



# **Promote Iowan's Behavioral and Disabilities Health Status**

**Cherokee Mental Health Institute**

**Clarinda Mental Health Institute**

**Independence Mental Health Institute**

**Mount Pleasant Mental Health Institute**

**Glenwood Resource Center**

**Woodward Resource Center**

**Conner Training**

**Civil Commitment Unit Training for Sexual Offenders**

**MHDS Regional Services Fund**

# Cherokee Mental Health Institute



## Purpose

Cherokee is one of Iowa's four mental health institutes (MHIs) 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.

97 percent of adult patients and 95 percent of the children and adolescent patients were involuntarily admitted in SFY12.

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

The total admissions in SFY12 were 446. Total number served in SFY12 was 473.

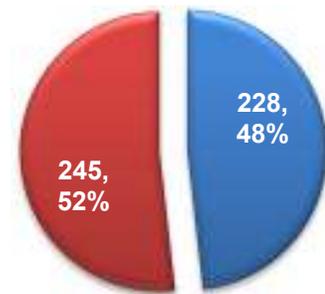
The average adult patient is a 38-year-old male who is involuntarily admitted. The average length of stay is 37 days.

The average child served in the inpatient program is a 14-year-old male who is involuntarily admitted. The average length of stay is 11 days.

### Number Served in SFY12

■ Adults Acute Psychiatric

■ Children and Adolescents



- ✓ Cherokee has a total of 36 beds or 4.7 percent of the 765 inpatient licensed community psychiatric beds in the state.
- ✓ Cherokee served 34 percent of the total adult admissions to the MHIs in SFY12.
- ✓ Cherokee served 70 percent of the total children and adolescent admissions to MHIs in SFY12.

## Services

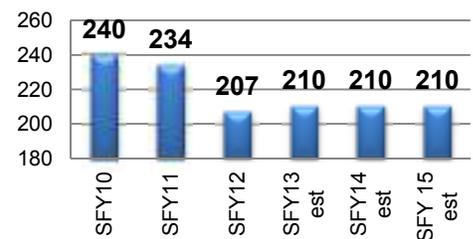
### Adult Acute Psychiatric Services

- 24 inpatient beds.
- 24-hour psychiatric treatment and mental health habilitation.
- Cherokee periodically has waiting lists for admission.
- Bed numbers have declined in the last five years, contributing to decline in admissions.

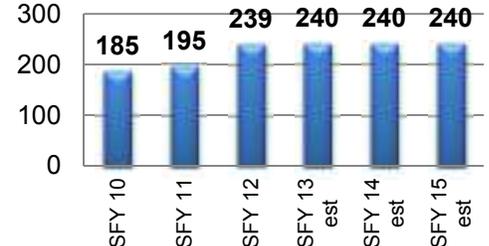
### Inpatient Psychiatric Services for Children and Adolescents

- 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"> <li>✓ <i>Cherokee is accredited by The Joint Commission.</i></li> <li>✓ <i>32 percent (54 FTEs) of the staff are direct care, 24 percent (41 FTEs) are professional and treatment professionals, 1 percent (2 FTE) is educational, 16 percent (26.5 FTEs) are maintenance, 13 percent (22 FTEs) are other support staff, and 14 percent (24 FTEs) are administrative.</i></li> <li>✓ <i>In SFY13, 82.9 percent of the Cherokee MHI operating budget is for staffing costs and 17.1 percent is for the support costs. As a percent of the overall operating budget, these support costs have been reduced in the past year.</i></li> <li>✓ <i>11 main buildings on 209 acres.</i></li> </ul>	
<b>Goals &amp; Strategies</b>	<p>Goal: Promote Iowa's Behavioral Health Status</p> <p>Strategy:</p> <ul style="list-style-type: none"> <li>• Improve the level of functioning of individuals served.</li> <li>• Reduce the use of restraint and seclusion.</li> <li>• Provide quality discharge planning to reduce readmission rate.</li> </ul>	<p>Results in SFY12:</p> <ul style="list-style-type: none"> <li>• 12 minutes of restraint are used per 1,000 hours of adult inpatient hours.</li> <li>• 1 hour 12 minutes of restraint are used per 1,000 hours of child/ adolescent inpatient hours.</li> <li>• 99 percent of adult and children/adolescents patients showed improvement in ability to function as measured by the Global Assessment of Functioning (GAF).</li> <li>• 94 percent of adults are not readmitted within 30 days of discharge.</li> </ul>
<b>Cost of Services</b>	<p>MHI per diems are defined in Iowa Code and based on cost of care in a calendar year. This means that SFY12 per diems are based on costs experienced January 1, 2011 through December 31, 2011.</p> <p>Daily per diem rate:  Adult psychiatric, \$824  Child / adolescent psychiatric, \$972</p> <p>Cost per episode:  Adult psychiatric, \$24,601  Child / adolescent psychiatric, \$8,985</p> <ul style="list-style-type: none"> <li>✓ <i>Cherokee employee spending in the local economy induces \$7.47 million in county industrial output, which requires 84 jobs earning \$1.9 million in labor incomes. In all, MHI supports \$21.65 million in county output, \$16.1 million in value added, \$14.3 million in labor incomes, and 255 jobs. (Swenson, D. and Eathington, L., Iowa Mental Health Facility Economic, Fiscal, and Community Impact Analysis, 30 November 2009:16.)</i></li> <li>✓ <i>8 tenants operate programs on the Cherokee campus.</i></li> <li>✓ <i>The Civil Commitment Unit for Sexual Offenders pays Cherokee support costs to provide meals etc.</i></li> </ul>	

**Funding Sources**

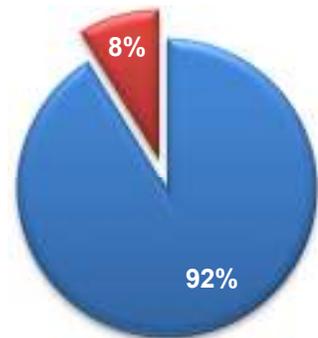
The Cherokee Mental Health Institute is largely funded by state general funds with a small amount of funding from other sources.

The total budget for SFY14 is \$16,506,305:

- \$15,052,889 (91.9 percent) is state general fund, including a \$9.1 million transfer from the Medical Assistance appropriation
- \$1,453,416 (8.1 percent) is from other funding sources.

**SFY14 Funding**

■ State General Fund\* ■ Other Funding



\*Includes General Fund Transfer for Medical Assistance

- ✓ *Counties are required to pay 80 percent of the county capped per diem for adults with legal settlement who are not Medicaid eligible. Counties are billed the per diem minus any third party payments. County receipts are deposited in the state general fund.*
- ✓ *Medicaid pays for services for children under the age of 21.*
- ✓ *Cherokee receives an "upfront" appropriation from the general fund*

**SFY 2014 & 2015 Budget Drivers**

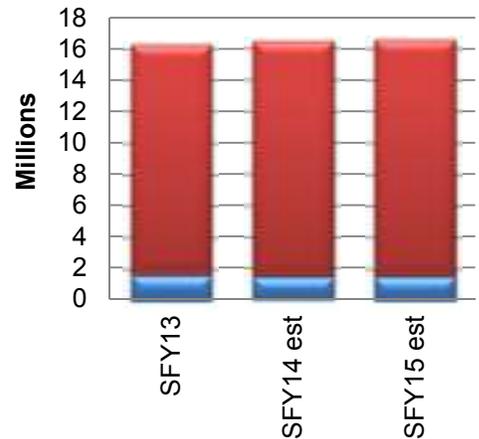
The SFY14 budget reflects a \$346,066 (6.2 percent) general fund increase from SFY13. There is no increase in SFY15 over SFY14.

The key budget drivers of the SFY14 increase are:

- Sustaining the funding level approved in SFY13 via carryforward authorization to maintain bed service level.
- The Cherokee MHI receives a \$9.1 million dollar transfer from the Medical Assistance appropriation. The total SFY14 budget reflects an overall \$233,184 increase (1.4 percent) from SFY13.

**Total Budget Funding Mix**

■ State General Fund ■ Other Funding



- ✓ *The impact of not funding the current service level request will be an estimated loss of 5.3 FTEs in SFY14 and 5.1 FTEs in SFY15.*

**Legal Basis**

**State:**

- Code of Iowa, Chapters 125, 217, 218, 225C, 226, 229, 230, 812
- Iowa Administrative Code, 441 IAC 28 and 29

**Request - Cherokee Mental Health Institute  
State Fiscal Year 2014**

**Request Total:**     \$     16,506,305

**General Fund Need:**   \$     5,954,464

**Request Description:**

The Cherokee Mental Health Institute (MHI) is designated in Chapter 226 of the Code of Iowa to provide one or more of the following: psychiatric treatment, training, care, mental health habilitation, and support of people with mental illness or a substance use disorder. In addition, the Cherokee MHI provides evaluation and treatment for people committed to DHS under Chapter 812, Code of Iowa, who have been charged with a crime to determine competency to stand trial and who are not qualified for pre-trial release or will not seek evaluation and treatment on their own.

Cherokee MHI operates a 24-bed adult psychiatric program and a 12-bed children and adolescent program. Cherokee serves adult patients from 41 counties in northwest Iowa and children and adolescents from 56 counties in western Iowa.

**SFY 2013 Enacted Budget (Status Quo Funding)**

Cherokee MHI Appropriation	\$     5,535,738
Cherokee MHI Appropriation-Adjustment *	\$         72,660
	\$                 -
<b>Total State \$ Appropriated:</b>	<b>\$     5,608,398</b>

\* Sustain critical staffing to maintain beds.

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	Sustain funding level approved in SFY13.	\$     346,066
<b>Total Requested for Current Service Level Funding:</b>		<b>\$     346,066</b>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$                 -
<b>Total Requested for Improved Results Funding:</b>		<b>\$                 -</b>

<b>General Fund Total</b>	<b>\$5,954,464</b>
<b>General Fund Change From Prior Year</b>	<b>\$346,066</b>

**Request - Cherokee Mental Health Institute  
State Fiscal Year 2014**

**Total Funding Summary:**

<b>State Funding Total</b>		<b>\$15,052,889</b>
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<b>Program</b>	
General Fund	\$ 5,954,464
Medicaid State	\$ 9,098,425
Education	\$ -
Iowa Care	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ 15,052,889</b>

<b>Federal Funding Total</b>		
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<b>Program</b>	
TANF	\$ -
SSBG	\$ -
ARRA	\$ -
IowaCare	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ -</b>

<b>Other Funding Total</b>		<b>\$1,453,416</b>
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<b>Program</b>	
Other	\$ 1,453,416

Includes per diem for the Civil Commitment Unit for Sexual Offenders, education (Chapter 34), grants, classroom training, Medical records, fees and rent funds.

<b>Totals</b>	<b>Program</b>
	\$ 16,506,305

**Request Total**  
**\$16,506,305**

**FTEs included in request:**

<b>FTEs</b>	<b>168.5</b>
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**This budget request does not reflect any changes or impact for potential salary adjustments. In the event collective bargaining results in a salary adjustment that is not funded by appropriation, reductions in force (and bed closures) will likely occur.**

**Request - Cherokee Mental Health Institute  
State Fiscal Year 2015**

**Request Total:**       \$       16,576,780

**General Fund Need:** \$       5,954,464

**Request Description:**

The Cherokee Mental Health Institute (MHI) is designated in Chapter 226 of the Code of Iowa to provide one or more of the following: psychiatric treatment, training, care, mental health habilitation, and support of people with mental illness or a substance use disorder. In addition, the Cherokee MHI provides evaluation and treatment for people committed to DHS under Chapter 812, Code of Iowa, who have been charged with a crime to determine competency to stand trial and who are not qualified for pre-trial release or will not seek evaluation and treatment on their own.

Cherokee MHI operates a 24-bed adult psychiatric program and a 12-bed children and adolescent program. Cherokee serves adult patients from 41 counties in northwest Iowa and children and adolescents from 56 counties in western Iowa.

**SFY 2014 Department Request (Status Quo Funding)**

Cherokee MHI Appropriation	\$	5,535,738
Cherokee MHI Appropriation-Adjustment *	\$	72,660
	\$	-
<b>Total State \$ Appropriated:</b>	<b>\$</b>	<b>5,608,398</b>

\* Sustain critical core staffing to maintain beds.

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	Sustain funding level approved in SFY13.	\$ 346,066
<b>Total Requested for Current Service Level Funding:</b>		<b>\$ 346,066</b>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$ -
<b>Total Requested for Improved Results Funding:</b>		<b>\$ -</b>

<b>General Fund Total</b>	<b>\$5,954,464</b>
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<b>General Fund Change From Prior Year</b>	<b>\$346,066</b>
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**Request - Cherokee Mental Health Institute  
State Fiscal Year 2015**

**Total Funding Summary:**

<b>State Funding Total</b>		<b>\$15,052,889</b>
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<b>Program</b>	
General Fund	\$ 5,954,464
Medicaid State	\$ 9,098,425
SLTF	\$ -
Iowa Care	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ 15,052,889</b>

<b>Federal Funding Total</b>		
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<b>Program</b>	
TANF	\$ -
SSBG	\$ -
ARRA	\$ -
IowaCare	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ -</b>

<b>Other Funding Total</b>		<b>\$1,523,891</b>
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<b>Program</b>	
Other	\$ 1,523,891

Includes per diem for the Civil Commitment Unit for Sexual Offenders, education (Chapter 34), grants, classroom training, Medical records, fees and rent funds.

<b>Totals</b>	<b>Program</b>
	\$ 16,576,780

**Request Total**  
**\$16,576,780**

**FTEs included in request:**

<b>FTEs</b>	<b>168.5</b>
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**This budget request does not reflect any changes or impact for potential salary adjustments. In the event collective bargaining results in a salary adjustment that is not funded by appropriation, reductions in force (and bed closures) will likely occur.**

# Clarinda Mental Health Institute



## Purpose

Clarinda Mental Health Institute (MHI) is one of Iowa's four mental health institutes providing short term psychiatric treatment and care for severe symptoms of mental illness. Clarinda has 15 adult psychiatric beds and 20 gero-psychiatric beds.

## Who Is Helped

Clarinda provides inpatient psychiatric service to adults.

Clarinda also provides gero-psychiatric services and nursing level care to patients with serious cognitive loss or dementia with significant behavior problems.

67 percent of the adult patients were involuntarily admitted in SFY12. 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.

There were 207 adult psychiatric admissions in SFY12.

There were no new admissions to the gero-psychiatric program in SFY12.

A total of 243 people were served.

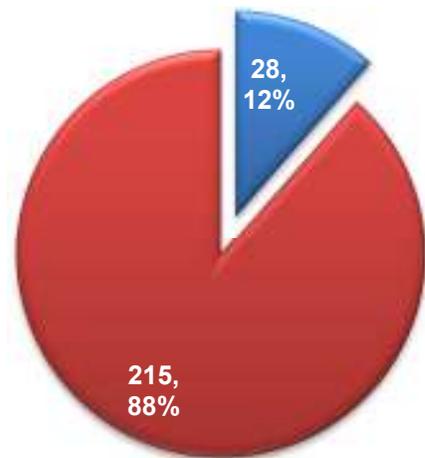
In the past several years the number of beds has decreased which has impacted admissions.

The average adult psychiatric patient is a 40-year-old male who is involuntarily admitted. The average length of stay is 26 days.

The average gero-psychiatric patient has had 15 placements prior to admission. Ages range from 40 to 68. The majority are male. Individuals served by in this program will likely need this level of care for the rest of their lives.

## Number Served in SFY12

- Gero-psychiatric
- Adult Acute Psychiatric



- ✓ *Clarinda has a total of 15 adult psychiatric beds or 2 percent of the 765 inpatient licensed community psychiatric beds in the state.*
- ✓ *Clarinda has a total of 20 gero-psychiatric beds or 20 percent of the total 102 licensed nursing home beds that serve gero-psychiatric patients in the state.*
- ✓ *Clarinda served 34 percent of the total Mental Health Institute adult admissions in SFY12.*

<p><b>Services</b></p>	<p><b>Adult Acute Psychiatric Services</b></p> <ul style="list-style-type: none"> <li>• 15 inpatient beds.</li> <li>• 24-hour psychiatric treatment and mental health habilitation.</li> <li>• Clarinda periodically has waiting lists for admission.</li> </ul> <p><b>Gero-psychiatric Services</b></p> <ul style="list-style-type: none"> <li>• 20 inpatient/nursing beds.</li> <li>• No new admissions in SFY12.</li> </ul>	<p><b>Adult Psychiatric Admissions</b></p> <table border="1"> <caption>Adult Psychiatric Admissions Data</caption> <thead> <tr> <th>SFY</th> <th>Admissions</th> </tr> </thead> <tbody> <tr> <td>SFY10</td> <td>208</td> </tr> <tr> <td>SFY11</td> <td>175</td> </tr> <tr> <td>SFY12</td> <td>207</td> </tr> <tr> <td>SFY13 est</td> <td>210</td> </tr> <tr> <td>SFY14 est</td> <td>210</td> </tr> <tr> <td>SFY15 est</td> <td>210</td> </tr> </tbody> </table>	SFY	Admissions	SFY10	208	SFY11	175	SFY12	207	SFY13 est	210	SFY14 est	210	SFY15 est	210
SFY	Admissions															
SFY10	208															
SFY11	175															
SFY12	207															
SFY13 est	210															
SFY14 est	210															
SFY15 est	210															
<p><b>Goals &amp; Strategies</b></p>	<p>Goal: Promote Iowa's Behavioral Health Status Strategy:</p> <ul style="list-style-type: none"> <li>• Improve the level of functioning of individuals served.</li> <li>• Reduce the use of restraint and seclusion.</li> <li>• Provide quality discharge planning to reduce readmission rate.</li> </ul>	<p>Results SFY12:</p> <ul style="list-style-type: none"> <li>• 18 hours of restraint are used per 1,000 hours of adult psychiatric inpatient hours.</li> <li>• Zero hours of restraint are used per 1,000 hours of gero-psychiatric inpatient hours.</li> <li>• 96 percent of adult acute psychiatric patients show improvement in ability to function as measured by the Global Assessment of Functioning (GAF).</li> <li>• 93 percent of acute psychiatric adult patients are not readmitted within 30 days of discharge.</li> </ul>														
<p><b>Cost of Services</b></p>	<p>MHI per diems are defined in Iowa Code and based on cost of care in a calendar year. This means that SFY12 per diems are based on costs experienced January 1, 2011 through December 31, 2011.</p> <p>Daily per diem rate:</p> <ul style="list-style-type: none"> <li>Adult psychiatric, \$801</li> <li>Gero-psychiatric, \$556</li> </ul> <p>Cost per episode:</p> <ul style="list-style-type: none"> <li>Adult psychiatric, \$15,519</li> <li>Gero-psychiatric, \$173,766</li> </ul>															

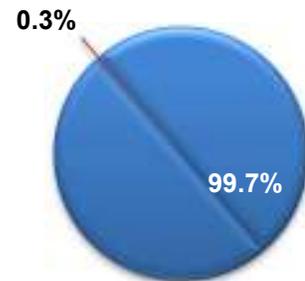
- ✓ *Clarinda employee spending in the local economy induces \$3.54 million in county industrial output, which supports 42 jobs earning \$.950 million in labor incomes. In all, MHI accounts either directly or indirectly for \$12.3 million in area industrial output, \$9.43 million in value added, \$8.52 million in labor income, and 226 jobs. (Swenson, D. and Eathington, L., Iowa Mental Health Facility Economic, Fiscal, and Community Impact Analysis, 30 November 2009:17.)*
- ✓ *Clarinda is co-campused with a 795-bed prison and a 147-bed minimum security unit. The campus shares services with the Department of Corrections for maintenance and business office functions.*
- ✓ *Five tenants operate programs on the Clarinda campus.*

**Funding Sources**

The Clarinda Mental Health Institute is largely funded by state general funds with a small amount of funding from other sources.

- The total budget for SFY14 is \$8,755,173:
- \$8,729,173 (99.7 percent) is state general fund, including a \$1.98 million transfer from the Medical Assistance appropriation.
  - \$26,000 (0.3 percent) is from other funding sources.

**SFY14 Funding**  
 ■ State General Fund\* ■ Other Funding



\*Includes General Fund Transfer for

- ✓ *Clarinda receives an “upfront” appropriation from the state general fund.*
- ✓ *Counties are required to pay 80 percent of the county capped per diem for individuals with legal settlement who are not Medicaid eligible. Counties are billed the per diem minus any third party payments. County receipts are deposited in the state general fund.*
- ✓ *Gero-psychiatric services are billed to the county at 80 percent of the capped per diem for patients not covered by other payor sources such as private insurance, Medicaid or Medicare.*

## SFY 2014 & 2015 Budget Drivers

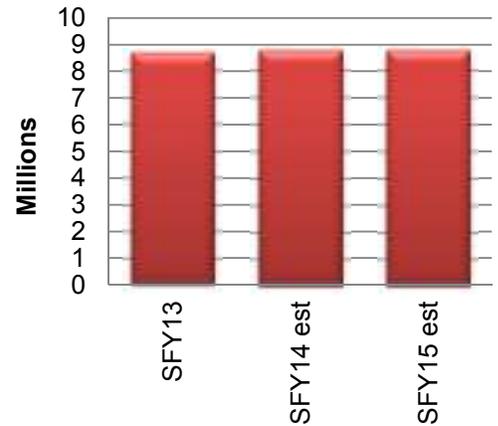
The SFY14 budget reflects a \$236,520 (3.6 percent) general fund increase from SFY13. There is no increase in SFY15 over SFY14.

The key budget drivers of the SFY14 increase are:

- Sustaining the funding level approved in SFY13 via carryforward authorization to maintain bed service level.
- The Clarinda MHI receives a \$1.98 million dollar transfer from the Medical Assistance appropriation. The total SFY14 budget reflects an overall \$36,123 increase (less than 1 percent) from SFY13.

### Total Budget Funding Mix

■ State General Fund ■ Other Funding\*



\* Includes \$26,000 in Other Funding for each year.

- ✓ *The impact of not funding the current service level request will be an estimated loss of 3.6 FTEs in SFY14 and 3.5 FTEs in SFY15.*

## Legal Basis

### State:

- Code of Iowa, Chapters 125, 217, 218, 225C, 226, 229, 230, 812
- Iowa Administrative Code 441 IAC 28 and 29

**Request - Clarinda Mental Health Institute  
State Fiscal Year 2014**

**Request Total:**       \$       8,755,173

**General Fund Need:** \$       6,751,868

**Request Description:**

The Clarinda Mental Health Institute (MHI) is designated in Chapter 226 of the Code of Iowa to provide one or more of the following: treatment, training, care, habilitation, and support of people with mental illness or a substance abuse problem. In addition, the Clarinda MHI provides evaluation and treatment for people committed to DHS under Chapter 812, Code of Iowa, who have been charged with a crime to determine competency to stand trial and who are not qualified for pre-trial release or will not seek evaluation and treatment on their own.

Clarinda MHI operates a 15-bed adult psychiatric program and a 20-bed gero-psychiatric program. Clarinda serves adults from 15 counties in southwest Iowa for the adult psychiatric program and adults from the entire state for the gero-psychiatric program.

**SFY 2013 Enacted Budget (Status Quo Funding)**

Clarinda MHI Appropriation	\$	6,442,688
Clarinda MHI Appropriation-Adjustment *	\$	72,660
	\$	-
<b>Total State \$ Appropriated:</b>	<b>\$</b>	<b>6,515,348</b>

\* Sustain critical staffing to maintain beds.

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	Sustain funding level approved in SFY13.	\$ 236,520
<b>Total Requested for Current Service Level Funding:</b>		<b>\$ 236,520</b>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$ -
<b>Total Requested for Improved Results Funding:</b>		<b>\$ -</b>

<b>General Fund Total</b>	<b>\$6,751,868</b>
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<b>General Fund Change From Prior Year</b>	<b>\$236,520</b>
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**Request - Clarinda Mental Health Institute  
State Fiscal Year 2014**

**Total Funding Summary:**

<b>State Funding Total</b>		<b>\$8,729,173</b>
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<b>Program</b>	
General Fund	\$ 6,751,868
Medicaid State	\$ 1,977,305
Tobacco	\$ -
Iowa Care	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ 8,729,173</b>

<b>Federal Funding Total</b>	
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<b>Program</b>	
TANF	\$ -
SSBG	\$ -
ARRA	\$ -
IowaCare	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ -</b>

<b>Other Funding Total</b>		<b>\$26,000</b>
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<b>Program</b>	
Other	\$ 26,000

Includes rental income and other miscellaneous funds.

<b>Totals</b>	<b>Program</b>
	\$ 8,755,173

**Request Total**  
\$8,755,173

**FTEs included in request:**

<b>FTEs</b>	<b>86.1</b>
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**This budget request does not reflect any changes or impact for potential salary adjustments. In the event collective bargaining results in a salary adjustment that is not funded by appropriation, reductions in force (and bed closures) will likely occur.**

**Request - Clarinda Mental Health Institute  
State Fiscal Year 2015**

**Request Total:**     \$       8,755,173

**General Fund Need:** \$       6,751,868

**Request Description:**

The Clarinda Mental Health Institute (MHI) is designated in Chapter 226 of the Code of Iowa to provide one or more of the following: treatment, training, care, habilitation, and support of people with mental illness or a substance abuse problem. In addition, the Clarinda MHI provides evaluation and treatment for people committed to DHS under Chapter 812, Code of Iowa, who have been charged with a crime to determine competency to stand trial and who are not qualified for pre-trial release or will not seek evaluation and treatment on their own.

Clarinda MHI operates a 15-bed adult psychiatric program and a 20-bed gero-psychiatric program. Clarinda serves adults from 15 counties in southwest Iowa for the adult psychiatric program and adults from the entire state for the gero-psychiatric program.

**SFY 2013 Department Request (Status Quo Funding)**

Clarinda MHI Appropriation	\$	6,442,688
Clarinda MHI Appropriation-Adjustment *	\$	72,660
	\$	-
	<u>\$</u>	<u>6,515,348</u>

\* Sustain critical staffing to maintain beds.

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	<u>Sustain funding level approved in SFY13.</u>	\$ 236,520
<b>Total Requested for Current Service Level Funding:</b>		<u>\$ 236,520</u>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
	<u> </u>	\$ -
<b>Total Requested for Improved Results Funding:</b>		<u>\$ -</u>

<b>General Fund Total</b>	<b>\$6,751,868</b>
<b>General Fund Change From Prior Year</b>	<b>\$236,520</b>

**Request - Clarinda Mental Health Institute  
State Fiscal Year 2015**

**Total Funding Summary:**

<b>State Funding Total</b>		<b>\$8,729,173</b>
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<b>Program</b>	
General Fund	\$ 6,751,868
Medicaid State	\$ 1,977,305
Tobacco	\$ -
Iowa Care	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ 8,729,173</b>

<b>Federal Funding Total</b>	
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<b>Program</b>	
TANF	\$ -
SSBG	\$ -
ARRA	\$ -
IowaCare	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ -</b>

<b>Other Funding Total</b>		<b>\$26,000</b>
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<b>Program</b>	
Other	\$ 26,000

Includes rental income and other miscellaneous funds.

<b>Totals</b>	<b>Program</b>
	\$ 8,755,173

**Request Total**  
**\$8,755,173**

**FTEs included in request:**

<b>FTEs</b>	<b>86.1</b>
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**This budget request does not reflect any changes or impact for potential salary adjustments. In the event collective bargaining results in a salary adjustment that is not funded by appropriation, reductions in force (and bed closures) will likely occur.**

# Independence Mental Health Institute



## Purpose

Independence Mental Health Institute (MHI) is one of Iowa's four 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.

Independence also provides sub-acute treatment services through the Psychiatric Medical Institution for Children (PMIC) program to children referred by Cherokee, Independence and Toledo.

92 percent of the adult and 46 percent of the children and adolescent patients were involuntarily admitted in SFY12.

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

The total admissions in SFY12 were 277.

Total number served in SFY12 was 339.

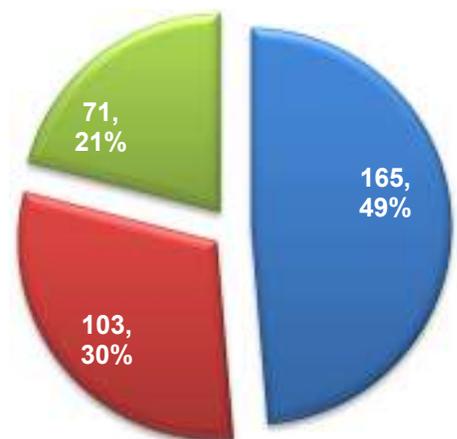
The average adult patient is a 38-year-old male who is involuntarily admitted. The average length of stay is 108 days.

The average child/adolescent served in the inpatient program is a 13-year-old male who is involuntarily admitted. The average length of stay is 40 days.

The average child/adolescent served in the PMIC program is a 14-year-old female who is voluntarily admitted. The average length of stay is 111 days.

## Number Served in SFY12

- Adult Psychiatric Program
- Child and Adolescent Program
- PMIC



- ✓ *Independence has a total of 40 adult and 20 child/adolescent beds or 8 percent of the 765 inpatient licensed community psychiatric beds in the state.*
- ✓ *Independence served 21 percent of the total Mental Health Institute adult admissions in SFY12.*
- ✓ *Independence served 30 percent of the total Mental Health Institute child/adolescent admissions in SFY12.*
- ✓ *Independence has 15 PMIC beds or 3 percent of the total 476 comprehensive-based licensed PMIC beds in the state for Iowa youth.*

## Services

### Adult Acute Psychiatric Services

- 40 inpatient beds.
- 24-hour psychiatric treatment and mental health habilitation.
- Independence periodically has waiting lists for admission.

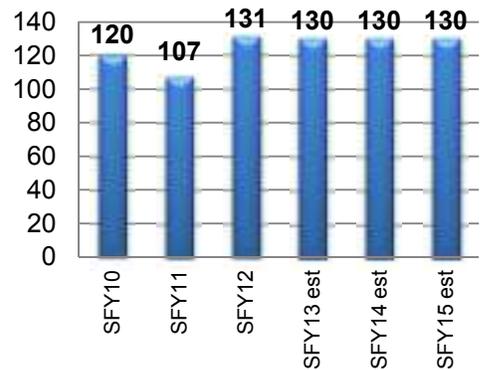
### Inpatient Psychiatric Services for Children and Adolescents

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

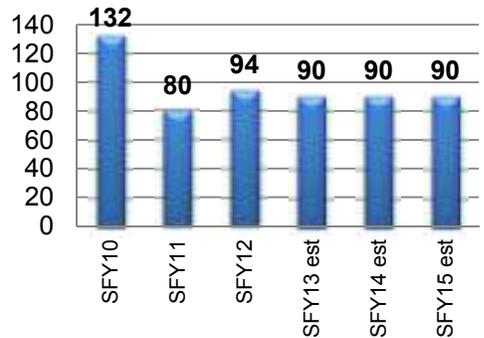
### Psychiatric Medical Institution for Children (PMIC) Services

- 15 sub-acute psychiatric beds for children and adolescents.
- Academic continuance through the MHI school.

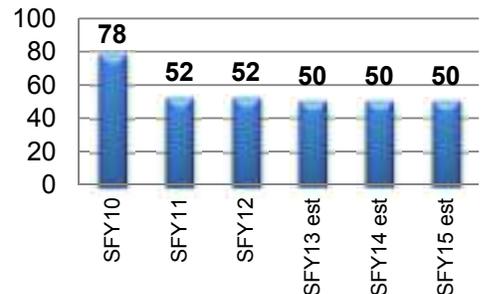
### Adult Psychiatric Admissions



### Children and Adolescent Psychiatric Admissions



### PMIC 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 FTE) are educational, 7 percent (16 FTEs) are maintenance, 15 percent (34 FTEs) are other support staff, and 10 percent (24 FTEs) are administrative.*
- ✓ *In SFY13, 82.8 percent of the Independence MHI operating budget is for staffing costs and 17.2 percent is for the support costs. As a percent of the overall operating budget, these support costs have slightly increased in the past year.*
- ✓ *4 main buildings on 276.60 acres (70.4 acres managed by Iowa Prison Industries.)*

<p><b>Goals &amp; Strategies</b></p>	<p>Goal: Promote Iowa's Behavioral Health Status. Strategy:</p> <ul style="list-style-type: none"> <li>• Improve the level of functioning of individuals served</li> <li>• Reduce the use of restraint and seclusion</li> <li>• Provide quality discharge planning to reduce readmission rate.</li> </ul>	<p>Results SFY12</p> <ul style="list-style-type: none"> <li>• 100 percent of children, adolescent and adult patients showed improvement in ability to function as measured by the Global Assessment of Functioning (GAF).</li> <li>• 92 percent of adults were not readmitted within 30 days of discharge.</li> <li>• 2 hours 11 minutes of restraint are used per 1,000 hours of adult patient hours. 1 hour 8 minutes of restraint are used per 1,000 hours child /adolescent inpatient hours.</li> </ul>
<p><b>Cost of Services</b></p>	<p>MHI per diems are defined in Iowa Code and based on cost of care in a calendar year. This means that SFY12 per diems are based on costs experienced January 1, 2011 through December 31, 2011.</p> <p>Daily per diem rate:  Adult psychiatric, \$899.  Child / Adolescent psychiatric, \$1,105.  Psychiatric Medical Institution for Medical Care ( PMIC), \$546.</p> <p>Cost per episode:  Adult psychiatric, \$67,746  Child/Adolescent psychiatric, \$39,936  Psychiatric Medical Institution for Children ( PMIC), \$48,143</p>	
	<ul style="list-style-type: none"> <li>✓ <i>Independence employee spending in the local economy induces \$10.2 million in output, which requires 102.3 jobs earning \$2.51 million in labor incomes. In all, MHI directly or indirectly explains \$32.95 million in regional output, \$25 million in county value added, \$22.2 million in labor income, and 389 jobs. (Swenson, D. and Eathington, L., Iowa Mental Health Facility Economic, Fiscal, and Community Impact Analysis, 30 November 2009:17.)</i></li> <li>✓ <i>Four entities operate programs on the Independence campus.</i></li> </ul>	
<p><b>Funding Sources</b></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 SFY14 is \$22,341,452:</p> <ul style="list-style-type: none"> <li>• \$19,352,508 (91 percent) is state general fund, including a \$9.05 million transfer from the Medical Assistance appropriation</li> <li>• \$1,399,576 (6 percent) is federal funding</li> <li>• \$567,007 (3 percent) is from other funding sources</li> </ul>	<p><b>SFY14 Funding</b></p> <p>■ State General Fund* ■ Federal  ■ Other Funding</p> <p>*Includes General Fund Transfer for</p>

- ✓ *Independence receives an “upfront” appropriation from the general fund.*
- ✓ *Counties are required to pay 80 percent of the county capped per diem for adults with legal settlement who are not Medicaid eligible. Counties are billed the per diem minus any third party payments. County receipts are deposited in the state general fund.*
- ✓ *This program is “net budgeted” which means the state appropriation is adjusted for anticipated third party revenues to cover program costs. PMIC services are billed to third party payors including Medicaid. The federal share of medical assistance, client participation, and any other third party revenues directly attributable to the PMIC program are retained in the MHI appropriation (non-federal share returned to the Medicaid appropriation). Currently the maximum amount the MHI can receive from Medicaid cannot exceed the FMAP (Federal Medical Assistance Percentage) rate currently estimated at 58.8 percent for SFY14.*

**SFY 2014 & 2015 Budget Drivers**

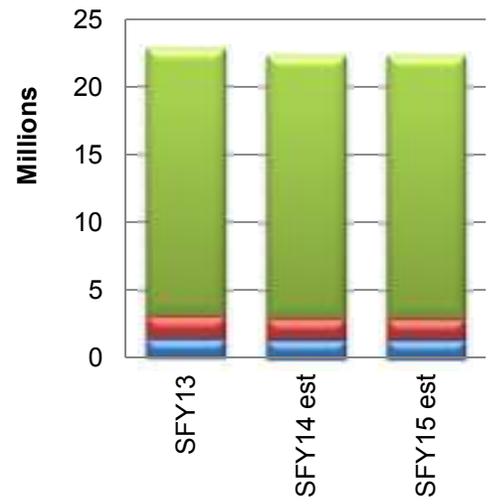
The SFY14 budget reflects a \$495,434 (5 percent) general fund increase from SFY13. The SFY15 budget reflects a nominal \$27,030 (less than one percent) general fund increase over SFY14.

The key budget drivers of the SFY14 increase are:

- Sustaining the funding level approved in SFY13 via carryforward authorization to maintain bed service level.
- The Independence MHI receives a \$9.1 million dollar transfer from the Medical Assistance appropriation. The total SFY14 budget reflects an overall \$479,723 increase (2.1 percent) from SFY13.

**Total Budget Funding Mix**

■ State General Fund ■ Federal Funding ■ Other Funding



- ✓ *The impact of not funding the current service level request will be an estimated loss of 7.6 FTEs in SFY14 and 7.7 FTEs in SFY15.*

**Legal Basis**

- State:**
- Code of Iowa, Chapters 125, 217, 218, 225C, 226, 229, 230, 812
  - Iowa Administrative Code, 441 IAC 28 and 29

**Request - Independence Mental Health Institute  
State Fiscal Year 2014**

**Request Total:**       \$       22,341,452

**General Fund Need:** \$       10,306,614

**Request Description:**

The Independence Mental Health Institute (MHI) is designated in Chapter 226 of the Code of Iowa to provide one or more of the following: psychiatric treatment, training, care, mental health habilitation, and support of people with mental illness or a substance use disorder. In addition, the Independence IMHI provides evaluation and treatment for people committed to DHS under Chapter 812, Code of Iowa, who have been charged with a crime to determine competency to stand trial and who are not qualified for pre-trial release or will not seek evaluation and treatment on their own.

Independence MHI operates a 40-bed acute psychiatric unit for adult patients, a 20-bed acute psychiatric unit for children and adolescents, and a 15-bed Psychiatric Medical Institution for Children (PMIC). Independence serves adults from 28 counties in northeast Iowa and children and adolescent patients from 43 counties in eastern Iowa. Youth served in the PMIC program are referred from the Cherokee and Independence MHIs and the Iowa Juvenile Home.

**SFY 2013 Enacted Budget (Status Quo Funding)**

Independence MHI Appropriation	\$	9,738,520
Independence MHI Appropriation-Adjustment *	\$	72,660
	\$	-
<b>Total State \$ Appropriated:</b>	\$	<u>9,811,180</u>

\* Sustain critical staffing to maintain beds.

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	Sustain funding level approved in SFY13.	\$ 466,512
2	Federal Medical Assistance Percentage rate adjustment for Independence Mental Health Institute PMIC Unit.	\$ 28,922
<b>Total Requested for Current Service Level Funding:</b>		<u>\$ 495,434</u>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$ -
<b>Total Requested for Improved Results Funding:</b>		<u>\$ -</u>

<b>General Fund Total</b>	<b>\$10,306,614</b>
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<b>General Fund Change From Prior Year</b>	<b>\$495,434</b>
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**Request - Independence Mental Health Institute  
State Fiscal Year 2014**

**Total Funding Summary:**

<b>State Funding Total</b>		<b>\$19,352,508</b>
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<b>Program</b>	
General Fund	\$ 10,306,614
Medicaid State	\$ 9,045,894
SLTF	\$ -
Iowa Care	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ 19,352,508</b>

<b>Federal Funding Total</b>		<b>\$1,589,368</b>
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<b>Program</b>	
PMIC	\$ 1,589,368
SSBG	\$ -
ARRA	\$ -
IowaCare	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ 1,589,368</b>

<b>Other Funding Total</b>		<b>\$1,399,576</b>
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<b>Program</b>	
Other	\$ 1,399,576

Includes third party PMIC, USDA reimbursement, education (Chapter 34), grants, sales, and classroom training funds.

<b>Totals</b>	<b>Program</b>
	\$ 22,341,452

**Request Total**  
**\$22,341,452**

**FTEs included in request:**

<b>FTEs</b>	<b>233.0</b>
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**This budget request does not reflect any changes or impact for potential salary adjustments. In the event collective bargaining results in a salary adjustment that is not funded by appropriation, reductions in force (and bed closures) will likely occur.**

**Request - Independence Mental Health Institute  
State Fiscal Year 2015**

**Request Total:**       \$       22,341,452

**General Fund Need:** \$       10,333,644

**Request Description:**

The Independence Mental Health Institute (MHI) is designated in Chapter 226 of the Code of Iowa to provide one or more of the following: psychiatric treatment, training, care, mental health habilitation, and support of people with mental illness or a substance use disorder. In addition, the Independence IMHI provides evaluation and treatment for people committed to DHS under Chapter 812, Code of Iowa, who have been charged with a crime to determine competency to stand trial and who are not qualified for pre-trial release or will not seek evaluation and treatment on their own.

Independence MHI operates a 40-bed acute psychiatric unit for adult patients, a 20-bed acute psychiatric unit for children and adolescents, and a 15-bed Psychiatric Medical Institution for Children (PMIC). Independence serves adults from 28 counties in northeast Iowa and children and adolescent patients from 43 counties in eastern Iowa. Youth served in the PMIC program are referred from the Cherokee and Independence MHIs and the Iowa Juvenile Home.

**SFY 2013 Department Request (Status Quo Funding)**

Independence MHI Appropriation	\$	9,738,520
Independence MHI Appropriation-Adjustment *	\$	72,660
	\$	-
<b>Total State \$ Appropriated:</b>	<b>\$</b>	<b>9,811,180</b>

\* Sustain critical staffing to maintain beds.

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	Sustain funding level approved in SFY13.	\$ 466,512
2	Federal Medical Assistance Percentage rate adjustment for Independence Mental Health Institute PMIC Unit (SFY14).	\$ 28,922
3	Federal Medical Assistance Percentage rate adjustment for Independence Mental Health Institute PMIC Unit (SFY15).	\$ 27,030
<b>Total Requested for Current Service Level Funding:</b>		<b>\$ 522,464</b>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$ -
<b>Total Requested for Improved Results Funding:</b>		<b>\$ -</b>

<b>General Fund Total</b>	<b>\$10,333,644</b>
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<b>General Fund Change From Prior Year</b>	<b>\$522,464</b>
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**Request - Independence Mental Health Institute  
State Fiscal Year 2015**

**Total Funding Summary:**

<b>State Funding Total</b>		<b>\$19,379,538</b>
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<b>Program</b>	
General Fund	\$ 10,333,644
Medicaid State	\$ 9,045,894
Education	\$ -
Iowa Care	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ 19,379,538</b>

<b>Federal Funding Total</b>		<b>\$1,562,338</b>
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<b>Program</b>	
PMIC	\$ 1,562,338
SSBG	\$ -
ARRA	\$ -
IowaCare	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ 1,562,338</b>

<b>Other Funding Total</b>		<b>\$1,399,576</b>
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<b>Program</b>	
Other	\$ 1,399,576

Includes third party PMIC, USDA reimbursement, education (Chapter 34), grants, sales, and classroom training funds.

<b>Totals</b>	<b>Program</b>
	\$ 22,341,452

**Request Total**  
**\$22,341,452**

**FTEs included in request:**

<b>FTEs</b>	<b>233.0</b>
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**This budget request does not reflect any changes or impact for potential salary adjustments. In the event collective bargaining results in a salary adjustment that is not funded by appropriation, reductions in force (and bed closures) will likely occur.**

# Mount Pleasant Mental Health Institute



## Purpose

Mount Pleasant Mental Health Institute (MHI) is one of Iowa's four mental health institutes providing short term psychiatric or substance abuse treatment and care for severe symptoms of mental illness or substance use disorder. Mount Pleasant has 9 adult psychiatric beds, 19 dual diagnosis beds and 50 residential substance abuse treatment beds.

## Who Is Helped

Mount Pleasant provides adult inpatient psychiatric services, adult inpatient psychiatric and substance use disorder services, and an adult 30-day residential substance abuse disorder treatment service.

89 percent of the adult psychiatric, 66 percent of the dual diagnosis, and 79 percent of the substance use disorder patients were involuntarily admitted in SFY12.

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

The total admissions in SFY12 were 794. The total number served in SF12 was 855.

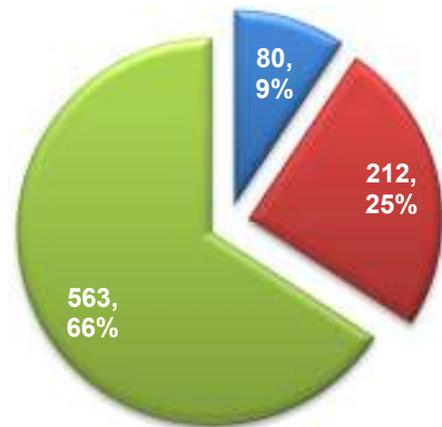
The average adult psychiatric patient is a 36-year-old male who is involuntarily admitted. The average length of stay is 52 days.

The average adult dual diagnosis patient is a 35-year-old male who is involuntarily admitted. The average length of stay is 29 days.

The average adult substance abuse residential patient is a 32-year-old male old who is involuntarily admitted. The average length of stay is 28 days.

### Number Served in SFY12

- Adult Acute
- Dual Diagnosis
- Substance Abuse



- ✓ *Mount Pleasant has a total of 9 adult and 19 dual or 4 percent of the 765 inpatient licensed community psychiatric beds in the state.*
- ✓ *Mount Pleasant served 11 percent of the total Mental Health Institute adult admissions in SFY12.*
- ✓ *Mount Pleasant has 50 beds (4 percent) of the total 1135 general residential substance use disorder treatment beds in the state.*
- ✓ *The 30-day substance abuse residential treatment program is a primary resource for court-ordered treatments and for offenders in the Community Based Correctional system.*

**Services**

**Adult Acute Psychiatric Services**

- 9 inpatient beds.
- 24-hour treatment and mental health habilitation.
- Mount Pleasant periodically have waiting lists for admission.

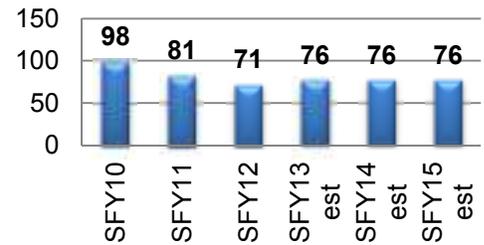
**Dual Diagnosis Services**

- 19-bed dual diagnosis program is uniquely structured to integrate both psychiatric and substance abuse treatment services.

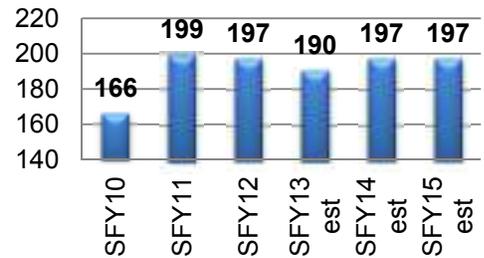
**30-Day Substance Abuse Residential Treatment Program**

- 50-bed residential unit.

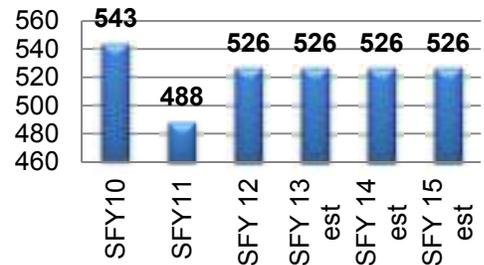
**Adult Psychiatric Admissions**



**Dual Diagnosis Admissions**



**Substance Abuse Admissions**



- ✓ *The Mount Pleasant 30-day residential substance abuse disorder treatment program is licensed by the Department of Public Health.*
- ✓ *46 percent (45 FTEs) of the staff are direct care, 32 percent (31 FTEs) are professional and treatment professionals, 3 percent (3 FTEs) are maintenance, 9 percent (9 FTEs) are other support staff, and 10 percent (9 FTEs) are administrative.*
- ✓ *In SFY13, 82.4 percent of the Mt. Pleasant MHI operating budget is for staffing costs and 17.6 percent is for the support costs. As a percent of the overall operating budget, these support costs have slightly increased in the past year.*
- ✓ *7 buildings on 152.24 acres for the joint campus*

**Goals & Strategies**

Goal: Promote Iowa's Behavioral Health Status.

Strategies:

- Improve the level of functioning of individuals served.
- Reduce the use of restraint and seclusion.

**Results in SFY12**

- 93 percent of adult psychiatric and 97 percent of dual diagnosis patients show improvement in ability to function as measured by the Global Assessment of Functioning (GAF).

	<ul style="list-style-type: none"> <li>• Provide quality discharge planning to reduce readmission rate.</li> </ul>	<ul style="list-style-type: none"> <li>• Zero hours of restraint are used per 1,000 hours of dual diagnosis inpatient hours.</li> <li>• 10 minutes of restraint are used per 1,000 hours of adult inpatient hours.</li> <li>• 80 percent of acute psychiatric adult patients are not readmitted within 30 days of discharge.</li> <li>• 75 percent of substance abuse clients successfully complete programs.</li> </ul>
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<b>Cost of Services</b>	<p>MHI per diems are defined in Iowa Code and based on cost of care in a calendar year. This means that SFY12 per diems are based on costs experienced January 1, 2011 through December 31, 2011.</p> <p>Daily per diem rate:          Adult psychiatric, \$604.          Dual diagnosis, \$643.          30-day substance abuse, \$195.</p> <p>Cost per episode:          Adult psychiatric, \$37,356.          Dual diagnosis, \$16,843.          30-day substance abuse, \$5,616.</p>
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- ✓ *Mount Pleasant employee spending in the local economy induces \$3.87 million in output, which requires 41.7 jobs earning \$1.08 million in labor income. In all, MHI directly or indirectly supports \$14.97 million in output, \$10.14 million in value added, \$8.97 million in labor income, and 196 jobs. (Swenson, D. and Eathington, L., Iowa Mental Health Facility Economic, Fiscal, and Community Impact Analysis, 30 November 2009:18.)*
- ✓ *Mount Pleasant MHI is co-campused with a 914 bed prison and shares services with the Department of Corrections for maintenance and business office functions.*
- ✓ *One tenant operates a program on the Mount Pleasant campus.*

<b>Funding Sources</b>	<p>The Mount Pleasant 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 SFY14 is \$9,164,573:</p> <ul style="list-style-type: none"> <li>• \$7,119,273 (77.7 percent) is state general fund, including a \$5.8 million transfer from the Medical Assistance appropriation.</li> <li>• \$1,139,800 (12.4 percent) is federal funding</li> <li>• \$905,500 (9.9 percent) is from other funding sources.</li> </ul>	<p style="text-align: center;"><b>SFY14 Funding</b></p> <p>■ State General Fund* ■ Federal          ■ Other Funding</p> <p style="text-align: center;">*Includes General Fund Transfer for Medical Assistance</p>
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	<ul style="list-style-type: none"> <li>✓ <i>Mount Pleasant receives an “upfront” appropriation from the general fund.</i></li> <li>✓ <i>Counties are required to pay 80 percent of the county capped per diem for individuals with legal settlement who are not Medicaid eligible. Counties are billed the per diem minus any third party payments. County receipts are deposited in the state general fund.</i></li> <li>✓ <i>Dual diagnosis services are paid by counties for those individuals with legal settlement. Iowa Code requires counties to pay 50 percent of actual per diem costs.</i></li> <li>✓ <i>Counties are required to pay 25 percent of the county capped per diem (based on a calendar year) for substance use disorder services for individuals with legal settlement. County receipts are deposited in the state general fund.</i></li> </ul>																
<p><b>SFY 2014 &amp; 2015 Budget Drivers</b></p>	<p>The SFY14 budget reflects a \$408,567 (42.1 percent) general fund increase from SFY13. There is no increase in SFY15 over SFY14.</p> <p>The key budget drivers of the SFY14 increase are:</p> <ul style="list-style-type: none"> <li>• Sustaining the funding level approved in SFY13 via carryforward authorization to maintain bed service level.</li> <li>• The Mt. Pleasant MHI receives a \$5.8 million dollar transfer from the Medical assistance appropriation. The total SFY14 budget reflects an overall \$55,278 increase (less than 1 percent) from SFY13.</li> </ul> <div data-bbox="1031 583 1469 1060" style="text-align: right;"> <p><b>Total Budget Funding Mix</b></p> <p>■ State General Funds ■ Federal Funds</p> <table border="1"> <caption>Total Budget Funding Mix (Millions)</caption> <thead> <tr> <th>Year</th> <th>Federal Funds</th> <th>State General Funds</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>SFY13</td> <td>~1.5</td> <td>~7.7</td> <td>~9.2</td> </tr> <tr> <td>SFY14 est</td> <td>~1.5</td> <td>~7.7</td> <td>~9.2</td> </tr> <tr> <td>SFY15 est</td> <td>~1.5</td> <td>~7.7</td> <td>~9.2</td> </tr> </tbody> </table> </div>	Year	Federal Funds	State General Funds	Total	SFY13	~1.5	~7.7	~9.2	SFY14 est	~1.5	~7.7	~9.2	SFY15 est	~1.5	~7.7	~9.2
Year	Federal Funds	State General Funds	Total														
SFY13	~1.5	~7.7	~9.2														
SFY14 est	~1.5	~7.7	~9.2														
SFY15 est	~1.5	~7.7	~9.2														
	<ul style="list-style-type: none"> <li>✓ <i>The impact of not funding the current service level request will be an estimated loss of 6.3 FTEs in SFY14 and 6.0 FTEs in SFY15.</i></li> </ul>																
<p><b>Legal Basis</b></p>	<p><b>State:</b></p> <ul style="list-style-type: none"> <li>• Iowa Code, Chapters 125, 217, 218, 225C, 226, 229, 230, 812</li> <li>• Iowa Administrative Code, 441 IAC 28 and 29</li> </ul>																

**Request - Mt. Pleasant Mental Health Institute  
State Fiscal Year 2014**

**Request Total:** \$ 9,164,573

**General Fund Need:** \$ 1,366,686

**Request Description:**

The Mount Pleasant Mental Health Institute (MHI) is designated in Chapter 226 of the Code of Iowa to provide one or more of the following: psychiatric treatment, training, care, mental health habilitation, and support of people with mental illness or a substance use disorder. In addition, the Mt. Pleasant MHI provides evaluation and treatment for people committed to DHS under Chapter 812, Code of Iowa, who have been charged with a crime to determine competency to stand trial and who are not qualified for pre-trial release or will not seek evaluation and treatment on their own.

Mt. Pleasant MHI currently operates a 9-bed unit for adult patients, a 50-bed unit for patients with substance abuse issues, and a 19-bed unit for dual diagnosis patients. Mt. Pleasant serves a 15 county catchment area in southeast Iowa for adult services and a statewide catchment area for substance abuse and dual diagnosis services.

**SFY 2013 Enacted Budget (Status Quo Funding)**

Mt. Pleasant MHI Appropriation	\$ 885,459
Mt. Pleasant MHI Appropriation-Adjustment *	\$ 72,660
	<u>\$ -</u>
<b>Total State \$ Appropriated:</b>	<u>\$ 958,119</u>

\* Sustain critical staffing to maintain beds.

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	Sustain funding level approved in SFY13.	\$ 326,082
2	Sustain Pharmacists staffing at Mt. Pleasant MHI (.60 FTE) needed as a result of DOC centralizing its pharmacy services.	\$ 82,485
<b>Total Requested for Current Service Level Funding:</b>		<u>\$ 408,567</u>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$ -
<b>Total Requested for Improved Results Funding:</b>		<u>\$ -</u>

<b>General Fund Total</b>	<b>\$1,366,686</b>
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<b>General Fund Change From Prior Year</b>	<b>\$408,567</b>
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**Request - Mt. Pleasant Mental Health Institute  
State Fiscal Year 2014**

**Total Funding Summary:**

<b>State Funding Total</b>		<b>\$7,119,273</b>
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<b>Program</b>	
General Fund	\$ 1,366,686
Medicaid State	\$ 5,752,587
Tobacco	\$ -
Iowa Care	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ 7,119,273</b>

<b>Federal Funding Total</b>		<b>\$1,139,800</b>
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<b>Program</b>	
Dual Diagnosis	\$ 1,139,800
SSBG	\$ -
ARRA	\$ -
IowaCare	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ 1,139,800</b>

<b>Other Funding Total</b>		<b>\$905,500</b>
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<b>Program</b>	
Other	\$ 905,500

Includes county Dual Diagnosis, rents and miscellaneous funds.

<b>Totals</b>	<b>Program</b>
	\$ 9,164,573

<b>Request Total</b>
<b><u>\$9,164,573</u></b>

**FTEs included in request:**

<b>FTEs</b>	<b>97.9</b>
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**This budget request does not reflect any changes or impact for potential salary adjustments. In the event collective bargaining results in a salary adjustment that is not funded by appropriation, reductions in force (and bed closures) will likely occur.**

**Request - Mt. Pleasant Mental Health Institute  
State Fiscal Year 2015**

**Request Total:**       \$       9,164,073

**General Fund Need:** \$       1,366,686

**Request Description:**

The Mount Pleasant Mental Health Institute (MHI) is designated in Chapter 226 of the Code of Iowa to provide one or more of the following: psychiatric treatment, training, care, mental health habilitation, and support of people with mental illness or a substance use disorder. In addition, the Mt. Pleasant MHI provides evaluation and treatment for people committed to DHS under Chapter 812, Code of Iowa, who have been charged with a crime to determine competency to stand trial and who are not qualified for pre-trial release or will not seek evaluation and treatment on their own.

Mt. Pleasant MHI currently operates a 9-bed unit for adult patients, a 50-bed unit for patients with substance abuse issues, and a 19-bed unit for dual diagnosis patients. Mt. Pleasant serves a 15 county catchment area in southeast Iowa for adult services and a statewide catchment area for substance abuse and dual diagnosis services.

**SFY 2013 Department Request (Status Quo Funding)**

Mt. Pleasant MHI Appropriation	\$	885,459
Mt. Pleasant MHI Appropriation-Adjustment *	\$	72,660
	\$	-
<b>Total State \$ Appropriated:</b>	<b>\$</b>	<b>958,119</b>

\* Sustain critical staffing to maintain beds.

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	Sustain funding level approved in SFY13.	\$ 326,082
2	Sustain Pharmacists staffing at Mt. Pleasant MHI (.60 FTE) needed as a result of DOC centralizing its pharmacy services (SFY14).	\$ 82,485
<b>Total Requested for Current Service Level Funding:</b>		<b>\$ 408,567</b>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$ -
<b>Total Requested for Improved Results Funding:</b>		<b>\$ -</b>

<b>General Fund Total</b>	<b>\$1,366,686</b>
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<b>General Fund Change From Prior Year</b>	<b>\$408,567</b>
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**Request - Mt. Pleasant Mental Health Institute  
State Fiscal Year 2015**

**Total Funding Summary:**

<b>State Funding Total</b>		<b>\$7,119,273</b>
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<b>Program</b>	
General Fund	\$ 1,366,686
Medicaid State	\$ 5,752,587
Tobacco	\$ -
Iowa Care	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ 7,119,273</b>

<b>Federal Funding Total</b>		<b>\$1,139,800</b>
------------------------------	--	--------------------

<b>Program</b>	
Dual Diagnosis	\$ 1,139,800
SSBG	\$ -
ARRA	\$ -
IowaCare	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ 1,139,800</b>

<b>Other Funding Total</b>		<b>\$905,000</b>
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<b>Program</b>	
Other	\$ 905,000

Includes county Dual Diagnosis, rents and miscellaneous funds.

<b>Totals</b>	<b>\$ 9,164,073</b>
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**Request Total**  
**\$9,164,073**

**FTEs included in request:**

<b>FTEs</b>	<b>97.9</b>
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**This budget request does not reflect any changes or impact for potential salary adjustments. In the event collective bargaining results in a salary adjustment that is not funded by appropriation, reductions in force (and bed closures) will likely occur.**

# 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. Glenwood helps people 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 requires 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 SFY12, eight individuals were admitted and 25 were discharged. At the end of SFY12, 263 individuals resided at GRC. Of these, 255 are voluntary and eight are involuntarily committed by courts.

- Nine are children 17 or younger.
- 228 are adults 18 to 64.
- 26 are adults 65 or older.

Of these individuals:

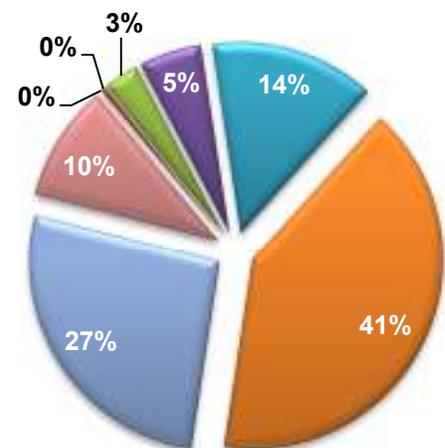
- 77 percent have a dual diagnosis of mental illness and intellectual disability.
- 71 percent have life-threatening eating and chewing disorders (dysphagia) that make it difficult to take in enough food and fluids.
- 61 percent are at high risk for sustaining injuries due to challenging behaviors.
- 58 percent have a seizure disorder.
- 39 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.

- ✓ *An individual is admitted after no community-based provider has been found that can meet the individual's service needs.*
- ✓ *Consistent with Iowa legislation (SF 2247), the term "mental retardation" has been changed to the less stigmatizing term "intellectual disability."*

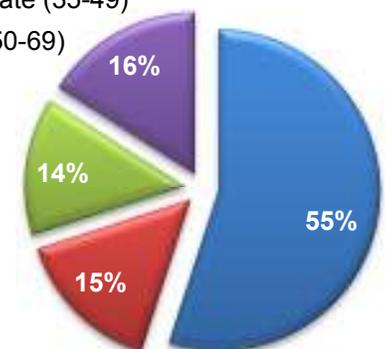
## GRC Individuals Served by Age in SFY12

- 0-5
- 6-12
- 13-17
- 18-21
- 22-34
- 35-54
- 55-65
- 65+



## Intellectual Functioning Level in SFY12

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



<p><b>Services</b></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"> <li>GRC provides active treatment and support services for individuals with intellectual disabilities.</li> <li>GRC aggressively prepares individuals to move into appropriate community-based living and to be contributing members of their community.</li> </ul> <p>GRC Home &amp; Community-Based Services (HCBS)</p> <ul style="list-style-type: none"> <li>GRC is also a Medicaid-funded Home and Community Based Services Waiver provider.</li> <li>In SFY12, GRC provided daily HCBS non-residential supported community services to 36 individuals at 8 locations in Glenwood.</li> </ul>	<p><b>GRC ICF/ID Year-End Census</b></p> <table border="1"> <caption>GRC ICF/ID Year-End Census</caption> <thead> <tr> <th>Year</th> <th>Census</th> </tr> </thead> <tbody> <tr> <td>SFY10</td> <td>292</td> </tr> <tr> <td>SFY11</td> <td>279</td> </tr> <tr> <td>SFY12</td> <td>263</td> </tr> <tr> <td>SFY13 est</td> <td>255</td> </tr> <tr> <td>SFY14 est</td> <td>243</td> </tr> <tr> <td>SFY15 est</td> <td>231</td> </tr> </tbody> </table>	Year	Census	SFY10	292	SFY11	279	SFY12	263	SFY13 est	255	SFY14 est	243	SFY15 est	231
Year	Census															
SFY10	292															
SFY11	279															
SFY12	263															
SFY13 est	255															
SFY14 est	243															
SFY15 est	231															
	<ul style="list-style-type: none"> <li>✓ 68 percent (584 FTEs) of the staff are direct care, 13 percent (108 FTEs) are professional and treatment professionals, 4 percent (37 FTEs) are maintenance, 7 percent (63 FTEs) are other support staff, and 8 percent (67.12 FTEs) are administrative.</li> <li>✓ In SFY13, 82.2 percent of the Glenwood Resource Center operating budget is for staffing costs and 17.8 percent is for the support costs. As a percent of the overall operating budget, these support costs have been reduced in the past year.</li> <li>✓ GRC has 263 operational beds and is the largest ICF/ID in the state.</li> <li>✓ Eleven tenants lease space and operate programs on the GRC campus.</li> <li>✓ GRC maintains 95 buildings and 231.24 acres on campus.</li> </ul>															
<p><b>Goals &amp; Strategies</b></p>	<p>Goal: Promote choice for people with disabilities.</p> <p>Strategy:</p> <ul style="list-style-type: none"> <li>Promote access to community based options for persons with disabilities.</li> <li>Prepare and support individuals discharged from GRC to remain in the community.</li> </ul>	<p>Results in SFY12:</p> <ul style="list-style-type: none"> <li>GRC had a net decrease in population of 17. In the past five years, GRC has reduced its population by 22 percent.</li> <li>47 percent of GRC individuals earned work wages through employment.</li> <li>93 percent of GRC discharged individuals remained in the community at least 180 days after discharge.</li> </ul>														
<p><b>Cost of Services</b></p>	<p>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. Medicaid is billed separately by community medical providers for individuals served by private ICFs/ID. Thus, private ICFs/ID do not include these costs in their per diem.</p> <p>The daily per diem rate is \$762. The total annual cost of care per person served is \$278,199.</p> <ul style="list-style-type: none"> <li>✓ GRC is the largest employer in Mills County with a total estimated \$35 million impact in Mills County and the other surrounding areas.</li> <li>✓ GRC generates more than a \$17 million impact for the town of Glenwood alone.</li> </ul> <p>Sources: <a href="http://iwin.iwd.state.ia.us">http://iwin.iwd.state.ia.us</a> &amp; GRC payroll data (7/12)</p>															

## Funding Sources

The Glenwood Resource Center is funded by state general funds and federal funds with a small amount of funding from other sources.

The total budget for SFY14 is \$75,040,567:

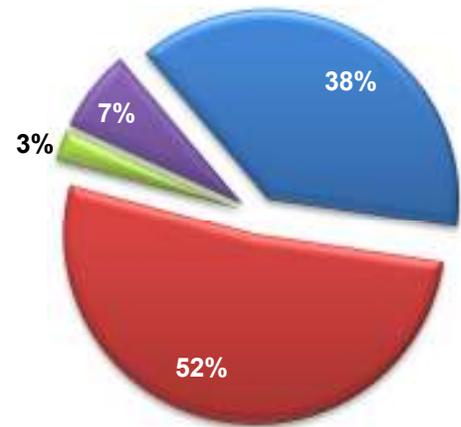
- \$28,860,430 (38.5 percent) is state general fund, including a \$8.2 million transfer from the Medical Assistance appropriation.
- \$38,923,263 (51.9 percent) is federal funding
- \$5,269,325 (7.0 percent) is other funding
- \$1,987,549 (2.6 percent) client participation

Prior to SFY13, the counties participated in the cost of care for persons with legal settlement, paying a portion of the non-federal share of Medicaid costs. With MHDS redesign, the department now pays this non-federal share. This amount is reflected in the state general funds above.

Other funding includes rental and lease receipts, and HCBS revenues. Client participation reflects an assessed amount the individual clients pay towards the cost of care.

### SFY14 Funding

- State General Fund
- Federal
- Client Participation
- Other Funds



- ✓ *FMAP is projected to decrease from 59.87 percent in SFY2013 to 58.80 percent in SFY14 and 57.80 percent in SFY15.*

## SFY 2014 & 2015 Budget Drivers

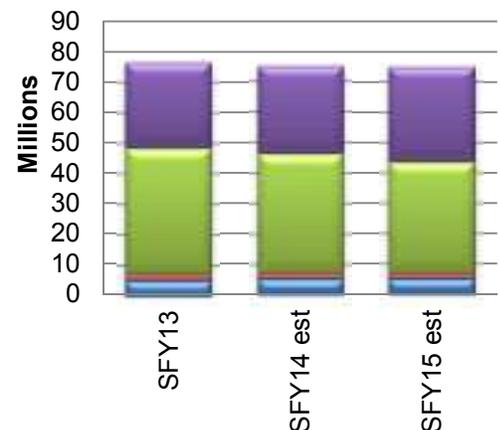
The SFY14 budget reflects a \$1,708,303 (9 percent) general fund increase from SFY13. The FY 15 budget reflects a \$2,944,465 (14.3 percent) general fund increase over SFY14

The key budget drivers of the increases are:

- Declining FMAP rate, \$738,788 in SFY14. The federal share has decreased because ARRA has expired and because the federal match declines for states, like Iowa, with improving economies.
- Increased costs of food, pharmaceuticals, utilities and other, \$57,703 in SFY14.
- Reduced revenues due to outplacement and census decline which results in lower federal revenue and an increased need for state resources to fund fixed costs and infrastructure, \$911,812 in SFY14. This impact continues to grow as census declines.
- The Glenwood Resource Center receives a \$8.2 million dollar transfer from the Medical Assistance appropriation. The total SFY14 budget reflects an overall \$1,305,349 decrease (-1.8 percent) from SFY13.

### Total Budget Funding Mix

- State General Fund
- Federal
- Client Participation
- Other Funding



- ✓ *The impact of not funding the current service level request will be an estimated loss of 26.2 FTEs in SFY14 and 68.6 FTEs in SFY15.*

	✓ <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>
<b>Legal Basis</b>	<b>Federal:</b> <ul style="list-style-type: none"><li>• Code of Federal Regulations, CFR 483.400 to 483.480</li><li>• The State Resource Center must comply with the Conner Consent Decree and the United States Department of Justice Consent Decree.</li></ul> <b>State:</b> <ul style="list-style-type: none"><li>• Iowa Code, Chapters 222 and 135C</li><li>• Iowa Administrative Code, 441 IAC 28 and 30</li></ul>

**Request - Glenwood Resource Center  
State Fiscal Year 2014**

**Request Total:**       \$       75,040,567

**General Fund Need:** \$       20,647,079

**Request Description:**

The State Resource Centers (SRCs) at Glenwood and Woodward are licensed as Intermediate Care Facilities for individuals with Intellectual Disabilities (ICFs/ID) and are two of the largest of Iowa's 146 ICFs/ID. The SRCs provide a full range of treatment and habilitation services. Individuals who live at the facility have an intellectual or other developmental disability that requires intensive and complex active treatment. An individual is admitted after no other community-based provider has been found that can meet the individual's service needs. The SFY12, year-end census at Glenwood Resource Center ICF/ID was 263.

The state appropriation allows the Glenwood Resource Center to continue service to children and adults who are Medicaid-eligible by providing the non-Federal share of the per diem.

Glenwood Resource Center Appropriation	\$	18,866,116
Glenwood Resource Center Appropriation-Adjustment *	\$	72,660
	\$	-
<b>Total State \$ Appropriated:</b>	<b>\$</b>	<b>18,938,776</b>

\* Sustain critical staffing.

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	Funding to cover pharmaceuticals, food, transportation and utilities. Additional inflationary costs to sustain operations and service delivery including fees, contract increases, printing, postage, and additional inflationary costs to sustain operations and service delivery in IT support including ITE e-mail services.	\$ 57,703
2	Federal Medical Assistance Percentage rate reduction for Glenwood Resource Center.	\$ 738,788
3	Funding to cover reduced revenues due to census decline as a result of successful community placement of individuals served. Lower census results in lower federal revenue and increased need for state resources to fund fixed costs and infrastructure. This impact continues to increase as census declines.	\$ 911,812
<b>Total Requested for Current Service Level Funding:</b>		<b>\$ 1,708,303</b>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$ -
<b>Total Requested for Improved Results Funding:</b>		<b>\$ -</b>

<b>General Fund Total</b>	<b>\$20,647,079</b>
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<b>General Fund Change From Prior Year</b>	<b>\$1,708,303</b>
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**Request - Glenwood Resource Center  
State Fiscal Year 2014**

**Total Funding Summary:**

<b>State Funding Total</b>		<b>\$28,860,430</b>
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<b>Program</b>	
General Fund	\$ 20,647,079
Medicaid State	\$ 8,213,351
Tobacco	\$ -
Iowa Care	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ 28,860,430</b>

<b>Federal Funding Total</b>		<b>\$38,923,263</b>
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<b>Program</b>	
Medicaid	\$ 38,923,263
SSBG	\$ -
ARRA	\$ -
IowaCare	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ 38,923,263</b>

<b>Other Funding Total</b>		<b>\$7,256,874</b>
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<b>Program</b>	
Other	\$ 7,256,874

Includes revenue from community based services that GRC provides through the Home and Community Based Services waiver (\$ 2.3 million), leases, rentals, and miscellaneous funds.

<b>Totals</b>	<b>Program</b>
	\$ 75,040,567

**Request Total**  
**\$75,040,567**

**FTEs included in request:**

<b>FTEs</b>	<b>859.1</b>
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**This budget request does not reflect any changes or impact for potential salary adjustments. In the event collective bargaining results in a salary adjustment that is not funded by appropriation, reductions in force (and bed closures) will likely occur.**

**Request - Glenwood Resource Center  
State Fiscal Year 2015**

**Request Total:** \$ 74,857,676

**General Fund Need:** \$ 23,591,544

**Request Description:**

The State Resource Centers (SRCs) at Glenwood and Woodward are licensed as Intermediate Care Facilities for individuals with Intellectual Disabilities (ICFs/ID) and are two of the largest of Iowa's 146 ICFs/ID. The SRCs provide a full range of treatment and habilitation services. Individuals who live at the facility have an intellectual or other developmental disability that requires intensive and complex active treatment. An individual is admitted after no other community-based provider has been found that can meet the individual's service needs. The SFY12, year-end census at Glenwood Resource Center ICF/ID was 263.

The state appropriation allows the Glenwood Resource Center to continue service to children and adults who are Medicaid-eligible by providing the non-Federal share of the per diem.

Glenwood Resource Center Appropriation	\$ 18,866,116
Glenwood Resource Center Appropriation-Adjustment *	\$ 72,660
	\$ -
<b>Total State \$ Appropriated:</b>	<b>\$ 18,938,776</b>

\* Sustain critical staffing.

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	Funding to cover pharmaceuticals, food, transportation and utilities. Additional inflationary costs to sustain operations and service delivery including fees, contract increases, printing, postage, and additional inflationary costs to sustain operations and service delivery in IT support including ITE e-mail services (SFY14).	\$ 57,703
2	Funding to cover pharmaceuticals, food, transportation and utilities. Additional inflationary costs to sustain operations and service delivery including fees, contract increases, printing, postage, and additional inflationary costs to sustain operations and service delivery in IT support including ITE e-mail services (SFY15).	\$ 58,276
3	Federal Medical Assistance Percentage rate reduction for Glenwood Resource Center (SFY14).	\$ 738,788
4	Federal Medical Assistance Percentage rate reduction for Glenwood Resource Center (SFY15).	\$ 690,506
5	Funding to cover reduced revenues due to census decline as a result of successful community placement of individuals served. Lower census results in lower federal revenue and increased need for state resources to fund fixed costs and infrastructure. This impact continues to increase as census declines (SFY14).	\$ 911,812
6	Funding to cover reduced revenues due to census decline as a result of successful community placement of individuals served. Lower census results in lower federal revenue and increased need for state resources to fund fixed costs and infrastructure. This impact continues to increase as census declines (SFY15).	\$ 2,195,683
<b>Total Requested for Current Service Level Funding:</b>		<b>\$ 4,652,768</b>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$ -
<b>Total Requested for Improved Results Funding:</b>		<b>\$ -</b>

**Request - Glenwood Resource Center  
State Fiscal Year 2015**

<b>General Fund Total</b>	<b>\$23,591,544</b>
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<b>General Fund Change From Prior Year</b>	<b>\$4,652,768</b>
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**Total Funding Summary:**

<b>State Funding Total</b>	<b>\$31,404,574</b>
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	<b>Program</b>
General Fund	\$ 23,591,544
Medicaid State	\$ 7,813,030
Tobacco	\$ -
Iowa Care	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ 31,404,574</b>

<b>Federal Funding Total</b>	<b>\$36,405,067</b>
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	<b>Program</b>
Medicaid	\$ 36,405,067
SSBG	\$ -
ARRA	\$ -
IowaCare	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ 36,405,067</b>

<b>Other Funding Total</b>	<b>\$7,048,035</b>
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	<b>Program</b>
Other	\$ 7,048,035

Includes revenue from community based services that GRC provides through the Home and Community Based Services waiver (\$ 2.3 million), leases, rentals, and miscellaneous funds.

<b>Totals</b>	<b>Program</b>
	\$ 74,857,676

<b>Request Total</b>
<b>\$74,857,676</b>

**FTEs included in request:**

<b>FTEs</b>	<b>859.1</b>
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**This budget request does not reflect any changes or impact for potential salary adjustments. In the event collective bargaining results in a salary adjustment that is not funded by appropriation, reductions in force (and bed closures) will likely occur.**



## 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 SFY12 seven individuals were admitted and 18 discharged. At the end of SFY12, 181 individuals resided at WRC. Of these, 158 (87 percent) are voluntary and 23 (13 percent) are involuntarily committed by courts.

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

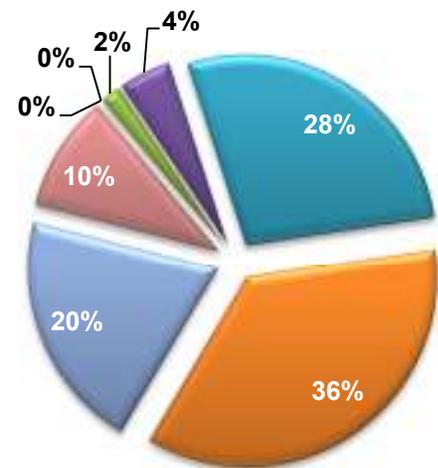
In addition:

- 86 percent have a dual diagnosis of mental illness and intellectual disability.
- 64 percent have a life-threatening eating and chewing disorder (dysphagia) that makes it difficult to take in enough food and fluids.
- 43 percent are at high risk for sustaining injuries due to challenging behaviors.
- 50 percent have a seizure disorder.
- 14 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.

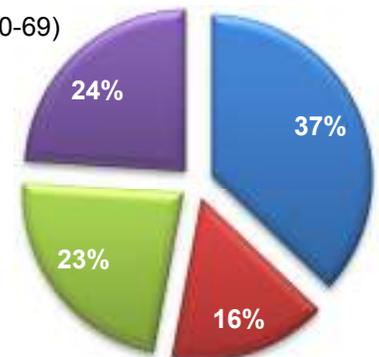
### WRC Individuals Served by Age in SFY12

- 0-5
- 6-12
- 13-17
- 18-21
- 22-34
- 35-54
- 55-65
- 65+



### Intellectual Functioning Level in SFY12

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



- ✓ *An individual is admitted after no other community-based provider has been found that can meet the individual's service needs.*

- ✓ *Consistent with Iowa legislation (SF 2247), the term “mental retardation” has been changed to the less stigmatizing term “intellectual disability.”*

**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 continues to aggressively prepare and transition individuals to move into appropriate community-based living and to be contributing members of their community.

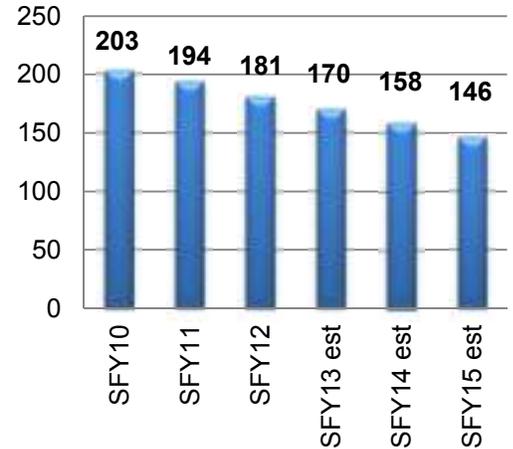
**WRC Home & Community-Based Services (HCBS)**

- WRC is also a Medicaid funded Home and Community Based Services provider for individuals ready for community living but for whom no other community providers can be found.
- In SFY12 WRC provided daily HCBS non-residential, supported community services to 43 individuals at 14 locations throughout central Iowa.

**Iowa Program Assistance Response Team (I-PART)**

- Originating from WRC, I-PART provides expert crisis assistance to community service organizations and programs to manage the serious behavioral problems of people with co-occurring intellectual disabilities and mental illness.
  - In SFY12, I-PART provided consultation on 163 clients in the community and trained 720 provider staff and family members.

**WRC ICF/ID Year-End Census**



- ✓ *66 percent (448 FTEs) of the staff are direct care, 12 percent (79.6 FTEs) are treatment professionals, 6 percent (38 FTEs) are maintenance, 8 percent (55.65 FTEs) are other support staff, and 8 percent (57.22 FTEs) are administrative.*
- ✓ *In SFY13, 84.8 percent of the Woodward Resource Center operating budget is for staffing costs and 15.2 percent is for the support costs. As a percent of the overall operating budget, these support costs have been reduced in the past year.*
- ✓ *WRC has 181 operational beds and is the second largest ICF/ID in the state.*
- ✓ *Two tenants lease space and operate programs on the WRC campus.*
- ✓ *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 farm land)*

<p><b>Goals &amp; Strategies</b></p>	<p>Goal: Promote choice for persons with disabilities. Strategy:</p> <ul style="list-style-type: none"> <li>• Promote access to community based options for persons with disabilities.</li> <li>• Prepare and support individuals discharged from WRC to remain in the community.</li> </ul>	<p>SFY12</p> <ul style="list-style-type: none"> <li>• WRC had a net decrease in population of 11. In the past five years, WRC reduced its population by 25 percent.</li> <li>• 81 percent of WRC individuals earned work wages through employment.</li> <li>• 100 percent of WRC discharged individuals remained in the community at least 180 days after discharge.</li> </ul>										
<p><b>Cost of Services</b></p>	<p>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. Medicaid is billed separately by community medical providers for individuals served by private ICFs/ID. Thus, private ICFs/ID do not include these costs in their per diem.</p> <p>Daily per diem rate is \$778. Total annual cost of care per person served is \$284,116.</p> <p>✓ <i>WRC is one the largest employers in Boone and Dallas counties with an estimated \$32 million impact to these counties and surrounding areas.</i></p> <p>✓ <i>WRC generates more than a \$5 million dollar impact for the town of Woodward alone.</i></p> <p>Sources: <a href="http://iwin.iwd.state.ia.us">http://iwin.iwd.state.ia.us</a> &amp; WRC payroll data (7/2012)</p>											
<p><b>Funding Sources</b></p>	<p>The Woodward Resource Center is funded by state general funds and federal funds with a small amount of funding from other sources.</p> <p>The total budget for SFY14 is \$56,684,056:</p> <ul style="list-style-type: none"> <li>• \$22,150,118 (39.1 percent) is state general fund, including a \$6.9 million transfer from the Medical Assistance appropriation.</li> <li>• \$26,213,712 (46.2 percent) is federal funding.</li> <li>• \$6,966,583 (12.3 percent) is other funding.</li> <li>• \$1,353,643 (2.4 percent) client participation.</li> </ul> <p>Prior to SFY13, the counties participated in the cost of care for persons with legal settlement, paying a portion of the non-federal share of Medicaid costs. With MHDS redesign, the department now pays this non-federal share. This amount is reflected in the state general funds above.</p> <p>Other funding includes rental and lease receipts, and HCBS revenues. Client participation reflects an assessed amount the individual clients pay towards the cost of care.</p>	<p><b>SFY14 Funding</b></p> <ul style="list-style-type: none"> <li>■ State General Fund</li> <li>■ Federal</li> <li>■ Client Participation</li> <li>■ Other Funds</li> </ul> <table border="1"> <caption>SFY14 Funding Distribution</caption> <thead> <tr> <th>Funding Source</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>State General Fund</td> <td>39%</td> </tr> <tr> <td>Federal</td> <td>46%</td> </tr> <tr> <td>Other Funds</td> <td>12%</td> </tr> <tr> <td>Client Participation</td> <td>3%</td> </tr> </tbody> </table>	Funding Source	Percentage	State General Fund	39%	Federal	46%	Other Funds	12%	Client Participation	3%
Funding Source	Percentage											
State General Fund	39%											
Federal	46%											
Other Funds	12%											
Client Participation	3%											
<p>✓ <i>FMAP is projected to decrease from 59.87 percent in SFY 2013 to 58.80 percent in SFY14 and 57.80 percent in SFY15.</i></p>												

## SFY 2014 & 2015 Budget Drivers

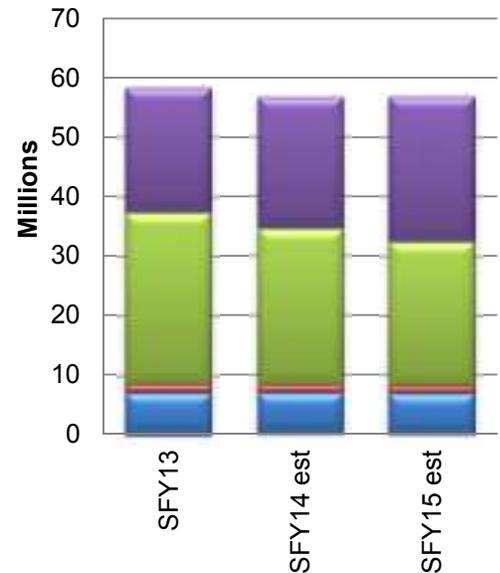
The SFY14 budget reflects a \$2,146,836 (16.4 percent) general fund increase from SFY13. The FY 15 budget reflects a \$2,715,455 (17.8 percent) general fund increase over SFY14

The key budget drivers of the increases are:

- Declining FMAP rate, \$477,525 in SFY14. The federal share has decreased with the expiration of ARRA and as Iowa's economy improves relative to other states.
- Increased costs of food, pharmaceuticals, utilities and other, \$25,726 in SFY14.
- Reduced revenues due to outplacement and census decline which results in lower federal revenue and an increased need for state resources to fund fixed costs and infrastructure, \$1,643,585 in SFY14. This impact continues to grow as census declines.
- The Woodward Resource Center receives a \$6.9 million dollar transfer from the Medical Assistance appropriation. The total SFY14 budget reflects an overall decrease of \$1,578,542 (-2.8%) from SFY13.

### Total Budget Funding Mix

■ State General Fund 
 ■ Federal 
 ■ Client Participation 
 ■ Other Funding



- ✓ *The impact of not funding the current service level request will be an estimated loss of 32.1 FTEs in SFY14 and 71.6 FTEs in SFY15.*
- ✓ *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.*

## 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

**Request - Woodward Resource Center  
State Fiscal Year 2014**

**Request Total:**       \$       56,684,056

**General Fund Need:** \$       15,252,611

**Request Description:**

The State Resource Centers (SRCs) at Glenwood and Woodward are licensed as Intermediate Care Facilities for individuals with Intellectual Disabilities (ICFs/ID) and are two of the largest of Iowa's 146 ICFs/ID. The SRCs provide a full range of treatment and habilitation services. Individuals who live at the facility have an intellectual or other developmental disability that requires intensive and complex active treatment. An individual is admitted after no other community-based provider has been found that can meet the individual's service needs. The SFY12, year-end census at Woodward Resource Center ICF/ID was 181.

The state appropriation allows the Woodward Resource Center to continue service to children and adults who are Medicaid-eligible by providing the non-Federal share of the per diem.

Woodward Resource Center Appropriation	\$	13,033,115
Woodward Resource Center Appropriation-Adjustment *	\$	72,660
	\$	-
<b>Total State \$ Appropriated:</b>	<b>\$</b>	<b>13,105,775</b>

\* Sustain critical staffing.

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	Funding to cover pharmaceuticals, food, transportation and utilities. Additional inflationary costs to sustain operations and service delivery including fees, contract increases, printing, postage, and additional inflationary costs to sustain operations and service delivery in IT support including ITE e-mail services.	\$ 25,726
2	Federal Medical Assistance Percentage rate reduction for Woodard Resource Center.	\$ 477,525
3	Funding to cover reduced revenues due to census decline as a result of successful community placement of individuals served. Lower census results in lower federal revenue and increased need for state resources to fund fixed costs and infrastructure. This impact continues to increase as census declines.	\$ 1,643,585
<b>Total Requested for Current Service Level Funding:</b>		<b>\$ 2,146,836</b>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$ -
<b>Total Requested for Improved Results Funding:</b>		<b>\$ -</b>

<b>General Fund Total</b>	<b>\$15,252,611</b>
<b>General Fund Change From Prior Year</b>	<b>\$2,146,836</b>

**Request - Woodward Resource Center  
State Fiscal Year 2014**

**Total Funding Summary:**

<b>State Funding Total</b>		<b>\$22,150,118</b>
----------------------------	--	---------------------

<b>Program</b>	
General Fund	\$ 15,252,611
Medicaid State	\$ 6,897,507
Tobacco	\$ -
Iowa Care	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ 22,150,118</b>

<b>Federal Funding Total</b>		<b>\$26,213,712</b>
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<b>Program</b>	
Medicaid	\$ 26,213,712
SSBG	\$ -
ARRA	\$ -
IowaCare	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ 26,213,712</b>

<b>Other Funding Total</b>		<b>\$8,320,226</b>
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<b>Program</b>	
Other	\$ 8,320,226

Includes revenue from community based services that WRC provides through the Home and Community Based Services waiver (\$ 3.6 million), leases, rentals, and miscellaneous funds.

<b>Totals</b>	<b>Program</b>
	\$ 56,684,056

**Request Total**  
**\$56,684,056**

**FTEs included in request:**

<b>FTEs</b>	<b>652.5</b>
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**This budget request does not reflect any changes or impact for potential salary adjustments. In the event collective bargaining results in a salary adjustment that is not funded by appropriation, reductions in force (and bed closures) will likely occur.**

**Request - Woodward Resource Center  
State Fiscal Year 2015**

**Request Total:** \$ 56,795,798

**General Fund Need:** \$ 17,968,066

**Request Description:**

The State Resource Centers (SRCs) at Glenwood and Woodward are licensed as Intermediate Care Facilities for individuals with Intellectual Disabilities (ICFs/ID) and are two of the largest of Iowa's 146 ICFs/ID. The SRCs provide a full range of treatment and habilitation services. Individuals who live at the facility have an intellectual or other developmental disability that requires intensive and complex active treatment. An individual is admitted after no other community-based provider has been found that can meet the individual's service needs. The SFY12, year-end census at Woodward Resource Center ICF/ID was 181.

The state appropriation allows the Woodward Resource Center to continue service to children and adults who are Medicaid-eligible by providing the non-Federal share of the per diem.

Woodward Resource Center Appropriation	\$ 13,033,115
Woodward Resource Center Appropriation-Adjustment *	\$ 72,660
	\$ -
<b>Total State \$ Appropriated:</b>	<b>\$ 13,105,775</b>

\* Sustain critical staffing.

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	Funding to cover pharmaceuticals, food, transportation and utilities. Additional inflationary costs to sustain operations and service delivery including fees, contract increases, printing, postage, and additional inflationary costs to sustain operations and service delivery in IT support including ITE e-mail services (SFY14).	\$ 25,726
2	Funding to cover pharmaceuticals, food, transportation and utilities. Additional inflationary costs to sustain operations and service delivery including fees, contract increases, printing, postage, and additional inflationary costs to sustain operations and service delivery in IT support including ITE e-mail services (SFY15).	\$ 25,131
3	Federal Medical Assistance Percentage rate reduction for Woodward Resource Center (SFY14).	\$ 477,525
4	Federal Medical Assistance Percentage rate reduction for Woodward Resource Center (SFY15).	\$ 413,413
5	Funding to cover reduced revenues due to census decline as a result of successful community placement of individuals served. Lower census results in lower federal revenue and increased need for state resources to fund fixed costs and infrastructure. This impact continues to increase as census declines (SFY14).	\$ 1,643,585
6	Funding to cover reduced revenues due to census decline as a result of successful community placement of individuals served. Lower census results in lower federal revenue and increased need for state resources to fund fixed costs and infrastructure. This impact continues to increase as census declines (SFY15).	\$ 2,276,911
<b>Total Requested for Current Service Level Funding:</b>		<b>\$ 4,862,291</b>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$ -
<b>Total Requested for Improved Results Funding:</b>		<b>\$ -</b>

**Request - Woodward Resource Center  
State Fiscal Year 2015**

<b>General Fund Total</b>	<b>\$17,968,066</b>
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<b>General Fund Change From Prior Year</b>	<b>\$4,862,291</b>
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**Total Funding Summary:**

<b>State Funding Total</b>	<b>\$24,355,568</b>
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	<b>Program</b>
General Fund	\$ 17,968,066
Medicaid Transfer	\$ 6,387,502
Tobacco	\$ -
Iowa Care	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ 24,355,568</b>

<b>Federal Funding Total</b>	<b>\$24,202,686</b>
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	<b>Program</b>
Medicaid	\$ 24,202,686
SSBG	\$ -
ARRA	\$ -
IowaCare	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ 24,202,686</b>

<b>Other Funding Total</b>	<b>\$8,237,544</b>
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	<b>Program</b>
Other	\$ 8,237,544

Includes revenue from community based services that WRC provides through the Home and Community Based Services waiver (\$ 3.6 million), leases, rentals, and miscellaneous funds.

<b>Totals</b>	<b>Program</b>
	\$ 56,795,798

**Request Total**  
**\$56,795,798**

**FTEs included in request:**

<b>FTEs</b>	<b>652.5</b>
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**This budget request does not reflect any changes or impact for potential salary adjustments. In the event collective bargaining results in a salary adjustment that is not funded by appropriation, reductions in force (and bed closures) will likely occur.**

# Conner Training



<b>Purpose</b>	<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>							
<b>Who Is Helped</b>	<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>							
<b>Services</b>	<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. 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 <a href="http://www.disabilitytraining.org">www.disabilitytraining.org</a> website, the “Let’s Talk Disability” blog, the <i>Possibilities</i> newsletter, and a Facebook page.</p>	<p style="text-align: center;"><b>Expenditures SFY12</b></p> <table border="1"> <caption>Expenditures SFY12 (Thousands)</caption> <thead> <tr> <th>Category</th> <th>Expenditure (Thousands)</th> </tr> </thead> <tbody> <tr> <td>Services</td> <td>21</td> </tr> <tr> <td>Education</td> <td>12</td> </tr> </tbody> </table>	Category	Expenditure (Thousands)	Services	21	Education	12
Category	Expenditure (Thousands)							
Services	21							
Education	12							
<b>Goals &amp; Strategies</b>	<p>Goal: Promote choice for people with disabilities. Strategy: Provide gap funding and education.</p>	<p>Results in SFY12:</p> <ul style="list-style-type: none"> <li>23 individuals transitioning from the resource centers were supported by Conner funds.</li> </ul>						
<b>Cost of Services</b>	<p>Of the \$33,622 appropriation in SFY12, \$21,000 supported the transition of 23 individuals moving to community settings. The average cost per person was \$913. About \$12,000 was expended to support the Disabilitytraining.org website and other educational media.</p>							
<b>Funding Sources</b>	<p>Conner funding is entirely state general fund.</p>							
<b>SFY 2014 &amp; 2015 Budget Drivers</b>	<p>The appropriation is constant from year to year at \$33,622.</p>							
<b>Legal Basis</b>	<p><b>State:</b></p> <ul style="list-style-type: none"> <li>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).</li> </ul>							

**Conner Training  
State Fiscal Year 2014**

**Request Total:** \$ 33,622

**General Fund Need:** \$ 33,622

**Request Description:**

The Conner Decree appropriation provides facilitation for the development of and effective transition for persons from the State Resource Center to community based services, as required by the Conner Consent Decree (1994) through collaboration with the Iowa University Iowa Center for Disabilities and Development.

**SFY 2013 Enacted Budget (Status Quo Funding)**

Conner Training	\$	33,622
	\$	-
<b>Total State \$ Appropriated:</b>	\$	33,622

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
		\$ -
<b>Total Requested for Current Service Level Funding:</b>		\$ -

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$ -
<b>Total Requested for Improved Results Funding:</b>		\$ -

**General Fund Total** **\$33,622**

**General Fund Change From Prior Year**

**Total Funding Summary:**

**State Funding Total** **\$33,622**

<b>Program</b>	
General Fund	\$ 33,622
SLTF	\$ -
Tobacco	\$ -
Iowa Care	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ 33,622</b>

**Federal Funding Total**

<b>Program</b>	
TANF	\$ -
SSBG	\$ -
ARRA	\$ -
IowaCare	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ -</b>

Conner Training  
State Fiscal Year 2014

<b>Other Funding Total</b>	
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<b>Program</b>	
Other	\$ -

<b>Totals</b>	<b>Program</b>
	\$ 33,622

**Request Total**  
\$33,622

**FTEs included in request:**

FTEs	-
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**Conner Training  
State Fiscal Year 2015**

**Request Total:** \$ 33,622

**General Fund Need:** \$ 33,622

**Request Description:**

The Conner Decree appropriation provides facilitation for the development of and effective transition for persons from the State Resource Center to community based services, as required by the Conner Consent Decree through collaboration with the Iowa University Iowa Center for Disabilities and Development.

**SFY 2013 Department Request (Status Quo Funding)**

Conner Training	\$	33,622
	\$	-
<b>Total State \$ Appropriated:</b>	\$	33,622

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
		\$ -
<b>Total Requested for Current Service Level Funding:</b>		\$ -

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$ -
<b>Total Requested for Improved Results Funding:</b>		\$ -

**General Fund Total** **\$33,622**

**General Fund Change From Prior Year**

**Total Funding Summary:**

**State Funding Total** **\$33,622**

	<b>Program</b>
General Fund	\$ 33,622
SLTF	\$ -
Tobacco	\$ -
Iowa Care	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ 33,622</b>

**Federal Funding Total**

	<b>Program</b>
TANF	\$ -
SSBG	\$ -
ARRA	\$ -
IowaCare	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ -</b>

Conner Training  
State Fiscal Year 2015

<b>Other Funding Total</b>	
----------------------------	--

<b>Program</b>	
Other	\$ -

<b>Totals</b>	<b>Program</b>
	\$ 33,622

**Request Total**  
\$33,622

**FTEs included in request:**

<b>FTEs</b>	-
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# Civil Commitment Unit for Sexual Offenders



## Purpose

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 100 patients as of August 9, 2012.

## Who Is Helped

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

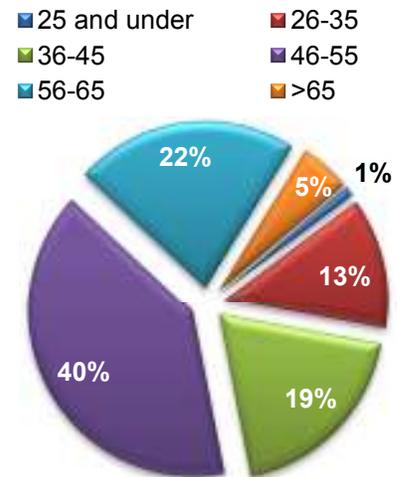
The department may not deny a court-ordered admission.

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

All patients are male. There are 100 men in the program as of August 2012. In SFY12 there were 16 admissions. Ages range from 19 to 78 with the average age of 49.

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

**Age of Patients Served**



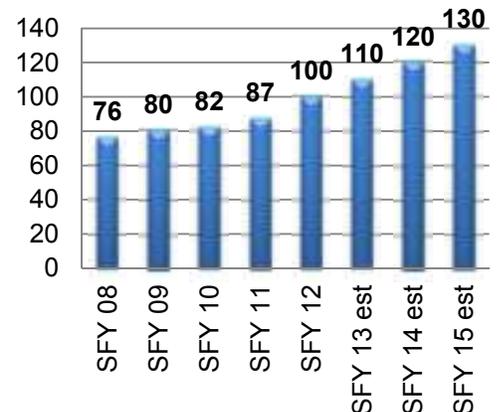
- ✓ *There are 21 states with inpatient treatment programs like CCUSO. One state operates as an outpatient treatment programs for committed sexually violent offenders.*
- ✓ *Courts have determined that treatment programs like CCUSO are constitutional if they provide treatment services.*
- ✓ *There have been a total of 23 discharges or releases from CCUSO since the program began in 1999.*

## Services

CCUSO has a five-phase treatment program that includes group and individual therapy, educational programming, physiological assessments, a transition program and a discharge planning unit 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 11 treatment areas.
- Measure progress through structured risk assessments tools, psychological evaluations and various physiological measures of sexual deviancy and interest.

**Census Trend of Number Served**

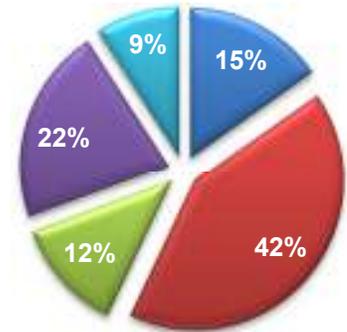


The final phase, Phase 5, is the transition program. Patients begin to live and work more independently with the goal of eventually residing in the community. CCUSO staff maintain involvement with patients providing supervision, treatment and assessment as patients begin developing connections with community providers. Patients are discharged only after the court has determined the patient is ready to reside independently in the community. No patients have met this standard since the program was created in 1999.

There have been three discharges to other services since the beginning of the program and there have been 13 discharges due to legal decisions such as a court ruling that the commitment was improper. Seven men have died while at CCUSO.

**Patient Treatment Phase SFY12**

■ Phase 1   ■ Phase 2   ■ Phase 3  
 ■ Phase 4   ■ Phase 5



- ✓ *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 SFY12 there were 176 such visits.*
- ✓ *76 percent (68 FTEs) of the staff are direct care, 17 percent (15 FTEs) are professional and treatment professionals, 2 percent (2 FTEs) are other support staff, and 5 percent (4.5 FTEs) are administrative.*
- ✓ *In SFY13, 87.3 percent of the CCUSO operating budget is for staffing costs and 12.7 percent is for the support costs. As a percent of the overall operating budget, these support costs have been reduced in the past year.*

**Goals & Strategies**

Goal: Effectively Manage Resources

Strategy:

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

Results in SFY2012:

- As of August 1, 2012, there were 11 patients in transitional release and one patient in release with supervision.
- One minute of restraint is used per 1,000 hours of inpatient hours.

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

**Cost of Services**

Daily per diem rate:

\$238

Annual cost of care per person:

\$79,211

- ✓ *CCUSO is estimated to have a \$4.4 million economic impact on the community.*
- ✓ *CCUSO is one of the largest employers in Cherokee County. The economic impact is spread across several surrounding counties and is vital to the area's economic activity.*

	<p>✓ <i>CCUSO co campuses with Cherokee MHI and purchases support services from Cherokee MHI.</i></p>									
<p><b>Funding Sources</b></p>	<p>CCUSO is funded by state general funds.</p> <p>The total budget for SFY14 is \$11,143,879:</p> <ul style="list-style-type: none"> <li>• \$11,142,979 (99.99 percent) is state general fund.</li> <li>• A nominal \$900 is collected through the canteen.</li> </ul> <p>✓ <i>When patients in transitional release are employed, they pay rent and a portion of their community monitoring fees.</i></p>									
<p><b>SFY 2014 &amp; 2015 Budget Drivers</b></p>	<p>The total SFY14 budget reflects a \$2,170,633 (24.2 percent) general fund increase from SFY13. The FY 15 budget reflects a \$875,310 (7.9 percent) general fund increase over SFY14.</p> <p>The key budget drivers of the increases are:</p> <ul style="list-style-type: none"> <li>• Sustaining the SFY13 funding level achieved through facility carryforward authorization and transfer necessary to meet the SFY13 need (\$394,542).</li> <li>• Increased staff to provide safety and treatment services for 10 new patients in SFY14 (\$444,623); and 10 additional new patients in SFY15 (\$488,495).</li> <li>• Increased costs for the support and per diem associated with the 10 additional new patients in SFY 15 (\$70,661).</li> </ul>	<p><b>Total Budget</b></p> <p>■ State General Fund</p> <table border="1"> <caption>Total Budget (Millions)</caption> <thead> <tr> <th>Year</th> <th>Total Budget (Millions)</th> </tr> </thead> <tbody> <tr> <td>SFY13</td> <td>~\$9.5</td> </tr> <tr> <td>SFY14 est</td> <td>~\$11.5</td> </tr> <tr> <td>SFY15 est</td> <td>~\$12.5</td> </tr> </tbody> </table>	Year	Total Budget (Millions)	SFY13	~\$9.5	SFY14 est	~\$11.5	SFY15 est	~\$12.5
Year	Total Budget (Millions)									
SFY13	~\$9.5									
SFY14 est	~\$11.5									
SFY15 est	~\$12.5									
	<p>✓ <i>The impact of not funding the current service level request will be an estimated loss of 28.4 FTEs in SFY14 and 44.9 FTEs in SFY15.</i></p>									
<p><b>Legal Basis</b></p>	<p><b>State:</b></p> <ul style="list-style-type: none"> <li>• Iowa Code, Chapter 229A</li> <li>• Iowa Administrative Code, 441 IAC 31</li> </ul>									

**Request - Civil Commitment Unit for Sexual Offenders  
State Fiscal Year 2014**

**Request Total:** \$ 11,143,879

**General Fund Need:** \$ 11,142,979

**Request Description:**

The CCUSO program is established by Chapter 229A of the Code of Iowa which describes the civil commitment process. The court system, through a bench or jury trial, orders persons to be civilly committed and admitted to CCUSO. CCUSO is a secure facility located in Cherokee and provides highly specialized, extended-term treatment designed to address the identified mental abnormality of the patients ordered to be committed to the program. At the beginning of SFY13 there were 98 persons in the program. It is projected that 110 patients will be in the program by the end of SFY13, and 120 individuals will be in the program by the end of SFY14. The program is designed to provide treatment and motivation for behavioral change. There are five treatment phases providing cognitive-behavior therapy as well as a five-level system that provides increased privileges and responsibilities to motivate patients to participate in treatment and to remain free of problematic behaviors.

**SFY 2013 Enacted Budget (Status Quo Funding)**

Civil Commitment Unit for Sexual Offenders-SFY13 Appropriation	\$ 8,899,686
Civil Commitment Unit for Sexual Offenders Appropriation-Adjustment *	\$ 72,660
	\$ -
<b>Total State \$ Appropriated:</b>	<b>\$ 8,972,346</b>

\* Sustain critical staffing to maintain beds.

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	Per Chapter 229A of the Code of Iowa, DHS does not have the authority to deny court-ordered admissions to CCUSO. CCUSO's census is expected to increase by 10 persons in SFY13. CCUSO's approved SFY13 budget authorizes increased resources and FTEs to serve patients as they are admitted during the year. This funding annualizes the cost of these increases in SFY14.	\$ 1,726,010
2	Per Chapter 229A of the Code of Iowa, DHS does not have the authority to deny court-ordered admissions to CCUSO. To support the anticipated population increase of 10 additional court-ordered patients by the end of SFY14, additional resources including FTEs (9) are requested.	\$ 444,623
<b>Total Requested for Current Service Level Funding:</b>		<b>\$ 2,170,633</b>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$ -
<b>Total Requested for Improved Results Funding:</b>		<b>\$ -</b>

<b>General Fund Total</b>	<b>\$11,142,979</b>
<b>General Fund Change From Prior Year</b>	<b>\$2,170,633</b>

**Request - Civil Commitment Unit for Sexual Offenders  
State Fiscal Year 2014**

**Total Funding Summary:**

<b>State Funding Total</b>		<b>\$11,142,979</b>
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<b>Program</b>	
General Fund	\$ 11,142,979
SLTF	\$ -
Tobacco	\$ -
Iowa Care	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ 11,142,979</b>

<b>Federal Funding Total</b>		
------------------------------	--	--

<b>Program</b>	
TANF	\$ -
SSBG	\$ -
ARRA	\$ -
IowaCare	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ -</b>

<b>Other Funding Total</b>		<b>\$900</b>
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<b>Program</b>	
Other	\$ 900

<b>Totals</b>	<b>Program</b>
	\$ 11,143,879

<b>Request Total</b>
<b>\$11,143,879</b>

**FTEs included in request:**

<b>FTEs</b>	<b>124.5</b>
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**This budget request does not reflect any changes or impact for potential salary adjustments. In the event collective bargaining results in a salary adjustment that is not funded by appropriation, reductions in force (and bed closures) will likely occur.**

**Request - Civil Commitment Unit for Sexual Offenders  
State Fiscal Year 2015**

**Request Total:** \$ 12,019,189

**General Fund Need:** \$ 12,018,289

**Request Description:**

The CCUSO program is established by Chapter 229A of the Code of Iowa which describes the civil commitment process. The court system, through a bench or jury trial, orders persons to be civilly committed and admitted to CCUSO. CCUSO is a secure facility located in Cherokee and provides highly specialized, extended-term treatment designed to address the identified mental abnormality of the patients ordered to be committed to the program. At the beginning of SFY13 there were 98 persons in the program. It is projected that 110 patients will be in the program by the end of SFY13, and 120 individuals will be in the program by the end of SFY14. The program is designed to provide treatment and motivation for behavioral change. There are five treatment phases providing cognitive-behavior therapy as well as a five-level system that provides increased privileges and responsibilities to motivate patients to participate in treatment and to remain free of problematic behaviors.

**SFY 2013 Department Request (Status Quo Funding)**

Civil Commitment Unit for Sexual Offenders-SFY13 Appropriation	\$ 8,899,686
Civil Commitment Unit for Sexual Offenders Appropriation-Adjustment *	\$ 72,660
	\$ -
<b>Total State \$ Appropriated:</b>	<b>\$ 8,972,346</b>

\* Sustain critical staffing to maintain beds.

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	Per Chapter 229A of the Code of Iowa, DHS does not have the authority to deny court-ordered admissions to CCUSO. CCUSO's census is expected to increase by 10 persons in SFY13. CCUSO's approved SFY13 budget authorizes increased resources and FTEs to serve patients as they are admitted during the year. This funding annualizes the cost of these increases in SFY14.	\$ 1,726,010
2	Per Chapter 229A of the Code of Iowa, DHS does not have the authority to deny court-ordered admissions to CCUSO. To support the anticipated population increase of 10 additional court-ordered patients by the end of SFY14, additional resources including FTEs (9) are requested.	\$ 444,623
3	Per Chapter 229A of the Code of Iowa, DHS does not have the authority to deny court-ordered admissions to CCUSO. CCUSO's census is expected to increase by 10 persons in SFY14. This funding annualizes the cost of these increases in SFY15.	\$ 316,154
4	Per Chapter 229A of the Code of Iowa, DHS does not have the authority to deny court-ordered admissions to CCUSO. To support the anticipated population increase of 10 additional court-ordered patients by the end of SFY15, additional resources including FTEs (11.5) are requested. Adjust per diem to cover costs of food, utilities, pharmacy, etc, for projected SFY15 average daily census.	\$ 559,156
<b>Total Requested for Current Service Level Funding:</b>		<b>\$ 3,045,943</b>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$ -



# MHDS Regional Services Fund



## Purpose

The Mental Health and Disability (MHDS) Regional Services Fund was newly created in Iowa Code section 225C.7A. In addition to the amount levied by counties, the fund will provide money for non-Medicaid core mental health and disability services and the increased cost of providing those services.

## Who Is Helped

This is a new fund that will receive an appropriation beginning in SFY14.

This fund is designed to support current and new core services to adults 18 years and older:

- With a mental illness or an intellectual disability.
- Who are not eligible for Medicaid or need services that are not reimbursed by Medicaid.
- Who have an income at or below 150 percent of the federal poverty level.

No data exists at this time to specifically identify the people who will be served. However it is very likely the people served will be similar to individuals currently served through the current State Payment Program (SPP).

A typical individual is in his 40s, lives in a private residence, has a mental illness, has a high school diploma or GED, and is unemployed.

In SFY14 this fund will be provided to counties, in addition to the amount the counties levy in property taxes, and used for:

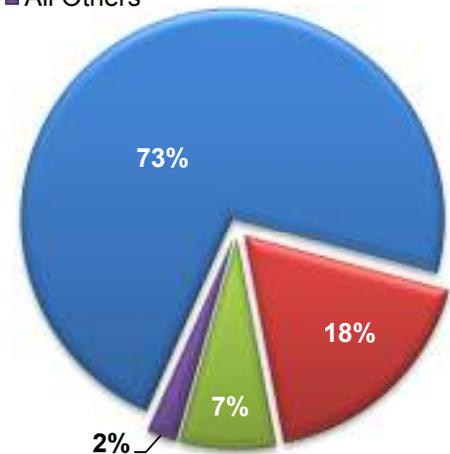
- Final SPP claims from SFY13.
- Non-Medicaid services in the counties' management plans.
- The increased cost of providing non-Medicaid funded services, i.e. growth.

In SFY15 this fund will be provided to the regions and used for:

- Required core MHDS services.
- The increased cost of providing services.
- Funding for new additional core services.

## Projected Percentage of Individuals to be Served by Diagnosis in SFY14

- Mental Illness
- Chronic Mental Illness
- Intellectual Disabilities
- All Others



- ✓ *On July 1, 2013, residency replaces durational legal settlement as the method for determining financial responsibility for non-Medicaid funded services. At that point nearly all persons currently on the SPP will have a county of responsibility determined for funding their services.*

<p><b>Services</b></p>	<p>SFY14 Funding will provide state financial assistance to counties for services in the counties' management plans including:</p> <ul style="list-style-type: none"> <li>• Residential support.</li> <li>• Vocational programs.</li> <li>• Mental health treatment.</li> <li>• Institution and commitment services.</li> </ul> <p>SFY15 Funding will provide state financial assistance to regions for:</p> <ul style="list-style-type: none"> <li>• Required core services.</li> <li>• New additional core services, the regions will be required to provide when funds are made available: <ul style="list-style-type: none"> <li>○ Comprehensive crisis services.</li> <li>○ Pre-commitment screening.</li> </ul> </li> </ul>	<p><b>Funding for Non-Medicaid Services</b></p> <table border="1"> <caption>Funding for Non-Medicaid Services (Millions)</caption> <thead> <tr> <th>Fiscal Year</th> <th>County Non-Medicaid Funds</th> <th>State Payment Program</th> <th>Regional Services Fund</th> <th>Growth</th> <th>New Core Services</th> </tr> </thead> <tbody> <tr> <td>SFY10</td> <td>125</td> <td>10</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>SFY11</td> <td>140</td> <td>10</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>SFY12</td> <td>130</td> <td>10</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>SFY13 est</td> <td>125</td> <td>10</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>SFY14 est</td> <td>125</td> <td>10</td> <td>10</td> <td>0</td> <td>0</td> </tr> <tr> <td>SFY15 est</td> <td>125</td> <td>10</td> <td>10</td> <td>0</td> <td>10</td> </tr> </tbody> </table>	Fiscal Year	County Non-Medicaid Funds	State Payment Program	Regional Services Fund	Growth	New Core Services	SFY10	125	10	0	0	0	SFY11	140	10	0	0	0	SFY12	130	10	0	0	0	SFY13 est	125	10	0	0	0	SFY14 est	125	10	10	0	0	SFY15 est	125	10	10	0	10
Fiscal Year	County Non-Medicaid Funds	State Payment Program	Regional Services Fund	Growth	New Core Services																																							
SFY10	125	10	0	0	0																																							
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SFY14 est	125	10	10	0	0																																							
SFY15 est	125	10	10	0	10																																							
	<ul style="list-style-type: none"> <li>✓ <i>MHDS redesign legislation requires core services including treatment, basic crisis services, support for community living, support for employment, recovery services, and service coordination.</i></li> <li>✓ <i>DHS estimated the cost of county administration at approximately \$22 million in SFY11.</i></li> <li>✓ <i>Counties have not received growth in non-Medicaid funding in the last two years.</i></li> </ul>																																											
<p><b>Goals &amp; Strategies</b></p>	<p>Goal: promote behavioral health status. Strategies:</p> <ul style="list-style-type: none"> <li>• Provide access to mental health services.</li> <li>• Promote development of array of critical mental health services.</li> </ul> <p>Goal: promote choice for seniors and persons with disabilities. Strategy:</p> <ul style="list-style-type: none"> <li>• Promote access to community based options for persons with disabilities.</li> </ul> <p>Goal: Program accountability: Strategy:</p> <ul style="list-style-type: none"> <li>• Mental health and disability regional services funding will be awarded through performance-based contracts that will require regions to address outcomes and performance measures.</li> </ul>	<p>Performance Results:</p> <p>Outcome and performance measures will be reported in SFY14.</p> <p>MHDS redesign legislation requires that outcome and performance measures be established and publicly reported.</p>																																										

	<ul style="list-style-type: none"> <li>• Measures include but are not limited to: <ul style="list-style-type: none"> <li>○ Access standards for the required core services.</li> <li>○ Penetration rates for serving the number of persons expected to be served.</li> <li>○ Utilization rates for inpatient and residential treatment.</li> <li>○ Readmission rates for inpatient and residential treatment.</li> <li>○ Employment of the persons receiving services.</li> </ul> </li> </ul>							
	<ul style="list-style-type: none"> <li>✓ <i>The Outcomes Workgroup will recommend additional outcome and performance measures that will serve as the basis for assessing the effectiveness and efficiency of the MHDS service system beginning SFY14.</i></li> <li>✓ <i>Beginning in SFY15 the regions will prepare regional service plans identifying the numbers of persons to be served, services to be offered and results to be accomplished. At this time the department will enter performance based contracts with the regions.</i></li> </ul>							
<p><b>Cost of Services</b></p>	<ul style="list-style-type: none"> <li>✓ <i>The MHDS regional services fund will augment the \$125 million raised by the counties' MHDS levy. The total amount will equal \$139.5 million in SFY14 and \$162.3 million in SFY15.</i></li> </ul>							
<p><b>Funding Sources</b></p>	<p>The budget request for the MHDS Regional Services Fund for SFY14 reflects a state general fund appropriation and Social Services Block Grant (SSBG) funding. This funding will support non-Medicaid MHDS county management plan services growth in the cost of these services and, in SFY15, new core services.</p> <p>The total budget for SFY14 total budget is \$13,383,073:</p> <ul style="list-style-type: none"> <li>• \$11,423,073 (85.4 percent) is SSBG to support county services.</li> <li>• \$1,960,000 (14.6 percent) is state general fund for growth in county services.</li> <li>• \$1,122,842 of SSBG funding will be retained by the department to settle final SFY13 SPP claims.</li> </ul> <p>The total budget for SFY15 total budget is \$37,270,915:</p> <ul style="list-style-type: none"> <li>• \$12,545,915 (33.7 percent) is to support county services.</li> <li>• \$3,950,000 (10.6 percent) is state general fund for growth in county services.</li> <li>• \$20,775,000 (55.7 percent) is state general fund for new additional core services.</li> </ul>	<p style="text-align: center;"><b>SFY14 Funding</b></p> <p style="text-align: center;">■ State General Fund ■ Federal</p> <table border="1"> <caption>SFY14 Funding Data</caption> <thead> <tr> <th>Funding Source</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>State General Fund</td> <td>15%</td> </tr> <tr> <td>Federal</td> <td>85%</td> </tr> </tbody> </table>	Funding Source	Percentage	State General Fund	15%	Federal	85%
Funding Source	Percentage							
State General Fund	15%							
Federal	85%							
	<ul style="list-style-type: none"> <li>✓ <i>The amount of county levy funds is capped by Iowa Code at \$125 million annually.</i></li> <li>✓ <i>The use of Social Services Block Grant (SSBG) is governed by federal rules and the state plan.</i></li> <li>✓ <i>SSBG funds are part of the sequestered funds that will be cut if Congress does not agree on a comprehensive budget approach.</i></li> </ul>							

## SFY 2014 & 2015 Budget Drivers

The total SFY14 budget request reflects a \$1,960,000 general fund appropriation. This is a new fund so there was no direct appropriation in SFY13. The FY 15 budget request is a \$22,765,000 general fund increase over SFY14.

The key budget drivers for the increases are:

- Growth of non-Medicaid MHDS county management plan services and, in SFY15, new core services

When including SSBG funding that will support county services, SFY14 is a \$1,960,000 (16 percent) increase in state support for county funded services.

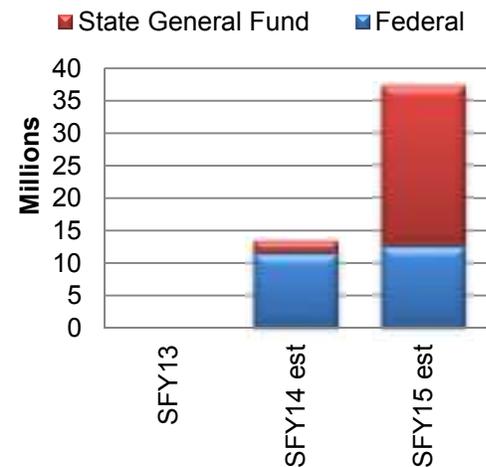
- The general fund recommendation for growth was based on the current (June 2012) consumer price index (CPI) for all items. The recommended amount was determined by applying the CPI to the total amount of non-Medicaid funding in SFY13, excluding estimated administrative costs.
- The bottom line reflects an overall increase of 1.4 percent when county funds are included in the calculation.

SFY15 reflects support for county services growth, as well as the implementation of new core services. From SFY14 to SFY15, there is a \$22,765,000 (157 percent) increase in state support for county funded services.

- Growth in county funded services was calculated using the same methodology as described above for SFY14.
- Cost of added core MHDS services was based on the cost estimates included in the DHS MHDS redesign final report.
- The overall increase in funding is 18 percent when county funds are included in the calculation.

✓ *In SFY13 the counties were relieved of the responsibility of providing the non-federal share of Medicaid. In recent years the growth in the non-federal share of Medicaid paid by the counties exceeded growth in state funding to the counties.*

### Total Budget Funding Mix



## Legal Basis

### State:

- Iowa Code, Chapter 225C.7A

**Request - New MHDS Core Services/Growth Fund  
State Fiscal Year 2014**

**Request Total:** \$ 13,383,073

**General Fund Need:** \$ 1,960,000

**Request Description:**

Redesign legislation created a new Regional Services Fund (Code 331.440B). Funding will be appropriated to regions to cover increased service costs, additional service populations, additional core service domains, and increased numbers of persons receiving services. The inflationary increases in service costs are requested as Current Service Level and the additional core service domains of Crisis Services and Pre-Commitment Screenings are requested as Improved Results. No additional service populations are added in this budget request.

**SFY 2013 Enacted Budget (Status Quo Funding)**

	\$ -
	\$ -
	\$ -
<b>Total State \$ Appropriated:</b>	\$ -

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	Non-Medicaid cost Increases - FY2014	\$ 1,960,000
<b>Total Requested for Current Service Level Funding:</b>		<b>\$ 1,960,000</b>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$ -
<b>Total Requested for Improved Results Funding:</b>		<b>\$ -</b>

<b>General Fund Total</b>	<b>\$1,960,000</b>
<b>General Fund Change From Prior Year</b>	<b>\$1,960,000</b>

**Request - New MHDS Core Services/Growth Fund  
State Fiscal Year 2014**

**Total Funding Summary:**

<b>State Funding Total</b>		<b>\$1,960,000</b>
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<b>Program</b>	
General Fund	\$ 1,960,000
SLTF	\$ -
Tobacco	\$ -
Iowa Care	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ 1,960,000</b>

<b>Federal Funding Total</b>		<b>\$11,423,073</b>
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<b>Program</b>	
TANF	\$ -
SSBG	\$ 11,423,073
ARRA	\$ -
IowaCare	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ 11,423,073</b>

<b>Other Funding Total</b>		
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<b>Program</b>	
Other	\$ -

<b>Totals</b>	<b>Program</b>
	\$ 13,383,073

**Request Total**  
\$13,383,073

**FTEs included in request:**

<b>FTEs</b>	-
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**Request - New MHDS Core Services/Growth Fund  
State Fiscal Year 2015**

**Request Total:** \$ 37,270,915

**General Fund Need:** \$ 24,725,000

**Request Description:**

Redesign legislation created a new Regional Services Fund (Code 331.440B). Funding will be appropriated to regions to cover increased service costs, additional service populations, additional core service domains, and increased numbers of persons receiving services. The inflationary increases in service costs are requested as Current Service Level and the additional core service domains of Crisis Services and Pre-Commitment Screenings are requested as Improved Results. No additional service populations are added in this budget request.

**SFY 2013 Department Request (Status Quo Funding)**

	\$ -
	\$ -
	\$ -
<b>Total State \$ Appropriated:</b>	\$ -

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	Non-Medicaid cost Increases - FY2014	\$ 1,960,000
2	Non-Medicaid cost Increases - FY2015	\$ 1,990,000
<b>Total Requested for Current Service Level Funding:</b>		<b>\$ 3,950,000</b>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
3	Improved Result - New Non-Medicaid Core Services - Crisis Services and Pre-Commitment Screenings	\$ 20,775,000
<b>Total Requested for Improved Results Funding:</b>		<b>\$ 20,775,000</b>

<b>General Fund Total</b>	<b>\$24,725,000</b>
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<b>General Fund Change From Prior Year</b>	<b>\$24,725,000</b>
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**Request - New MHDS Core Services/Growth Fund  
State Fiscal Year 2015**

**Total Funding Summary:**

<b>State Funding Total</b>		<b>\$24,725,000</b>
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<b>Program</b>	
General Fund	\$ 24,725,000
SLTF	\$ -
Tobacco	\$ -
Iowa Care	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ 24,725,000</b>

<b>Federal Funding Total</b>		<b>\$12,545,915</b>
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<b>Program</b>	
TANF	\$ -
SSBG	\$ 12,545,915
ARRA	\$ -
IowaCare	\$ -
HCTA	\$ -
Other	\$ -
<b>Total</b>	<b>\$ 12,545,915</b>

<b>Other Funding Total</b>		
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<b>Program</b>	
Other	\$ -

<b>Totals</b>	<b>\$ 37,270,915</b>
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<b>Request Total</b>
<b><u>\$37,270,915</u></b>

**FTEs included in request:**

<b>FTEs</b>	<b>-</b>
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**Iowa Department of Humans Services  
MHDS Redesign Roadmap**

2012 08 28

Appropriation	SFY13 Appropriation	SFY14 Proposed	SFY15 Proposed
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**Presented by pre-Redesign Appropriation/Funding Source**

	MHDS Redesign Fund \$1,167,465	Medical Assistance	Medical Assistance
Energy Replacement Tax			
	MHDS Redesign Fund \$81,199,911	Medical Assistance	Medical Assistance
Property Tax Relief			
1) Added Property Tax Relief 1)	MHDS Redesign Fund \$7,200,089	Medical Assistance	Medical Assistance
	MHDS Redesign Fund \$74,697,893	Medical Assistance	Medical Assistance
Allowed Growth			
	MHDS Redesign Fund \$14,211,100	Medical Assistance	Medical Assistance
Community Services			
Risk Pool	<i>Balance carried forward from SFY12 to SFY13 designated for Medical Assistance; Counties to retain unspent balances</i> \$0		
	MHDS Redesign Fund \$11,150,820	Medical Assistance	Medical Assistance
State Payment Program (SPP)			
Subtotal MHDS Redesign Fund	\$189,627,278		
SSBG/Local Purchase	State Payment Program \$12,545,915	State Payment Program \$1,122,842	n/a \$0
SSBG/Local Purchase	n/a \$0	MHDS Reginal Services Fund \$11,423,073	MHDS Regional Services Fund \$12,545,915

1) Supplemental for SFY12; credited to MHDS Redesign Fund for SFY13

**Iowa Department of Humans Services  
MHDS Redesign Roadmap**

2012 08 28

Appropriation	SFY13 Appropriation	SFY14 Proposed	SFY15 Proposed
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**Presented by Redesign Category of Service**

Non-federal share of medical assistance program services previously billed to the counties	MHDS Redesign Fund \$189,627,278	Medical Assistance \$189,627,278	Medical Assistance \$189,627,278
Add'l funding - Non-federal share of medical assistance program services previously billed to counties	MHDS Redesign Fund \$36,100,000	Medical Assistance \$36,100,000	Medical Assistance \$36,100,000
Children's mental health home project	MHDS Redesign Fund \$500,000	Medical Assistance \$900,000	Medical Assistance \$2,300,000
Standardized Assessment Tools	MHDS Redesign Fund \$3,000,000	Medical Assistance \$3,000,000	Medical Assistance \$3,000,000
FTEs for MHDS Redesign	MHDS Redesign Fund \$400,000	Medical Assistance \$400,000	Medical Assistance \$400,000
Technical Assistance Services for Regions	CHIP Contingency \$500,000	n/a \$0	n/a \$0
2) Add'l funding - Non-federal share of medical assistance program services previously billed to counties	Medical Assistance \$11,427,692	Medical Assistance \$35,859,892	Medical Assistance \$51,257,695
Core services - Medicaid	n/a \$0	n/a \$0	Medical Assistance \$7,092,328
State Payment Program	SSBG \$12,545,915	SSBG \$1,122,842	n/a \$0
Growth in county delivered services	n/a \$0	SSBG \$11,423,073	SSBG \$12,545,915
Growth in county delivered services	n/a \$0	MHDS Regional Services Fund \$1,960,000	MHDS Regional Services Fund \$3,950,000
Core services - non-Medicaid	n/a \$0	n/a \$0	MHDS Regional Services Fund \$20,775,000

2) Includes unfunded need in SFY13; additional growth in SFY13, SFY14 and SFY15; and impact of decreasing FMAP in SFY14 and SFY15