Comments to Senate Human Resources Sub-Committee
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I have been hearing lots of people say that our system is broken. I guess we could all sit around and point fingers at each other for why it's broken, but the only true losers would be the people who aren't getting the services they need to recover or to claim for the first time viable roles in their communities and families. It's time for all of us to recognize that there are some things in the system that are working well, and to build on those strengths as we address the shortcomings of the system.

It has been said that we don't have core services. I would argue that we do, and that is part of our problem. Counties are mandated to pay for a number of services, many of which are facility-based, institutional, and not on anyone's list of evidence-based practices. In many instances, counties recognize that discretionary services would better serve the community, but our hands are tied because there isn't enough funding to put into place services that are likely to reduce the need for the more institutional services. What we need instead of a set of core services is a set of core values for serving individuals.

Some have said that the Golden Rule is "He who has the gold, rules". It might be tempting to unilaterally make changes just because one provides a significant level of funding. We know from an abundance of literature dealing with the topic of leadership, that the most effective way to rule does not involve dictating from on high but rather engages individuals involved in a project or a system to work together towards a clearly expressed vision of a desired future. While there are many documents that describe what might be considered a vision, few of us have truly adopted the vision to the point where it drives our decisions regarding individual goals, system design, service delivery, and funding.

For years, we have talked about having a fair and equitable funding formula. Note that the second word is "equitable". That doesn't mean equal. Equity recognizes that sometimes differences are justified. I think we all recognize that what works in Adams County with a population of 4,000 might not work in Polk County with a population of 432,000. It is very difficult to articulate the concept of equity, when one considers the complexities of taxes, populations, services, accessibility, etc. Maybe it's time to tackle the concept by looking at what exists and moving toward what seems to be more equitable.

It is time to eliminate legal settlement as the basis for payment of services. We spend too much time looking at where people have lived and what services they have received. While the process might be fun for detective wannabees, it steals resources from the system as a whole, that could be better used for services.

Here are some ideas for specific steps to move ahead, building on SSB 1077.

Ideas for a Process to Improve Iowa's Mental Health and Disability Service System

Proposes that local MH/DD authorities be established and given the responsibility and authority to plan, fund, and direct the service system in a given geographic area. The boundaries of the areas need to balance the number of people the area covers with the physical area to be covered. In southwestern Iowa, 300,000 seems to be too big. Eliminates legal settlement. Strives for a system that allows individuals to live, learn, work, and recreate in the communities of their choice and to exercise their rights and responsibilities as citizens of Iowa.

References to "counties" below include the 5-county region that currently exists and any others that may be created in the future.

Summer 2011:

Iowa State Association of Counties' Electronic Transaction Clearinghouse start accepting single bills from providers for 100% county-funded services and distributing the bills to counties to process for payment.

Governor's Commission on MH/DD (with input and assistance from staff of the Department of Human Services, staff of the Department of Public Health, and other stakeholders) define the expectations and standards for local MH/DD authorities. This would include mission, vision, and core values for the system. It also would include the identification of outcomes that reflect the values, against which local MH/DD authorities and providers would be measured.

Counties identify current payments for individuals based on legal settlement and how those would change if payment were based on residency.

DHS prepare description of current services provided to children and youth under 18, including gaps in services and individuals who need but don't receive services.

Fall 2011:

Counties prepare draft budgets for FY12/13 based on:

- General population for mental health treatment (inpatient and outpatient), crisis response availability, administration, etc.
- Number of individuals to be served in ongoing, more intensive services based on residency. Determine feasibility of using case rates based on current average costs to determine allocation of revenues from the state.
- Elimination and avoidance of waiting lists for funding.
- Development of services to fill critical gaps and move towards service equity.
- Allow adjustment of property tax levies to move towards tax equity.

Counties determine whether or not to form multi-county MH/DD authorities and the boundaries for any to be formed to comply with the expectations and standards set by the Commission.

Winter 2011:

Draft county budgets are compiled and presented to appropriate legislative committees.

Legislature determine FY12/13 funding levels.

Counties submit FY12/13 budgets.

Spring 2012:

Explore expansion of responsibilities of local MH/DD authorities, e.g., services for children and youth under 18, additional service areas, etc. for FY13/14 and beyond.