

MENTAL HEALTH AND DISABILITY SERVICES REDESIGN FISCAL VIABILITY STUDY COMMITTEE

Recommendations. At the December 17, 2013, meeting each member of the committee was invited to make recommendations and comments that were compiled by staff, reviewed by the committee members, and approved to be submitted for further review by the General Assembly. The recommendations offered included the following:

1. Consider approaches that increase predictability and lessen the amount of change so that the new regions can develop and stabilize the service system. Provide for early enactment of an appropriation of equalization funding for FY 2014-2015.
2. Consider options to move from the current \$47.28 per capita funding approach to a regional formula based upon population.
3. Enhance the local control of MH/DS.
4. Rebase the clawback requirement annually, delay initial implementation of the clawback requirement by one year, and retain any savings in the system.
5. Continue reviewing the levy authority for county funding and the state funding of regional MH/DS to ensure funding is adequate.
6. Ensure counties are able to carry forward adequate fund balances.
7. Ensure that provider reimbursement rates can be set at a level adequate to preserve service stability for consumers, build community capacity, and strengthen the ability of safety net providers (including community mental health centers and substance-related disorder agencies) to grow and offer services that meet the complex needs of individuals served by the MH/DS system.
8. Require state and regional cost settlement reimbursement methodologies to designate the cost of training and education as a direct cost, allowable as a reimbursable expense.
9. Support the training of mental health peer support specialists and family peer support specialists utilizing nationally reviewed and accepted curricula based on proven service delivery models, and support the increased utilization of peer support and family peer support specialists by providing flexibility for part-time workers and opportunities for credentialing and advancement along a career path.
10. Implement incentive programs to train, recruit, and retain professionals and paraprofessionals qualified to deliver high quality mental health, substance abuse, and disability services.
11. Look for ways to adequately fund supported work and other work opportunities for persons with a disability.
12. Provide support for the residential care facility service level.
13. Provide sufficient funding for prevocational and vocational rehabilitation services so that Iowa can draw the entire available federal match.
14. Consider educating emergency medical services (EMS) providers to provide mobile mental health crisis team services at the local level.
15. Consider earmarking state liquor profits to fund substance detoxification and other needed substance use disorder services.
16. Expand the availability of subacute services and hospitals able to provide a 23-hour hold to stabilize persons in a mental health crisis.
17. Provide for continued meeting of the members of the interim committee to work on issues.
18. Move forward with standardized assessments for children's service.
19. Enhance the MH/DS system capacity for early intervention, including during early childhood.
20. Better define regional "access to services" to mean the services are provided at the local level rather than mean the services are available somewhere within the region.
21. Work on expanding core services to core plus services and provide eligibility for persons with brain injury or a developmental disability.
22. Consider increasing the bed cap on psychiatric medical institutions for children (PMICs) to accommodate the loss of the Iowa Juvenile Home beds.
23. Expand the postsecondary education options at community colleges and other educational institutions for persons with disabilities.
24. Develop capacity to better identify changes in service populations caused by the shift from legal settlement to residency and other reasons.
25. Enhance the training and development of the workers in the system and provide consistent evaluation tools.
26. Provide for state employment of the judicial branch mental health advocates.