

## State Investment in Community Capacity—Part II

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- There is consensus that Iowa relies more on higher cost institutional settings than we should. “Should” has an element relating to Iowa values like choice and community; it includes an element relating to compliance with the Olmstead Supreme Court decision; and, happily, it also has an element of cost effectiveness. “Building community capacity” is shorthand for what we need to do to overcome this reliance.
- I am most familiar with what stakeholders have said is necessary to build community capacity to support people with developmental disabilities. Stakeholder groups have also analyzed what building community capacity means to support individuals with mental illness or brain injury. Fortunately, the Division of MHDS has a process underway where stakeholders can continue to contribute to an integrated plan that will outline how we change Iowa’s system to support anyone with a disability (children, adults and aging Iowans).
- The question is how we are to finance needed changes. County property tax dollars have been a vital part of the current system. But responsibility for building community capacity belongs at the state level. State investment will be needed, but not all costs have to be funded with new state dollars. We can look to *redirect* some resources (e.g. funding that supports sheltered workshops instead of supported employment, dollars spent in the juvenile justice system on youth who did not receive the services they needed earlier to address serious mental health issues). We can also look to finance specific capacity building initiatives with strategic grant seeking. For example, the Robert Wood Johnson Cash and Counseling grant in 2004 provided resources and technical assistance to enable the IME to develop what is now called the Consumer Choices Option. In 2005, DHS/IME framed the Real Choices Systems Transformation grant proposal around the implementation of HF 841. In other words, these grants were pursued to help finance desired system changes.
- The integrated plan being developed by the Division of MHDS will span a three-year timeframe and include goals, objectives, and priority actions. The idea is to review the priority actions at least yearly and update as necessary. Given the sober reality of Iowa’s economic challenges, what we now need more than ever is on-going strategic analysis of progress and available resources/opportunities.
- Almost every one of the issues I identified October 7<sup>th</sup> is being addressed in some way:
  - Last year, the legislature approved adding behavioral programming, crisis intervention, and mental health outreach to the ID waiver;
  - Real Choices grant dollars are funding the College of Direct Support, helping with the development of an RFP for the transportation

brokerage, funding a pilot of the Supports Intensity Scale functional assessment tool, and supporting updating of the Iowa COMPASS database;

- Tomorrow, there is an Employment First conference sponsored by several key stakeholders. In addition, Medicaid Infrastructure Grant resources will be used to enable Iowa to join the State Employment Leadership Network. Both these complementary initiatives address Iowa's over-reliance on facility-based vocational programs. National research documents the cost effectiveness of supported employment over workshops and the net benefit to taxpayers.
- Funding from SAMHSA has supported the development of the children's mental health system of care in ten northeast Iowa counties and another such application is being prepared for five other east central Iowa counties. State dollars are providing the match SAMHSA requires for the northeast Iowa effort.
- The MHDS Division is working with the Acute Care Task Force, a diverse stakeholder group concerned with the lack of community options for individuals experiencing mental health crises. The Task Force has developed recommendations for alternatives to our costly over-reliance on emergency room care and hospitalization.

One critical issue I mentioned on the 7<sup>th</sup> that is not now being addressed is the waiting list for the HCBS rent subsidy. More on this below...

- What we need is to adopt a process that assures we will make steady progress implementing Iowa's integrated mental health and disability services plan (which will also have the added benefit of helping Iowa continue to make progress complying with Olmstead). What is needed is an *on-going* legislatively mandated Workgroup of key stakeholders (like this one) to continually monitor the plan's implementation and advise on its strategic financing, recognizing that one particular systemic change need not always be done at the expense of another. Where it is apparent that there are not resources to address a priority (e.g. HCBS rent subsidy), a strong recommendation should be made to the legislature to fill that gap. Where resources could be redirected (e.g. making competitive employment the preferred outcome for vocational dollars), coordinated interagency efforts should be directed to make that happen. Where enhanced local coordination can provide in-kind match needed for federally funded projects (as could be the case for the second SAMHSA system of care application under development), this should be done. Where external resources could be leveraged, the Workgroup should recommend that the Governor and legislature express support for a new grant initiative. Support from high level policy makers for a grant proposal—framed in the context of the part a new initiative would play in the implementation of a state capacity building or Olmstead plan—would increase the odds of success. Building community capacity will definitely take more state funding. But recognizing the current plight of the Iowa economy, we need to be realistic and strategic in financing change.