



# MENTAL HEALTH AND DISABILITY SERVICES REGIONAL SYSTEM ANNUAL REPORT

JUNE 2024



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# Mental Health and Disability Services Regional System Annual Report

**FISCAL YEAR 2023: JULY 1, 2023 TO JUNE 30, 2024**

Mental Health and Disability Services (MHDS) regions are funded by an 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 funds to MHDS regions on a per capita basis and deliver an annual report to the general assembly. This annual 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.
- Recommendations for improvements to the MHDS regional system that will improve outcomes and support HHS goals.

## **CORE SERVICE STATUS**

### **Adult Service Requirements**

Access to core services for adults are required for each MHDS region. MHDS regions self-report that services are 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.
- Twenty-four-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 225C.65

In addition, crisis and intensive mental health services for adults are required in all MHDS regions<sup>3</sup>. These additional services include:

- Access centers.
- Assertive Community Treatment (ACT).
- Community-based crisis stabilization.
- Residential Crisis stabilization.
- Intensive Residential Service Homes (IRSH).
- Mobile crisis response.
- Subacute mental health Services.
- Twenty-three-hour observation and holding.

In 2023, legislation<sup>4</sup> added Outpatient Competency Restoration (OCR) as a core service paid by MHDS regions. During SFY2024, HHS collaborated with the MHDS regions on development of OCR. Implementation of the first program, located in the Polk County region, is currently underway.

Overall, MHDS Regions self-report significant compliance with adult core service requirements. However, full statewide implementation and consistency has not been achieved. While the initial core services are widely available, implementation of new services and expansion of existing services has been slow. In addition, workforce pressures slowed or prevented providers from developing new services as available resources were often focused on maintaining existing service lines.

### Children's Service Requirements

MHDS regional requirements include core services for children<sup>6</sup> with serious emotional disturbance. MHDS regions self-report that these services are available in all MHDS regions.

Children's core services are:

- Assessment & evaluation.
- Outpatient Behavioral health.
- Education.
- Medication prescribing & management.
- Prevention.

Additional required services include:

- Inpatient behavioral health.
- Community-based crisis stabilization.
- Residential crisis stabilization.
- Early identification.
- Early intervention.
- Mobile crisis response.

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

<sup>4</sup> 2023 Iowa Acts Chapter 140

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

<sup>6</sup> Iowa Code 225C.66

Regions were required to ensure access to this service beginning in SFY 2024:

- Outpatient competency restoration.

Similar to adult service development, regions have typically been able to secure contracts with local service providers to ensure access to existing services outlined in core requirements, such as behavioral health inpatient care. However, MHDS regions rarely pay for these services as most children with serious emotional disturbance are already covered by insurance or by Medicaid. Additional service development has been slow and implementation of new services such as community-based crisis stabilization services and residential crisis stabilization services is incomplete. Barriers include concerns about the use of campus-like settings for crisis service delivery, and a lack of clear accountability due to overlap between MHDS regions, Medicaid, and child welfare. There is a general lack of clarity regarding the fit of crisis services into the continuum of services for youth.

### Core Service Status in Each Region

Figures 1 – 3 below outline the core services available in each MHDS region. In most instances, regions are actively engaged in development of services that are not currently available. However, the department's performance-based contracts 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.

The Southern Hills region remained on a corrective action plan through the fiscal year due to a lack of progress in developing the required core services. HHS has monitored progress on the corrective action plan. The region's governing board has voted to merge with the Heart of Iowa region effective July 1, 2024. This move is expected to increase service availability to residents of the region.

**Figure 1: Status of Core Services for Adults as of March 31, 2024**

	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
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	P	Y	Y	Y	Y	P	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	Y	Y	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	Y	Y	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	P	P	Y
Sioux Rivers MHDS	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Mental Health Agency of Southeast Iowa	Y	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	Y
Southwest Iowa MHDS Region	Y	Y	Y	Y	Y	Y	Y	Y	P	Y	Y

Y = Available throughout the region; N = Not available in the region; D = In Development; P = Partially available, 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 Crisis/Intensive Mental Health Core Services for Adults as of March 31, 2024**

	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
Central Iowa Community Services	Y	P	Y	Y	Y	Y	Y	Y
County Rural Offices of Social Services	Y	Y	D	Y	Y	Y	Y	Y
County Social Services	Y	Y	Y	Y	Y	Y	Y	Y
Eastern Iowa MHDS Region	Y	Y	Y	Y	D	Y	Y	Y
Heart of Iowa Region	Y	P	D	Y	D	Y	Y	Y
MHDS of East Central Region	Y	Y	Y	Y	D	Y	Y	Y
Polk County Region	Y	Y	Y	Y	Y	Y	Y	Y
Rolling Hills Community Services Region	Y	P	Y	Y	Y	Y	Y	Y
Sioux Rivers MHDS	Y	Y	Y	Y	Y	Y	Y	Y
Mental Health Agency of Southeast Iowa	Y	P	Y	Y	Y	Y	Y	Y
Southern Hills Regional Mental Health	N	N	N	Y	N	N	Y	Y
Southwest Iowa MHDS Region	Y	Y	Y	Y	Y	Y	Y	Y

Y = Available throughout the region; N = Not available in the region; D = In Development; P = Partially available, not available in every county

**Figure 3: Status of Core Services for Children as of March 31, 2024**

	Assessment & Evaluation	Behavioral Health Outpatient	Medication Prescribing & Management	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
Central Iowa Community Services	Y	Y	Y	Y	Y	Y	Y	Y	Y
County Rural Offices of Social Services	Y	Y	Y	Y	D	Y	Y	Y	Y
County Social Services	Y	Y	Y	Y	Y	Y	Y	Y	Y
Eastern Iowa MHDS Region	Y	Y	Y	Y	Y	Y	Y	Y	Y
Heart of Iowa Region	Y	Y	Y	Y	P	Y	Y	Y	Y
MHDS of East Central Region	Y	Y	Y	Y	Y	D	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
Mental Health Agency of Southeast Iowa	Y	Y	Y	Y	Y	Y	Y	Y	Y
Southern Hills Regional Mental Health	Y	Y	Y	Y	N	N	Y	Y	N
Southwest Iowa MHDS Region	Y	Y	Y	Y	Y	D	Y	Y	Y

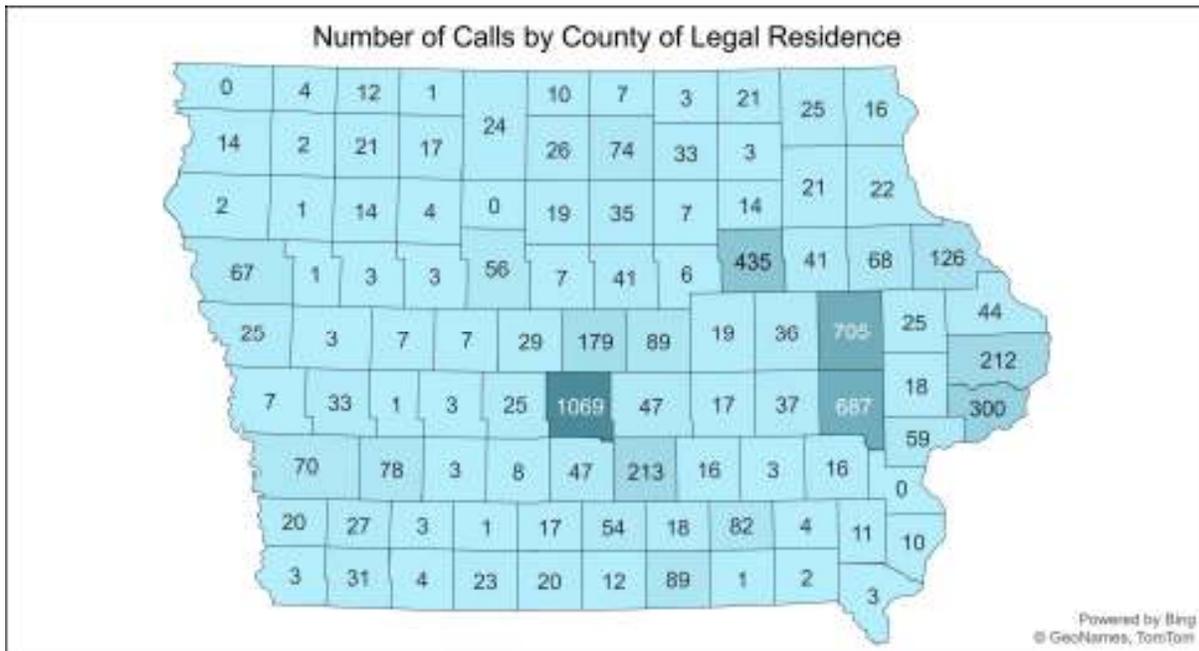
Y = Available throughout the region; N = Not available in the region; D = In Development; P = Partially available, not available in every county

**ACCESSIBILITY OF CORE SERVICES**

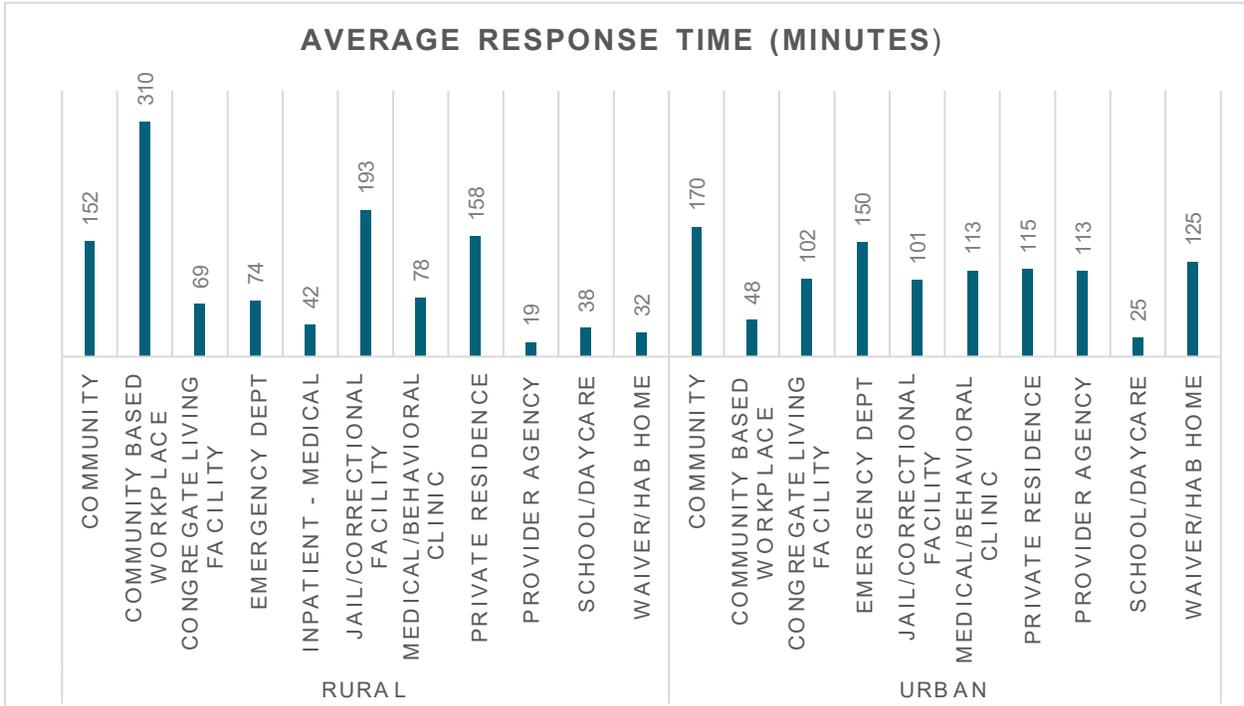
Though there has been progress toward ensuring and improving the availability of services, local access to services remains limited for some regional core services. There are multiple barriers to service accessibility, including regional inconsistencies in definition, provider requirements and contracting standards, challenges in delivering services across the wide geography of rural areas, workforce recruitment and retention, availability of transportation and constraining regulation and limited reimbursement.

In the second half of SFY 2023, regions began requiring standardized tracking data from providers of crisis services. This provides timeliness and other accessibility data at the individual case level. The following figures show some of the results derived from this data collected between January 1 and June 30, 2023. Data collected in SFY 2024 will be available after the first quarter of SFY 2025.

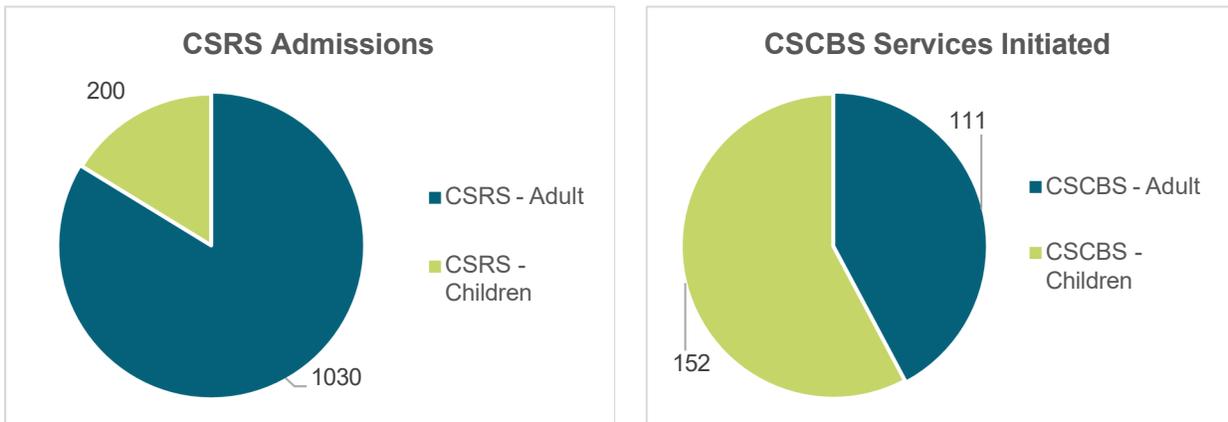
**Figure 4: Mobile Crisis Response Calls Between January 1, 2023 and June 30, 2023**



**Figure 5: Mobile Crisis Response: Average Response Times by Location Between January 1, 2023 and June 30, 2023, Rural vs. Urban**

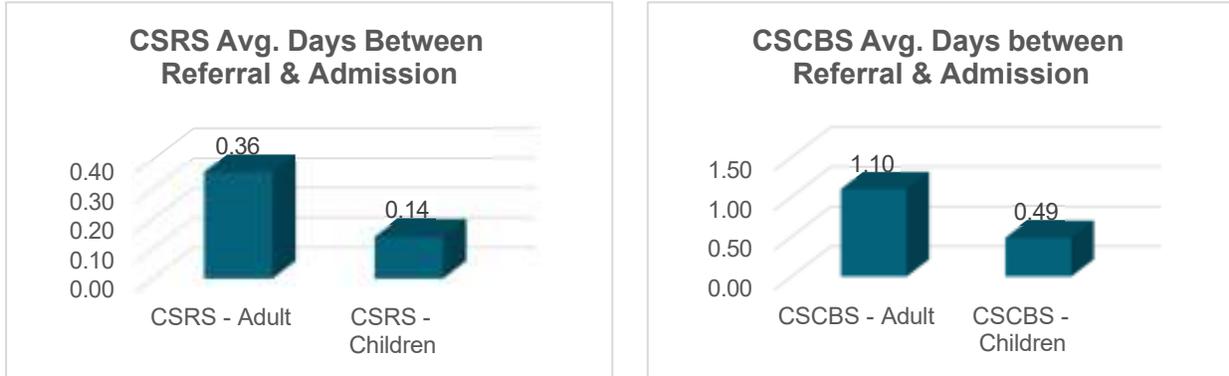


**Figure 6: Service Counts for Crisis Stabilization Residential Services and Crisis Stabilization Community Based Services Between January 1, 2023 and June 30, 2023**



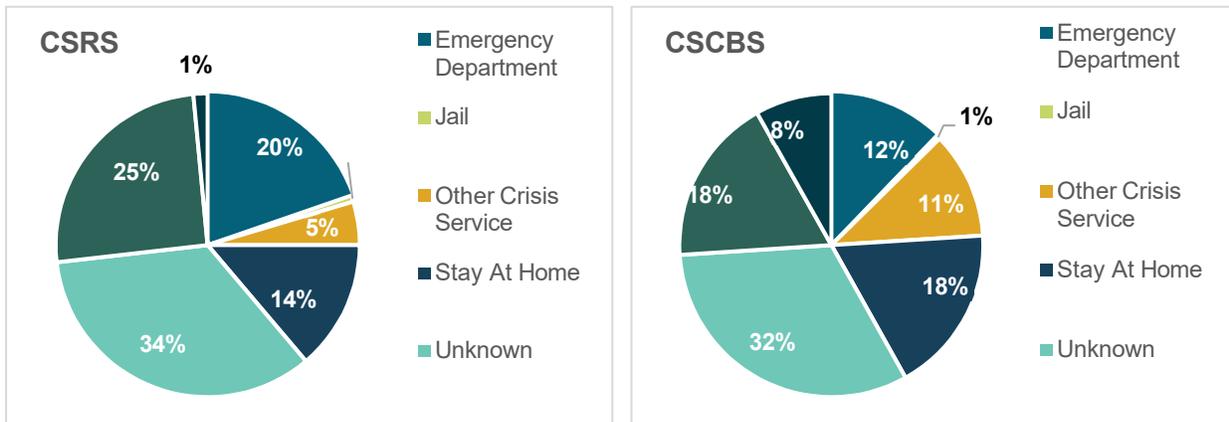
Overall utilization is higher for residential crisis stabilization than for community-based crisis stabilization. Community-based services are more widely used for children than for adults, allowing children to remain in their homes for crisis stabilization.

**Figure 7: Average Time to Service for Crisis Stabilization Residential Services (CSRS) and Crisis Stabilization Community Based Services (CSCBS) Between January 1, 2023 and June 30, 2023**



In hours, the average time for admission to CSRS was 8.6 hours for adults and 3.3 hours for children. The average time for service initiation for CSCBS was 26.4 hours for adults and 11.7 hours for children.

**Figure 8: Diversion from Less Appropriate Settings for Crisis Stabilization Residential Services and Crisis Stabilization Community Based Services Between January 1, 2023 and June 30, 2023**



In figure 8, people receiving services report where they would have gone if the service had not been available. From 12% to 20% were diverted from using emergency departments, which are expensive and are not always the appropriate level of care to address the individual's concerns. Conversely, 14% to 18% report that they would have stayed at home, in which case their condition may have worsened without appropriate treatment.

## REGIONAL FUND UTILIZATION

Since July 2021, HHS has distributed funds to MHDS regions on a quarterly payment cycle in July, October, January and April. Funds are distributed on a per capita basis and calculated based on each region’s population<sup>7</sup>. Regional expenditures for SFY 2023 were submitted to HHS in December 2023. Summary data is presented in the following figures. Expenditures for SFY 2024 will be submitted to HHS in December 2024.

**Figure 9: Total and Per Capita Expenditures by Region**

Region	Population	FY23 Expenditures	FY23 Expenditures Per Capita
Sioux Rivers MHDS	115,174	\$ 3,234,943.87	\$ 28.09
Southern Hills Regional Mental Health	28,850	\$ 907,163.84	\$ 31.44
Southeast Iowa Link (SEIL)	157,435	\$ 5,385,848.53	\$ 34.21
County Social Services (CSS)	291,175	\$ 10,323,119.51	\$ 35.45
Rolling Hills Community Services Region	217,363	\$ 7,792,646.93	\$ 35.85
Heart of Iowa Region	124,261	\$ 4,492,799.82	\$ 36.16
Polk County MHDS	501,089	\$ 22,599,079.54	\$ 45.10
Eastern Iowa MHDS Region	300,368	\$ 13,750,729.98	\$ 45.78
MHDS of the East Central Region	610,705	\$ 29,136,268.00	\$ 47.71
County Rural Offices of Social Services (CROSS)	78,393	\$ 4,011,047.47	\$ 51.17
Southwest Iowa MHDS Region	187,431	\$ 9,864,194.79	\$ 52.63
Central Iowa Community Services	446,374	\$ 25,352,832.95	\$ 56.80
South Central Behavioral Health Region	78,213	\$ 4,658,659.65	\$ 59.56
Care Connections of Northern Iowa	63,686	\$ 4,199,994.31	\$ 65.95
FY23 expenditures from regions FY23 annual reports, subject to change with finalization of pending audits; 2022 population estimates from US census data			

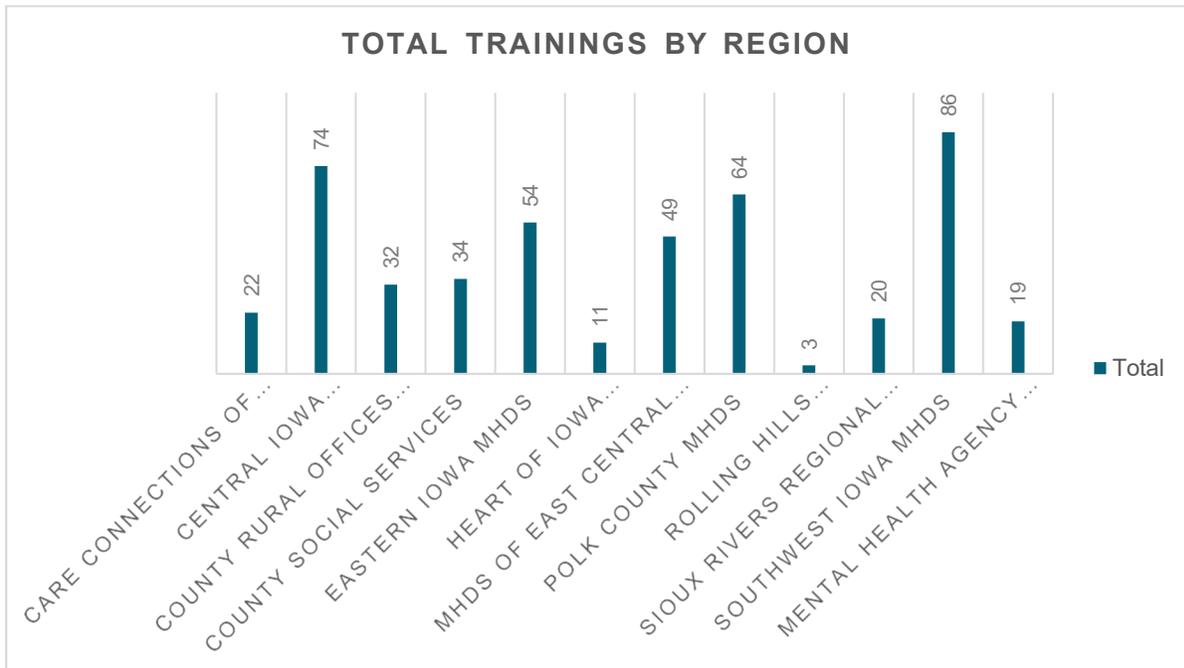
**Figure 10: Expenditures by Service Category and Disability Group**

Service Category	Mental Illness	Intellectual Disability	Developmental Disability	Brain Injury	Administration	Totals
Treatment Services Total	\$8,651,148	\$1,993	\$ -	\$ -		\$8,653,141
Crisis Services Total	\$44,522,903	\$55,823	\$9,652	\$11,861		\$44,600,239
Support for Community Living Total	\$14,347,728	\$993,221	\$3,315,083	\$117,616		\$18,773,648
Support for Employment Total	\$1,079,002	\$1,072,912	\$656,231	\$98,588		\$2,906,733
Recovery Services Total	\$212,132	\$ -	\$ -	\$ -		\$212,132
Service Coordination Total	\$239,014	\$2,261	\$ -	\$ -		\$241,275
Sub-Acute Services Total	\$1,096,005	\$1,200	\$ -	\$ -		\$1,097,205
Core Evidenced Based Treatment Total	\$4,988,543	\$912	\$8,227	\$ -		\$4,997,682
Mandated Services Total	\$3,990,626	\$2,330	\$ -	\$ -		\$3,992,956
Justice System-Involved Services Total	\$8,114,210	\$14,032	\$3,951	\$ -		\$8,132,194
Additional Core Evidence Based Treatment Total	\$3,927,857	\$187,964	\$21,807	\$6,127		\$4,143,755
Other Informational Services Total	\$5,160,967	\$ -	\$ -	\$ -		\$5,160,967
Essential Comm Living Support Services Total	\$15,730,304	\$1,112,825	\$1,107,444	\$40,012		\$17,990,585
Other Congregate Services Total	\$9,668,918	\$68,125	\$87,194	\$ -		\$9,824,238
Administration Total					\$14,862,985	\$14,862,985
<b>Totals</b>	<b>\$121,729,359</b>	<b>\$3,513,598</b>	<b>\$5,209,589</b>	<b>\$274,202</b>	<b>\$14,862,985</b>	<b>\$145,589,733</b>
* FY23 expenditures from regions FY23 annual reports; subject to change with finalization of pending audits						

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

MHDS regions also provide public information about mental health and disability services. Sometimes this is done on an individual basis, through information and referral for people who contact the region. Informing the public can also take the form of providing information to a broader audience through media campaigns or by providing training opportunities for providers and other stakeholders. In the first three quarters of SFY 2024, regions provided a total of 468 trainings, reaching over 36,000 people.

**Figure 11: Number of Trainings Provided by Region**



The MHDS Regions also play a role in Iowa’s disability services system by supporting service providers and working to improve the lives of persons with disabilities. Highlights, initiatives, and success stories from SFY 2024 include:

- The Central Iowa Community Services (CICS) region collaborated with the Story County Attorney, Department of Corrections, 2nd Judicial District and Story County Jail to develop a mental health court in Story County.
- The County Rural Offices of Social Services (CROSS) region assessed the region’s service system. Meetings with numerous hospitals, law enforcement agencies, elected officials and judicial system representatives and were extremely valuable in developing the region’s system redesign. The region has hired additional staff support to develop the regional system and continued to work toward developing a crisis network with new providers.
- The County Social Services (CSS) region worked with Mitchell County schools to establish a Handle with Care program. When a first responder encounters a child at a traumatic scene (e.g., domestic violence, abuse, or other distressing situations), they notify the child’s school. The school receives a confidential notice, alerting them that the

child has experienced or witnessed trauma. The school and the region can then provide supports and services for the child.

- The Care Connections of Northern Iowa, Sioux Rivers, and Rolling Hills regions have continued working collaboratively to create a virtual access network between the crisis service providers to leverage shared networks rather than duplicate efforts. The regions have begun utilizing mobile crisis to reach out to individuals who are noncompliant with outpatient commitment. They then report back to the court on the progress in developing a relationship with the individual to get them engaged into services.
- The Eastern MHDS region hosted a Sequential Intercept Model (SIM) mapping conference in September that was attended by over 150 providers, law enforcement, hospital staff, social workers, Juvenile Court Officers, school personnel, and region staff. Final recommendations for service development were made to the region management team and governing board.
- The Heart of Iowa Region received grant funding from the Iowa Office of Drug Control Policy, State Crisis Intervention Program (SCIP) grant. The grant provides overtime pay for the officers on the four co-responder teams in Dallas County. The co-responder teams play an important role in diverting individuals with mental health needs from jail and from emergency departments.
- The MHDS of East Central Region continued to support the provider workforce and will begin providing grants to assist provider recruitment and retention efforts.
- The Polk County MHDS region's crisis stabilization programs were featured in the National Association of Counties (NACo) and the National Association of Community Behavioral Health and Disability Directors (NACBHDD) Behavioral Health Continuum of Care Report for their focus on crisis services for individuals with intellectual and developmental disabilities.
- The Mental Health Agency of Southeast Iowa (MHASEIA) region implemented a merger with two former regions effective July 1, 2023. MHASEIA has focused on standardization across the new region and has developed a cohesive, outcomes-oriented entity. In a short timeframe, the new region and governing board has been able to convene and work together to ensure the best interest of residents and community partners. The region also successfully implemented mobile crisis response services region-wide, including counties that had not had access to the service for nearly two years.
- The Southern Hills region has partnered with Southwest Community College to fund and track their "Parents as Teachers" Program. The program assists with early detection of developmental delays and with connection to services.
- The Southwest Iowa MHDS region was a sponsor of the Southwest Iowa Drug Endangered Children Conference. The event provided training to over 100 participants on the neurobiology of prenatal and postnatal trauma and strategies that can support appropriate behavior and learning at home and in the classroom.

## RECOMMENDATIONS FOR IMPROVEMENT

On May 15, 2024, Governor Kim Reynolds signed House File 2673 into law. Under this legislation, Iowa will:

- Unite the work of the 13 MHDS regions, 19 Integrated Provider Network service areas and 37 Tobacco Community Partnerships together into a connected system to support mental health and addictive disorders efforts in Iowa.
- Improve focus on systems of support, care and connection for all Iowans and families with disability-related needs through Iowa HHS' Aging and Disability Services' enhancement of Aging and Disability Resource Center (ADRC) and connection to disability-serving networks.
- Combine the work and the funding for mental health and addictive disorders into a behavioral health service system guided by a statewide plan focused on ensuring equitable access to a full continuum of prevention, treatment, recovery, and crisis care.
- Strengthen important system connections to Medicaid, Public Health, and Child Protective Services by gathering meaningful feedback from Iowans to inform system planning.

Iowa HHS will collaborate with stakeholders, including MHDS regions, over the coming year to transform Iowa's behavioral health service system and ensure that appropriate and timely services are available to Iowans in their communities.