

The Department of Human Services and Judicial Branch would continue their efforts to address issues in Iowa's mental health commitment process, with a goal of completing this work during the 2012 legislative session. The proposal also calls for the Departments of Human Services and Public Health to work with the Iowa State Association of Counties to agree upon a unified information system for disability and substance abuse services, which would be considered by the Legislature in 2012.

For the intellectual disability system, the Legislature and other parties would continue to work on transitioning the system in the 2012 legislative session.

II – Services System Redesign Funding

Two important steps are taken in the House proposal to address funding issues for the system. First, the proposal establishes a Disability Services System Redesign Savings Fund to capture savings generated by steps taken during this process. These funds would be reinvested back into the system to provide funding service improvements.

Secondly, the proposal calls for the state to increase the funding it provides through the property tax relief fund by \$125 million over the next three years. Beginning in FY 2014, counties would no longer levy for mental health services.

III – Children's Mental Health System

The proposal recognizes that the state of Iowa currently does not have a coordinated system of mental health services for children. To address this, the proposal begins the process of developing a system of mental health services for Iowa's children. The proposal calls for the creation of multiple levels of care that Iowa's Psychiatric Medical Institutes for Children (PMIC's) would be allowed to provide. This step would allow the state to bring home children and young adults who have been sent to other states for treatment and services not currently available in Iowa.

IV – Community Mental Health Center Update

The proposal also includes a proposal developed by the state mental health commission over the past several years updating state requirements for community mental health centers. This language includes target population for services, required services to provided, catchment areas, standards for designation, and evaluation. These changes would go into effect when the services system redesign is implemented in FY 2013.

BRINGING IOWA'S DISABILITY SERVICES SYSTEM INTO THE 21st CENTURY

Mental Health/Intellectual Disability System Redesign Goals

- Iowans should have access to the same level of services, no matter where they live in the state;
- Iowans needing to use the mental health/intellectual disability system should have someone in their local area they can go to for assistance with enrollment and other issues.
- Iowa property taxpayers should no longer be required to be a source of funding for the system.

I - Services System Redesign

The proposal begins the process of redesigning Iowa's mental health system by placing the initial focus on mental illness. Beginning in FY 2013, the state would assume responsibility for services to adults with mental illness, children with serious emotional disturbances, and children and adults who have co-occurring mental health and substance abuse disorders.

DHS would be the agency in charge of overseeing the services. They would contract with lead agencies in six regions around the state to provide the services. Lead agencies would work with the community mental health centers in the state. The regions would be based on the current catchment areas for the Comprehensive Substance Abuse Treatment program. This would help promote the need for interaction and cooperation between mental health and substance abuse providers in treating those with co-occurring disorders.

Each region would have at least one CMHC, and under the proposal any CMHC or other mental health provider that meets the criteria set by the state would be eligible to provide mental health services covered by the program. Lead agencies would be prohibited from preventing Iowans from selecting to receive services from any willing provider in their region. To ensure people are getting the proper level of service, an agency independent of the lead agency would be responsible for performing a functional assessment on Iowans seeking services.

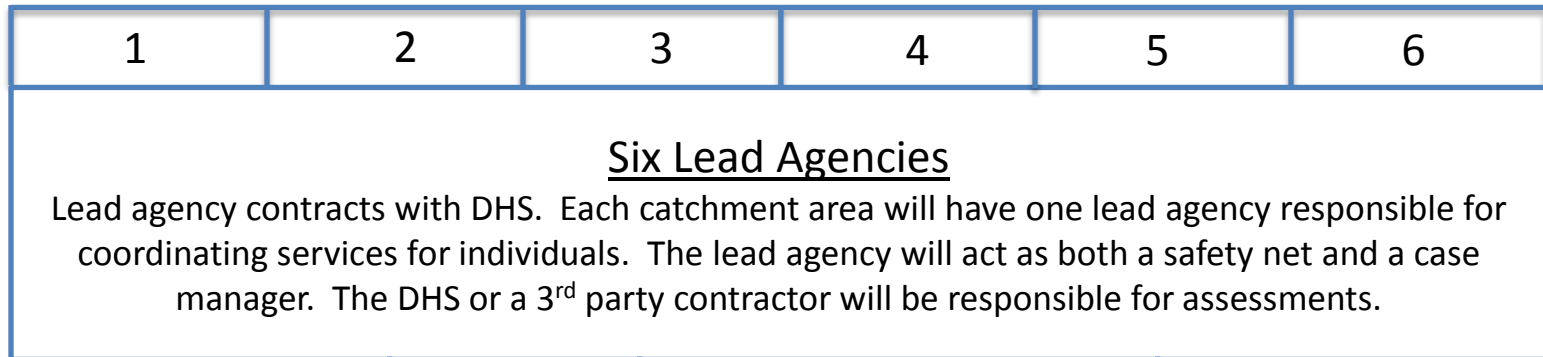
Selection of the lead agency would be done through an RFP process that would occur in FY 2012. A transition committee of stakeholders in the process would be established at the same time to address issues that come up as the Department and providers prepare for this change.

State/DHS

State Assumes responsibility for entire MH/MI/ID/DD/BI system including Medicaid funded services.

County Property Taxes are bought out by the State over 3 years at \$40.0 million per year beginning in FY 2012.

Six Regional Catchment Areas



Lead agencies subcontract with community providers and CMHC's to provide services.

Mental Health Catchment Areas

Matches Substance Abuse Managed Care Plan Regions

