Trinity Regional Medical Center in Fort Dodge closed its 24-bed inpatient psychiatric unit when its only psychiatrist retired (26). In July 2008, Ottumwa Regional Health Center announced that it would be closing its 23-bed inpatient unit as soon as patients could be discharged or referred elsewhere. The center had lost two of its three psychiatrists and had been unable to recruit replacements (27). These closures put added pressure on the remaining institutions to provide care for a wider geographic area. For a patient it may mean hospitalization at a distant location when the individual is in a vulnerable state.

Availability of Mental Health Professionals

The number of trained psychiatrists and other mental health professionals in the United States does not meet current needs, and the situation is unlikely to change any time soon. The federal government has been employing mental health professionals at an increasing rate to provide mental health support to military personnel (28). At the end of 2005, Iowa had 220 active psychiatrists practicing in the state. The ratio of psychiatrists per 100,000 population was 7.6 in Iowa compared to 15.8 nationally. The location of psychiatrists in the state is clustered in urban areas. Only 32 of 99 counties have at least one psychiatrist (7, Appendix I, p. 2).

A survey reported 77 full-time (52 adult and 23 child) and 13 part-time (10 adult and 3 child) unfilled budgeted positions for psychiatrists in Iowa. The Critical Demand Index of 0.29 for psychiatrists (calculated by dividing number of open and available positions by current supply) far exceeded the ratio for other primary care specialists in Iowa (7, Appendix I, p. 5). Retention and recruitment of psychiatrists has been a growing problem. Low reimbursement rates in Iowa and lack of health insurance have been cited as contributing factors (29).

Two other categories of licensed mental health professionals are advanced registered nurse practitioners (ARNP) and psychologists. In 2005 there were 1,219 ARNPs living and actively licensed to practice in Iowa. Twenty-three were mental health practitioners, 7 were clinical nurse specialists (CNS) in child/adolescent psychiatry and 37 in adult psychiatry. There were 415 actively licensed psychologists practicing in Iowa, but areas of practice were not known. However, Iowa was ranked 46th in the nation for psychologists per 100,000 population in 2000 (29).

To Be Continued

What are the implications for Iowans who need mental health services? Stay tuned. The next background papers will look at delivery of mental health services in Iowa to mentally ill children (part II), adults (part III), and offenders (part IV).

Mental Health Study Group: Jamie Sawin, Jasper County League; Judy Meyers, Black Hawk/Bremer League; Carol Hagen, Upper Iowa League; Nancy E. Brown, Ames League (chair)
September 29, 2008

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LEAGUE OF WOMEN VOTERS® OF IOWA
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The League of Women Voters, a nonpartisan political organization, encourages the informed and active participation of citizens in government and influences public policy through education and advocacy.

“INALIENABLE RIGHTS”

The History Through the Arts theater season at the State Historical Museum of Iowa is in its sixth year of presenting theater in order to teach international, national and Iowa history to students all over Iowa. Children come to the museum at 9:45 A.M. for a 10:00 performance. After the show they eat lunch in the atrium and then attend three forty-minute workshops based on science and history and arts and literature that connect them to Iowa history.

During the 2008-9 season, students in grades 5-10 will attend a show called Inalienable Rights. This performance has been almost four years in the making. The presentation tells of three landmark civil rights cases in the state of Iowa:

Clark v. Board of Directors	1869 School Desegregation
Coger v. NW Packet Co.	1873 Public Transportation
Griffin v. Katz Drug Store	1949 Public Accommodations

The play is based on a play written by Dr. Roxann Ryan of Homeland Security, formerly with Simpson College.

Partnering in the event are the Iowa Civil Rights Commission, the U.S. Southern District Court, the Iowa Commission on the Status of Women, and possibly the Bar Association.

Students will have the opportunity to participate in workshops on Civil Rights. They will have the opportunity to participate in the “White Women Back Into History” program, and go to the Federal Court House. They will meet judges and lawyers and will have workshops with lawyers of all disciplines.

They will also attend workshops on Civil Rights songs, learn more about the three cases, and learn how to take research and turn it into an interesting story.