# Iowa Department of Human Services

**Kim Reynolds**
**Governor**

**Adam Gregg**
**Lt. Governor**

**Jerry R. Foxhoven**
**Director**


December 3, 2018

Charles Smithson
Secretary of Senate
State Capitol Building
LOCAL

Carmine Boal
Chief Clerk of the House
State Capitol Building
LOCAL

Dear Ms. Boal and Mr. Smithson:

Enclosed please find copies of reports to the General Assembly relative to the Mental Health and Disability Services Region Implementation Report Regarding Mental Health Services for Individuals with Complex Service Needs.

This report was prepared pursuant to the directive contained in Iowa Acts Chapter 109.18.

Please feel free to contact me if you need additional information.

Sincerely,

Mikki Stier
Deputy Director

Enclosure

cc: Kim Reynolds, Governor
Senator Amanda Ragan
Senator Mark Costello
Representative David Heaton
Representative Lisa Heddens
Legislative Service Agency
Kris Bell, Senate Democrat Caucus
Josh Bronsink, Senate Republican Caucus
Natalie Ginty, House Republican Caucus
Kelsey Thien, House Democrat Caucus

# Iowa Department of Human Services

## *MHDS Region Implementation Report Regarding Mental Health Services for Individuals with Complex Service Needs*

**December 2018**

# Implementation Status Report Regarding Mental Health Services for Individuals with Complex Service Needs

## Executive Summary

The 2017 Iowa Acts, Chapter 109, Senate File 504 (SF504) section 18 required the Department of Human Services (Department) to "*submit a report to the governor and general assembly by December 3, 2018, providing a summary of services implemented by each mental health and disability services region and an assessment of each region in achieving the department's identified outcomes for success.*"

This Iowa Acts section also required each mental health and disability services region (region) to convene a stakeholder workgroup to *"create collaborative policies and processes relating to the delivery of, access to, and continuity of services and supports for individuals with mental health, disability, and substance use disorder needs, particularly for individuals with complex mental health, disability, and substance use disorder needs."*

SF 504 section 17 required the Department to *"convene a stakeholder workgroup to make recommendations relating to the delivery of, access to, and coordination and continuity of mental health, disability, and substance use disorder services and supports for individuals with mental health, disability, and substance use disorder needs, particularly for individuals with complex mental health, disability, and substance use disorder needs."*

On December 15, 2017 the Department submitted the Complex Service Needs Workgroup Report with recommendations that were the basis for 2018 Iowa Acts Chapter 1056, House File 2456 (HF2456) which expanded the core services that Regions are required to provide access to  provided that federal matching funds are available under the Iowa Health and Wellness Plan.

## Introduction

**Regional Stakeholder Workgroups and Community Service Plans**

Each region convened stakeholder workgroups comprised of representatives from hospitals, the judicial system, law enforcement agencies, managed care organizations (MCO), mental health providers, crisis service providers, substance abuse providers, the national alliance of mental illness (NAMI), and other entities.  Input from providers was used to develop regional community service plans.

The community service plans were required to address:

- Planning and implementation time frames;
- Assessment tools to determine effectiveness in achieving the department's identified outcomes for success in the delivery of, access to, and coordination

and continuity of services and supports for individuals with mental health, disability, and substance use disorder needs, particularly for individuals with complex mental health, disability, and substance use disorder needs;
- Financial strategies to support the plan including combined funding from different sources, especially Medicaid; and
- A description of how the region will spend down the regional fund balance remaining from the fiscal year ending June 30, 2016.

**Complex Service Needs Workgroup**
Recommendations from the Complex Service Needs Workgroup Report provided the basis for HF2456 which expanded the regional core services. The following intensive mental health services are new required core services:

- Access centers,
- Assertive community treatment (ACT) services,
- Comprehensive facility and community-based crisis services:
  - Mobile response,
  - 23 hour crisis observation and holding,
  - Crisis stabilization community based services,
  - Crisis stabilization residential services,
- Subacute services,
- Intensive residential service homes.

## Discussion

**Community Services Plans**
All regions submitted their community service plans on or before October 16, 2017. Regions used the same basic layout for the plan which includes: statewide strategic direction; summary of stakeholder workgroups; regional strategy to show improvements in the outcomes for success as identified by the Department; and a plan for regional fund balances spend down. Each region had at least one community meeting to identify what strategies would be developed.

Plans to reduce regional fund balances include a combination of reducing county property tax levies and implementing new services identified in the regional strategies.

The community services plans predate HF2456, but are similar to the requirements in HF2456 to implement services, specifically for individuals with complex mental health and multi-occurring service needs.

Across the regions there are common strategies to increase positive outcomes and access to supports and services for individuals with complex mental health, disability, and substance use disorder needs. The identified service development or expansion includes developing providers with the skill and commitment to provide services to

individuals with multi-occurring and complex needs. In summary, regions propose to increase access to:

- Crisis services and subacute services
  - mobile response
  - residential crisis stabilization
- Access center with sub-acute services
- Community based detox program
- Peer support services
  - Wellness Recovery Action Plans (WRAP)
  - hospital emergency departments
- Services and supports in hospitals
  - tele-psychiatry in emergency departments
  - care coordination to locate and maintain community services
  - peer support in emergency departments
- Justice involved services
  - jail diversion – care coordination
  - mental health and substance use disorder services in jails
  - tele-psychiatry in jails
  - Crisis Intervention Team training (CIT)
- Community based services
  - transitional housing
  - Assertive Community Treatment (ACT)
  - I-Start (Iowa Systematic, Therapeutic, Assessment, Resources & Treatment)
  - intense care coordination from the region; working with MCOs and integrated health homes (IHH)
- Education and supports to the community
  - Mental Health First Aid
  - C3 De-escalation training
  - evidenced based practices
  - consultation and collaboration with the region

Summaries of each region's community services plans are as follows:

Central Iowa Community Services (CICS):

- Expand core services by adding additional outpatient services that include co-occurring, crisis evaluations using tele-psychiatry in local emergency departments, and crisis appointments with local provider. Provide wrap-around supported community living services and offer provider education and training around evidence based practices and provider proficiencies.
- Expand additional core (core plus services) by increasing mobile response, utilizing crisis stabilization residential services, developing an access center with sub-acute services, increasing jail diversion and implementing C3 De-escalation training.
- Expand other community living support services by utilizing standardized assessments to determine service needs, increasing local service coordination to

improve transition, developing/ expanding the use of transitional living services, and providing professional consultations on individuals' complex service needs. Decrease commitments by providing a voluntary transportation option.

County Rural Offices of Social Services (CROSS):

- Expand core services by using peers support services in local emergency departments, and coordinating with MCOs, IHHs, and hospitals to better meet individuals' complex needs.
- Expand core plus services through increased mobile response, utilization of crisis stabilization residential services, and 23 hour crisis observation and holding, development of an access center with sub-acute services, and implementation of C3 De-escalation training.
- Expand other community living support services through I-START.

County Social Services (CSS):

- Expand core services by implementing crisis evaluations using tele-psychiatry in local emergency departments, developing linkage agreements with local providers, and coordinating with MCOs, IHHs, and hospitals to better meet individuals' complex needs.
- Expand core plus services by adding a 24/7 crisis line, developing and increasing usage of crisis stabilization residential services, and growing co-occurring/mental health and substance abuse services in jails utilizing tele-health services.
- Expand other community living support services utilizing increased regional service coordination to help with transitions, utilizing I-START services, and utilizing/increasing transitional living services.

Eastern Iowa:

- Expand core services by providing mental health prescriber "bridge appointments" which may include the utilization of tele-psychiatry, offering tele-psychiatry in local emergency rooms, and engaging peer support specialists in local hospitals. Provide coordination with MCOs, IHHs, and hospitals to better meet individuals' complex needs. Offer provider education and training around evidence based practices and provider proficiencies.
- Expand core plus services by increasing mobile response services and implementing the sequential intercept model for jail diversion.
- Expand other community living support services by exploring electronic health records, offering Mental Health First Aid training, increasing the utilization of regional service coordination for transition and expanding the "trust" program which offers guardianship/conservatorship/payee for individuals needing that increased support. Communicate and collaborate with the state ombudsman's

office if individuals are involuntarily discharged from their community provider and continued participation in 2-year pilot project with the Robert Young Center and the State of Illinois to allow mental health (229) commitments across state lines in Illinois.

MHDS of East Central Iowa (ECR):

- Expand core services by providing wrap-around supported community living services, expanding peer support specialist services, and considering a possible peer delivered designated mobile unit. Consider utilizing permanent supported housing, developing a rural ACT team, and offering provider education and training around evidence based practices and provider proficiencies. Decrease commitments by providing a voluntary transportation option.
- Expand core plus services by developing additional mobile response options, possibly using peer support specialists, developing an access center utilizing subacute services, maintaining mental health /co-occurring services in jails, utilizing tele-psychiatry, increase utilization of crisis stabilization residential services, and continuing jail diversion services and CIT training.
- Expand other community living support services by developing a community based detox center by developing a suicide assessment/intervention/prevention service and exploring on-line option such as Health Mentors for access to services. Continue to offer Mental Health First Aid training, increase the use of regional service coordination for transition, and develop/grow transitional living programs.

Heart of Iowa Community Services (HICS):

- Expand core services by offering tele-psychiatry in local emergency departments, building wrap-around supported community living services, and expanding peer support specialist services.
- Expand core plus services by developing/increasing mobile response services, 23 hour crisis observation and holding, and continuing utilization of crisis stabilization residential services. Develop subacute services and continue justice system-involved services including tele-psychiatry in the jails, intensive service coordination in jails, and civil commitment prescreening evaluations.
- Expand other community living support services by offering Mental Health First Aid, providing intensive service coordination to help individuals find placement after hospitalization, utilizing transitional living services, and accessing or contracting for co-occurring residential treatment services.

Northwest Iowa Community Connections (NWIACC):

- Expand core services by developing an ACT program and offering provider education and training around evidence based practices and provider proficiencies.
- Expand core plus services by developing mobile crisis services, utilizing crisis stabilization residential services, developing subacute services, and increasing justice involved services by maintaining mental health /co-occurring services in jails utilizing tele-psychiatry, and developing/expanding jail diversion services utilizing intense case management/coordination.
- Expand other community living support services by offering intensive service coordination to help individuals find placement after hospitalization, substitute decision making, developing and utilizing transitional living services and investigating the development of a community based detox center.

Polk:

- Expand core services by offering provider education and training around evidence based practices and provider proficiencies.
- Expand core plus services by supporting jail diversion services that include the federal Stepping Up initiative, identifying misalignments where laws do not support diversion practices, and CIT training.
- Expand other community living support services by continuing to collaborate with service coordinators, MCOs, law enforcement, and hospitals, and investigating the development of a sobering center.

Rolling Hills Community Services (RHCS):

- Expand core services by increasing co-occurring outpatient services, offering tele-psychiatry in local emergency departments, growing peer support services in hospitals, providing coordination with MCOs, IHHs, and hospitals to better meet individuals' complex needs, and offering provider education and training around evidence based practices, provider proficiencies including one-time incentives for providers to assess their business models and productivity.
- Expand core plus services by offering mobile response services, the utilization of crisis stabilization residential services, and offering C3 De-escalation training. Expand justice involved services by maintaining mental health /co-occurring services in jails utilizing tele-psychiatry, developing/expanding jail diversion services utilizing intense case management/ coordination, and civil commitment prescreening evaluations.
- Expand other community living support services by offering Mental Health First Aid training, continuing to collaborate with service coordinators, MCOs, law enforcement, and hospitals, offering extensive service coordination to help

individuals find placement after hospitalization, implementing I-START, and developing and utilizing transitional living services.

Sioux Rivers:

- Expand core services by offering provider education and training around evidence based practices and provider proficiencies.
- Expand core plus services by utilizing crisis stabilization residential services, offering C3 De-escalation training, and developing/increasing jail diversion services utilizing intense case management/ coordination.
- Expand other community living support services by enhancing on-line resources, offering Mental Health First Aid training, continuing to collaborate with service coordinators, MCOs, law enforcement, and hospitals, offering intensive service coordination to help individuals find placement after hospitalization, utilizing transitional living services, and offering professional consults for individuals with complex needs.

Southeast Iowa Link (SEIL):

- Expand core services by increasing outpatient services including co-occurring services, developing permanent supported housing services, and offering provider education and training around evidence based practices and provider proficiencies.
- Expand core plus services by developing mobile crisis services, offering C3 De-escalation training, and CIT training.
- Expand other community living support services by offering extensive service coordination to help individuals find placement after hospitalization, and looking into the development of a co-occurring residential facility.

South Central Behavioral Health:

- Expand core services by offering crisis evaluation using tele-psychiatry in local emergency departments, building wrap around community living services, providing coordination with MCOs, IHHs, and hospitals to better meet individuals' complex needs, offering provider education and training around evidence based practices and provider proficiencies, and implementing a permanent supportive housing, and a rural ACT team.
- Expand core plus services by developing mobile crisis, 23 hour crisis observation and holding, expanding crisis stabilization residential services, and developing an access center with subacute services. Maintain current mental health and co-occurring services in local jails including the use of tele-psychiatry.
- Expand other community living support services by offering intensive service coordination to help individuals find placement after hospitalization, and

continuing to collaborate with service coordinators, MCOs, law enforcement, and hospitals.

Southern Hills:

- Expand core services by offering crisis evaluations using tele-psychiatry in local emergency departments.
- Expand core plus services by contracting for crisis stabilization residential services, and maintaining current mental health and co-occurring services in local jails including the use of tele-psychiatry.
- Expand other community living support services by continuing to collaborate with service coordinators, MCOs, law enforcement, and hospitals.

Southwest Iowa:

- Expand core services by providing coordination with MCOs, IHHs, and hospitals to better meet complex needs of individuals, and offering provider education and training around evidence based practices and provider proficiencies.
- Expanding core plus services by developing mobile response services, offering C3 De-escalation training, CIT training, maintaining current mental health and co-occurring services in local jails including the use of tele-psychiatry, and developing/expanding jail diversion services utilizing intensive case management/coordination.
- Expand other community living support services by enhancing on-line resources, offering Mental Health First Aid training, continuing to collaborate with service coordinators, MCOs, law enforcement, and hospitals, offering intensive service coordination to help individuals find placement after hospitalization, developing and utilizing transitional living services, and developing a small high needs setting with well trained staff.

**Outcomes for Success**

The outcomes for success were mutually agreed on by regional chief executive officers (CEOs) and the Department. Regions collected outcome data on a monthly basis and reported outcomes to the Department on a quarterly basis from November 1, 2017 – October 31, 2018. Regions collected information from local emergency departments, hospitals with psychiatric units, county jails, and local providers.

The data collection process facilitated communication, collaboration, and planning between regions and hospitals and jails. There were limitations with the collection of this data. In the short time period, it was impossible to correct these limitations to create more reliable data. Inconsistent definitions were applied to collect the data and not all entities provided data. While the individual regional data provided feedback to individual regions, the Department and regional CEOs concur that the statewide data is not as useful on a statewide level.

The following information represents the statewide averages and ranges of the data collected from the regions:

1. The number of individuals who are in the emergency department over 24 hours because mental health, disability, or substance use disorder services are not available.

| Statewide | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| Average | 7 | 7 | 7 | 3 |
| Range | 0 – 19 | 0 – 27 | 0 - 31 | 0 - 12 |

2. The number of individuals who are psychiatrically hospitalized 24 hours beyond the hospital determining them ready for discharge because community based mental health, disability, or substance use disorder services are not available.

| Statewide | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| Average | 2 | 2 | 2 | 2 |
| Range | 0 – 12 | 0 – 19 | 0 – 15 | 0 - 27 |

3. The number of individuals with a mental illness, intellectual disability, or substance use disorder who could have been diverted or released from jail if appropriate community based services had been available.

| Statewide | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| Average | 14 | 8 | 1 | 2 |
| Range | 0 – 73 | 0 – 59 | 0 - 6 | 0 - 8 |

4. The number of individuals involuntarily discharged from their community based mental health, disability or substance use disorder provider without a new community based provider in place. This includes, individuals discharged to jail, homelessness, or hospital that are not returning to services with their current provider.

| Statewide | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| Average | 5 | 3 | 5 | 4 |
| Range | 0 – 19 | 0 – 10 | 0 - 13 | 0 - 20 |

**Intensive Mental Health Services**

In 2014 many regions began developing core plus services, which were required only if funds were available. These core plus services include ACT, mobile response, 23 hour crisis observation and holding, crisis stabilization community based services, crisis stabilization residential services, and subacute services. HF2456 requires these services as well as access centers and intensive residential service homes to be required core services. The new services are targeted to provide services to individuals

with complex service needs. Due to the specialized nature of these services, regions are working together to create access to these services. The following information shows progress in implementation of the new regional core services. The information was provided by the regions as of September 30, 2018.

Access Centers

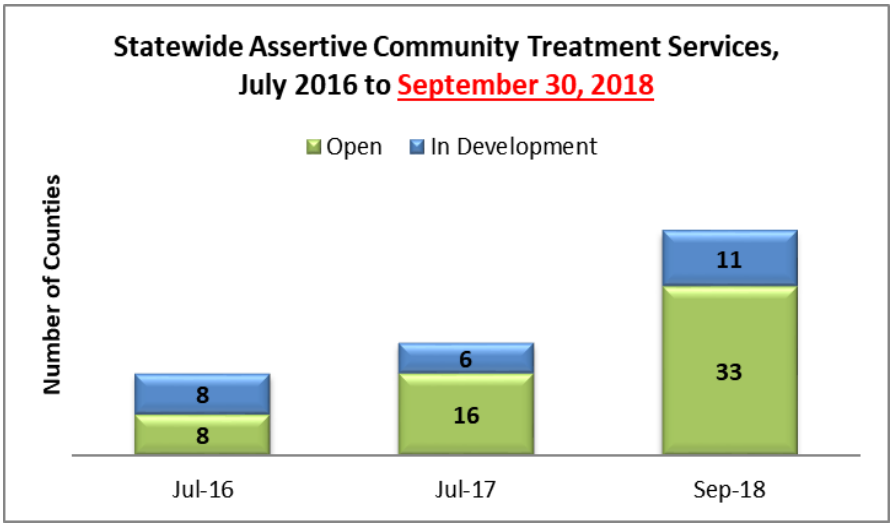
Access centers are coordinated services providing assessment and screening for multi-occurring conditions, care coordination, crisis stabilization residential services, subacute mental health services, and substance abuse treatment for individuals experiencing a mental health or substance use crisis who do not need inpatient psychiatric hospital treatment, but need significant amounts of supports and services not available in home and community based settings.

Five regions are developing access centers, eight are actively planning, and one region continues to discuss.

Assertive Community Treatment

ACT is a set of comprehensive outpatient services provided in the community to individuals with severe and persistent mental illness who require a significant amount of mental health services and supports to live in the community. ACT is an evidenced based practice.

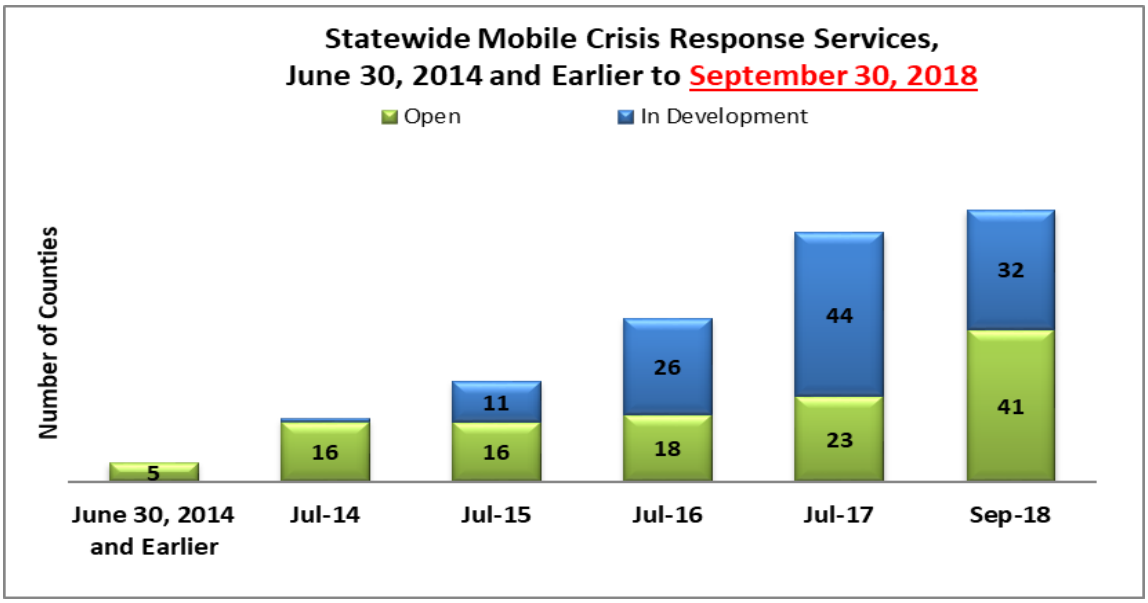
There are eleven ACT teams operating in the state and ten regions have access to ACT in all or part of their region.



Mobile Response

Mobile response provides, on-site, face-to-face mental health crisis services for an individual experiencing a mental health crisis.

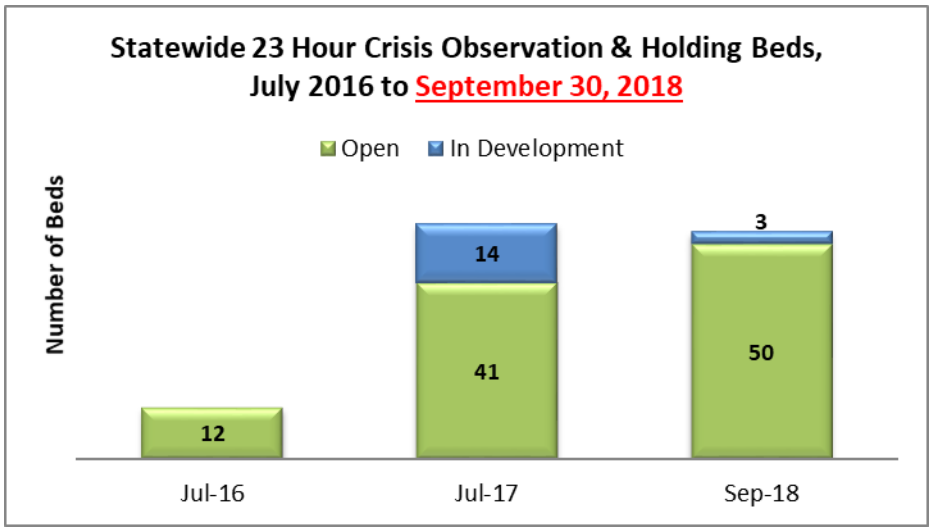
Eight regions have access to mobile response in all or part of their region and three regions are actively planning.




23 Hour Crisis Observation and Holding

23 hour crisis observation and holding is a level of care provided up to 23 hours in a secure, medically staffed, psychiatrically supervised treatment environment.

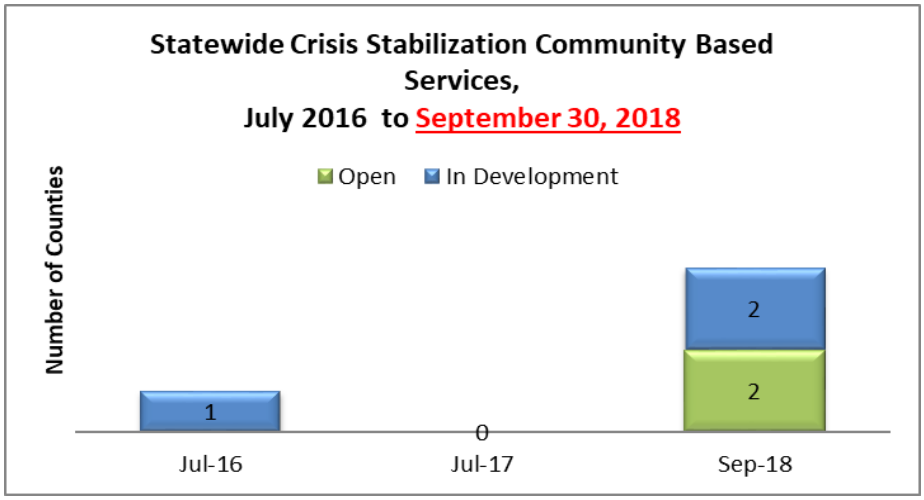
Eight regions have access to 23 hour crisis observation and holding in or near their region. One region is actively planning to open beds in their region.



Crisis Stabilization Community Based

Crisis stabilization community based are short-term services designed to de-escalate a crisis situation and stabilize an individual following a mental health crisis and do not include an alternative living arrangement.

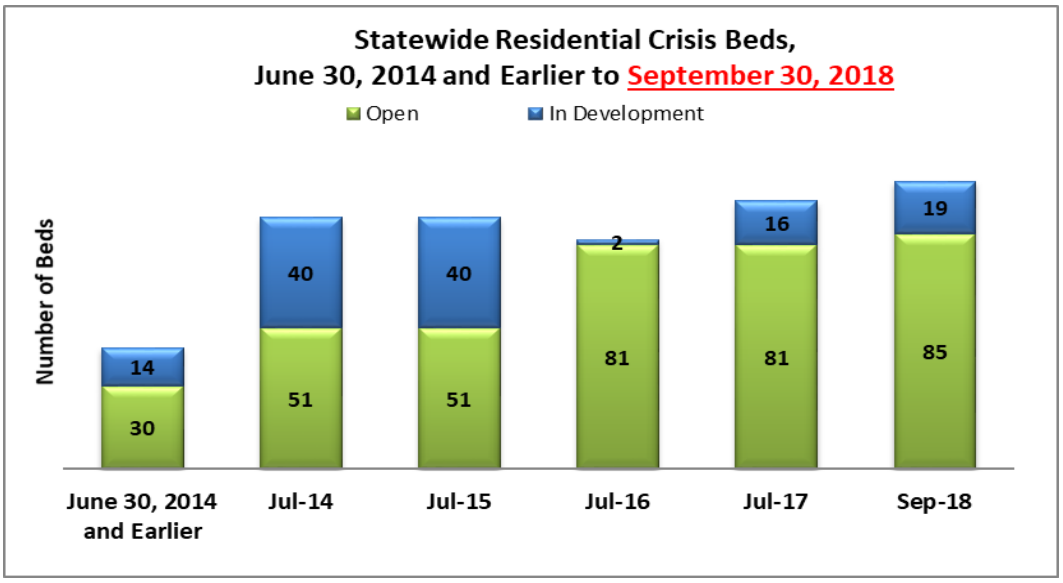
One region has access to crisis stabilization community based in all or part of their region. Six regions are actively planning.




Crisis Stabilization Residential

Crisis stabilization residential are services designed to de-escalate a crisis situation and stabilize an individual following a mental health crisis and include short-term alternative living arrangements.

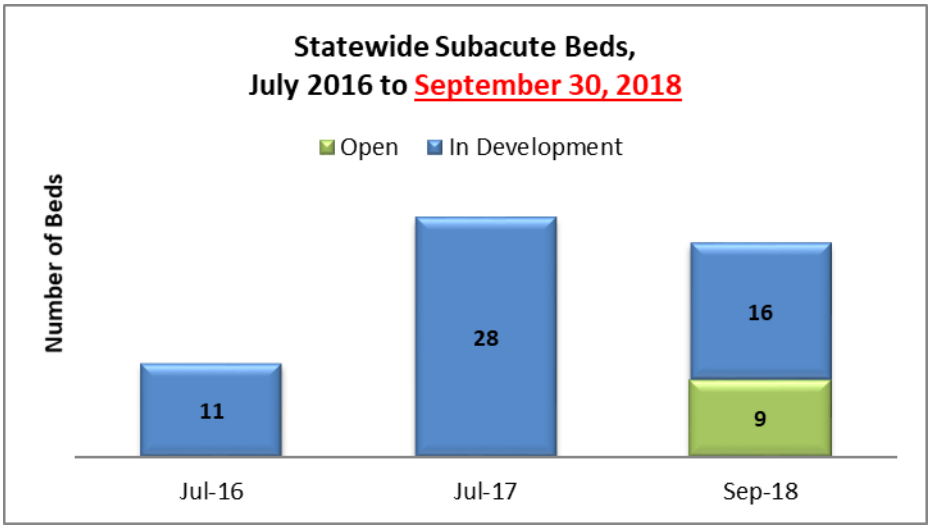
Thirteen regions have access to crisis stabilization residential services in or near their region. All regions will have this service available by January 1, 2019.



Subacute

Subacute is a comprehensive set of wraparound services for individuals who have had or are at imminent risk of having acute or crisis mental health symptoms but do not need acute inpatient care.

Four regions have access to facility based subacute services in or near their region and ten regions are actively planning. There are two licensed subacute facilities.




Intensive Residential Service Homes

Intensive residential service homes are community-based services provided 24 hours a day, 7 days a week, 365 days a year to individuals with a severe and persistent mental illness who have functional impairments and may also have multi-occurring conditions. One region currently has four beds in development, nine regions are actively planning, and four regions are discussing.

One region is developing an intensive residential service home, nine are actively planning, and four regions continue to discuss.