

F I N A L R E P O R T

MENTAL HEALTH REORGANIZATION STUDY COMMITTEE

November, 1984

Creation. The Mental Health Reorganization Study Committee was created by the Legislative Council in compliance with 1982 Iowa Acts, Chapter 1117, to study and evaluate the performance of the Division of Mental Health, Mental Retardation and Developmental Disabilities which was established, effective January 1, 1982, by the 1981 Mental Health Reorganization Act. The members serving on the Study Committee were:

Senator Charles Miller, Co-chairperson
Representative John Connors, Co-chairperson
Senator Robert Carr
Senator Merlin Hulse
Senator Tom Lind
Senator Joe Welsh
Representative James Cooper
Representative Doris Pieck
Representative Vic Stueland
Representative Janice Torrence

Presentations to Committee. The Study Committee was authorized one meeting which was held October 10, 1984. The Study Committee heard presentations from Ms. Pat Hipple of the Program Evaluation Division of the Legislative Fiscal Bureau. The Program Evaluation Division was mandated by the 1981 Mental Health Reorganization Act to conduct a program evaluation of the Division of Mental Health, Mental Retardation and Developmental Disabilities within the Department of Human Services, and to review the performance of the Division and the efficacy of the Reorganization Act. Both the date for completion of the program evaluation and the year for the Interim Study Committee to meet were amended in 1982 in Chapter 1117 of the Iowa Acts. Ms. Hipple reviewed the program evaluation for the Study Committee, the process utilized in the evaluation, and the recommendations made as a result of the evaluation.

Mr. Charles Palmer, Director of the Division of Mental Health, Mental Retardation and Developmental Disabilities presented the Department of Human Services' reaction to the program evaluation of the Division. Mr. Palmer provided the Study Committee with data regarding actions taken by the Division as a result of the program evaluation, data relating to the services provided and clientele served by the Division, and data relating to funding channeled through the Division to the counties.

Ms. Dana Petrowsky, Chief of the Division of Health Facilities for the Department of Health corresponded in writing to the Legislative Service Bureau, answering several questions of the Study Committee. The primary information detailed in her letter states that the Department of Health and the Division of Mental Health, Mental Retardation and Developmental Disabilities are in agreement that treatment standards for mentally ill and mentally retarded residents of county care facilities, when adopted by rule, should be expanded to include residents of residential care facilities and that the Division should be the lead agency in developing the standards, with the Department of Health including these treatment standards in the Department of Health's minimal licensure standards for residential care facilities.

Ms. Elodie Manternach, representing the Iowa Association for Retarded Citizens, and Ms. Tonya Johnson, representing the Iowa Mental Health Association, made oral presentations expressing their reactions to the program evaluation report.

Recommendations. The members of the Study Committee unanimously recommended a bill draft to extend the sunset of the Division of Mental Health, Mental Retardation and Developmental Disabilities from July 1, 1986 to July 1, 1987 and to require the Program Evaluation Division of the Legislative Fiscal Bureau to conduct a follow-up program evaluation of the Division in 1986.

The members of the Study Committee also unanimously adopted all recommendations contained in the program evaluation report. The recommendations read as follows:

System Description Findings Recommendation:

1. Policy makers and the Division of Mental Health, Mental Retardation and Developmental Disabilities should focus on developing a system for both formal and informal monitoring and capacity-building.

Planning Findings Recommendations:

2. Revisions of the Comprehensive State Plan should deemphasize system description and provide a clear, concise delineation of goals for the system, objectives, actions, steps and assignment of responsibility to better guide and coordinate participants within the MH/MR/DD system.

3. The Division of Mental Health, Mental Retardation and Developmental Disabilities should improve the data collection and management information system for convenient use by system participants, focusing particular attention on information regarding service availability, level and accessibility. In addition, the Division needs to reach a point of standardizing and finalizing definitions, forms, and tools for them to be effective measures of system change.

Coordination Findings Recommendation:

4. To optimize coordination between the Division of Mental Health, Mental Retardation and Developmental Disabilities and other organizations within the MH/MR/DD system, attention should be focused on four of five key factors. Specific interorganizational committees should be created which integrally involve patient advocates and advocacy organizations in the planning and decision-making processes of the system.

The Division needs to work toward or negotiate greater consensus on the goals of the MH/MR/DD system and the ways in which those goals will be attained. An equalitarian communication style and a better balanced flow of resources between the Division and participating organizations should be optimized and maintained.

Fiscal Findings Recommendation:

5. Reliance on local property tax for MH/MR funding limits the development of a comprehensive array of services in smaller rural counties. If the goal is to reduce the heavy reliance on local property tax by smaller rural counties two options exist: (a) the General Allocation formula should be adjusted to provide more dollars to small counties which have the greater service deficiencies; or (b) more money should be committed to the Community Services Fund to provide a greater proportion of state to local dollars statewide.

Range of Services Findings Recommendation:

6. The Division of Mental Health, Mental Retardation and Developmental Disabilities should develop a clear strategy for expanding the range of services to rural counties, particularly those with lower populations and lower property values which experience the highest levels of service deficiency. Previously recommended changes in funding help to address the problems associated with "economies-of-scale" in rural areas. Greatly expanded monitoring and capacity-building are necessary by the Division to assist local planners in developing the necessary skills for initiating new and alternative services locally.

Quality Assurance Findings Recommendations:

7. The General Assembly should remove the conflict that exists between chapters 225C.4(s) (sic) and 227.2 and .4 to clarify standards and enforcement responsibilities for the Division of Mental Health, Mental Retardation and Developmental Disabilities and the Department of Health.

8. The Division of Mental Health, Mental Retardation and Developmental Disabilities and the Department of Health should proceed with the promulgation and implementation of standards for county care facilities.

9. The Division of Mental Health, Mental Retardation and Developmental Disabilities and the Department of Health should develop, for the General Assembly, proposed legislation which requires licensing of ICFs and RCFs appropriate to the levels of care of the mentally disabled they serve. Included in this legislation should be a revision of Division responsibilities to include the recommendation and transmittal to the Health Department, of standards for the treatment and care of the mentally ill, the mentally retarded and the developmentally disabled in such licensed health care facilities.

The Study Committee requested that the Legislative Fiscal Bureau prepare a fiscal note on the nine recommendations.

Committee Concerns. Two major concerns of special significance to the Study Committee are noteworthy. First, the Division should continue to work for the deinstitutionalization of appropriate mentally ill and mentally retarded patients through the identification of areas in the state where specific services are not available and through special funding efforts to make those specific services available locally. Secondly, the Division, with the assistance of the Department of Health, should proceed to adopt treatment standards for the care of mentally ill and mentally retarded residents of county care facilities before expanding the standards to all residents of residential care facilities.