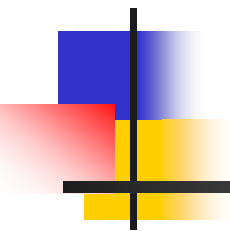
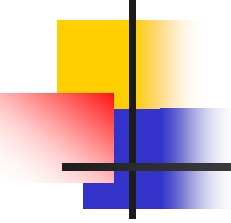


Transforming a Non-transformation state



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Iowa Department of Human Services

April 2007

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- It is one thing to say with the prophet Amos, “Let justice roll down the mighty waters,” and quite another to work out the irrigation system.

- *William Sloane Coffin*, Social Activist and Clergyman



Iowa at a glance

- Pre-2780
- Commissions, committees, councils, etc.
- 2780
- Medicaid and SOC
- County tax levy issue
- MH redesign
- Finding “space” for the MHA



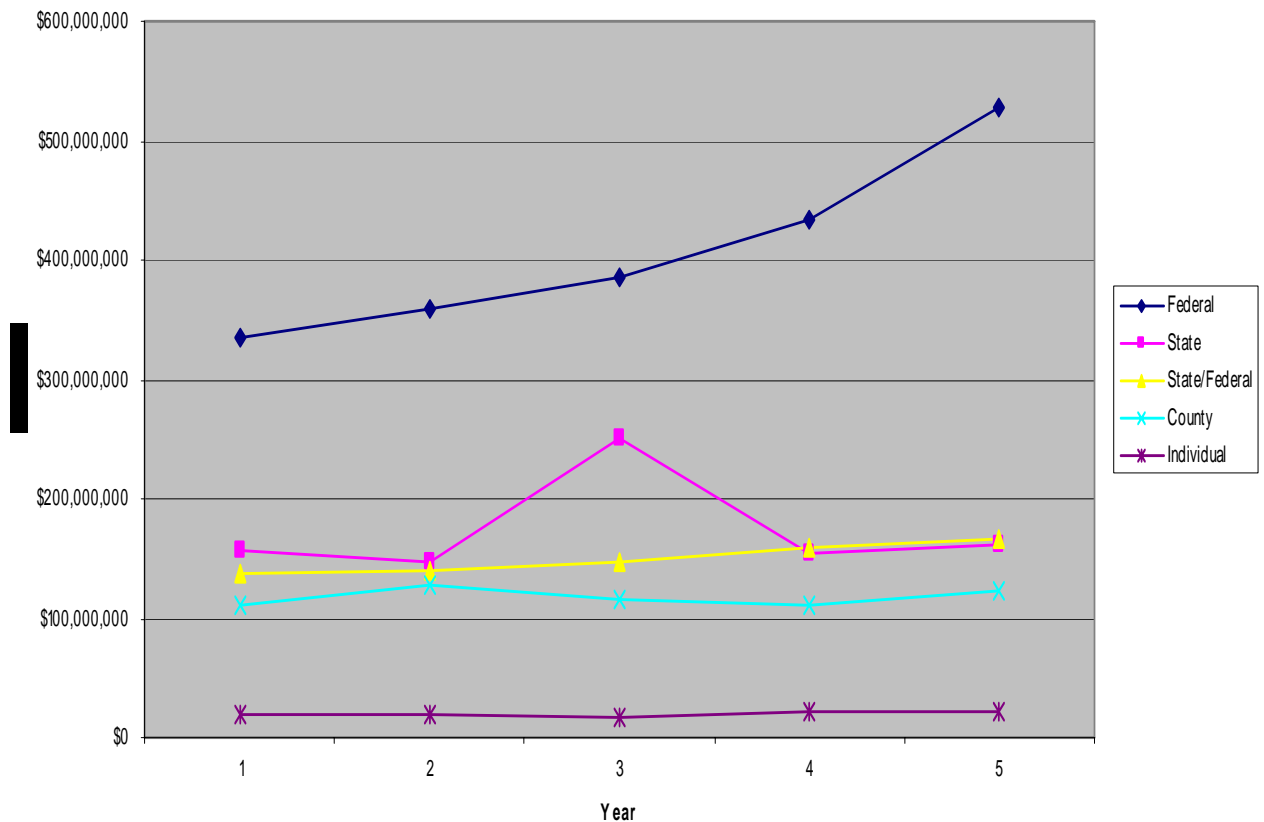
HF2780 in 2006: Division of Mental Health and Disability Services

- Administrator and modest staff
- Administrator = MHA
- Mental health centers standards
- Will work with others to establish and maintain programs of education, prevention and research
- EBPs, outcomes, etc.

Growth in Revenue and Expenditures

Disability System Funding SFY2001 - SFY2005

■ Revenue and expenditures have grown steadily in recent past (SFY2001 – SFY2005)





Sources of Current Budget “Crisis” in the MHDS System

- Increased consumer demand for flexible, community-based services (+)
- County tax levy law limits County spending - creating a “pressure cooker” environment (-)
- The System continues to “rebalance”, change and grow (+)
- Overall expenditures increasing due to wider array of available services primarily through federal Medicaid funding (+)
- However, there are no “mandated” or “core services” (-)



Sources of Current Budget “Crisis” in the MHDS System (cont)

- Also, there are no “regionalization/collaboration” or “core service agencies” for “efficiencies” (-)
- Key components of the system and their roles lack clarity in terms of populations, locations served (I.e., CMHCs, ESPs) (-)
- While they are part of the “solution” there is growing resistance to EBP and Outcomes approaches that demonstrate efficacy (-)
- There are inadequate infrastructures to set rates, train the system workforce in general and specifically in CQI, EBP and Outcomes, and monitor system performance through IS (-)

Issues/Recommendations I:



- The System continues to “rebalance,” change and grow
- Increased consumer demand for flexible, community based services. Overall expenditures increasing due to wider array of available services, primarily through federal Medicaid funding
- Stay the course. Continue rebalancing through “Money follows the person” and other system redesign initiatives
- Legislative relief through modification of levy tax
- Develop defined set of “core services,” and develop Core Service Agency approach



Issues/Recommendations I:

(cont.)

- County tax levy law limits spending - creating a “pressure cooker” environment
- There are no “mandated” or “core services”
- “Incentivize” the formation of county collaboratives - regionalize care through the design of Core Service Agencies and low-incidence services based at state institutions and CMHCs
- Define roles of CSAs, institutions, and CMHCs as part of a delivery “system” vs. separate parts

Issues/Recommendations II:



- Key components of the system lack clarity in terms of roles, populations, locations served (i.e., CMHCs, ESPs)
- While they are part of the “solution,” there is growing resistance to EBP and outcomes approaches that demonstrate efficacy
- Continue to mandate CQI, EBP’s, and outcomes practices
- Redesign COD to implement a comprehensive, integrated system of care – eliminating agency silos
- Enhance rate setting oversight capacity



Issues/Recommendations II:

(cont.)

- There are inadequate infrastructures to: set rates; train the system workforce to improve the quality of care, and in specific areas such as CQI, EBP's, and outcomes; and monitor system performance through IS
- Develop and Implement Collaborative Behavioral Health Workforce Competency Training Plan
- Continue to fund and develop adequate IS capacity