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**A PLAN TO INCREASE  
STATE FUNDING FOR SERVICES TO  
MISSOURI CITIZENS WITH  
DEVELOPMENTAL DISABILITIES,  
MENTAL ILLNESS, OR  
SUBSTANCE ABUSE PROBLEMS.**

**MACDDS STUDY COMMITTEE**

Roger A. Garlich, Chair  
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## BASIC ASSUMPTIONS

The total DMH budget recommended by the Governor for FY92 was

**\$455,000,000**

of that amount **\$140,000,000** was earmarked for community programs as follows:

\$35,000,000	ADA	25%
\$47,600,000	CPS	34%
\$57,400,000	MR/DD	41%

The current state population is **5,137,804**.

The need for services to eligible Missourians is currently documented at over \_\_\_\_\_ people who would benefit from the programs offered by each of the DMH divisions

A 1% sales tax will raise **\$425** million and will progressively rise. A combination of "other" taxes (such as liquor, cigarettes, etc.) could also be used as an alternative to sales tax to generate "earmarked" revenues.

# THE PLAN

## WIN — WIN — WIN

### A. NOT OPTIONAL

1. Promote and pass a 1¢ sales tax or "other" tax referendum for mental health services which will generate \$425 million.
2. If the \$425 million initiative passes:

MISSOURI  
LEGISLATURE  
WINS!!

- a. DMH would release back to GR that portion of the \$140 million currently appropriated to DMH that is not Federal \$. The Legislature would then be responsible to fund state operated services and staff from existing GR.

EXISTING  
PROVIDERS AND  
CURRENT PERSONS  
SERVED WIN!!

- b. Of the new \$425 million raised, \$140 million would be distributed to the existing service provider system based on historical allocation/spending information to replace the \$140 million returned to the GR.

DMH  
COUNTIES, AND  
FUTURE PERSONS  
SERVED WIN!!

- c. The remaining \$285 million would be distributed on a per capita basis to each county, based on the total percentage currently expended by each DMH Division.

That is:

\$71.25 million	-	ADA	25%
96.90 million	-	CPS	34%
116.85 million	-	MR/DD	41%

For example: Funds would be distributed to each Missouri county at the following rates for each person residing in the county. 13.87 ADA, 18.86 CPS, 22.74 MR/DD. The county would then be responsible to develop and fund appropriate community placement and other (POS) services.

### B. OPTIONAL

1. Any clients living and receiving services through state operated programs (ie. Day Program) may be absorbed into the community services/county budget at a negotiated rate between the county and the DMH.

### C. OPTIONAL

1. Case management services may be absorbed into the community services/county budget from DMH divisions at a negotiated rate between the county and DMH.

### D. OPTIONAL

1. Any other state agency dollars for Mental Health Services may be absorbed into the community services/county budgets as negotiated by the counties with those agencies.

## **EXPECTED BENEFITS**

1. By structuring the distribution of funds as outlined above:

- A. The legislature gets money back into GR, not specifically "earmarked" for any state service.
- B. The incentive to pass the legislation is enhanced because each county tax payer will receive a guaranteed amount of money back to the local county/city.
- C. For small counties, cooperatives (similar to special ed co-ops) may be formed.
- D. The county will not "lapse" money if not spent in the state fiscal year.
- E. Waiting lists for services could be totally eliminated and rate equity achieved.
- F. DMH division personnel could focus more directly on client eligibility, provider training, quality assurance, and program evaluation.