



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
MHDS Regional Funding**

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 individuals with severe symptoms of mental illness. Cherokee has 24 adult beds 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 SFY16.

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 SFY16:

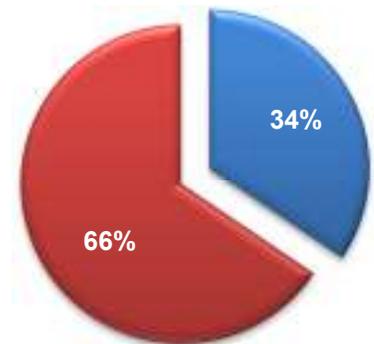
- 475 admissions
- 511 total served
 - 176 adult acute psychiatric
 - 335 children and adolescents

The average adult patient is a 39-year-old male who is involuntarily admitted. The average length of stay is 42 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 8 days.

Number Served in SFY16

- Adults Acute Psychiatric (34%)
- Children and Adolescents (66%)



- ✓ Cherokee has a total of 36 beds or 5 percent of the 731 inpatient community psychiatric beds in the state.
- ✓ Cherokee served 69 percent of the total adult admissions to the MHIs in SFY16.
- ✓ Cherokee served 78 percent of the total child/adolescent admissions to MHIs in SFY16.

Services

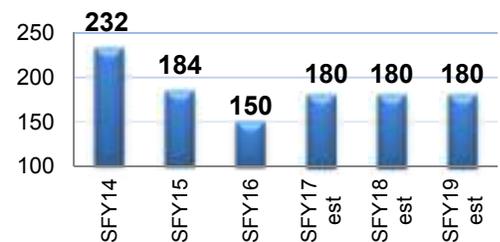
Adult Acute Psychiatric Services

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

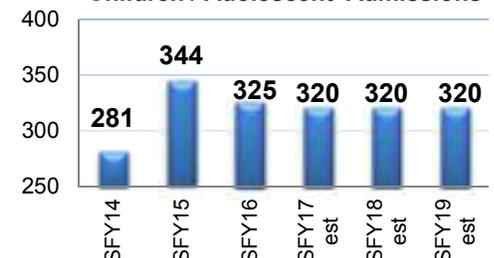
Inpatient Psychiatric Services for Children and Adolescents

- 12 inpatient beds.
- 24-hour psychiatric treatment and mental health habilitation.
- Education for children and adolescents provided by the MHI school.

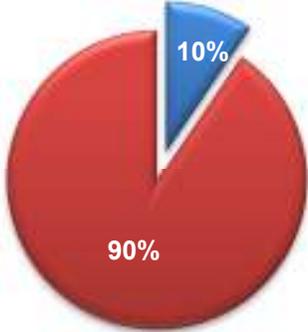
Adult Psychiatric Admissions



Children / Adolescent Admissions



	<ul style="list-style-type: none"> ✓ <i>Cherokee is accredited by The Joint Commission.</i> ✓ <i>32 percent (51 FTEs) of the staff are direct care, 24 percent (39.5 FTEs) are professional and treatment professionals, 1 percent (2 FTE) is educational, 12 percent (19.5 FTEs) are maintenance, 17 percent (27.5 FTEs) are other support staff, and 14 percent (22.5 FTEs) are administrative.</i> ✓ <i>In SFY17, 84.2 percent of the Cherokee MHI operating budget is for staffing costs and 15.8 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 SFY16:</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. • 18 minutes of restraint are used per 1,000 hours of adult inpatient hours. • 1 hour 34 minutes of restraint are used per 1,000 hours of child/adolescent inpatient hours.
Cost of Services	<p>MHI per diems are defined in Iowa Code and based on cost of care in a calendar year. This means that SFY17 per diems are based on costs experienced January 1, 2015 through December 31, 2015.</p> <p>Daily per diem rate: Adult psychiatric, \$915 Child/adolescent psychiatric, \$701</p> <p>Cost per episode of care: Adult psychiatric, \$39,414 Child/adolescent psychiatric, \$10,837</p> <ul style="list-style-type: none"> ✓ <i>10 tenants operate programs on the Cherokee campus.</i> ✓ <i>The Civil Commitment Unit for Sexual Offenders pays Cherokee for support services such as meals and maintenance.</i> 	

Funding Sources	<p>The Cherokee Mental Health Institute is largely funded by state general funds with a small amount of funding from other sources.</p> <p>The total budget for SFY17 is \$16,419,331:</p> <ul style="list-style-type: none"> • \$14,854,041 (90.5 percent) is state general fund. • \$1,565,290 (9.5 percent) is from other funding sources. 	<p style="text-align: center;">SFY17 Funding</p> <ul style="list-style-type: none"> ■ Other Funding (10%) ■ State General Fund (90%)  <p>A pie chart titled 'SFY17 Funding' showing two segments: a large red segment representing 90% (State General Fund) and a smaller blue segment representing 10% (Other Funding). A legend above the chart identifies the colors: a blue square for 'Other Funding (10%)' and a red square for 'State General Fund (90%)'.</p>
	<ul style="list-style-type: none"> ✓ <i>The adult patient's county of residence is required to pay 80 percent of the county capped per diem, minus any third party payments such as Medicaid, Medicare, or private insurance. County receipts are deposited in the state general fund.</i> ✓ <i>Medicaid pays for services for children under the age of 21.</i> ✓ <i>Cherokee receives an "upfront" appropriation from the general fund.</i> 	
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 individuals with severe symptoms of mental illness. Independence has 40 adult beds and 20 child/adolescent 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 SFY16.

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 SFY16:

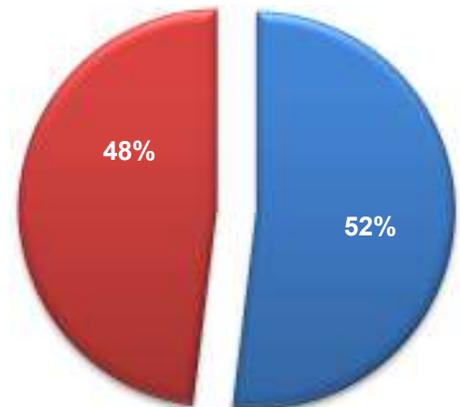
- 160 admissions
- 206 total served:
 - 107 adult psychiatric
 - 99 child and adolescent

The average adult patient is a 40-year-old female who is involuntarily admitted. The average length of stay has increased to 165 days due to some individuals who need longer-term care.

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 48 days.

Number Served in SFY16

- Adult Psychiatric Program (52%)
- Child and Adolescent Program (48%)



- ✓ *Independence has a total of 60 beds or 8 percent of the 731 inpatient community psychiatric beds in the state.*
- ✓ *Independence served 31 percent of the total adult admissions to the MHIs in SFY16.*
- ✓ *Independence served 22 percent of the total child/adolescent admissions to the MHIs in SFY16.*

Services

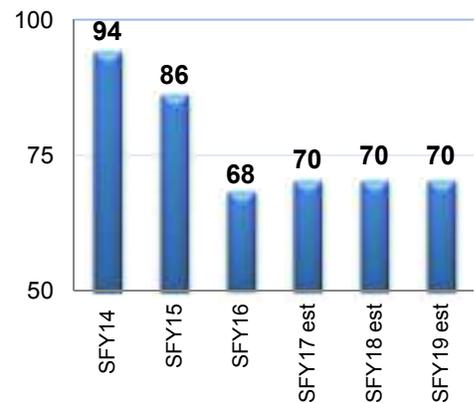
Adult Acute Psychiatric Services

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

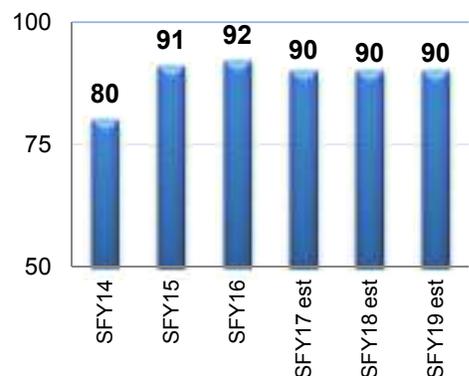
Inpatient Psychiatric Services for Children and Adolescents

- 20 inpatient beds.
- 24-hour psychiatric treatment and mental health habilitation.
- Education for children and adolescents provided by the MHI school.

Adult Psychiatric Admissions



Children and Adolescent Psychiatric Admissions



- ✓ *Independence is accredited by The Joint Commission.*
- ✓ *49 percent (99 FTEs) of the staff are direct care, 13 percent (27 FTEs) are professional and treatment professionals, 4 percent (9 FTEs) are educational, 8 percent (16 FTEs) are maintenance, 14 percent (29 FTEs) are other support staff, and 12 percent (24 FTEs) are administrative.*
- ✓ *In SFY17, 84.9 percent of the Independence MHI operating budget is for staffing costs and 15.1 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 SFY16</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. • 2 hours 0 minutes of restraint are used per 1,000 hours of adult inpatient hours. • 1 hour 33 minutes of restraint are used per 1,000 hours of child /adolescent inpatient hours. 						
Cost of Services	<p>MHI per diems are defined in Iowa Code and based on cost of care in a calendar year. This means that SFY17 per diems are based on costs experienced January 1, 2015 through December 31, 2015.</p> <p>Daily per diem rate: Adult psychiatric, \$1,061 Child/Adolescent psychiatric, \$1,092</p> <p>Cost per episode of care: Adult psychiatric, \$120,223 Child/Adolescent psychiatric, \$43,323</p>							
Funding Sources	<p>✓ <i>Four entities operate programs on the Independence campus.</i></p> <p>The Independence Mental Health Institute is funded by state general funds and federal funds with a small amount of funding from other sources.</p> <p>The total budget for SFY17 is \$20,091,730:</p> <ul style="list-style-type: none"> • \$19,442,287 (96.8 percent) is state general fund. • \$649,443 (3.2 percent) is from other funding sources <div data-bbox="993 997 1534 1543" style="text-align: center;"> <p>SFY17 Funding</p> <ul style="list-style-type: none"> ■ State General Fund (97%) ■ Other Funding (3%)  <table border="1" style="margin-left: auto; margin-right: auto;"> <caption>SFY17 Funding Data</caption> <thead> <tr> <th>Funding Source</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>State General Fund</td> <td>97%</td> </tr> <tr> <td>Other Funding</td> <td>3%</td> </tr> </tbody> </table> </div> <p>✓ <i>The adult patient's county of residence is required to pay 80 percent of the county capped per diem, minus any third party payments such as Medicaid, Medicare, or private insurance. County receipts are deposited in the state general fund.</i></p> <p>✓ <i>Medicaid pays for services for children under the age of 21.</i></p> <p>✓ <i>Independence receives an "upfront" appropriation from the general fund.</i></p>		Funding Source	Percentage	State General Fund	97%	Other Funding	3%
Funding Source	Percentage							
State General Fund	97%							
Other Funding	3%							
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 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 SFY16, three individuals were admitted and ten were discharged. At the end of SFY16, 231 individuals resided at GRC. Of these, 228 (98.7 percent) are voluntary and three were involuntarily committed by courts.

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

Of these individuals:

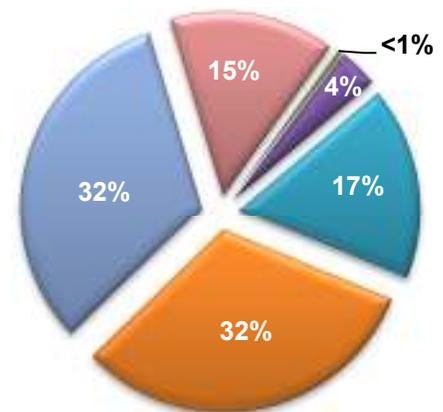
- 77 percent have a dual diagnosis of mental illness and intellectual disability.
- 79 percent have life-threatening eating and chewing disorders (dysphagia) that make it difficult to take in enough food and fluids.
- 64 percent are at high risk for sustaining injuries due to challenging behaviors.
- 59 percent have a seizure disorder.
- 34 percent are at high risk of food or liquid entering the airway and 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.*

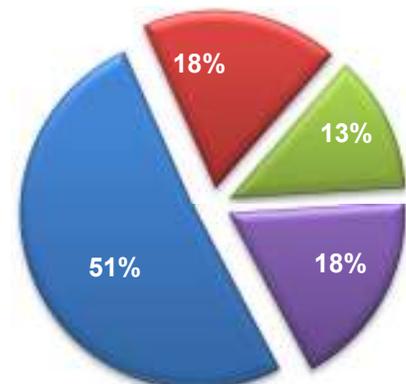
GRC Individuals Served by Age SFY16 Year-End

- 0-5 (0%) ■ 6-12 (0%) ■ 13-17 (<1%)
- 18-21 (4%) ■ 22-34 (17%) ■ 35-54 (32%)
- 55-64 (32%) ■ 65+ (15%)



Intellectual Functioning Level SFY16 Year-End

- Profound - IQ below 20 (51%)
- Severe - 20 to 34 (18%)
- Moderate - 35 to 49 (13%)
- Mild - 50 to 69 (18%)



<p>Services</p>	<p>GRC maintains federal Medicaid certification as an ICF/ID.</p> <ul style="list-style-type: none"> GRC provides active treatment and support services for individuals with intellectual disabilities. GRC actively supports 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 SFY16, GRC provided daily HCBS supported community living services to 19 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>SFY14</td> <td>248</td> </tr> <tr> <td>SFY15</td> <td>238</td> </tr> <tr> <td>SFY16</td> <td>231</td> </tr> <tr> <td>SFY17 est</td> <td>222</td> </tr> <tr> <td>SFY18 est</td> <td>210</td> </tr> <tr> <td>SFY19 est</td> <td>198</td> </tr> </tbody> </table>	SFY	Census	SFY14	248	SFY15	238	SFY16	231	SFY17 est	222	SFY18 est	210	SFY19 est	198
SFY	Census															
SFY14	248															
SFY15	238															
SFY16	231															
SFY17 est	222															
SFY18 est	210															
SFY19 est	198															
	<ul style="list-style-type: none"> ✓ 68 percent (555 FTEs) of the staff are direct care, 11 percent (91 FTEs) are treatment professionals, 5.5 percent (37 FTEs) are maintenance, 9 percent (69 FTEs) are other support staff, and 7.0 percent (58.62 FTEs) are administrative. ✓ In SFY17, 85.1 percent of the Glenwood Resource Center operating budget is for staffing costs and 14.9 percent is for support costs. ✓ GRC has 231 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 SFY16:</p> <ul style="list-style-type: none"> GRC had a net decrease in population of seven. In the past five years, GRC has reduced its population by 18 percent. 50 percent of GRC individuals earned wages through employment. 100 percent of GRC discharged individuals remained in the community at least 180 days after discharge. 														
<p>Cost of Services</p>	<p>The daily per diem rate is \$897.30. The total annual cost of care per person served is \$327,515.</p> <ul style="list-style-type: none"> ✓ The State Resource Center per diem is bundled and covers the total cost of service, including physician, medication, dental, adaptive equipment and other medical costs. ✓ Private ICFs/ID do not include these costs in their per diem and community medical providers separately bill for individuals served by private ICFs/ID 															

<p>Funding Sources</p>	<p>The Glenwood Resource Center is funded by state general funds and federal Medicaid funds with a small amount of funding from other sources.</p> <p>The total budget for SFY17 is \$75,898,397:</p> <ul style="list-style-type: none"> • \$28,757,949 (37.9 percent) is state general fund, including an \$8.0 million transfer from the Medical Assistance appropriation. • \$39,228,682 (51.7 percent) is federal funding. • \$5,854,582 (7.7 percent) is other funding. • \$2,057,184 (2.7 percent) is client participation. <p>Other funding includes rental and lease receipts, Medicare Part D, and HCBS revenues. Client participation reflects an assessed amount the individual clients pay towards the cost of care.</p>	<p>SFY17 Funding</p> <ul style="list-style-type: none"> ■ State General Fund (38%)* ■ Federal (52%) ■ Client Participation (3%) ■ Other Funds (8%) <p>* Includes Medical Assistance Appropriation</p>
<p>Legal Basis</p>	<ul style="list-style-type: none"> ✓ <i>Federal Medical Assistance Percent is projected to increase from 56.28 percent in SFY17 to 57.60 percent in SFY18. The resulting reduction in state funds is expected to be offset by cost increases in other areas.</i> ✓ <i>As the revenues and census continue to decline at both resource centers, each will continue to “right size” to match the needs and number of individuals served.</i> <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 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 SFY16, four individuals were admitted and 14 were discharged. At the end of SFY16, 143 individuals resided at WRC. Of these, 138 (97 percent) are voluntary and five (3 percent) are involuntarily committed by courts.

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

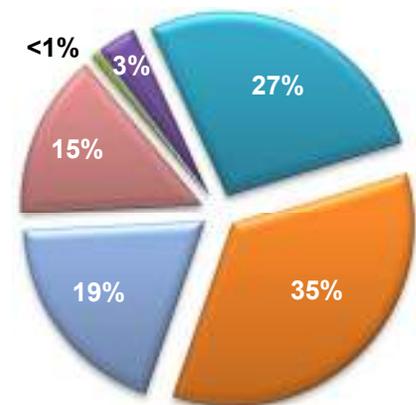
Of these individuals:

- 93 percent have a dual diagnosis of mental illness and intellectual disability.
- 65 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.
- 32 percent have a seizure disorder.
- 19 percent are at high risk of food or liquid entering the airway and 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.

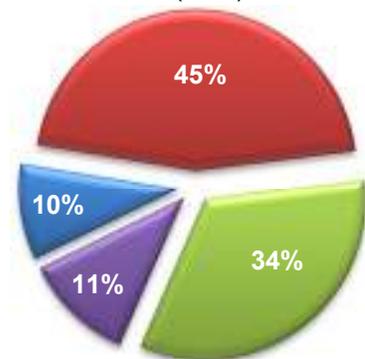
WRC Individuals Served by Age at SFY16 Year-End

- 0-5 (0%)
- 6-12 (0%)
- 13-17 (<1%)
- 18-21 (3%)
- 22-34 (27%)
- 35-54 (35%)
- 55-64 (19%)
- 65+ (15%)



Intellectual Functioning Level at SFY16 Year-End

- Profound - IQ below 20 (10%)
- Severe - 20 to 34 (45%)
- Moderate - 35 to 49 (34%)
- Mild - 50 to 69 (11%)



- ✓ *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 ICF/ID.

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

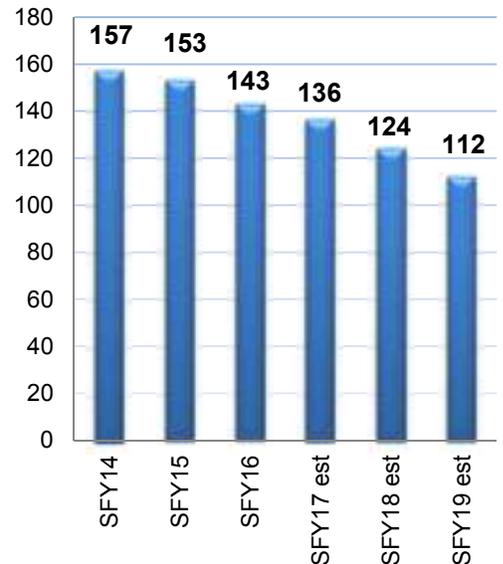
WRC Home & Community-Based Services (HCBS)

- WRC is also a Medicaid-funded Home and Community Based Services provider.
- In SFY16, WRC provided daily HCBS supported community living services to 41 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



- ✓ *64 percent (376 FTEs) of the staff are direct care, 13 percent (73.6 FTEs) are treatment professionals, 7 percent (38 FTEs) are maintenance, 8 percent (46.9 FTEs) are other support staff, and 8 percent (49.1 FTEs) are administrative.*
- ✓ *In SFY17, 85 percent of the Woodward Resource Center operating budget is for staffing costs and 15 percent is for support costs.*
- ✓ *WRC has 143 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 SFY16

- WRC had a net decrease in population of 10. In the past five years, WRC reduced its population by 27 percent.
- 81 percent of WRC individuals earned wages through employment.
- 92 percent of WRC discharged individuals remained in the community at least 180 days after discharge.

<p>Cost of Services</p>	<p>Daily per diem rate is \$995.01. Total annual cost of care per person served is \$363,177.</p> <p>✓ <i>The State Resource Center per diem is bundled and covers the total cost of service, including physician, medication, dental, adaptive equipment and other medical costs.</i></p> <p>✓ <i>Private ICFs/ID do not include these costs in their per diem and community medical providers separately bill for individuals served by private ICFs/ID.</i></p>	
<p>Funding Sources</p>	<p>The Woodward Resource Center is funded by state general funds and federal Medicaid funds with a small amount of funding from other sources.</p> <p>The total budget for SFY17 is \$55,180,616:</p> <ul style="list-style-type: none"> • \$20,273,298 (36.7 percent) is state general fund, including a \$6.1 million transfer from the Medical Assistance appropriation. • \$24,908,608 (45.1 percent) is federal funding. • \$8,678,969 (15.7 percent) is other funding. • \$1,319,741 (2.4 percent) is client participation. <p>Other funding includes rental and lease receipts, Medicare part D, Iowa’s Technical Assistance and Behavior Supports (I-TABS), and HCBS revenues. Client participation reflects an assessed amount the individual clients pay towards the cost of care.</p>	<p style="text-align: center;">SFY17 Funding</p> <ul style="list-style-type: none"> ■ State General Fund (37%)* ■ Federal (45%) ■ Client Participation (2%) ■ Other Funds (16%) <p style="text-align: center;">*Includes Medical Assistance</p>
<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. <p>✓ <i>Federal Medical Assistance Percentage is projected to increase from 56.28 percent in SFY17 to 57.60 percent in SFY18. The resulting reduction in state funds is expected to be offset by cost increases in other areas.</i></p> <p>✓ <i>As the revenues and census continue to decline at both resource centers, each will continue to “right size” to match the needs and numbers of individuals served.</i></p>	

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 SFY16</p> <table border="1" style="display: none;"> <caption>Expenditures SFY16 Data</caption> <thead> <tr> <th>Category</th> <th>Amount (Thousands)</th> </tr> </thead> <tbody> <tr> <td>Services</td> <td>20,350</td> </tr> <tr> <td>Education</td> <td>13,250</td> </tr> </tbody> </table>	Category	Amount (Thousands)	Services	20,350	Education	13,250
Category	Amount (Thousands)							
Services	20,350							
Education	13,250							
Goals & Strategies	<p>Goal: Promote choice for people with disabilities. Strategy: Provide gap funding and education.</p>	<p>Results in SFY16:</p> <ul style="list-style-type: none"> • 19 unduplicated individuals received funding • 5 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. 						
Cost of Services	<p>Of the \$33,632 appropriation in SFY16, \$20,350 supported the transition of 5 individuals moving to community settings and 14 individuals to remain in their community. The average cost per person was \$1,071. About \$13,250 was expended to support the Disabilitytraining.org website and other educational media.</p>							
Funding Sources	<p>Conner funding is entirely state general fund. The appropriation is constant from year to year at \$33,632.</p>							
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.

Who Is Helped

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

The department cannot deny a court-ordered admission.

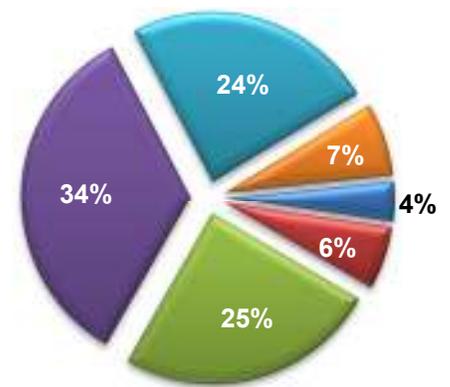
Annual court reviews of each individual's progress are required to determine if the commitment will continue.

There are 104 individuals in the program as of June 30, 2016. Ninety-one resided in the secure, committed program (including one in transition release); nine resided in the transition release program; three were in release with supervision; one was in prison. Four admissions occurred in SFY16 and 114 individuals were served.

All patients are male. Ages range from 21- to 73-years of age. The average age is 50-years. The average patient has one or more chronic medical conditions and is on several prescribed medications.

Age of Patients Served in SFY16

- 25 & under (4%) ■ 26-35 (6%)
- 36-45 (25%) ■ 46-55 (34%)
- 56-65 (24%) ■ >65 (7%)



- ✓ *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.*
- ✓ *The constitutionality of programs like CCUSO is beginning to be challenged. Recently, judges have found programs in Minnesota and Missouri unconstitutional.*
- ✓ *Iowa CCUSO is currently in litigation regarding the constitutionality of our program. Increased appropriations and treatment enhancements in Iowa's CCUSO are designed to address shortcomings identified in these lawsuits.*

Services

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

Treatment is based on the current best practice of Risk-Need-Responsivity Model (RNR) that is based on the principles of:

- Respect for the person
- Behavior is changeable, and
- Treatment is based on the patients' needs.

The three components of RNR are:

- Risk: Matches the level of service to the patient's risk to re-offend.
- Needs: Targeting changeable risk factors linked to the patient's offending.
- Responsivity: Matching services to the patient's learning style and needs.

Patients that are court-ordered are first placed in the secure, committed treatment program. When the patient's treatment progresses sufficiently, the court may order the patient to transition release.

In transition release, the patient continues treatment, but has more access to the community under various degrees of supervision. When the patient's treatment progresses sufficiently while in transition release, the court may order the patient to release with supervision.

Community Based Corrections provides release with supervision under contract with CCUSO. Individuals under release with supervision generally live in community correction or community-based settings, continue to receive treatment, and work in the community.

When the patient progresses sufficiently while under release with supervision, the court may decide to discharge the individual from the program.

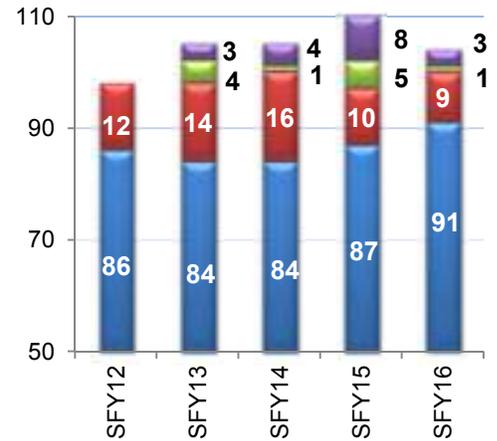
The court may also order the patient to move more quickly through this process if the court believes faster movement is justified based on the patient's annual reviews and other relevant court testimony.

Since the program began in 1999 and through June 30, 2016, 40 patients have left CCUSO:

- 28 released when court determined no longer met commitment criteria
- 12 died

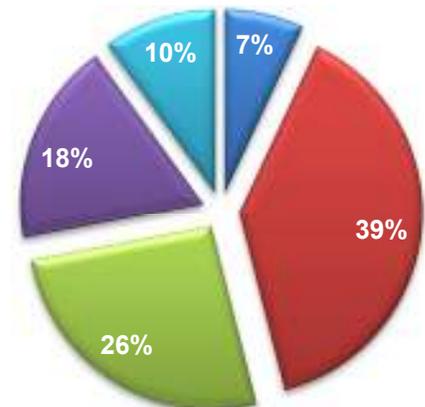
CCUSO Census

- Release with Supervision
- Jail/Prison
- Transitional Release
- Secure Committed



Patient Treatment Phase SFY16

- Phase 1 (7%)
- Phase 2 (39%)
- Phase 3 (26%)
- Phase 4 (18%)
- Phase 5 (10%)



	<ul style="list-style-type: none"> ✓ <i>In addition to an annual evaluation completed and submitted to the court, each patient receives an individualized Master Treatment Plan that is updated annually, as well as Action Plans, which are completed every 90 days to assess treatment progress. Patients' participation and treatment engagement are also assessed after each group/individual therapy session, and through periodic risk assessments.</i> ✓ <i>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 SFY16 there were 162 such visits.</i> ✓ <i>71 percent (80 FTEs) of the staff are direct care, 22 percent (24.5 FTEs) are professional and treatment professionals, 7 percent (7.5 FTEs) are administrative/support.</i> ✓ <i>In SFY17, 83.8 percent of the CCUSO operating budget is for staffing costs and 16.2 percent is for support costs.</i> ✓ <i>A modest increase in overall in-house census is expected. 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.</i> 	
Goals & Strategies	<p>Goal: Effectively Manage Resources</p> <p>Strategy:</p> <ul style="list-style-type: none"> • Provide effective treatment allowing patients to meet discharge criteria. • Avoid restraints for behavior management. 	<p>Results in SFY16:</p> <ul style="list-style-type: none"> • As of June 30, 2016, there were 10 patients in transitional release, and three patients in release with supervision. • 3.68 seconds of restraint is used per 1,000 hours of inpatient hours.
	<p>✓ <i>CCUSO emphasizes work skills and employment as a key treatment modality.</i></p>	
Cost of Services	<p>Daily per diem rate: \$274.43</p> <p>Annual cost of care per person: \$90,243</p> <p>The daily per diem rate and the annual cost of care per person include costs for payments to Community Based Corrections for supervision and housing for individuals in release with supervision and costs associated with litigation.</p>	
	<p>✓ <i>CCUSO co-campuses with Cherokee MHI and purchases support services from Cherokee MHI.</i></p>	
Funding Sources	<p>CCUSO is funded by state general funds.</p> <p>The total budget for SFY17 is \$10,639,195:</p> <ul style="list-style-type: none"> • \$10,637,755 (99.99 percent) is state general fund. • A nominal \$1,440 is collected through room rentals. 	
	<p>✓ <i>When patients in transitional release are employed, they pay housing rental.</i></p>	
Legal Basis	<p>State:</p> <ul style="list-style-type: none"> • Iowa Code, Chapter 229A • Iowa Administrative Code, 441 IAC 31 	

State Payment Program



Purpose	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.	
Who Is Helped	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>In SFY16, the SPP served 16 individuals, all of whom had a mental illness.</p> <p>✓ <i>With the change from legal settlement to residency, there are very few State Payment Program cases.</i></p>	
Services	<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>	
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 16 individuals in SFY16 who otherwise would not have access to critical MHDS.
Cost of Services	<p>The annual cost of service varies greatly for State Payment Program cases with the highest cost generally for those cases receiving licensed living services or institutional care.</p> <p>The average annual cost per client in SFY16 was \$13,265.</p>	
Funding Sources	The State Payment Program is funded entirely through the federal Social Services Block Grant (SSBG) in SFY17.	
Legal Basis	<p>State:</p> <ul style="list-style-type: none"> Iowa Code 331.394. 	

MHDS Regional Funding



<p>Purpose</p>	<p>This 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 adult Iowans with mental illness (MI) or intellectual disability (ID) in the region. MHDS Regions may also fund services in the additional core service domains if public funds are available. The MHDS Regions are responsible for funding services to eligible adults that are not payable by the medical assistance program or other insurance coverage.</p> <p>Eligible individuals include those who have an MI or 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 MI and/or ID, the MHDS Region may provide services to individuals with a brain injury (BI) or other developmental disability (DD), or children with an MI, ID, or DD.</p> <ul style="list-style-type: none"> ✓ <i>MHDS Regions are 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 additional core services, such as crisis intervention-jail diversion. MHDS Regions have added tele-psychiatry and additional service provider satellite offices to increase access to 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 available funds. • Potentially require expanded services to additional populations.

	<p>Strategy: A process be explored to provide ongoing sustainable funding to MHDS Regions based on the funding need that remains after MHDS Regions and County MHDS fund balances are depleted over time. This process should also consider changes to Iowa Code to eliminate state cases (State Payment Program: SPP).</p>
<p>Cost of Services</p>	<p>In SFY17, a total General Fund appropriation of \$3,000,000 was appropriated. \$500,000 is for the Eastern Iowa Region who must commit to continue operating as an MHDS Region in SFY17. \$2,500,000 is for Polk County who is required to complete a three-year sustainable cash flow funding plan for the delivery of services in the region.</p>
<p>Funding Sources</p>	<p>State General Funds are used for MHDS Regional Funding in SFY17.</p>
<p>Legal Basis</p>	<p>State:</p> <ul style="list-style-type: none"> • Iowa Code 426B, 331.424A, 331.397