



Promote Iowan's Behavioral and Disabilities Health Status

**Cherokee Mental Health Institute
Independence Mental Health Institute
Glenwood Resource Center
Woodward Resource Center
Conner Training
Civil Commitment Unit for Sexual Offenders
State Payment Program
Property Tax Relief Fund**

Cherokee Mental Health Institute



Purpose

Cherokee Mental Health Institute (MHI) is one of Iowa's two mental health institutes providing short term psychiatric treatment and care for severe symptoms of mental illness. Cherokee has 24 adult psychiatric and 12 child/adolescent beds.

Who Is Helped

Cherokee provides inpatient psychiatric services to children, adolescents and adults.

96 percent of adult patients and 98 percent of the children and adolescent patients were involuntarily admitted in SFY15.

Individuals who are involuntarily committed for psychiatric treatment have been determined by the court to be a danger to themselves or others because of their symptoms of mental illness.

In SFY15:

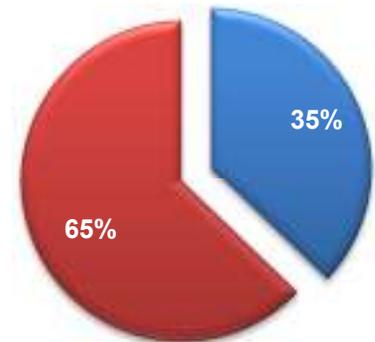
- 528 admissions
- 552 total served
 - 205 adult acute psychiatric
 - 347 children and adolescents

The average adult patient is a 38-year-old male who is involuntarily admitted. The average length of stay is 34 days.

The average child served in the inpatient program is a 14-year-old male who is involuntarily admitted. The average length of stay is 9 days.

Number Served in SFY15

- Adults Acute Psychiatric (35%)
- Children and Adolescents (65%)



- ✓ Cherokee has a total of 36 beds or 5 percent of the 711 inpatient community psychiatric beds in the state.
- ✓ Cherokee served 48 percent of the total adult admissions to the MHIs in SFY15.
- ✓ Cherokee served 79 percent of the total children and adolescent admissions to MHIs in SFY15.

Services

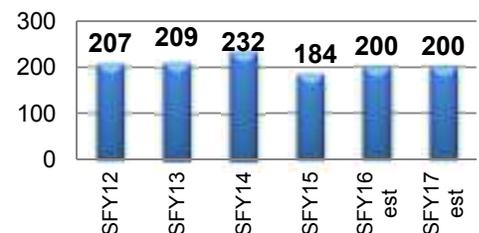
Adult Acute Psychiatric Services

- 24 inpatient beds.
- 24-hour psychiatric treatment and mental health habilitation.

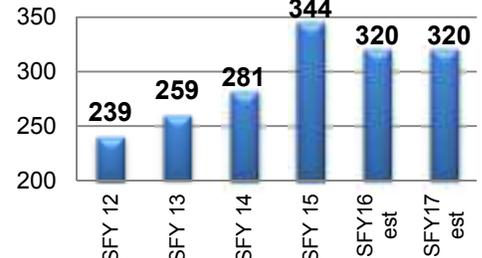
Inpatient Psychiatric Services for Children and Adolescents

- 12 inpatient beds.
- 24-hour psychiatric treatment and mental health habilitation.
- Academic continuance through MHI school.

Adult Psychiatric Admissions



Children / Adolescent Admissions



	<ul style="list-style-type: none"> ✓ <i>Cherokee is accredited by The Joint Commission.</i> ✓ <i>32 percent (53 FTEs) of the staff are direct care, 25 percent (42 FTEs) are professional and treatment professionals, 1 percent (2 FTE) is educational, 15 percent (25 FTEs) are maintenance, 14 percent (24 FTEs) are other support staff, and 13 percent (22.5 FTEs) are administrative.</i> ✓ <i>In SFY16, 83.5 percent of the Cherokee MHI operating budget is for staffing costs and 16.5 percent is for the support costs.</i> ✓ <i>11 main buildings on 209 acres.</i> 	
Goals & Strategies	<p>Goal: Promote Iowa's Behavioral Health Status</p> <p>Strategy:</p> <ul style="list-style-type: none"> • Improve the level of functioning of individuals served. • Reduce the use of restraint and seclusion. • Provide quality discharge planning to reduce readmission rate. 	<p>Results in SFY15:</p> <ul style="list-style-type: none"> • 100 percent of adult and child/adolescent patients showed improvement in ability to function as measured by the Global Assessment of Functioning (GAF). • 97 percent of adults are not readmitted within 30 days of discharge. • 26 minutes of restraint are used per 1,000 hours of adult inpatient hours. • 1 hour 23 minutes of restraint are used per 1,000 hours of child/adolescent inpatient hours.
Legal Basis	<p>State:</p> <ul style="list-style-type: none"> • Code of Iowa, Chapters 125, 217, 218, 225C, 226, 229, 230, 812 • Iowa Administrative Code, 441 IAC 28 and 29 	

Independence Mental Health Institute



Purpose

Independence Mental Health Institute (MHI) is one of Iowa's two mental health institutes providing short term psychiatric treatment and care for severe symptoms of mental illness. Independence has 40 adult beds, 20 child/adolescent beds, and 15 Psychiatric Medical Institution for Children beds.

Who Is Helped

Independence provides inpatient psychiatric services to children, adolescents and adults.

93 percent of the adult and 95 percent of the children and adolescent patients were involuntarily admitted in SFY15.

Individuals who are involuntarily committed for psychiatric treatment have been determined by the court to be a danger to themselves or others because of their symptoms of mental illness.

In SFY15:

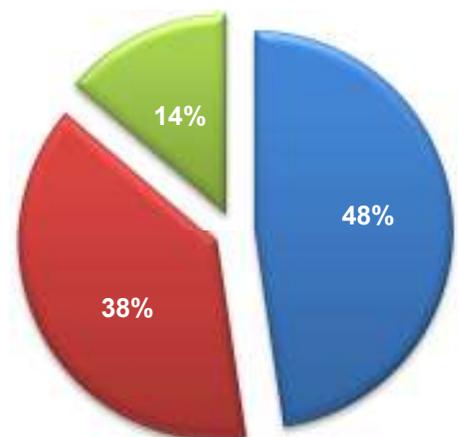
- 203 admissions
- 254 total served:
 - 121 adult psychiatric
 - 98 child and adolescent
 - 35 PMIC

The average adult patient is a 42-year-old male who is involuntarily admitted. The average length of stay is 126 days.

The average child/adolescent served in the inpatient program is a 14-year-old female who is involuntarily admitted. The average length of stay is 34 days.

Number Served in SFY15

- Adult Psychiatric Program (48%)
- Child and Adolescent Program (38%)
- PMIC (14%)



- ✓ *Independence has a total of 40 adult psychiatric and 20 child/adolescent beds or 8 percent of the 711 inpatient community psychiatric beds in the state.*
- ✓ *Independence served 22.5 percent of the total Mental Health Institute adult admissions in SFY15.*
- ✓ *Independence served 21 percent of the total Mental Health Institute child/adolescent admissions in SFY15.*

Services

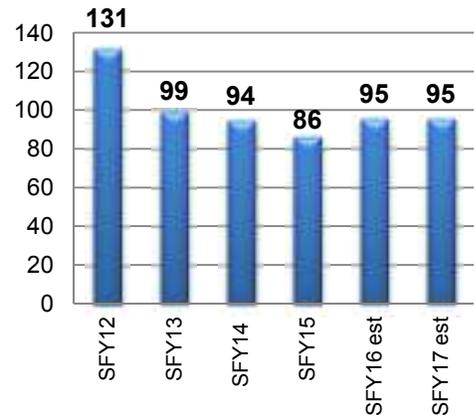
Adult Acute Psychiatric Services

- 40 inpatient beds.
- 24-hour psychiatric treatment and mental health habilitation.

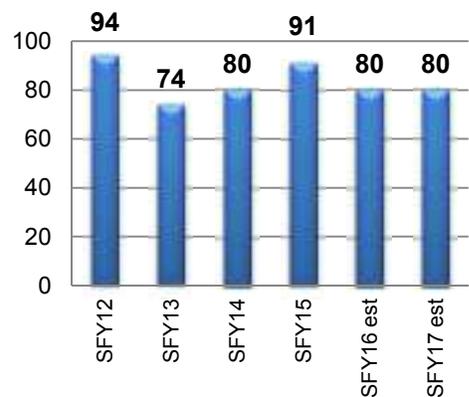
Inpatient Psychiatric Services for Children and Adolescents

- 20 inpatient beds.
- 24-hour psychiatric treatment and mental health habilitation.
- Academic continuance through the MHI school.

Adult Psychiatric Admissions



Children and Adolescent Psychiatric Admissions



- ✓ *Independence is accredited by The Joint Commission.*
- ✓ *43 percent (101 FTEs) of the staff are direct care, 19 percent (45 FTEs) are professional and treatment professionals, 6 percent (13 FTEs) are educational, 7 percent (17 FTEs) are maintenance, 15 percent (33 FTEs) are other support staff, and 10 percent (24 FTEs) are administrative.*
- ✓ *In SFY16, 84.6 percent of the Independence MHI operating budget is for staffing costs and 15.4 percent is for the support costs.*
- ✓ *4 main buildings on 276.60 acres (76.9 acres managed by Iowa Prison Industries.)*

Goals & Strategies	<p>Goal: Promote Iowa's Behavioral Health Status.</p> <p>Strategy:</p> <ul style="list-style-type: none"> • Improve the level of functioning of individuals served • Reduce the use of restraint and seclusion • Provide quality discharge planning to reduce readmission rate. 	<p>Results SFY15</p> <ul style="list-style-type: none"> • 100 percent of children, adolescent and adult patients showed improvement in ability to function as measured by the Global Assessment of Functioning (GAF). • 99 percent of adults were not readmitted within 30 days of discharge. • 1 hour 21 minutes of restraint are used per 1,000 hours of adult patient hours. 1 hour 3 minutes of restraint are used per 1,000 hours child /adolescent inpatient hours.
Legal Basis	<p>State:</p> <ul style="list-style-type: none"> • Code of Iowa, Chapters 125, 217, 218, 225C, 226, 229, 230, 812 • Iowa Administrative Code, 441 IAC 28 and 29 	

Glenwood Resource Center



Purpose

Glenwood Resource Center (GRC) is one of two State Resource Centers that provide a full range of active treatment and habilitation services to individuals with severe intellectual disabilities and it serves to prepare and support them to live safe and successful lives in the home and community of their choice.

Who Is Helped

Individuals who live at GRC have an intellectual or other developmental disability that require treatment and support at the level of care provided by an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID).

Today, and in the past 20 years, most individuals are admitted because of significant behavioral challenges or medical issues requiring intensive and complex active treatment.

In SFY15, seven individuals were admitted and 17 were discharged. At the end of SFY15, 238 individuals resided at GRC. Of these, 237 (99.6 percent) are voluntary and one was involuntarily committed by courts.

- One is a child 17 or younger.
- 203 are adults 18 to 64.
- 34 are adults 65 or older.

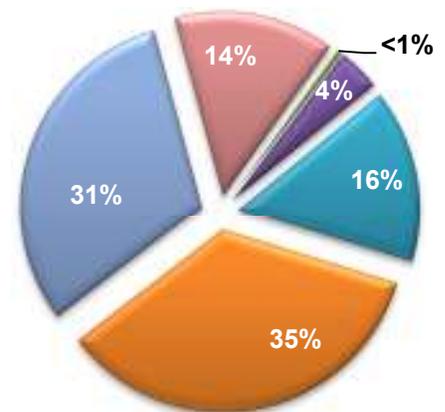
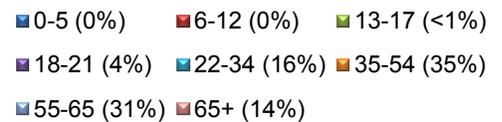
Of these individuals:

- 77 percent have a dual diagnosis of mental illness and intellectual disability.
- 81 percent have life-threatening eating and chewing disorders (dysphagia) that make it difficult to take in enough food and fluids.
- 64 percent are at high risk for sustaining injuries due to challenging behaviors.
- 63 percent have a seizure disorder.
- 35 percent are at high risk of food or liquid entering the airway and can get into the lungs, causing respiratory problems or infections, such as frequent bouts of pneumonia (i.e., aspiration).

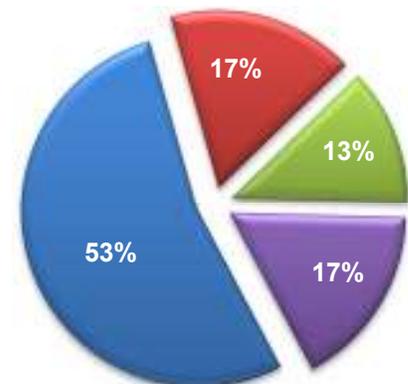
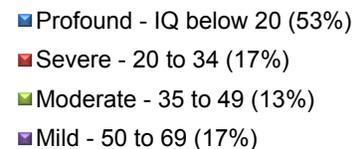
A typical individual has an intellectual disability and an additional co-occurring condition such as eating and chewing disorders (dysphagia), ingesting inedible objects (PICA), self-injurious or assaultive behaviors and other severe health and behavioral difficulties.

- ✓ *An individual is admitted after no community-based provider has been found that can meet the individual's service needs and if the Resource Center has the appropriate program and adequate capacity for the admission.*

GRC Individuals Served by Age SFY15 Year-End



Intellectual Functioning Level SFY15 Year-End



<p>Services</p>	<p>GRC maintains federal Medicaid certification as an Intermediate Care Facility for individuals with Intellectual Disabilities (ICF/ID).</p> <ul style="list-style-type: none"> GRC provides active treatment and support services for individuals with intellectual disabilities. GRC actively prepares individuals to move into appropriate community-based living and to be contributing members of their community. <p>GRC Home & Community-Based Services (HCBS)</p> <ul style="list-style-type: none"> GRC is also a Medicaid-funded Home and Community Based Services provider. In SFY15, GRC provided daily HCBS non-residential supported community services to 22 individuals at five locations in Glenwood. 	<p>GRC ICF/ID Year-End Census</p> <table border="1"> <caption>GRC ICF/ID Year-End Census Data</caption> <thead> <tr> <th>SFY</th> <th>Census</th> </tr> </thead> <tbody> <tr> <td>SFY12</td> <td>263</td> </tr> <tr> <td>SFY13</td> <td>251</td> </tr> <tr> <td>SFY14</td> <td>248</td> </tr> <tr> <td>SFY15</td> <td>238</td> </tr> <tr> <td>SFY16 est</td> <td>219</td> </tr> <tr> <td>SFY17 est</td> <td>207</td> </tr> </tbody> </table>	SFY	Census	SFY12	263	SFY13	251	SFY14	248	SFY15	238	SFY16 est	219	SFY17 est	207
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SFY16 est	219															
SFY17 est	207															
	<ul style="list-style-type: none"> ✓ 68 percent (546 FTEs) of the staff are direct care, 12 percent (95 FTEs) are treatment professionals, 4.5 percent (36 FTEs) are maintenance, 8 percent (66 FTEs) are other support staff, and 7.5 percent (60.12 FTEs) are administrative. ✓ In SFY16, 83.3 percent of the Glenwood Resource Center operating budget is for staffing costs and 16.7 percent is for support costs. ✓ GRC has 238 operational beds and is the largest ICF/ID in the state. ✓ Twelve tenants lease space and operate programs on the GRC campus. ✓ GRC maintains 95 buildings and 231.48 acres on campus. 															
<p>Goals & Strategies</p>	<p>Goal: Promote choice for people with disabilities.</p> <p>Strategy:</p> <ul style="list-style-type: none"> Promote access to community-based options for persons with disabilities. Prepare and support individuals discharged from GRC to remain in the community. 	<p>Results in SFY15:</p> <ul style="list-style-type: none"> GRC had a net decrease in population of ten. In the past five years, GRC has reduced its population by 18 percent. 48 percent of GRC individuals earned work wages through employment. 100 percent of GRC discharged individuals remained in the community at least 180 days after discharge. 														
<p>Legal Basis</p>	<p>Federal:</p> <ul style="list-style-type: none"> Code of Federal Regulations, CFR 483.400 to 483.480 The State Resource Center must comply with the Conner Consent Decree and the United States Department of Justice Consent Decree <p>State:</p> <ul style="list-style-type: none"> Iowa Code, Chapters 222 and 135C Iowa Administrative Code, 441 IAC 28 and 30 and 481 IAC 50, 52, and 64. 															



Purpose

Woodward Resource Center (WRC) is one of two State Resource Centers that provide a full range of active treatment and habilitation services to individuals with severe intellectual disabilities and it serves to prepare and support them to live safe and successful lives in the home and community of their choice.

Who Is Helped

Individuals who live at WRC have an intellectual or other developmental disability that require treatment and support services at level of care provided by an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID).

Today, and in the past 20 years, most individuals are admitted because of significant behavioral challenges or medical issues requiring intensive and complex active treatment.

In SFY15, six individuals were admitted and ten were discharged. At the end of SFY15, 153 individuals resided at WRC. Of these, 147 (96 percent) are voluntary and six (4 percent) are involuntarily committed by courts.

- Three are children 17 or younger.
- 130 are adults 18 to 64.
- 20 are adults 65 or older.

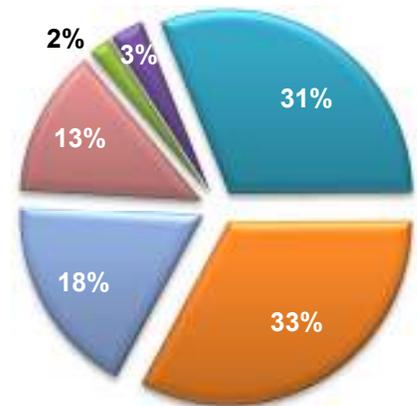
Of these individuals:

- 90 percent have a dual diagnosis of mental illness and intellectual disability.
- 61 percent have a life-threatening eating and chewing disorder (dysphagia) that makes it difficult to take in enough food and fluids.
- 50 percent are at high risk for sustaining injuries due to challenging behaviors.
- 35 percent have a seizure disorder.
- 18 percent are at high risk of food or liquid entering the airway and can get into the lungs, causing respiratory problems or infections, such as frequent bouts of pneumonia (i.e., aspiration).

A typical individual has an intellectual disability and an additional co-occurring condition such as eating and chewing disorders (dysphagia), ingesting inedible objects (PICA), self-injurious or assaultive behaviors and other severe health and behavioral difficulties, including sexual offending.

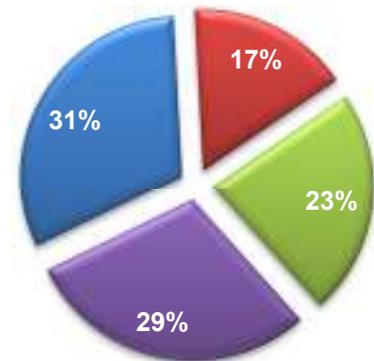
WRC Individuals Served by Age at SFY15 Year-End

- 0-5 (0%) ■ 6-12 (0%) ■ 13-17 (2%)
- 18-21 (3%) ■ 22-34 (31%) ■ 35-54 (33%)
- 55-64 (18%) ■ 65+ (13%)



Intellectual Functioning Level at SFY15 Year-End

- Profound - IQ below 20 (31%)
- Severe - 20 to 34 (17%)
- Moderate - 35 to 49 (23%)
- Mild - 50 to 69 (29%)



- ✓ *An individual is admitted after no community-based provider has been found that can meet the individual's service needs and if the Resource Center has the appropriate program and adequate capacity for the admission.*

Services

WRC maintains federal Medicaid certification as an Intermediate Care Facility for individuals with Intellectual Disabilities (ICF/ID)

- WRC provides active treatment and support services for individuals with intellectual disabilities.
- WRC actively prepares individuals to move into appropriate community-based living and to be contributing members of their community.

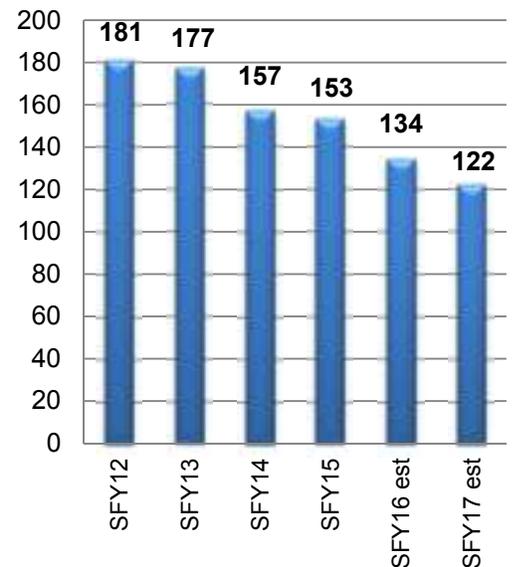
WRC Home & Community-Based Services (HCBS)

- WRC is also a Medicaid-funded Home and Community Based Services provider.
- In SFY15, WRC provided daily HCBS non-residential supported community services to 40 individuals at 12 locations throughout central Iowa.

Iowa Technical Assistance and Behavioral Supports (I-TABS)

- Funded by the Iowa Medicaid Enterprise, WRC's I-TABS provides specialized training and programmatic technical assistance to Medicaid provider agencies and others. I-TABS builds community capacity to appropriately meet the serious behavioral needs of individuals with disabilities to avoid or reduce more restrictive facility placement.

WRC ICF/ID Year-End Census



- ✓ *65 percent (391 FTEs) of the staff are direct care, 12 percent (71.6 FTEs) are treatment professionals, 6 percent (39 FTEs) are maintenance, 8 percent (46.9 FTEs) are other support staff, and 9 percent (52.2 FTEs) are administrative.*
- ✓ *In SFY16, 84 percent of the Woodward Resource Center operating budget is for staffing costs and 16 percent is for support costs.*
- ✓ *WRC has 153 operational beds and is the second largest ICF/ID in the state.*
- ✓ *Two tenants lease space and operate programs on the WRC campus.*
- ✓ *WRC maintains 92 buildings on 1,144.4 total acreage (460.8 acres managed by WRC and 683.6 acres managed by Iowa Prison Industries as rented farmland.)*

Goals & Strategies

Goal: Promote choice for persons with disabilities.

Strategy:

- Promote access to community-based options for persons with disabilities.
- Prepare and support individuals discharged from WRC to remain in the community.

Results in SFY15

- WRC had a net decrease in population of 4. In the past five years, WRC reduced its population by 25 percent.
- 80 percent of WRC individuals earned work wages through employment.
- 100 percent of WRC discharged individuals remained in the community at least 180 days after discharge.

Legal Basis

Federal:

- Code of Federal Regulations, CFR 483.400 to 483.480
- The State Resource Center must comply with the Conner Consent Decree and the United States Department of Justice Consent Decree

State:

- Iowa Code, Chapters 222 and 135C
- Iowa Administrative Code, 441 IAC 28 and 30 and 481 IAC 50, 52, and 64.

Conner Training



Purpose	<p>This fund provides financial support to transition individuals currently residing in the two State Resource Centers to community living settings of their choice. Conner Training annual appropriation is mandated by a consent decree in 1994.</p>							
Who Is Helped	<p>Conner Training funds provide training and educational materials to assist people living in the State Resource Centers who wish to move to home or community settings.</p>							
Services	<p>The Department contracts with the Center for Excellence at the University of Iowa to administer this funding.</p> <p>Transition Services: Conner funding helps to fill small funding gaps for people transitioning to home or community care or remaining in their community placements. It covers items such as rent, utilities, and other items for interim housing needs. Most transition funding comes from Medicaid or other sources.</p> <p>Education Services: Conner funds support the www.disabilitytraining.org website, the "Let's Talk Disability" blog, the <i>Possibilities</i> newsletter, and a Facebook page.</p>	<p style="text-align: center;">Expenditures SFY15</p> <table border="1"> <caption>Expenditures SFY15 Data</caption> <thead> <tr> <th>Category</th> <th>Expenditure (Thousands)</th> </tr> </thead> <tbody> <tr> <td>Services</td> <td>~\$18.5</td> </tr> <tr> <td>Education</td> <td>~\$7.5</td> </tr> </tbody> </table>	Category	Expenditure (Thousands)	Services	~\$18.5	Education	~\$7.5
Category	Expenditure (Thousands)							
Services	~\$18.5							
Education	~\$7.5							
Goals & Strategies	<p>Goal: Promote choice for people with disabilities. Strategy: Provide gap funding and education.</p>	<p>Results in SFY15:</p> <ul style="list-style-type: none"> • 18 unduplicated individuals received funding • 7 individuals transitioning from the resource centers were supported by Conner funds. • 14 individuals who had resided in a resource center were supported in remaining in the community. 						
Legal Basis	<p>State:</p> <ul style="list-style-type: none"> • The Iowa General Assembly was mandated to annually fund the Conner Training by the consent decree of Conner v. Branstad, No. 4-86-CV-30871 (433 S.D. Iowa, July 14, 1994). 							

Civil Commitment Unit for Sexual Offenders



Purpose

Civil Commitment Unit for Sexual Offenders (CCUSO) provides secure, long term, highly structured inpatient treatment for violent sexual predators who have served their prison terms but in a separate civil trial have been found likely to commit further violent sexual offenses. CCUSO had 98 patients in-house as of June 30, 2015.

Who Is Helped

CCUSO provides secure treatment services to individuals who have been committed by the court for treatment purposes.

The department may not deny a court-ordered admission.

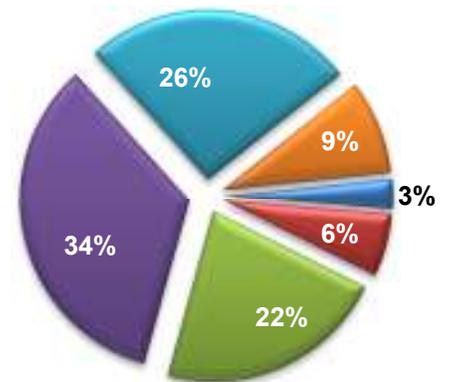
Annual court reviews of each individual's progress are required to determine if the commitment will continue.

All patients are male. There are 98 men residing in CCUSO as of June 2015. In SFY15 there were 8 admissions. Ages range from 20 to 81 with the average age of 50.4.

The average patient has one or more chronic medical conditions and is on several prescribed medications.

Age of Patients Served in SFY15

- 25 & under (3%) ■ 26-35 (6%)
- 36-45 (22%) ■ 46-55 (34%)
- 56-65 (26%) ■ >65 (9%)



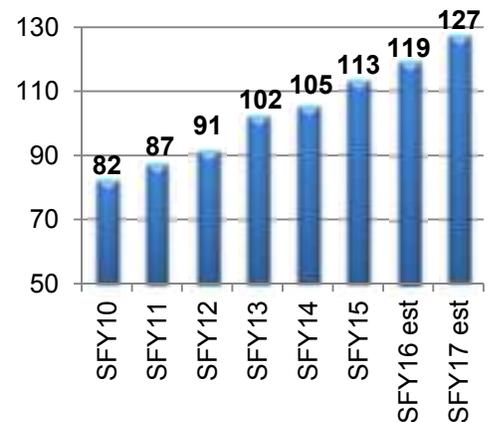
- ✓ *There are 21 states with inpatient treatment programs like CCUSO. One state operates as an outpatient treatment program for committed sexually violent offenders.*
- ✓ *Courts have determined that treatment programs like CCUSO are constitutional if they provide treatment services.*

Services

CCUSO has a five-phase treatment program that includes groups and individual therapy, educational programming, physiological assessments, and a transition program that:

- Assists individuals in developing cognitive and behavioral skills so their core needs can be met without sexual offending.
- Provides treatment based on the Risk-Need-Responsivity model.
- Measures progress using an 8-point scale in 10 treatment areas.
- Measure progress through structured risk assessments tools, psychological evaluations and various physiological measures of sexual deviancy and interest.

Trend of Number Served*



*Number served includes any individual served in the facility at any point during the SFY.

Prior to discharge, the court has the option to place a patient in transitional release, Phase 5. Patients begin to live and work more independently with the goal of eventually residing in the community. CCUSO staff maintain involvement with patients providing supervision, treatment and assessment as patients begin developing connections with community providers.

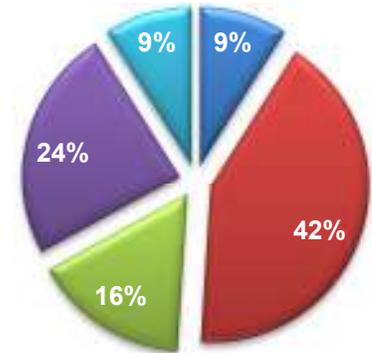
Patients are discharged only after the court has determined the patient is ready to reside in the community. However, patients can be discharged at any point in treatment, once the court has determined the patient no longer meets the legal criteria for commitment.

Since the program began in 1999 and through June 30, 2015, 30 patients have left CCUSO:

- 22 released when court determined no longer met commitment criteria
- 8 died

Patient Treatment Phase SFY15

- Phase 1 (9%)
- Phase 2 (42%)
- Phase 3 (16%)
- Phase 4 (24%)
- Phase 5 (9%)



- ✓ *In addition to an annual court evaluation, each patient receives a progress evaluation every 90 days, an assessment of participation and treatment engagement after each group therapy session, and periodic risk assessments, including risk of sexual acting out, suicide, and assault.*
- ✓ *Each medical appointment or stay at the University of Iowa necessitates at least two CCUSO staff to travel with the patient for safety purposes. This takes staff "off line" for that period of time. In SFY15 there were 134 such visits.*
- ✓ *77 percent (102.5 FTEs) of the staff are direct care, 17 percent (22.5 FTEs) are professional and treatment professionals, 6 percent (7.5 FTEs) are administrative/support.*
- ✓ *In SFY16, 82.7 percent of the CCUSO operating budget is for staffing costs.*
- ✓ *The SFY17 budget requests assume a modest increase in overall in-house census. Staying within this modest estimated census growth will require that the number of discharges from the program must nearly equal the number of new admissions. Given the uncertainties in accurately projecting court decisions both into and out of CCUSO, this cannot be guaranteed. If the in-house census rises more quickly than what is budgeted for, additional funding will be needed to hire more security staff for daily monitoring and supervision to keep the program safe for patients and staff and to meet the constitutional treatment requirements.*

Goals & Strategies

Goal: Effectively Manage Resources

Strategy:

- Provide effective treatment allowing patients to meet discharge criteria.
- Avoid restraints for behavior management.

Results in SFY15:

- As of June 30, 2015, there were 10 patients in transitional release, and eight patients in release with supervision.
- 31 seconds of restraint is used per 1,000 hours of inpatient hours.

- ✓ *CCUSO emphasizes work skills and employment as a key treatment modality.*

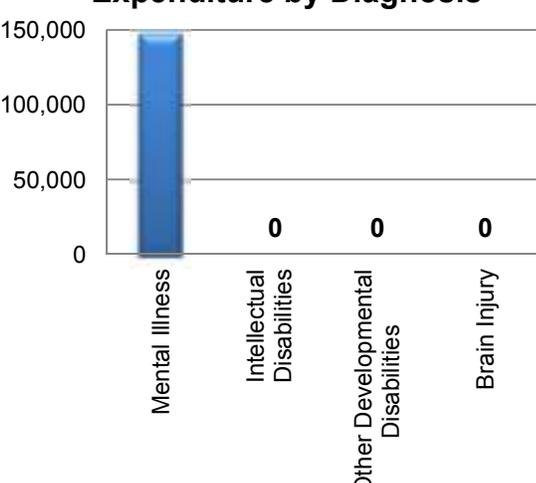
Legal Basis

State:

- Iowa Code, Chapter 229A
- Iowa Administrative Code, 441 IAC 31

State Payment Program



<p>Purpose</p>	<p>The purpose of the State Payment Program (SPP) is to maintain and improve the self-sufficiency of adults with a mental illness, intellectual disability, brain injury, and/or a developmental disability that have not established residency.</p>											
<p>Who Is Helped</p>	<p>Individuals with a mental illness, intellectual disability, brain injury, and/or developmental disability that the MHDS region serves that are residents of Iowa, but who have not established county residence as established in Iowa Code 331.394.</p> <p>In SFY15, SPP served a total of 13 individuals with mental illness.</p>	<p>Clients Served by Diagnosis in SFY15</p> <ul style="list-style-type: none"> ■ Mental Illness (100%) ■ Intellectual Disabilities (0%) ■ Other Developmental Disabilities (0%) ■ Brain Injury (0%) 										
	<ul style="list-style-type: none"> ✓ <i>With the change from legal settlement to residency, there are very few State Payment Program cases.</i> ✓ <i>DHS recommended that most funding previously used to pay for state payment program cases be distributed to the regions to cover cases now their responsibility under residency.</i> 											
<p>Services</p>	<p>The State Payment Program provides for residential and other mental health and disability-related services as specified in an approved MHDS regional service system management plan. DHS then reimburses regions for the costs of providing non-Medicaid services to eligible adults in the State of Iowa.</p> <p>Services may be reimbursed to MHDS Regions for adults with mental illness, intellectual disability, brain injury, or a developmental disability.</p>	<p>Expenditure by Diagnosis</p>  <table border="1"> <thead> <tr> <th>Diagnosis</th> <th>Expenditure</th> </tr> </thead> <tbody> <tr> <td>Mental Illness</td> <td>~145,000</td> </tr> <tr> <td>Intellectual Disabilities</td> <td>0</td> </tr> <tr> <td>Other Developmental Disabilities</td> <td>0</td> </tr> <tr> <td>Brain Injury</td> <td>0</td> </tr> </tbody> </table>	Diagnosis	Expenditure	Mental Illness	~145,000	Intellectual Disabilities	0	Other Developmental Disabilities	0	Brain Injury	0
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Mental Illness	~145,000											
Intellectual Disabilities	0											
Other Developmental Disabilities	0											
Brain Injury	0											

Goals & Strategies	<p>Goal: Promote choice for people with disabilities.</p> <p>Strategy: Provide gap funding.</p>	<ul style="list-style-type: none"> • The SPP program provided access to MHDS for 13 individuals in SFY15 who otherwise would not have access to critical MHDS.
Legal Basis	<p>State:</p> <ul style="list-style-type: none"> • Iowa Code 331.394. 	

Property Tax Relief Fund (MHDS Regional Funding)



<p>Purpose</p>	<p>The Property Tax Relief Fund is used to provide needed funding to the Mental Health and Disability Services (MHDS) Regions for non-Medicaid funded MHDS.</p>
<p>Who Is Helped</p>	<p>The MHDS Regions are required to ensure a set of core services are available to all Iowans with mental illness or intellectual disability in the region. MHDS Regions must also fund services in the additional core service domains if public funds are available. The MHDS Regions are responsible for funding services that are not payable by the medical assistance program or other insurance coverage.</p> <p>Eligible individuals include those who have a mental illness (MI) and or an intellectual disability (ID) and who have met financial eligibility requirements as identified in Iowa Administrative Code 441 IAC 25.16.</p> <p>After the MHDS Region has ensured that core services are provided to individuals with a mental illness (MI) and/or an intellectual disability (ID), the MHDS Region may provide services to individuals with a brain injury and/or other developmental disability.</p> <ul style="list-style-type: none"> ✓ <i>MHDS Regions are generally meeting core service requirements as well as meeting the vast majority of the access standards for those services.</i> ✓ <i>MHDS Regions have used their fund balances to add more than 30 additional core service programs, such as crisis intervention-jail diversion. MHDS Regions are adding tele-psychiatry and satellite clinics to increase availability of services through the region.</i>
<p>Services</p>	<p>The MHDS Regions are required to ensure access to a set of core services for individuals that have a MI and/or ID including:</p> <ul style="list-style-type: none"> • Treatment • Basic crisis response • Support for community living • Recovery services • Service coordination <p>After an MHDS Region has ensured that core services are available to individuals with MI and/or ID, the region may provide additional core services including:</p> <ul style="list-style-type: none"> • Comprehensive facility and community based crisis services • Sub-acute community and facility based services • Justice system involved services • Advanced evidenced based treatment
<p>Goals & Strategies</p>	<p>Goals:</p> <ul style="list-style-type: none"> • Support MHDS Regions in making required core services available to their eligible residents. • Ensure services in the additional core service domains listed in Iowa Code 331.397(6) are available to eligible residents of the MHDS Regions. • Further reduce or eliminate the need for state cases by providing MHDS Regions sufficient funds to cover current exceptions to residency with their existing funds. • Potentially require expanded services to additional populations.

	<p>Strategy: There is insufficient information to make a general fund budget request for MHDS Region sustainable funding in SFY17. DHS recommends that, once SFY15 MHDS Region funding and service delivery data is known in December 2015, a process be explored to provide ongoing sustainable funding to MHDS Regions based on the funding need that remains after MHDS Region and county MHDS fund balances are depleted over time. DHS encourages such a process include requiring MHDS Regions to provide services in the additional core service domains and, perhaps, additional populations of developmental disability and brain injury. This process should also consider changes to Iowa Code to eliminate exceptions to establishing residency and state cases.</p>
Legal Basis	<p>State:</p> <ul style="list-style-type: none">• Iowa Code 426B, 331.424A, 331.397