Department of HUMAN SERVICES

Mental Health and Disability Services Funding Study Committee

December 14, 2018

Mental Health and Disability Services Regions' Reported Finances

- Background
  - Iowa's 14 MHDS Regions have successfully developed core services and expanded "core plus" services
  - MHDS Regions are responsible for the development of a provider network regardless of funding source, but only fund non-Medicaid covered services
  - Original funding for the MHDS Regions turned out to be too high especially when the Regions' expenditures decreased in FY15 due to the Iowa Health & Wellness Plan
  - Most Regions accumulated a fund balance statewide - although this was not true for every Region
  - The maximum levy amount each member county of a MHDS Region can raise is the total amount allowed for all member counties divided by the number of residents in the Region

    ~$115 M. Statewide for FY19

Mental Health and Disability Services Regions' Reported Finances – cont.

- Background
  - SF504 directed Regions/counties to spend down fund balances by the end of SFY20 or have their levies forced below the authorized cap in SFY22
  - Regions/counties have responded by expanding core plus services and lowering member county levies
  - Regions are now required to develop and make accessible added core services to better serve individuals with a serious and persistent mental illness (SPMI)
  - MHDS Regions are estimated to need $4.3 M. in SFY19 and $10 M. in SFY20 for added core services

Preliminary SFY18 MHDS Region Financial Report *Subject to Change*

December 10, 2018

Region	Audited FY2017 Ending Fund Balance	FY2018 Total Revenues	FY2018 Expenditures	**FY2018 Ending Fund Balance**	**Ending Fund Balance as a Percent of Expenditures**		FY2019 Actual Levy	FY2019 Max Levy
Central Iowa Community Services	20,553,207	7,397,233	10,022,159	**17,928,281**	**179%**		7,467,261	11,934,995
County Rural Offices of Social Services (CROSS)	5,245,692	2,971,377	2,981,580	**5,235,489**	**176%**		3,078,592	3,078,592
County Social Services (CSS)	9,918,499	17,222,538	20,694,210	**6,446,826**	**31%**		15,979,600	20,088,081
Eastern Iowa MHDS Region	13,954,914	7,812,553	9,714,673	**12,052,794**	**124%**		4,112,052	9,253,976
Heart of Iowa Region	4,018,107	2,067,677	3,516,171	**2,569,613**	**73%**		2,290,143	2,605,163
MHDS of the East Central Region	33,955,406	17,774,473	16,444,209	**35,285,669**	**215%**		9,631,166	21,569,269
Northwest Iowa Care Connections	4,568,162	1,706,657	2,192,916	**4,081,903**	**186%**		744,180	2,256,168
Polk County Health Services	1,874,559	21,286,743	21,978,559	**1,182,743**	**5%**		14,633,769	14,633,769
Rolling Hills Community Services Region	4,696,400	2,960,822	3,442,996	**4,214,226**	**122%**		2,266,158	4,104,587
Sioux River MHDS	5,109,404	2,964,412	5,535,304	**2,538,512**	**46%**		3,678,223	4,966,120
South Central Behavioral Health Region	6,148,980	2,984,977	3,315,026	**5,818,931**	**176%**		2,440,273	3,710,771
Southeast Iowa Link (SEIL)	11,102,389	3,811,075	5,668,517	**9,244,947**	**163%**		1,457,761	6,945,078
Southern Hills Regional Mental Health	412,445	1,019,763	1,075,799	**356,409**	**33%**		1,042,246	1,207,144
Southwest Iowa MHDS Region	16,102,944	4,766,884	6,168,408	**14,701,420**	**238%**		3,954,832	8,607,034
Total	137,661,108	96,747,183	112,750,529	**121,657,763**			72,776,256	114,960,747

* FY18 Revenues, Expenditures, and Fund Balance information is from Region's 2018 Annual Reports / Not all Regions have met compliance in their data submittal.

Dashboard Measures

- Uses MHDS Region data to measure:
  - Implementation and accessibility of core services to individuals in the target service population
  - Implementation and accessibility of “core plus” services – Many are now required core services (HF2456).
  - The fiscal information in the Dashboard is old, so will not be discussed

Limitations

- Some data in the Dashboard is from the SFY2017 annual reports
- It will take time to analyze and include SFY2018 data that was recently submitted into the Dashboard
- Does not include data on Medicaid funded services
- Data related to accessibility, quality and core plus mental health and disability services is reported by the MHDS Regions

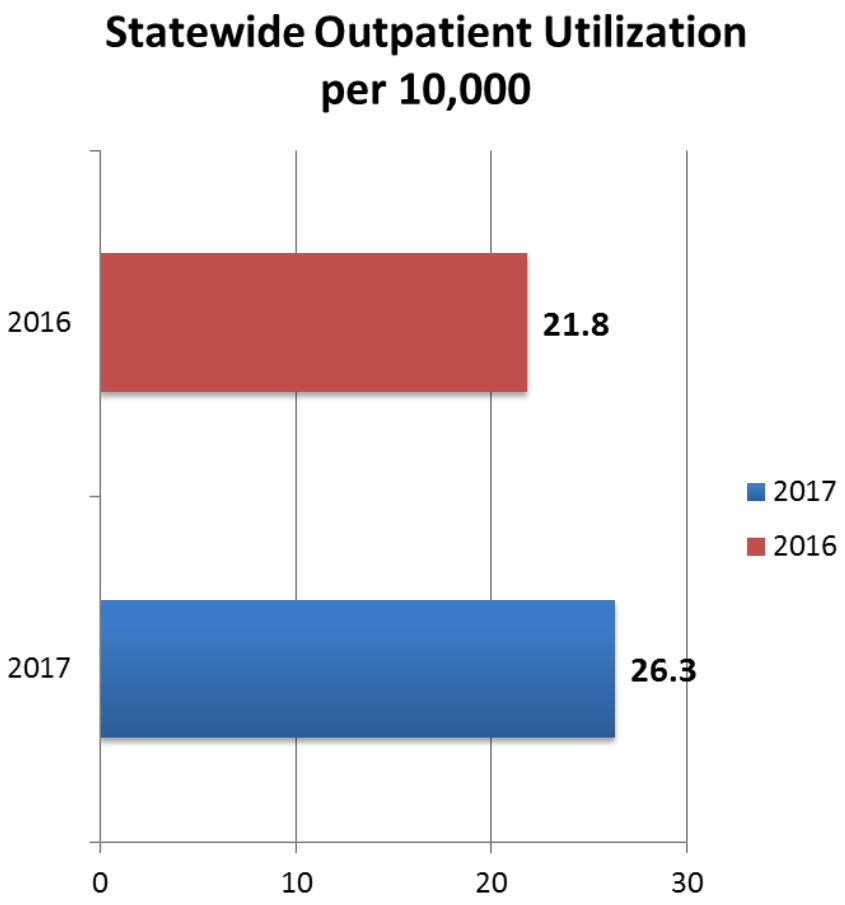
Conclusions

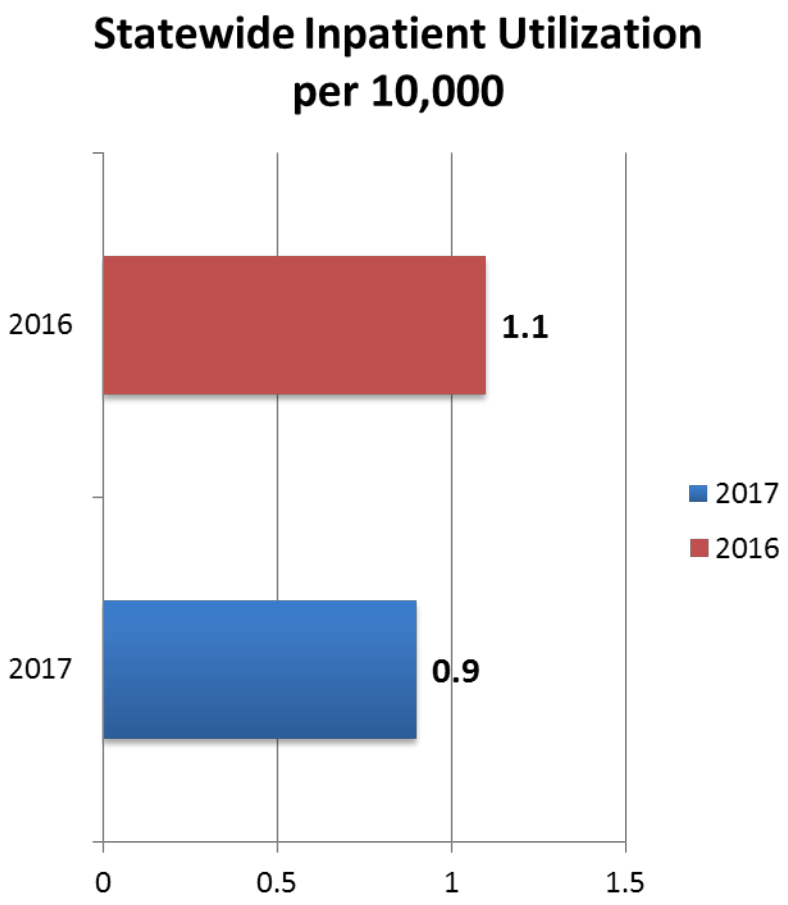
- MHDS Regions have successfully formed and developed networks of service delivery that meet or exceed requirements
- Nearly all MHDS Regions have developed core services that meet the accessibility standards
- Most MHDS Regions have expanded additional core services such as crisis services and jail diversion services
- Most MHDS Region spending is on services for individuals with a mental illness

Core Services

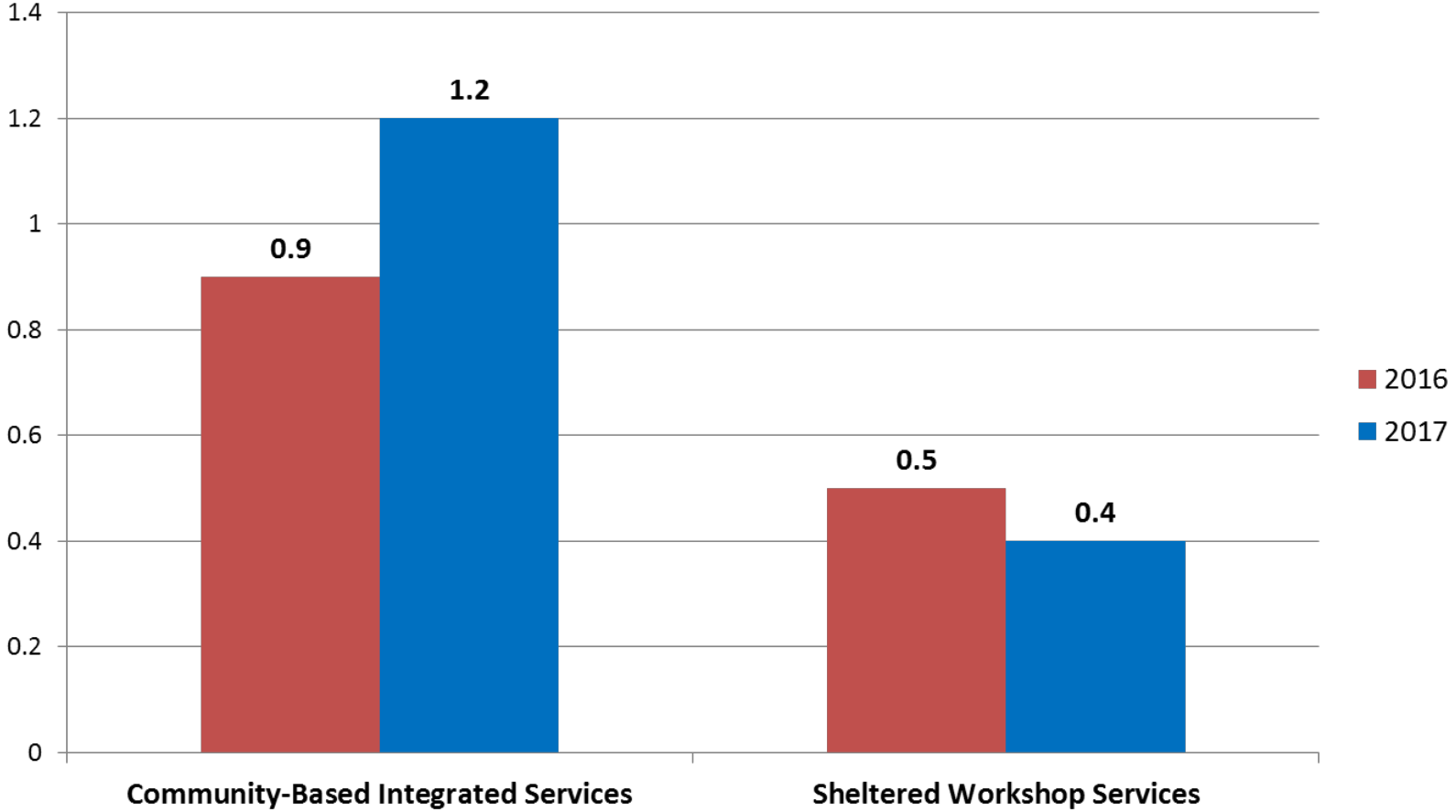
- Nearly all (95%) core services are provided and meet accessibility standards for almost all MHDS Regions
- Availability of service providers is the main reason for not meeting access standards
- Regions report other factors effecting services delivery include need for intense services for individuals with an SPMI

Outpatient and Inpatient Mental Health Utilization Per 10,000, SFY16 vs SFY17



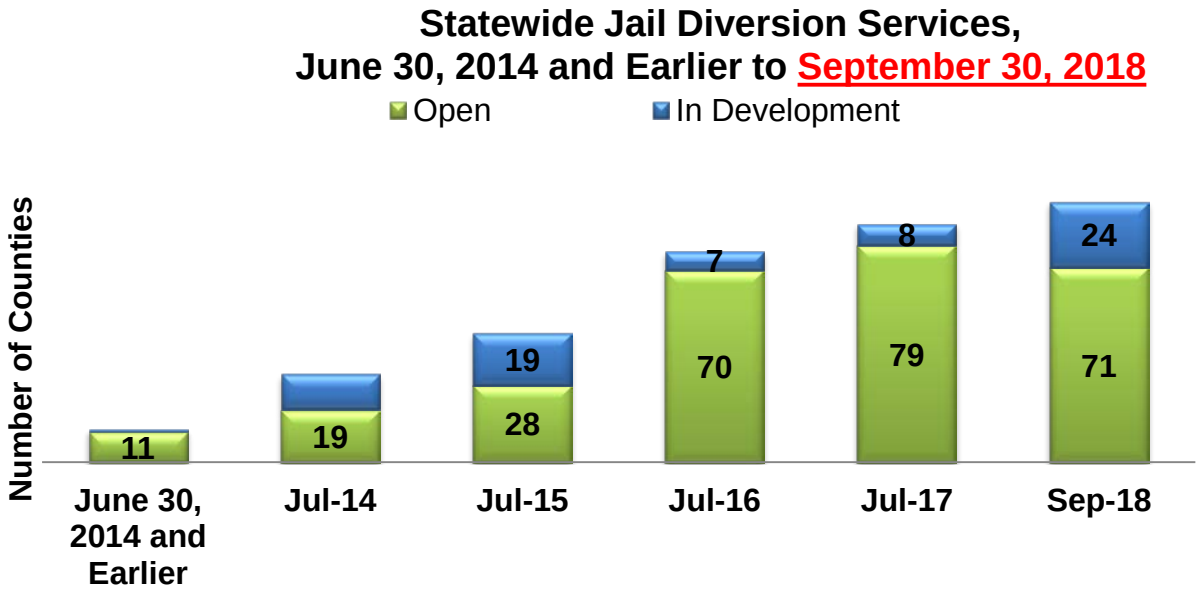


Individuals with Mental Illness Statewide Utilization of Vocational Services Per 10,000



Jail Diversion Services

- Community-based treatment and support services to individuals with mental illness involved in the criminal justice system to eliminate unnecessary incarceration
- The data reflects the number counties statewide and percent of counties per region that jail diversion services are available or in-development

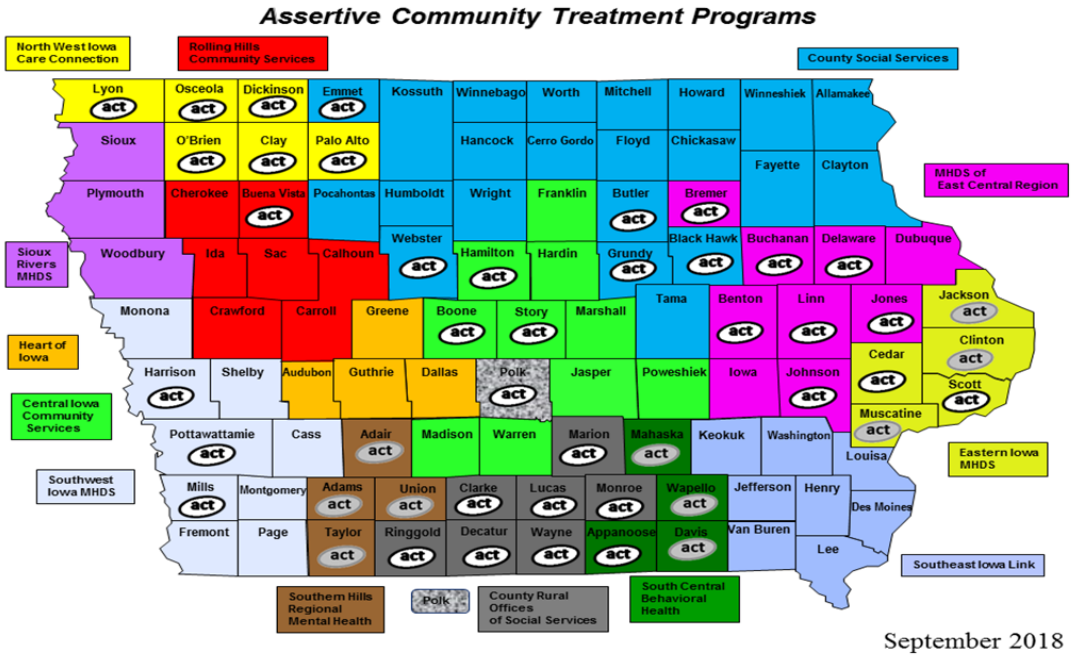


Assertive Community Treatment (ACT)

- ACT is intensive community-based outpatient services for individuals with an SPMI
- Currently eleven (11) ACT teams and 10 Regions have access to ACT in all or part of their Region.
- HF2456 requires 22 ACT Teams

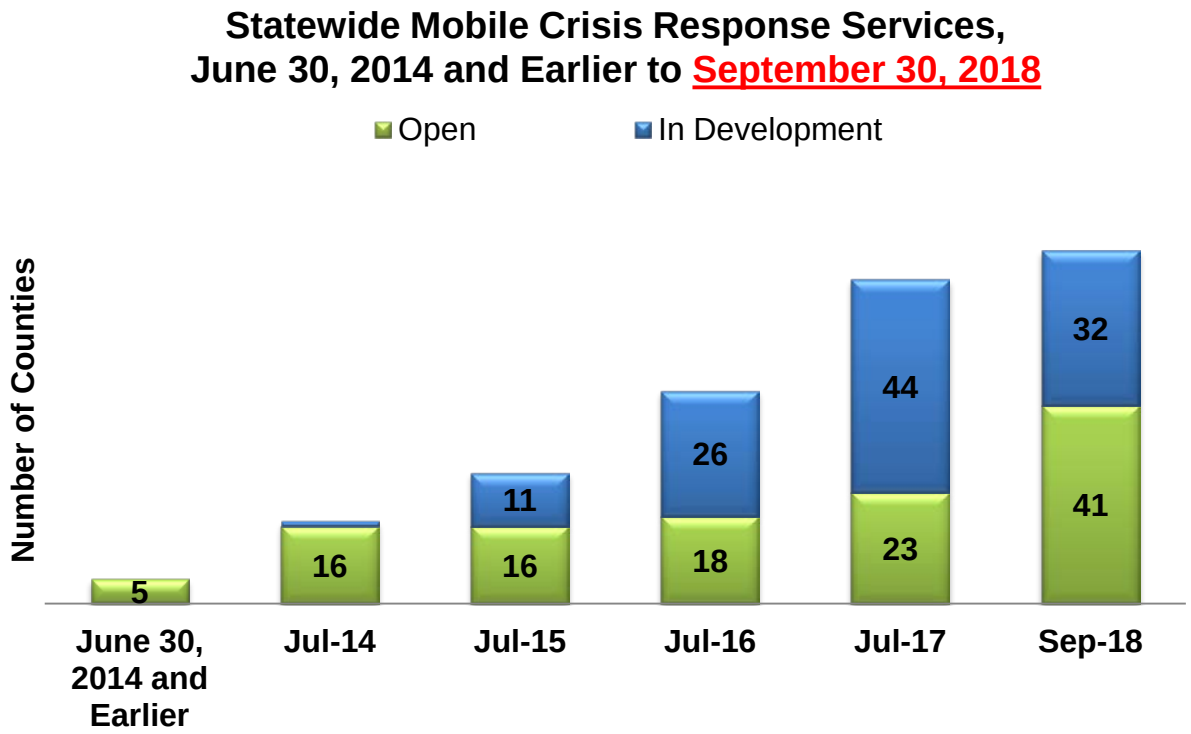
act = Counties with ACT program available

act = Counties with ACT program in development



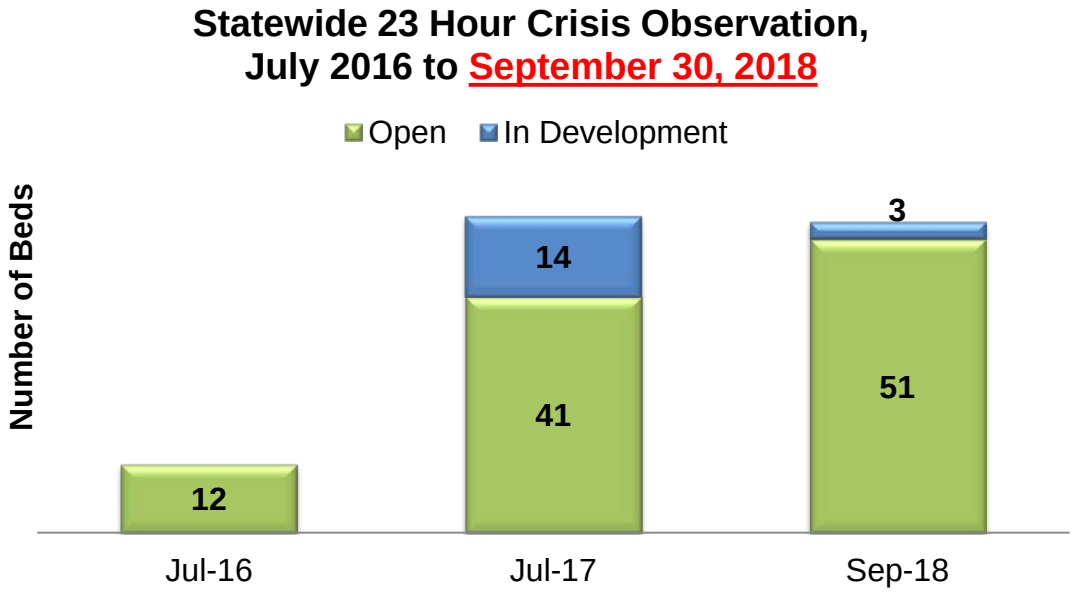
Mobile Response

- 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



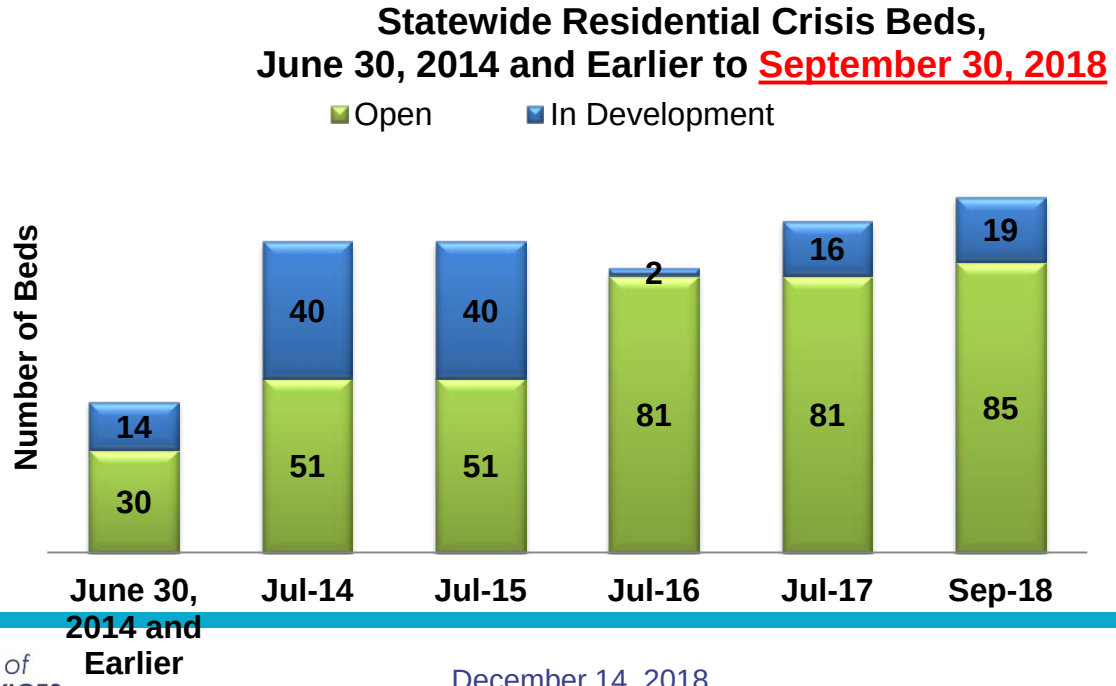
23 Hour Crisis Observation

- 23 hour crisis observation 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 hours crisis observation in or near their region. One region is actively planning to open beds in their region



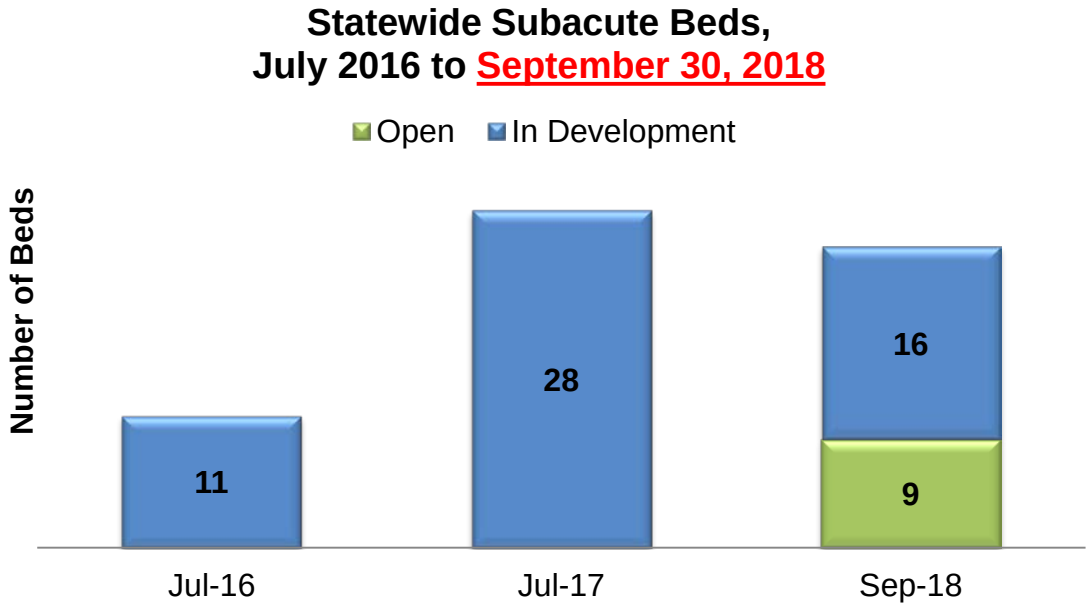
Crisis Stabilization Residential

- 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 January 1, 2019



Subacute

- Subacute is a comprehensive set of wraparound services for individuals that have or at risk of having an 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 planning. There are two licensed subacute facilities



Intensive Residential Service Homes

- Intensive residential service homes are community-based homes that provide intensive staff support 24/7 for individuals with an SPMI that severe complex needs
- One (1) region is developing an intensive residential service home, nine (9) are actively planning, and four (4) regions continue to discuss

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 use disorder 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 (5) regions are developing access centers, eight (8) are actively planning, and one (1) region continues to discuss.

Outcomes for Success

- The number of individuals who are in the emergency department over 24 hours because MH and/or SUD services not available
- The number of individuals who are psychiatrically hospitalized 24 hours beyond discharge because MH and/or SUD services are not available
- The number of individuals that could have been diverted or released from jail if appropriate MH, SUD or ID/DD services were available
- The number of individuals involuntarily discharged from their community provider without a new community based provider in place.