

STATE OF IOWA DEPARTMENT OF  
**Health** AND **Human**  
SERVICES

MENTAL HEALTH AND DISABILITY  
SERVICES REGIONAL SYSTEM  
QUARTERLY REPORT

Quarter 2: October 1, 2022 – December 31, 2022

# Mental Health and Disability Services Regional System Quarterly Report

SECOND QUARTER: OCTOBER 1, 2022 TO DECEMBER 31, 2022

On July 1, 2022, the State of Iowa marked a significant milestone in its completion of a transition from county property tax levy funded Mental Health and Disability Services (MHDS) regions to an MHDS regional system funded by appropriation to Iowa's Department of Health and Human Services (HHS). HHS is required to execute performance-based contracts with the MHDS Regions<sup>1</sup>, distribute the funding appropriated to HHS to MHDS regions on a per capita basis, and deliver a report to the general assembly on a quarterly basis as part of this transition. This HHS quarterly report will provide decision makers with:

- Core service status in each region,
- Core service accessibility in each region,
- Description of how each region is investing funding, and
- Recommendations for improvements to the MHDS Regional system that will improve outcomes and support HHS goals.

## CORE SERVICE STATUS

### Adult Service Requirements

Access to an initial set of core services for adults was required for each MHDS region by July 1, 2014<sup>2</sup>. MHDS regions report that these services are currently available in all MHDS regions.

Adult Core Services are:

- Assessment & Evaluation
- Service Coordination
- Crisis Evaluation
- Family Support
- Medication Prescribing & Management
- Mental Health Inpatient
- Mental Health Outpatient
- Peer Support
- Supportive Employment
- Support for Community Living
- 24-Hour Access to Crisis Response

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<sup>1</sup> Iowa Code 225C.7A, subsection 2, paragraph "c", subparagraph (5)

<sup>2</sup> Iowa Code 331.397

In response to stakeholder feedback and the collaborative efforts of multiple working groups and committees, subsequent legislation<sup>3</sup> embedded additional access requirements for crisis and intensive mental health services for adults into MHDS regional requirements. Access to these additional services was required of all MHDS regions by July 1, 2021.

Additional core crisis and intensive mental health services are:

- Access Center
- Assertive Community Treatment (ACT)
- Crisis Stabilization Community Based
- Crisis Stabilization Residential
- Intensive Residential Service Homes (IRSH)
- Mobile Crisis Response
- Subacute Mental Health Services
- 23-Hour Observation and Holding

Overall, there has been significant progress toward MHDS regional compliance with the additional crisis and intensive mental health service requirements. However, full statewide implementation has not been achieved. Initial progress toward implementation of new services and expansion of existing services included in the 2018 requirements was slow. Beginning in 2020, the COVID-19 public health emergency is cited as having a significant impact on system development as attention and resources were diverted toward COVID-19 response. Workforce pressures are also cited as having slowed or prevented providers from developing new services as available resources were often focused on maintaining existing service lines.

One example of challenges faced in MHDS regional service development has been the implementation of Intensive Residential Service Homes (IRSH). IRSH development required regions to build additional system structures, such as a no eject / no reject protocol, collaborate intensely with Iowa Medicaid, Medicaid Managed Care Organizations (MCOs) and community-based service providers, and develop targeted reimbursement mechanisms that would support the development and maintenance of access to the high intensity service provision offered by IRSH without supplementing or supplanting Medicaid funds. Iowa HHS supported regional development efforts by issuing formal guidance documents (Regional Operational Guidance)<sup>4</sup>, facilitating conversations with Iowa Medicaid and MCOs, engaging in conversations with community-based service providers, providing examples of no eject / no reject criteria for MHDS regional consideration, and creating tools for MHDS regions to use to ensure each applied consistent criteria in designating IRSH sites. The first IRSH site was designated by Sioux Rivers MHDS Region at the end of SFY2022. During the first and second quarters of SFY2023, two additional IRSH programs have begun operation in the Southeast Iowa Link (SEIL) and Rolling Hills Community Services (RHCS) regions. Multiple MHDS regions report that additional providers are engaged in IRSH development and anticipate designating additional sites in the coming quarters.

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<sup>3</sup> 2018 Iowa Acts Chapter 1056 (HF2456)

<sup>4</sup> <https://dhs.iowa.gov/sites/default/files/2022-01%20ROG%20-%20IRSH.pdf?091320221416>

## Children's Service Requirements

In 2019, legislation<sup>5</sup> established MHDS regional core service requirements for children<sup>6</sup> with serious emotional disturbance. MHDS regions were required to ensure access to this initial set of core services for children by July 1, 2020. MHDS regions report that these services are available in all fourteen MHDS regions.

Children's core services are:

- Assessment & Evaluation
- Behavioral Health Outpatient
- Education
- Medication Prescribing & Management
- Prevention

Regions were required to secure access to additional services by July 1, 2021.

These additional required services are:

- Behavioral Health Inpatient
- Crisis Stabilization Community Based
- Crisis Stabilization Residential
- Early Identification
- Early Intervention
- Mobile Crisis Response

Similar to adult service development, regions have typically been able to swiftly contract with local providers to secure access to existing services outlined in core requirements, such as behavioral health inpatient care. However, regions and providers have encountered obstacles in the development and implementation of new services such as Crisis Stabilization Community Based and Crisis Stabilization Residential services. Barriers noted include concern about the use of campus-like settings for crisis service delivery, overlap of youth population between MHDS regions, Medicaid, and child welfare and an overall lack of clarity regarding the fit of crisis services into the continuum of services for youth.

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<sup>5</sup> 2019 Iowa Acts Chapter 61

<sup>6</sup> Iowa Code 331.397A

### Core Service Status in Each Region

Figures 1 – 4 below outline the services available in each MHDS region. In most instances, regions report that they are actively engaged in development of services that are not currently available and anticipate full implementation during SFY2023.

Figure 1: Status of Core Services for Adults as of October 31, 2022

	Assessment & Evaluation	Case Management	Crisis Evaluation	Family Support	Medication Prescribing & Management	Mental Health Inpatient	Mental Health Outpatient	Peer Support	Supportive Employment	Support for Community Living	24-Hour Access to Crisis Response	Access Center	Assertive Community Treatment	Crisis Stabilization Community Based	Crisis Stabilization Residential	Intensive Residential Service Homes	Mobile Crisis Response	Subacute	23-Hour Observation and Holding
Care Connections of Northern Iowa	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	P	Y	Y	Y	Y	Y	Y
Central Iowa Community Services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	P	Y	Y	N	Y	Y	Y
County Rural Offices of Social Services	Y	Y	Y	Y	Y	Y	Y	Y	P	P	Y	Y	Y	Y	Y	Y	Y	Y	Y
County Social Services	Y	Y	Y	P	Y	Y	Y	Y	Y	P	Y	Y	P	Y	Y	N	Y	Y	Y
Eastern Iowa MHDS Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N	Y	Y	Y
Heart of Iowa Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y
MHDS of East Central Region	Y	Y	Y	P	Y	Y	Y	P	P	P	Y	Y	Y	P	Y	N	Y	Y	Y
Polk County Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	Y	Y
Rolling Hills Community Services Region	Y	Y	Y	Y	Y	Y	Y	Y	P	Y	Y	Y	P	Y	Y	Y	Y	Y	Y
Sioux Rivers MHDS	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
South Central Behavioral Health Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	P	Y	Y
Southeast Iowa Link	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	P	N	Y	Y	N	Y	Y
Southern Hills Regional Mental Health	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	Y	N	N	Y	Y
Southwest Iowa MHDS Region	Y	Y	Y	Y	Y	Y	Y	Y	P	Y	Y	Y	Y	N	Y	Y	Y	Y	Y

Y = Available throughout the region; N = Not available in the region; P = Partially available, but is not available in every county

Note: Case Management also includes Health Homes; Supportive Employment also includes Day Habilitation, Job Development, and Prevocational Services; Support for Community Living also includes Home Health Aide, Respite, Home and Vehicle Modification, and Personal Emergency Response System.

Figure 2: Status of Additional Core Services for Adults as of October 31, 2022

	Civil Commitment Prescreening	Jail Diversion	Peer Wellness Center
Care Connections of Northern Iowa	P	Y	P
Central Iowa Community Services	Y	Y	Y
County Rural Offices of Social Services	Y	Y	N
County Social Services	Y	Y	P
Eastern Iowa MHDS Region	Y	Y	Y
Heart of Iowa Region	Y	Y	N
MHDS of East Central Region	N	Y	P
Polk County Region	N	Y	N
Rolling Hills Community Services Region	P	Y	Y
Sioux Rivers MHDS	N	Y	Y
South Central Behavioral Health Region	Y	Y	Y
Southeast Iowa Link	Y	Y	Y
Southern Hills Regional Mental Health	Y	Y	N
Southwest Iowa MHDS Region	Y	Y	P

Y = Available throughout the region; N = Not available in the region; P = Partially available, but is not available in every county

Figure 3: Status of Core Services for Children as of October 31, 2022

	Assessment & Evaluation	Behavioral Health Outpatient	Education	Medication Prescribing & Management	Prevention	Behavioral Health Inpatient	Crisis Stabilization Community Based	Crisis Stabilization Residential	Early Identification	Early Intervention	Mobile Crisis Response
Care Connections of Northern Iowa	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Central Iowa Community Services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
County Rural Offices of Social Services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
County Social Services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Eastern Iowa MHDS Region	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y
Heart of Iowa Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
MHDS of East Central Region	Y	Y	Y	Y	Y	Y	P	N	Y	Y	Y
Polk County Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Rolling Hills Community Services Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Sioux Rivers MHDS	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
South Central Behavioral Health Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	P
Southeast Iowa Link	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
Southern Hills Regional Mental Health	Y	Y	Y	Y	Y	Y	N	N	Y	Y	N
Southwest Iowa MHDS Region	Y	Y	Y	Y	Y	Y	N	N	Y	Y	Y

Y = Available throughout the region; N = Not available in the region; P = Partially available, but is not available in every county

Figure 4: Status of Additional Core Services for Children as of October 31, 2022

	Service Coordination	Day Habilitation	Educational Services	Family Support	Health Home/IHH	Job Development	Peer Support	Prevocational Services	Respite	Supported Employment	Therapeutic Foster Care
Care Connections of Northern Iowa	Y	N	N	Y	Y	N	Y	N	Y	N	N
Central Iowa Community Services	Y	N	P	Y	Y	Y	N	Y	Y	Y	N
County Rural Offices of Social Services	Y	N	Y	Y	P	Y	N	Y	Y	Y	N
County Social Services	Y	P	Y	Y	Y	N	N	N	N	N	N
Eastern Iowa MHDS Region	Y	N	Y	Y	Y	N	P	N	N	N	N
Heart of Iowa Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
MHDS of East Central Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
Polk County Region	Y	N	Y	Y	Y	N	N	N	N	N	N
Rolling Hills Community Services Region	Y	N	P	Y	Y	N	N	N	Y	N	N
Sioux Rivers MHDS	Y	N	Y	Y	Y	N	N	N	Y	N	N
South Central Behavioral Health Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	N
Southeast Iowa Link	Y	Y	Y	Y	Y	Y	Y	P	Y	Y	N
Southern Hills Regional Mental Health	Y	N	N	Y	Y	N	N	N	N	N	N
Southwest Iowa MHDS Region	Y	N	Y	Y	Y	P	Y	N	P	P	N

Y = Available throughout the region; N = Not available in the region; P = Partially available, but is not available in every county  
 Day Habilitation, Job Development, Prevocational Services, Supported Employment, and Educational Services are for transitional age youth (17+)

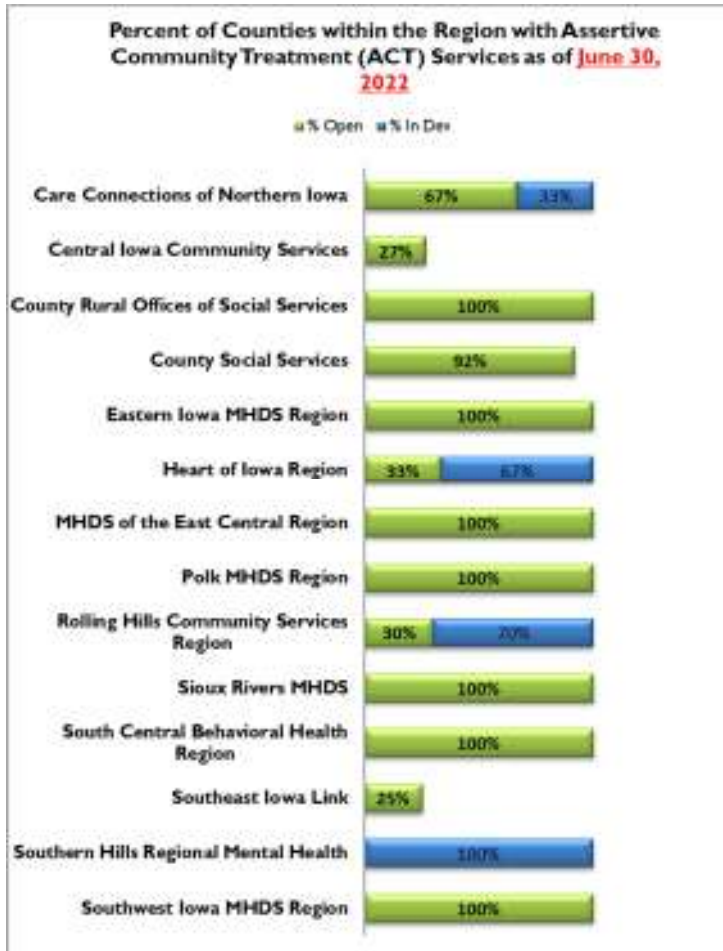
### ACCESSIBILITY OF CORE SERVICES

Though there has been progress toward ensuring and improving the availability of services, local access to services remains limited for many regional core services. There are multiple barriers to service accessibility including challenges inherent in delivering services across the wide geography of rural areas, workforce recruitment and retention, availability of transportation, and limitations of reimbursement.

One example that illustrates some of the challenges in ensuring service accessibility is Assertive Community Treatment (ACT) for adults. Although ACT is available in 13 out of 14 regions, ACT services are only accessible in 66 of Iowa’s 99 counties (figure 5). ACT is an evidence-based, intensive service model that requires flexibility to meet service recipients where they are at both in terms of their physical location and their real time need for support. This includes the potential for multiple weekly contacts with an ACT service recipient in their home or community. In rural areas, clinically driven services delivered in homes and communities, like ACT, are impacted by both the available capacity of the workforce and the drive time necessary for ACT team members to see each individual. Smaller providers often struggle to maintain sufficient capacity to meet the fidelity standards for ACT and cover the wide geographic area necessary to construct caseloads. Further, public transportation options in

rural areas are slim creating additional dependencies on services like ACT due to the obstacles service recipients encounter in gaining access to the full array of services and supports they need. ACT services are most often reimbursed by Medicaid.

Figure 5: Percentage of Counties with ACT Services by Region as of June 30, 2022



In addition to looking at geographic availability of services by county, local accessibility can be measured in terms of proximity to services and timeliness of service delivery. Iowa HHS has established rule and MHDS regions report their compliance with access standards for proximity and timeliness<sup>7</sup> for many MHDS regional services. Access standards are routinely met for initial core services which primarily represents an existing landscape of public payer and private insurance funded services and provider networks which are leveraged by MHDS regions to secure access for individuals eligible for regional funding. There is less consistency in meeting access standards for more recently added requirements, such as crisis services, which are more often funded by regions and required additional, significant work in service and provider network development.

<sup>7</sup> 441 IAC 25

## REGIONAL FUND UTILIZATION

Since July 2021 HHS has distributed funds to MHDS regions on a quarterly payment cycle in July, October, January, and April. HHS distributed funds to each MHDS region based on a per capita amount and calculated based on each region's population<sup>8</sup>.

Summary data on regional expenditures for SFY 2022 is presented in the following figures.

Figure 6: Total and Per Capita Expenditures by Region

Region	Population	FY22 Expenditures	FY22 Expenditures Per Capita
Central Iowa Community Services	438,336	\$ 13,026,436.39	\$ 29.72
County Rural Offices of Social Services (CROSS)	78,160	\$ 4,472,144.53	\$ 57.22
County Social Services (CSS)	292,949	\$ 11,538,573.99	\$ 39.39
Eastern Iowa MHDS Region	300,102	\$ 8,973,351.45	\$ 29.90
Heart of Iowa Region	109,638	\$ 3,918,556.52	\$ 35.74
MHDS of the East Central Region	600,915	\$ 24,729,822.56	\$ 41.15
Care Connections of Northern Iowa	63,408	\$ 3,190,856.67	\$ 50.32
Polk County MHDS	490,161	\$ 28,940,071.20	\$ 59.04
Rolling Hills Community Services Region	213,373	\$ 7,419,728.15	\$ 34.77
Sioux River MHDS	112,006	\$ 3,967,144.45	\$ 35.42
South Central Behavioral Health Region	78,490	\$ 4,144,087.89	\$ 52.80
Southeast Iowa Link (SEIL)	161,163	\$ 5,606,383.01	\$ 34.79
Southern Hills Regional Mental Health	29,116	\$ 1,074,900.75	\$ 36.92
Southwest Iowa MHDS Region	187,253	\$ 10,266,990.54	\$ 54.83

\* FY22 expenditures from regions FY22 annual reports; subject to change with finalization of pending audits

Figure 7: Expenditures by Service Category and Disability Group

Service Category	Intellectual Disability		Developmental Disability		Brain Injury	Administration	Totals
	Mental Illness	Disability	Disability	Disability			
Treatment Services Total	\$ 8,922,050	\$ 6,473	\$ 433	\$ -			\$ 8,928,956
Crisis Services Total	\$ 29,691,281	\$ 47,218	\$ 25,104	\$ 1,357			\$ 29,764,959
Support for Community Living Total	\$ 15,075,195	\$ 1,613,337	\$ 3,350,551	\$ 82,697			\$ 20,121,781
Support for Employment Total	\$ 1,731,296	\$ 1,578,765	\$ 560,031	\$ 88,417			\$ 3,958,509
Recovery Services Total	\$ 826,353	\$ -	\$ -	\$ -			\$ 826,353
Service Coordination Total	\$ 351,287	\$ 4,264	\$ 388	\$ -			\$ 355,939
Sub-Acute Services Total	\$ 840,115	\$ 34,800	\$ -	\$ -			\$ 874,915
Core Evidenced Based Treatment Total	\$ 4,401,550	\$ 39,556	\$ 14,946	\$ 290			\$ 4,456,342
Mandated Services Total	\$ 3,923,190	\$ 2,420	\$ 198	\$ -			\$ 3,925,809
Justice System-Involved Services Total	\$ 6,502,668	\$ 3,612	\$ 1,018	\$ -			\$ 6,507,298
Additional Core Evidence Based Treatment Total	\$ 3,490,945	\$ 183,352	\$ 17,509	\$ 6,903			\$ 3,698,709
Other Informational Services Total	\$ 5,959,028	\$ 174,125	\$ 275	\$ -			\$ 6,133,428
Essential Comm Living Support Services Total	\$ 16,098,311	\$ 1,071,688	\$ 894,314	\$ 25,311			\$ 18,089,624
Other Congregate Services Total	\$ 9,951,821	\$ 143,437	\$ 156,766	\$ -			\$ 10,252,024
Administration Total						\$ 13,374,404	\$ 13,374,404
<b>Totals</b>	<b>\$ 107,765,090</b>	<b>\$ 4,903,045</b>	<b>\$ 5,021,533</b>	<b>\$ 204,975</b>	<b>\$ 13,374,404</b>	<b>\$ 13,374,404</b>	<b>\$ 131,269,048</b>

\* FY22 expenditures from regions FY22 annual reports; subject to change with finalization of pending audits

## RECOMMENDATIONS FOR IMPROVEMENT

Structure – Community, provider, and workforce limitations are frequently cited as factors contributing to extended implementation timelines and limited access to services. The current MHDS regional system lacks the structure necessary analyze data. Differences in MHDS regional size, capacity, definitions, contracting, and measurement of outcomes all contribute to access disparity. In addition, a

<sup>8</sup> Iowa Code 225C.7A



great deal of the current language outlining MHDS regional governance and structure in Iowa Code as well as components of the protocols outlined in Iowa Administrative Code are based on supporting the structure necessary to the oversight of a local property tax levy rather than the implementation of a data-driven, statewide system.

**Data** – To begin to address some of these barriers, Iowa HHS and MHDS regional leaders have engaged in a collaborative effort to improve data collection and analysis with an initial focus on crisis services and a redesign of the MHDS regional quarterly reporting format to promote consistent use of language, definitions, and the consistent measurement and reporting of meaningful outcomes. HHS is also working with regional leaders to better define and promote the use of evidence-based practices in service provision. This effort is anticipated to lead to improved statewide consistency and will include recommendations for changes to administrative rules. HHS recommends continued collaboration and focus on these efforts to further support data-driven decision making and consistency of service provision.

**Assessment** – Iowa HHS continues to examine the role and potential of MHDS regions in the context of the broader service delivery system. In a cross-divisional effort led by the Iowa Medicaid program, Iowa HHS has partnered with Mathematica to analyze Iowa’s system of community-based services. Alongside Iowans who depend on and provide services, MHDS regional leaders have participated in this effort through data sharing, engagement in stakeholder feedback sessions, and service in advisory council roles.