STATE OF IOWA DEPARTMENT OF Health and Human services

MENTAL HEALTH AND DISABILITY SERVICES REGIONAL SYSTEM QUARTERLY REPORT

Quarter 4: April I, 2023 – June 30, 2023

Mental Health and Disability Services Regional System Quarterly Report

FOURTH QUARTER: APRIL I, 2023 TO JUNE 30, 2023

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 Regions¹, 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, 2014². 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

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

² Iowa Code 331.397

In response to stakeholder feedback and the collaborative efforts of multiple working groups and committees, subsequent legislation³ 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:

- 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.

Children's Service Requirements

In 2019, legislation⁴ established MHDS regional core service requirements for children⁵ 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 these additional services by July 1, 2021:

- Behavioral Health Inpatient
- Crisis Stabilization Community Based
- Crisis Stabilization Residential
- Early Identification

³ 2018 Iowa Acts Chapter 1056 (HF2456)

⁴ 2019 Iowa Acts Chapter 61

⁵ Iowa Code 331.397A

- 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 services 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.

Core Service Status in Each Region

Figures I - 2 below outline the Core 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. However, the department's performance-based contracts with the regions include a process to address non-compliance:

- Informal request by HHS for the region to remediate the issue (at HHS discretion)
- Requirement to complete a Performance Improvement Plan (at HHS discretion)
- Requirement to complete a Corrective Action Plan
- Reduction of the region's annual funding by up to 15%
- Withdrawal of HHS approval for the region

In the fourth quarter, the Southern Hills region was placed on a corrective action plan due to a lack of progress on an informal remediation plan to develop the required core services. HHS will monitor progress on the corrective action plan going forward into the upcoming fiscal year.

	Assessment & Evaluation	Case Management	Crisis Evaluation	Family Support	Medication Prescribing & Management		Mental Health Outpatient	Peer Support	Supportive Employment	Support for Community Living
Care Connections of Northern Iowa	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Central Iowa Community Services	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
County Rural Offices of Social Services	Y	Y	Y	Y	Y	Y	Y	Y	Р	Y
County Social Services	Y	Y	Y	Р	Y	Y	Y	Y	Y	Р
Eastern Iowa MHDS Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Heart of Iowa Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
MHDS of East Central Region	Y	Y	Y	Р	Y	Y	Y	Р	Y	Y
Polk County Region	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Rolling Hills Community Services Region	Y	Y	Y	Y	Y	Y	Y	Y	Р	Р
Sioux Rivers MHDS	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
Southeast Iowa Link	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Southern Hills Regional Mental Health	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Southwest Iowa MHDS Region	Y	Y	Y	Y	Y	Y	Y	Y	Р	Y

Figure 1: Status	of Core Services	for Adults as	of March 31, 2023
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Y = Available throughout the region; N = Not available in the region; P = Partially available, but is not available in every county

Figure I	(continued):	Status of Core	Services for	Adults as of	f March 31, 2023
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	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	Р	Y	Y	Y	Y	Y	Y	
Central Iowa Community Services	Y	Y	Р	Y	Y	N	Y	Y	Y	
County Rural Offices of Social Services	Y	Y	Y	Y	Y	Y	Y	Y	Y	
County Social Services	Y	Y	Р	Y	Y	N	Y	Y	Y	
Eastern Iowa MHDS Region	Y	Y	Y	N	Y	N	Y	N	Y	
Heart of Iowa Region	Y	Y	Р	Y	Y	N	Y	Y	Y	
MHDS of East Central Region	Y	Y	Y	Y	Y	N	Y	Y	Y	
Polk County Region	Y	Y	Y	Y	Y	N	Y	Y	Y	
Rolling Hills Community Services Region	Y	Y	Р	Y	Y	Y	Y	Y	Y	
Sioux Rivers MHDS	Y	Y	Y	Y	Y	Y	Y	Y	Y	
South Central Behavioral Health Region	Y	Y	Y	Y	Y	Y	Р	Y	Y	
Southeast Iowa Link	Y	Y	Р	N	Y	Y	N	Y	Y	
Southern Hills Regional Mental Health	Y	Y	N	N	Y	N	N	Y	Y	
Southwest Iowa MHDS Region	Y	Y	Y	Р	Y	Y	Y	Y	Y	
Y = Available throughout the region; N = No	t available in t	the region; P =	Partially avail	able, but is no	t available in	every county	•	•		

Figure 2: Status of Core Services for Children as of March 31, 2023

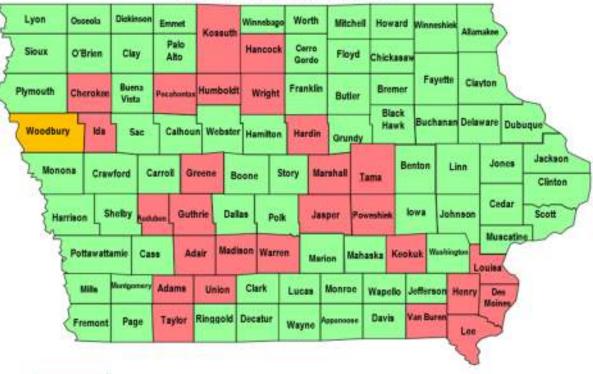
	Assessment	Behavioral Health	Medication Prescribing &	Behavioral Health	Crisis Stabilization Community	Crisis Stabilization	Forth	Early	Mobile Crisis
	& Evaluation	Outpatient	Management		Based	Residential	Early Identification		Response
Care Connections of Northern Iowa	Y	Y	Y	Y	Y	Y	Y	Y	Y
Central Iowa Community Services	Y	Y	Y	Y	Y	Y	Y	Y	Y
County Rural Offices of Social Services	Y	Y	Y	Y	Y	Y	Y	Y	Y
County Social Services	Y	Y	Y	Y	Y	Y	Y	Y	Y
Eastern Iowa MHDS Region	Y	Y	Y	Y	N	N	Y	Y	Y
Heart of Iowa Region	Y	Y	Y	Y	Y	Y	Y	Y	Y
MHDS of East Central Region	Y	Y	Y	Y	Y	N	Y	Y	Y
Polk County Region	Y	Y	Y	Y	Y	Y	Y	Y	Y
Rolling Hills Community Services Region	Y	Y	Y	Y	Y	Y	Y	Y	Y
Sioux Rivers MHDS	Y	Y	Y	Y	Y	Y	Y	Y	Y
South Central Behavioral Health Region	Y	Y	Y	Y	Y	Y	Y	Y	Р
Southeast Iowa Link	Y	Y	Y	Y	Р	Y	Y	Y	N
Southern Hills Regional Mental Health	Y	Y	Y	Y	N	N	Y	Y	N
Southwest Iowa MHDS Region	Y	Y	Y	Y	N	N	Y	Y	Y
Y = Available throughout the region; N = No	ot available in t	he region; P =	Partially availa	ble, but is not	available in ev	ery county	•	•	•

ACCESSIBILITY OF CORE SERVICES

Though there has been progress toward ensuring and improving the availability of services, local access to services remains limited for some 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 71 of Iowa's 99 counties (*figure 3*). ACT is an evidence-based, intensive service model that requires flexibility to meet service recipients where they are, 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 3: Accessibility of ACT Services by County as of March 31, 2023



ASSERTIVE COMMUNITY TREATMENT

Available Not Available In Development

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 population⁶.

Regional expenditures for SFY 2022 were finalized in December 2022. Summary data is presented in the following figures.

Figure 4: 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	\$ 8,973,351.81	\$ 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 <i>,</i> 490	\$ 4,144,087.85	\$ 52.80
Southeast Iowa Link (SEIL)	161,163	\$ 4,957,181.46	\$ 30.76
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
* EV22 expenditures from regions EV22 annual re	anorts: subject to c	ange with finalization	of pending audits

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

Figure 5: Expenditures by Service Category and Disability Group

			h	ntellectual	De	velopmental					
Service Category	M	ental Illness		Disability		Disability	В	rain Injury	Ad	ministration	Totals
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	\$	311,093	\$	4,264	\$	388	\$	-			\$ 315,744
Sub-Acute Services Total	\$	840,115	\$	34,800	\$	-	\$	-			\$ 874,915
Core Evidenced Based Treatment Total	\$	4,401,581	\$	39,556	\$	14,946	\$	290			\$ 4,456,374
Mandated Services Total	\$	3,839,343	\$	2,420	\$	198	\$	-			\$ 3,841,962
Justice System-Involved Services Total	\$	6,426,611	\$	3,612	\$	1,018	\$	-			\$ 6,431,241
Additional Core Evidence Based Treatment Total	\$	3,490,945	\$	183,352	\$	17,509	\$	6,903			\$ 3,698,709
Other Informational Services Total	\$	5,788,033	\$	174,125	\$	275	\$	-			\$ 5,962,433
Essential Comm Living Support Services Total	\$	16,036,507	\$	1,071,688	\$	894,314	\$	25,311			\$ 18,027,820
Other Congregate Services Total	\$	9,951,821	\$	143,437	\$	156,766	\$	-			\$ 10,252,024
Administration Total									\$	13,158,068	\$ 13,158,068
Totals		107,332,226	\$	4,903,045	\$	5,021,533	\$	204,975	\$	13,158,068	\$ 130,619,847

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

Another role of the MHDS Regions is to provide public information about mental health and disability services. Sometimes this is done on an individual basis, by providing information and referrals to individuals who contact the region. This function also takes the form of providing information to a broader audience, through media capaigns or by providing training opportunities for providers and other

⁶ Iowa Code 225C.7A

stakeholders. In the first three quarters of SFY 2023, regions provided a total of 346 trainings reaching over 13,000 people.

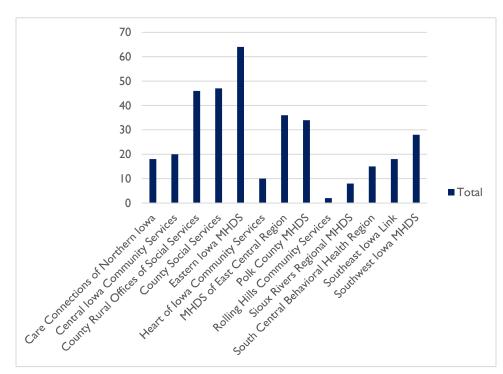


Figure 6: Number of Trainings Provided by Region

The MHDS Regions play a broad role in developing the disability service system, supporting service providers, and improving the lives of persons with disabiliites. Highlights of just a few projects, initiatives, and success stories from the third quarter of SFY 2023 include:

- The Central Iowa Community Services region awarded a planning grant to an organization to develop the SAMHSA model of permanent supportive housing in seven counties within the region.
- The County Social Services region provided funding to an area peer recovery program to provide WRAP facilitator training throughout the CSS Region. WRAP facilitators are peers who are specially trained and certified to facilitate WRAP peer groups with fidelity to the evidence-based practice model. WRAP Facilitators complete an initial training and then participate in refresher trainings every two years to maintain their certification.
- The County Rural Offices of Social Services region funded Social Emotional Learning Packages for early education, for 50 schools in the region.
- The Care Connections of Northern Iowa, Sioux Rivers, and Rolling Hills regions held a crisis providers summit for area crisis providers. The regions will be working collaborativley to create a virtual access network between the providers to leverage what each is doing rather than duplicate efforts. A draft workflow was shared and from this a subcommittee was formed to explore crisis services utilization. The first subcommittee meeting has met and as a result a standarized referral form is currently being developed. Moving forward, standardized

assessments will be developed and possible MOUs will be signed to ensure timely crisis services are being delieved across all three regions.

- The South Central Behavioral Health region is merging with the Southeast Iowa Link region, which has provided the opportunity to have conversations with all contracted service providers and other region partner agencies including Law Enforcement, DOC, Judiciary, JCO, Child Welfare, and Education. The merger will lead to better continuity of care for region residents and people in need.
- The Heart of Iowa Community Services region has added two additional police departments to their Crisis Intervention Team Co-responder program. The region is collecting data on diversions from the Emergency Department and Jail.

RECOMMENDATIONS FOR IMPROVEMENT

In its pre-file bill for the 2023 session, HHS included language that would allow all regional governing board members to have voting rights, while limiting representation of county boards of supervisors to no more than 49 percent of the board membership. The bill also included the addition of Outpatient Comptency Restoration (OCR) as a core service for regions. The legislation was passed and signed into law on June 1, 2023. HHS has issued formal guidance to the regions to assist with the implementation of House File 471 that requires a short implementation phase for regions to come into compliance with governance changes. Implementation of OCR will require collaboration with the judicial system as well as development of an adequate provider base and as such a longer implementation period over the upcoming fiscal year is recommended.

The department has finished amendments to the regional performance-based contracts, which extend the contract for another year and add additional work which will include a joint workgroup for Justice system involved individuals, expansion of the current data analytics efforts, and an exploration of the type and scope of service coordination provided by the regions. HHS recommends continued collaboration in these efforts to further support data-driven decision making, consistency of service provision, and identification of areas for further regional development.