

## I: State Information

### State Information

#### State DUNS Number

Number

137348624

Expiration Date

#### I. State Agency to be the Grantee for the Block Grant

Agency Name

Iowa Department of Human Services

Organizational Unit

Division of Mental Health and Disability Services

Mailing Address

1305 E. Walnut

City

Des Moines

Zip Code

50319

#### II. Contact Person for the Grantee of the Block Grant

First Name

Charles

Last Name

Palmer

Agency Name

Iowa Department of Human Services

Mailing Address

1305 E. Walnut

City

Des Moines

Zip Code

50319

Telephone

515-281-5452

Fax

Email Address

cpalmer1@dhs.state.ia.us

#### III. State Expenditure Period (Most recent State expenditure period that is closed out)

From

7/1/2012

To

6/30/2013

#### IV. Date Submitted

NOTE: this field will be automatically populated when the application is submitted.

Submission Date

Revision Date

V. Contact Person Responsible for Application Submission

First Name

Laura

Last Name

Larkin

Telephone

515-242-5880

Fax

515-242-6036

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llarkin@dhs.state.ia.us

Footnotes:

## II: Annual Report

Table 1 - State Priorities

Number	Title	Description
1	To develop a coordinated system of care for children and youth identified with, or at risk of, serious emotional disturbance and their families.	The state is in the process of a legislatively mandated redesign of the adult and children's mental health and disability systems, enacted in July 2011. As a result of this process, it is expected that changes will be recommended by the Children's Disability Services work group regarding how the mental health system identifies, assesses and treats children and youth with mental health needs. An initial goal the workgroup is tasked with is identifying the needs of children and youth placed in out of state treatment and placement settings due to lack of treatment resources in this state.
2	To develop a service system that includes the capability of serving individuals with co-occurring or complex needs, those suffering from trauma, in crisis, etc.	The state is in the process of a legislatively mandated redesign of the adult and children's mental health and disability systems, enacted in July 2011. One of the tasks identified by the Iowa Legislature is to develop a proposal for service providers addressing co-occurring mental health, intellectual disability, brain injury, and substance abuse disorders. These recommendations are due to the Legislative interim committee by October 2011 with final recommendations to be made by December 9, 2011. The SMHA, in partnership with the SSA, has been engaged in developing co-occurring capability in the mental health, substance abuse, and other human service agencies for the last three years through provision of training to providers by national experts. Providers have also developed an advocacy group, Iowa Co-Occurring Recovery Network, in order to raise awareness of the needs of individuals with co-occurring issues and increase provider competency in this area. The SMHA plans to expand the knowledge base regarding trauma informed care, crisis intervention/stabilization, complex needs to other conditions that may co-occur with mental illness, including intellectual disability, brain injury, or other health conditions.
3	To further develop and sustain peer support services as a provider of mental health services.	The SMHA has used the Block Grant to support both the training of Peer Support Specialists at the statewide level and Community Mental Health Centers that receive Block Grant funds to implement peer support programs within their centers. The SMHA proposes to continue those initiatives as well as pursuing development of a standardized certification process for Iowa Peer Support Specialists and provision of continuing education for Peer Support Specialists.

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## II: Annual Report

Table 2 - Priority Area by Goal, Strategy, and Performance Indicator

Priority: To develop a coordinated system of care for children and youth identified with, or at risk of, serious emotional disturbance and their families.

Goal of the priority area:

Children will remain within the state of Iowa for treatment of mental health needs.

Strategies to attain the goal:

1. The Department of Human Services is engaged in a multi-division review of every child placed in an out of state facility for treatment of mental health or other disability conditions. This information will be provided to the Children's Disability Workgroup for development of recommendations to the Iowa Legislature in 2012.
2. DHS will create an internal monitoring and review process of each child currently out of state, or at risk of out of state placement, in order to reduce utilization of out of state placement and allow children to remain in their home communities whenever clinically appropriate.

Annual Performance Indicators to measure goal success

Indicator: There will be no net increase in numbers of children placed outside the state of Iowa for purposes of mental health treatment in SFY 13.

Description of Collecting and Measuring Changes in Performance Indicator:

DHS will review placement data through the database identified in the strategy section, and report trends in placement of children out of state for mental health treatment.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: To develop a service system that includes the capability of serving individuals with co-occurring or complex needs, those suffering from trauma, in crisis, etc.

Goal of the priority area:

Iowa, through the Mental Health Block Grant, will increase provider knowledge and skills in addressing trauma, crisis and conditions that co-occur with mental illness.

Strategies to attain the goal:

Iowa will provide 4 trainings in FFY 12 to service providers regarding development of a service system that is capable of successfully serving individuals with complex needs including trauma, crisis, and co-occurring issues. A component of the trainings is the opportunity for agencies to participate in a self-assessment and receive technical assistance.

Annual Performance Indicators to measure goal success

Indicator: The number of agencies/providers participating in technical assistance.

Description of Collecting and Measuring Changes in Performance Indicator:

In FFY 12, at least 25 service providers will engage in the formal technical assistance process.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

Priority: To further develop and sustain peer support services as a provider of mental health services.

Goal of the priority area:

Iowa will increase the numbers of individuals who receive Medicaid-funded peer support services.

Strategies to attain the goal:

1. The SMHA will continue to provide support for agencies that implement peer support programs.
2. The SMHA will fund training of new peer support specialists in order to increase the available workforce.
3. The SMHA will fund continuing education and training of existing peer support specialists in order to support retention and professional development of peer support specialists.
4. The SMHA will work with the Advisory Committee of the Iowa Peer Support Training Academy and the Iowa Board of Certification toward the development of criteria for certification for peer support specialists in Iowa.
5. The SMHA will allow use of Block Grant funds to pay for peer support services for individuals without any other source of funding.

Annual Performance Indicators to measure goal success

Indicator: To increase the number of individuals receiving peer support services in SFY12 and SFY13, through Medicaid or block grant funding, using SFY 11 as our base year.

Description of Collecting and Measuring Changes in Performance Indicator:

The SMHA will analyze and report utilization of peer support services from Medicaid data and agencies receiving the Block Grant to fund peer support services. A report of unduplicated number of persons receiving peer support services will be provided.

Achieved: Yes

Proposed Changes:

Reason Not Achieved:

#### Footnotes:

Priority 1-Iowa achieved the performance measure identified in this priority area. As described in the 2012 MHBG Implementation report, Iowa focused on reducing usage of out of state mental health treatment for children and youth. Activities that helped support this goal included Magellan of Iowa assuming responsibility for management and authorization of all Psychiatric Medical Institution for Children (PMIC) services, both in and out of state. Magellan has engaged PMIC providers in individualizing services for high need children and youth by providing funding for increased training of staff and other supports needed to serve children and youth that would otherwise be served out of state. In July 2012, when Magellan assumed management of PMIC services, 45 children were identified in out of state mental health treatment facilities. In June 2013, Magellan reported 34 children in out of state mental health treatment facilities.

Priority 2-Iowa achieved the performance measure identified in this priority area in SFY 12 with 28 providers participating in technical assistance on providing services to individuals with co-occurring and complex needs. In SFY 13, 32 technical assistance meetings were held with individual providers and county and regional governance groups. As part of the redesign of the mental health and disability service system, service regions are required to demonstrate co-occurring capability. Technical assistance and training will continue to be offered in SFY 14 to regional governance groups as well as providers and members of the public.

Priority 3-Iowa achieved the performance measure identified in this priority area in SFY 13 with 526 distinct recipients of peer support services. The baseline measure from SFY 11 was 339 distinct recipients of peer support services. Iowa anticipates the number of individuals receiving peer support services to continue to increase due to increased access to peer support services through the Integrated Health Home programs which are being phased in across the state during SFY 14.

### III: State Agency Expenditure Reports

Table 4 (URS Table 7) - Profile of Mental Health Service Expenditures and Sources of Funding

Start Year:

End Year:

Activity	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other
1. Substance Abuse Prevention and Treatment	\$	\$	\$	\$	\$	\$	\$
2. Primary Prevention	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Tuberculosis Services	\$	\$	\$	\$	\$	\$	\$
4. HIV Early Intervention Services	\$	\$	\$	\$	\$	\$	\$
5. State Hospital	\$	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Other 24 Hour Care	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Ambulatory/Community Non-24 Hour Care	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Administration (Excluding Program and Provider Level)	\$	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. Subtotal (Rows 1, 2, 3, 4, and 8)	\$	\$	\$	\$	\$	\$	\$
10. Subtotal (Rows 5, 6, 7, and 8)	\$	\$	\$	\$	\$	\$	\$
11. Total	\$	\$	\$	\$	\$	\$	\$

Please indicate the expenditures are actual or estimated.

Actual  Estimated

**Footnotes:**

This table is requested and not required.

### III: State Agency Expenditure Reports

Table 5 - MHBG Expenditures By Service

Expenditure Period Start Date: 7/1/2012 Expenditure Period End Date: 6/30/2013

Service	Unduplicated Individuals	Units	Expenditures
Prevention (Including Promotion)			\$
Screening, Brief Intervention and Referral to Treatment			\$
Brief Motivational Interviews			\$
Screening and Brief Intervention for Tobacco Cessation			\$
Parent Training			\$
Facilitated Referrals			\$
Relapse Prevention/Wellness Recovery Support			\$
Warm Line			\$
Engagement Services			\$
Assessment			\$
Specialized Evaluations (Psychological and Neurological)			\$
Service Planning (including crisis planning)			\$
Consumer/Family Education			\$
Outreach			\$
Outpatient Services			\$
Individual evidenced based therapies			\$
Group therapy			\$
Family therapy			\$
Multi-family therapy			\$
Consultation to Caregivers			\$
Medication Services			\$
Medication management			\$

Pharmacotherapy (including MAT)			\$
Laboratory services			\$
Community Support (Rehabilitative)			\$
Parent/Caregiver Support			\$
Skill building (social, daily living, cognitive)			\$
Case management			\$
Continuing Care			\$
Behavior management			\$
Supported employment			\$
Permanent supported housing			\$
Recovery housing			\$
Therapeutic mentoring			\$
Traditional healing services			\$
Recovery Supports			\$
Peer Support			\$
Recovery Support Coaching			\$
Recovery Support Center Services			\$
Supports for Self Directed Care			\$
Other Supports (Habilitative)			\$
Personal care			\$
Homemaker			\$
Respite			\$
Supported Education			\$
Transportation			\$
Assisted living services			\$
Recreational services			\$

Trained behavioral health interpreters				\$
Interactive communication technology devices				\$
Intensive Support Services				\$
Substance abuse intensive outpatient (IOP)				\$
Partial hospital				\$
Assertive Community Treatment				\$
Intensive home based services				\$
Multi-systemic therapy				\$
Intensive Case Management				\$
Out-of-Home Residential Services				\$
Crisis residential/stabilization				\$
Adult Substance Abuse Residential				\$
Adult Mental Health Residential				\$
Youth Substance Abuse Residential Services				\$
Children's Residential Mental Health Services				\$
Therapeutic foster care				\$
Acute Intensive Services				\$
Mobile crisis				\$
Peer based crisis services				\$
Urgent care				\$
23 hr. observation bed				\$
Medically Monitored Intensive Inpatient				\$
24/7 crisis hotline services				\$
Other (please list)				\$

footnote:

### III: State Agency Expenditure Reports

Table 6 - Primary Prevention Expenditures Checklist

Start Year:

End Year:

Strategy	IOM Target	MHBG Block Grant	Other Federal	State	Local	Other
Information Dissemination	Universal	\$ <input type="text"/>				
Information Dissemination	Selective	\$ <input type="text"/>				
Information Dissemination	Indicated	\$ <input type="text"/>				
Information Dissemination	Unspecified	\$ <input type="text"/>				
Information Dissemination	Total	\$	\$	\$	\$	\$
Education	Universal	\$ <input type="text"/>				
Education	Selective	\$ <input type="text"/>				
Education	Indicated	\$ <input type="text"/>				
Education	Unspecified	\$ <input type="text"/>				
Education	Total	\$	\$	\$	\$	\$
Alternatives	Universal	\$ <input type="text"/>				
Alternatives	Selective	\$ <input type="text"/>				
Alternatives	Indicated	\$ <input type="text"/>				
Alternatives	Unspecified	\$ <input type="text"/>				
Alternatives	Total	\$	\$	\$	\$	\$
Problem Identification and Referral	Universal	\$ <input type="text"/>				
Problem Identification and Referral	Selective	\$ <input type="text"/>				
Problem Identification and Referral	Indicated	\$ <input type="text"/>				
Problem Identification and Referral	Unspecified	\$ <input type="text"/>				
Problem Identification and Referral	Total	\$	\$	\$	\$	\$

Community-Based Process	Universal	\$ <input type="text"/>				
Community-Based Process	Selective	\$ <input type="text"/>				
Community-Based Process	Indicated	\$ <input type="text"/>				
Community-Based Process	Unspecified	\$ <input type="text"/>				
Community-Based Process	Total	\$	\$	\$	\$	\$
Environmental	Universal	\$ <input type="text"/>				
Environmental	Selective	\$ <input type="text"/>				
Environmental	Indicated	\$ <input type="text"/>				
Environmental	Unspecified	\$ <input type="text"/>				
Environmental	Total	\$	\$	\$	\$	\$
Section 1926 Tobacco	Universal	\$ <input type="text"/>				
Section 1926 Tobacco	Selective	\$ <input type="text"/>				
Section 1926 Tobacco	Indicated	\$ <input type="text"/>				
Section 1926 Tobacco	Unspecified	\$ <input type="text"/>				
Section 1926 Tobacco	Total	\$	\$	\$	\$	\$
Other	Universal	\$ <input type="text"/>				
Other	Selective	\$ <input type="text"/>				
Other	Indicated	\$ <input type="text"/>				
Other	Unspecified	\$ <input type="text"/>				
Other	Total	\$	\$	\$	\$	\$

Footnotes:

This table is requested and not required.

### III: State Agency Expenditure Reports

Table 9 - Maintenance of Effort for State Expenditures on Mental Health Services

Total Expenditures for SMHA		
Period (A)	Expenditures (B)	<u>B1(2011) + B2(2012)</u> 2 (C)
SFY 2011 (1)	\$123,679,031	
SFY 2012 (2)	\$152,072,586	\$137,875,809
SFY 2013 (3)	\$121,391,921	

Are the expenditure amounts reported in Column B "actual" expenditures for the State fiscal years involved?

SFY 2011	Yes	<u>  X  </u>	No	<u>      </u>
SFY 2012	Yes	<u>      </u>	No	<u>  X  </u>
SFY 2013	Yes	<u>      </u>	No	<u>  X  </u>

If estimated expenditures are provided, please indicate when actual expenditure data will be submitted to SAMHSA:

3/1/2014

footnote:

Iowa will submit a waiver of the MOE requirement under the material compliance standard.

### III: State Agency Expenditure Reports

Table 10 - Report on Set-aside for Children's Mental Health Services

State Expenditures for Mental Health Services		
Actual SFY 2008	Actual SFY 2012	Estimated/Actual SFY 2013
\$35,513,467	\$52,172,981	\$55,934,471

States are required to not spend less than the amount expended in Actual SFY 2008. This is a change from the previous year, when the baseline for the state expenditures was 1994.

footnote: