



# **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 for Sexual Offenders  
State Payment Program  
Property Tax Relief Fund**

# Cherokee Mental Health Institute



## Purpose

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

## Who Is Helped

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

99 percent of adult patients and 100 percent of the children and adolescent patients were involuntarily admitted in SFY14.

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

In SFY14:

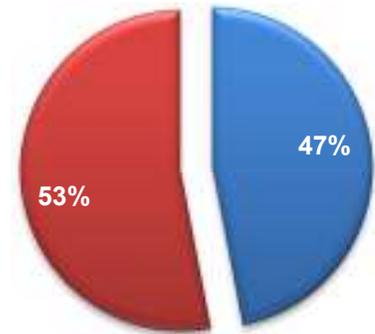
- 513 admissions
- 539 total served
  - 253 adult acute psychiatric
  - 286 children and adolescents

The average adult patient is a 39-year-old male who is involuntarily admitted. The average length of stay is 28 days.

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

### Number Served in SFY14

- Adults Acute Psychiatric (47%)
- Children and Adolescents (53%)



- ✓ Cherokee has a total of 36 beds or 4 percent of the 828 inpatient licensed community psychiatric beds in the state.
- ✓ Cherokee served 46 percent of the total adult admissions to the MHIs in SFY14.
- ✓ Cherokee served 76 percent of the total children and adolescent admissions to MHIs in SFY14.

## Services

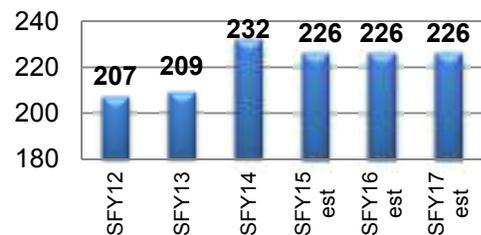
### Adult Acute Psychiatric Services

- 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, which has affected admissions.

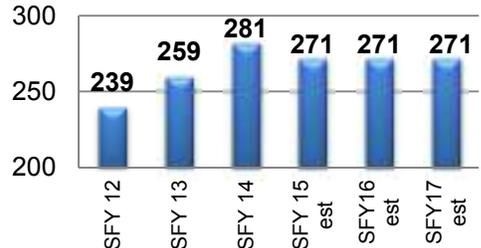
### Inpatient Psychiatric Services for Children and Adolescents

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

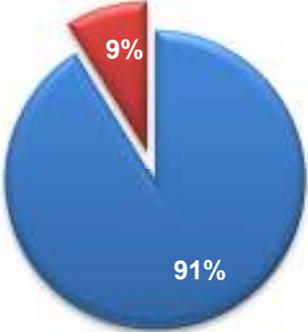
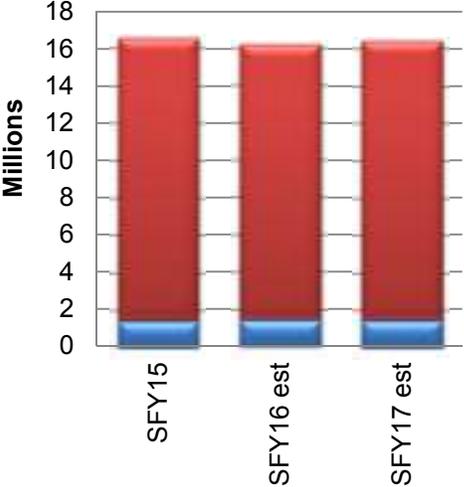
### Adult Psychiatric Admissions



### Children / Adolescent Admissions



	<ul style="list-style-type: none"> <li>✓ <i>Cherokee is accredited by The Joint Commission.</i></li> <li>✓ <i>31 percent (53 FTEs) of the staff are direct care, 26 percent (43 FTEs) are professional and treatment professionals, 1 percent (2 FTE) is educational, 15 percent (25.2 FTEs) are maintenance, 13 percent (22 FTEs) are other support staff, and 14 percent (24 FTEs) are administrative.</i></li> <li>✓ <i>In SFY15, 83.7 percent of the Cherokee MHI operating budget is for staffing costs and 16.3 percent is for the support costs.</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 SFY14:</p> <ul style="list-style-type: none"> <li>• 10 minutes of restraint are used per 1,000 hours of adult inpatient hours.</li> <li>• 1 hour 7 minutes of restraint are used per 1,000 hours of child/adolescent inpatient hours.</li> <li>• 99 percent of adult and child/adolescent 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 SFY15 per diems are based on costs experienced January 1, 2013 through December 31, 2013.</p> <p>Daily per diem rate:  Adult psychiatric, \$1,010  Child/adolescent psychiatric, \$813</p> <p>Cost per episode of care:  Adult psychiatric, \$33,974  Child/adolescent psychiatric, \$9,263</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>10 tenants operate programs on the Cherokee campus.</i></li> <li>✓ <i>The Civil Commitment Unit for Sexual Offenders pays Cherokee for support services such as meals and maintenance.</i></li> </ul>	

<p><b>Funding Sources</b></p>	<p>The Cherokee Mental Health Institute is largely funded by state general funds with a small amount of funding from other sources.</p> <p>The total budget for SFY16 is \$16,221,158:</p> <ul style="list-style-type: none"> <li>\$14,779,297 (91.1 percent) is state general fund.</li> <li>\$1,441,861 (8.9 percent) is from other funding sources.</li> </ul>	<p><b>SFY15 Funding</b></p> <ul style="list-style-type: none"> <li>State General Fund (91%)</li> <li>Other Funding (9%)</li> </ul> 
<p><b>SFY16 &amp; SFY17 Budget Drivers</b></p>	<p>The total SFY16 Cherokee budget request reflects a \$351,062 (-2.3 percent) general fund decrease from the SFY15 Enacted Appropriation and Medical Assistance adjustment.</p> <p>The total SFY17 Cherokee budget request reflects a \$177,729 (-1.2 percent) general fund decrease from the SFY15 Enacted Appropriation and Medical Assistance adjustment.</p> <p>The key budget drivers of the SFY16 and SFY17 decrease are:</p> <ul style="list-style-type: none"> <li>Reallocate State Employee Retirement Incentive Program (SERIP) funds to Medical Assistance.</li> <li>Increased costs of food, pharmaceuticals, utilities, and other items is \$157,563 in SFY16 and \$173,333 in SFY17.</li> </ul> <p>The total SFY16 budget reflects an overall \$350,883 decrease (-2.1 percent) from SFY15 the total SFY17 budget reflects a \$138,710 (less than 1 percent) decrease from SFY15.</p>	<p><b>Total Budget Funding Mix</b></p> <ul style="list-style-type: none"> <li>State General Fund</li> <li>Other Funding</li> </ul> 
<p><b>Legal Basis</b></p>	<p><b>State:</b></p> <ul style="list-style-type: none"> <li>Code of Iowa, Chapters 125, 217, 218, 225C, 226, 229, 230, 812</li> <li>Iowa Administrative Code, 441 IAC 28 and 29</li> </ul>	

- ✓ *The adult patient's county of residence is required to pay 80 percent of the county capped per diem for those who are not Medicaid eligible.*
- ✓ *Medicaid pays for services for children under the age of 21.*
- ✓ *Cherokee receives an "upfront" appropriation from the general fund*

✓ *The impact of not funding the increased cost of services will be an estimated loss of 2.4 FTEs in SFY16 and 5.1 FTEs in SFY17.*

**Request -Cherokee Mental Health Institute  
State Fiscal Year 2016**

**Request Total:** \$16,221,158

**General Fund Need:**

\$14,779,297

**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.

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 reductions) will likely occur.

**SFY15 Enacted Appropriation - 2014 Session**

SFY15 Enacted Appropriation	\$6,031,934
Medical Assistance Adjustment	\$9,098,425
<b>Total State \$ Appropriated:</b>	<u>\$15,130,359</u>

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	Reallocate State Employee Retirement Incentive Program (SERIP) to Medical Assistance	(\$508,625)
2	Increased cost of services due to inflation (aligned with the April 2014 Consumer Price Index) and growth in amounts paid to other agencies (DAS and Office of the Chief Information Officer (OCIO)). Specific areas of increase include: Pharmaceuticals, food, transportation and utilities, Workers Compensation, Corporate Technology, DAS FMLA and Training, DAS utilities and market services, and inflation.	\$157,563
<b>Total Requested for Current Service Level Funding:</b>		<u>(\$351,062)</u>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$0
<b>Total Requested for Improved Results Funding:</b>		<u>\$0</u>

<b>General Fund Total</b>	<b>\$14,779,297</b>
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<b>General Fund Change From Prior Year</b>	<b>(\$351,062)</b>
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**Request -Cherokee Mental Health Institute  
State Fiscal Year 2016**

**Total Funding Summary:**

<b>State Funding Total</b>		<b>\$14,779,297</b>
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	<b>Program</b>
General Fund	\$14,779,297
Health Care Trust Fund	\$0
Quality Assurance Trust Fund	\$0
Hospital Health Care Access trust Fund	\$0
Other*	\$0
<b>Total</b>	<b>\$14,779,297</b>

\* Other:

<b>Federal Funding Total</b>		<b>\$0</b>
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	<b>Program</b>
Temporary Assistance to Needy Families (TANF)	\$0
Social Services Block Grant (SSBG)	\$0
Iowa Health and Wellness Plan	\$0
Federal Financial Participation (FFP)	\$0
Other**	\$0
<b>Total</b>	<b>\$0</b>

\*\* Other:

<b>Other Funding Total</b>		<b>\$1,441,861</b>
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<b>Program</b>	
Other	\$1,441,861

Includes per diem for Civil Commitment Unit for Sexual Offenders, education (Chapter 34), Physician Assistant program, grants, License Classroom Training, medical records, fees and rent funds.

<b>Totals</b>	<b>Program</b>
	\$16,221,158

**Request Total**  
**\$16,221,158**

**FTEs included in request:**

<b>FTEs</b>	<b>169.2</b>
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**Request -Cherokee Mental Health Institute  
State Fiscal Year 2017**

**Request Total**            \$16,433,332

**General Fund Need:**            \$14,952,630

**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.

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 reductions) will likely occur.

**SFY15 Enacted Appropriation - 2014 Session**

SFY15 Enacted Appropriation	\$6,031,934
Medical Assistance Adjustment	\$9,098,425
<b>Total State \$ Appropriated:</b>	<b>\$15,130,359</b>

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	Reallocate State Employee Retirement Incentive Program (SERIP) to Medical Assistance	(\$508,625)
2	Increased cost of services due to inflation (aligned with the April 2014 Consumer Price Index) and growth in amounts paid to other agencies (DAS and Office of the Chief Information Officer (OCIO)). Specific areas of increase include: Pharmaceuticals, food, transportation and utilities, Workers Compensation, Corporate Technology, DAS FMLA and Training, DAS utilities and market services, and inflation (SFY16).	\$157,563
3	Increased cost of services due to inflation (aligned with the April 2014 Consumer Price Index) and growth in amounts paid to other agencies (DAS and Office of the Chief Information Officer (OCIO)). Specific areas of increase include: Pharmaceuticals, food, transportation and utilities, Workers Compensation, Corporate Technology, DAS FMLA and Training, DAS utilities and market services, and inflation (SFY17).	\$173,333
<b>Total Requested for Current Service Level Funding:</b>		<b>(\$177,729)</b>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$0
<b>Total Requested for Improved Results Funding:</b>		<b>\$0</b>

<b>General Fund Total</b>	<b>\$14,952,630</b>
<b>General Fund Change From Prior Year</b>	<b>(\$177,729)</b>

**Request -Cherokee Mental Health Institute  
State Fiscal Year 2017**

**Total Funding Summary:**

<b>State Funding Total</b>	<b>\$14,952,630</b>
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<b>Program</b>	
General Fund	\$14,952,630
Health Care Trust Fund	\$0
Quality Assurance Trust Fund	\$0
Hospital Health Care Access trust Fund	\$0
Other*	\$0
<b>Total</b>	<b>\$14,952,630</b>

\* Other:

<b>Federal Funding Total</b>	<b>\$0</b>
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<b>Program</b>	
Temporary Assistance to Needy Families (TANF)	\$0
Social Services Block Grant (SSBG)	\$0
Iowa Health and Wellness Plan	\$0
Federal Financial Participation (FFP)	\$0
Other**	\$0
<b>Total</b>	<b>\$0</b>

\*\* Other:

<b>Other Funding Total</b>	<b>\$1,480,702</b>
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<b>Program</b>	
Other***	\$1,480,702

Includes per diem for Civil Commitment Unit for Sexual Offenders, education (Chapter 34), Physician Assistant program, grants, License Classroom Training, medical records, fees and rent funds.

<b>Totals</b>	<b>Program</b>
	\$16,433,332

**Request Total**  
\$16,433,332

**FTEs included in request:**

<b>FTEs</b>	<b>169.2</b>
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# 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.

68 percent of the adult patients were involuntarily admitted in SFY14. Individuals who are involuntarily committed for psychiatric treatment have been determined by the court to be a danger to themselves or others because of their symptoms of mental illness.

In SFY14:

- 176 admissions
- 204 total served:
  - 23 gero-psychiatric
  - 181 adult acute psychiatric

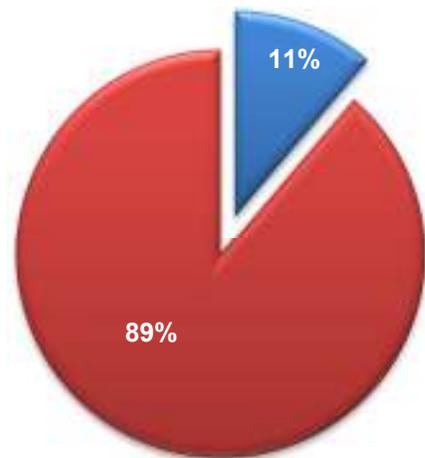
In the past several years the number of beds has decreased which has affected admissions.

The average adult psychiatric patient is a 49-year-old male who is involuntarily admitted. The average length of stay is 16 days.

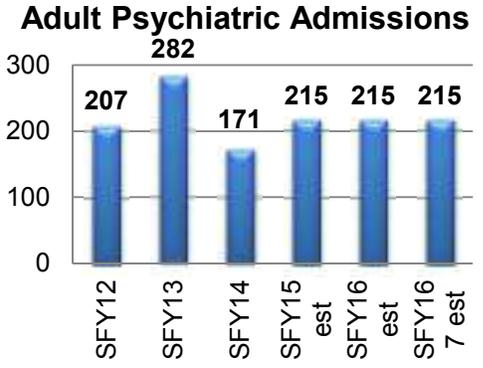
The average gero-psychiatric patient has had 15 placements prior to admission. Ages range from 46 to 84. The majority are male. Individuals served by in this program will likely need this level of care for the rest of their lives.

### Number Served in SFY14

- Gero-psychiatric (11%)
- Adult Acute Psychiatric (89%)



- ✓ *Clarinda has a total of 15 adult psychiatric beds or 2 percent of the 828 inpatient licensed community psychiatric beds in the state.*
- ✓ *Clarinda has a total of 20 gero-psychiatric beds or 16 percent of the total 122 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 SFY14.*

<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 facility beds.</li> <li>• Five new admissions in SFY14.</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>SFY12</td> <td>207</td> </tr> <tr> <td>SFY13</td> <td>282</td> </tr> <tr> <td>SFY14</td> <td>171</td> </tr> <tr> <td>SFY15 est</td> <td>215</td> </tr> <tr> <td>SFY16 est</td> <td>215</td> </tr> <tr> <td>SFY16 7 est</td> <td>215</td> </tr> </tbody> </table>	SFY	Admissions	SFY12	207	SFY13	282	SFY14	171	SFY15 est	215	SFY16 est	215	SFY16 7 est	215
SFY	Admissions															
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SFY14	171															
SFY15 est	215															
SFY16 est	215															
SFY16 7 est	215															
<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 SFY14:</p> <ul style="list-style-type: none"> <li>• 5 minutes 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>• 100 percent of adult acute psychiatric patients show improvement in ability to function as measured by the Global Assessment of Functioning (GAF).</li> <li>• 94 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 SFY15 per diems are based on costs experienced January 1, 2013 through December 31, 2013.</p> <p>Daily per diem rate:</p> <ul style="list-style-type: none"> <li>Adult psychiatric, \$857</li> <li>Gero-psychiatric, \$742</li> </ul> <p>Cost per episode of care:</p> <ul style="list-style-type: none"> <li>Adult psychiatric, \$12,403</li> <li>Gero-psychiatric, \$228,922</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, dietary, and business office functions.*
- ✓ *Three tenants operate programs on the Clarinda campus.*

## Funding Sources

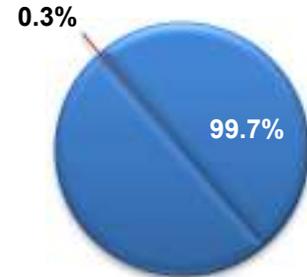
The Clarinda Mental Health Institute is largely funded by state general funds with a small amount of funding from other sources.

The total budget for SFY16 is \$8,701,201:

- \$8,674,701 (99.7 percent) is state general fund.
- \$26,500 (0.3 percent) is from other funding sources.

### SFY16 Funding

- State General Fund (99.7%)
- Other Funding (0.3%)



- ✓ *Clarinda receives an “upfront” appropriation from the state general fund.*
- ✓ *The patient’s county of residence is required to pay 80 percent of the county capped per diem for those 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 of residence at 80 percent of the capped per diem for patients not covered by other payor sources such as private insurance, Medicaid or Medicare.*

## SFY16 & SFY17 Budget Drivers

The total SFY16 Clarinda budget request reflects a \$89,913 (-1.0 percent) general fund decrease from the SFY15 Enacted Appropriation and Medical Assistance adjustment.

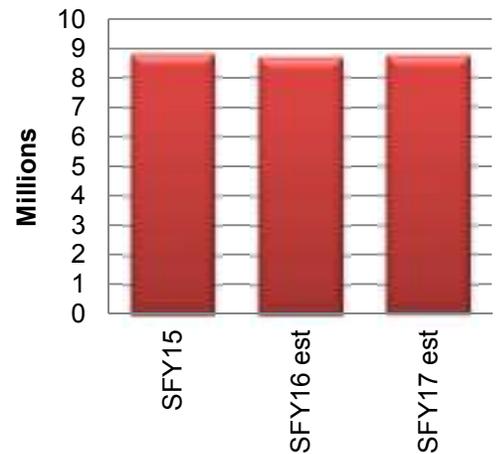
The total SFY17 Clarinda budget request reflects a \$45,332 (-0.5 percent) general fund decrease from the SFY15 Enacted Appropriation and Medical Assistance adjustment.

The key budget drivers of the SFY16 & SFY17 decrease are:

- Reallocate State Employee Retirement Incentive Program (SERIP) funds to Medical Assistance.
- Increased costs of food, pharmaceuticals, utilities, and other items is \$47,990 in SFY16 and \$44,581 in SFY17.
- The total SFY16 budget reflects an overall \$89,913 decrease (-1.0 percent) from SFY15 and the total SFY17 budget reflects a \$45,332 (less than 1 percent) decrease from SFY15.

### Total Budget Funding Mix

■ State General Fund ■ Other Funding\*



\* Includes \$26,500 in Other Funding for SFY15-SFY17.

- ✓ *The impact of not funding the increased cost of services will be an estimated loss of 0.7 FTE in SFY16 and 1.4 FTEs in SFY17.*

## 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 2016**

**Request Total:** \$8,701,201

**General Fund Need:** \$8,674,701

**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 psychiatric treatment, training, care, mental health habilitation, and support of people with mental illness or a substance use disorder. 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

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 reductions) will likely occur.

**SFY15 Enacted Appropriation - 2014 Session**

SFY15 Enacted Appropriation	\$6,787,309
Medical Assistance Adjustment	\$1,977,305
<b>Total State \$ Appropriated:</b>	<b>\$8,764,614</b>

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	Reallocate State Employee Retirement Incentive Program (SERIP) to Medical Assistance	(\$137,903)
2	Increased cost of services due to inflation (aligned with the April 2014 Consumer Price Index) and growth in amounts paid to other agencies (DAS and Office of the Chief Information Officer (OCIO)). Specific areas of increase include: Pharmaceuticals, food, transportation and utilities, Workers Compensation, Corporate Technology, DAS FMLA and Training, DAS utilities and market services, and inflation.	\$47,990
<b>Total Requested for Current Service Level Funding:</b>		<b>(\$89,913)</b>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$0
<b>Total Requested for Improved Results Funding:</b>		<b>\$0</b>

<b>General Fund Total</b>	<b>\$8,674,701</b>
<b>General Fund Change From Prior Year</b>	<b>(\$89,913)</b>

**Request -Clarinda Mental Health Institute  
State Fiscal Year 2016**

**Total Funding Summary:**

<b>State Funding Total</b>	<b>\$8,674,701</b>
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	<b>Program</b>
General Fund	\$8,674,701
Health Care Trust Fund	\$0
Quality Assurance Trust Fund	\$0
Hospital Health Care Access trust Fund	\$0
Other*	\$0
<b>Total</b>	<b>\$8,674,701</b>

\* Other:

<b>Federal Funding Total</b>	<b>\$0</b>
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	<b>Program</b>
Temporary Assistance to Needy Families (TANF)	\$0
Social Services Block Grant (SSBG)	\$0
Iowa Health and Wellness Plan	\$0
Federal Financial Participation (FFP)	\$0
Other**	\$0
<b>Total</b>	<b>\$0</b>

\*\* Other:

<b>Other Funding Total</b>	<b>\$26,500</b>
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<b>Program</b>	
Other	\$26,500

Includes rental and other miscellaneous funds

<b>Totals</b>	<b>Program</b>
	\$8,701,201

<b>Request Total</b>
<b>\$8,701,201</b>

**FTEs included in request:**

<b>FTEs</b>	<b>86.1</b>
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**Request -Clarinda Mental Health Institute  
State Fiscal Year 2017**

**Request Total:** \$8,745,782

**General Fund Need:** \$8,719,282

**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 psychiatric treatment, training, care, mental health habilitation, and support of people with mental illness or a substance use disorder. 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

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 reductions) will likely occur.

**SFY15 Enacted Appropriation - 2014 Session**

SFY15 Enacted Appropriation	\$6,787,309
Medical Assistance Adjustment	\$1,977,305
<b>Total State \$ Appropriated:</b>	<b>\$8,764,614</b>

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	Reallocate State Employee Retirement Incentive Program (SERIP) to Medical Assistance	(\$137,903)
2	Increased cost of services due to inflation (aligned with the April 2014 Consumer Price Index) and growth in amounts paid to other agencies (DAS and Office of the Chief Information Officer (OCIO)). Specific areas of increase include: Pharmaceuticals, food, transportation and utilities, Workers Compensation, Corporate Technology, DAS FMLA and Training, DAS utilities and market services, and inflation (SFY16).	\$47,990
3	Increased cost of services due to inflation (aligned with the April 2014 Consumer Price Index) and growth in amounts paid to other agencies (DAS and Office of the Chief Information Officer (OCIO)). Specific areas of increase include: Pharmaceuticals, food, transportation and utilities, Workers Compensation, Corporate Technology, DAS FMLA and Training, DAS utilities and market services, and inflation (SFY17).	\$44,581
<b>Total Requested for Current Service Level Funding:</b>		<b>(\$45,332)</b>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$0
<b>Total Requested for Improved Results Funding:</b>		<b>\$0</b>

<b>General Fund Total</b>	<b>\$8,719,282</b>
<b>General Fund Change From Prior Year</b>	<b>(\$45,332)</b>

**Request -Clarinda Mental Health Institute  
State Fiscal Year 2017**

**Total Funding Summary:**

<b>State Funding Total</b>	<b>\$8,719,282</b>
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	<b>Program</b>
General Fund	\$8,719,282
Health Care Trust Fund	\$0
Quality Assurance Trust Fund	\$0
Hospital Health Care Access trust Fund	\$0
Other*	\$0
<b>Total</b>	<b>\$8,719,282</b>

\* Other:

<b>Federal Funding Total</b>	<b>\$0</b>
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	<b>Program</b>
Temporary Assistance to Needy Families (TANF)	\$0
Social Services Block Grant (SSBG)	\$0
Iowa Health and Wellness Plan	\$0
Federal Financial Participation (FFP)	\$0
Other**	\$0
<b>Total</b>	<b>\$0</b>

\*\* Other:

<b>Other Funding Total</b>	<b>\$26,500</b>
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<b>Program</b>	
Other	\$26,500

Includes rental and other miscellaneous funds

<b>Totals</b>	<b>Program</b>
	\$8,745,782

<b>Request Total</b>
<b>\$8,745,782</b>

**FTEs included in request:**

<b>FTEs</b>	<b>86.1</b>
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# 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 and Independence.

97 percent of the adult and 86 percent of the children and adolescent patients were involuntarily admitted in SFY14.

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

In SFY14:

- 205 admissions
- 247 total served:
  - 122 adult psychiatric
  - 91 child and adolescent
  - 34 PMIC

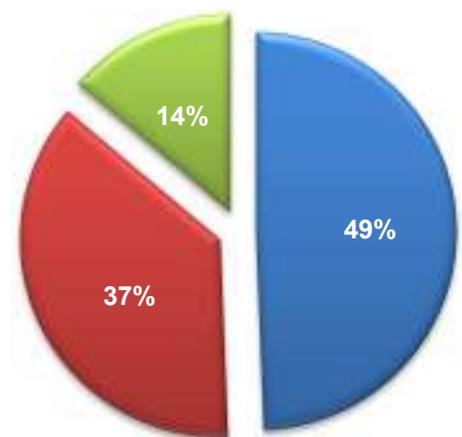
The average adult patient is a 40-year-old male who is involuntarily admitted. The average length of stay is 102 days.

The average child/adolescent served in the inpatient program is a 14-year-old female who is involuntarily admitted. The average length of stay is 40 days.

The average child/adolescent served in the PMIC program is a 14-year-old male who is involuntarily admitted. The average length of stay is 101 days.

### Number Served in SFY14

- Adult Psychiatric Program (49%)
- Child and Adolescent Program (37%)
- PMIC (14%)



- ✓ *Independence has a total of 40 adult psychiatric and 20 child/adolescent beds or 7 percent of the 828 inpatient licensed community psychiatric beds in the state.*
- ✓ *Independence served 18 percent of the total Mental Health Institute adult admissions in SFY14.*
- ✓ *Independence served 24 percent of the total Mental Health Institute child/adolescent admissions in SFY14.*
- ✓ *Independence has 15 PMIC beds or 3 percent of the total 478 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.

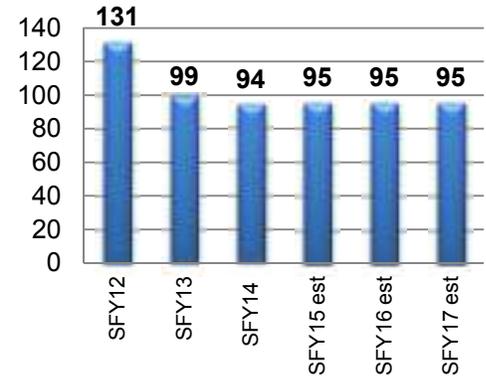
### Inpatient Psychiatric Services for Children and Adolescents

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

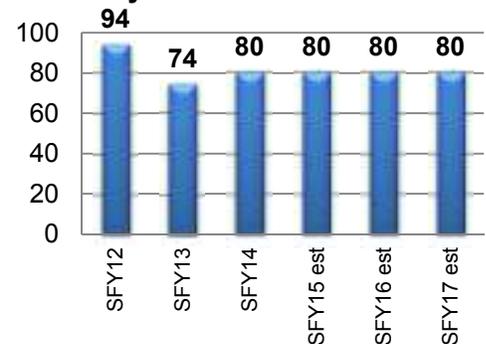
### Psychiatric Medical Institution for Children (PMIC) Services

- 15 non-hospital inpatient psychiatric beds for children and adolescents.
- Academic continuance through the MHI school.

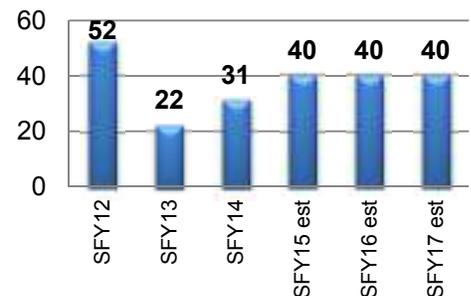
### Adult Psychiatric Admissions



### 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 FTEs) are educational, 7 percent (16 FTEs) are maintenance, 15 percent (34 FTEs) are other support staff, and 10 percent (24 FTEs) are administrative.*
- ✓ *In SFY15, 82.1 percent of the Independence MHI operating budget is for staffing costs and 17.9 percent is for the support costs.*
- ✓ *4 main buildings on 276.60 acres (76.9 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 SFY14</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>• 97 percent of adults were not readmitted within 30 days of discharge.</li> <li>• 2 hour 33 minutes of restraint are used per 1,000 hours of adult patient hours. 45 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 SFY15 per diems are based on costs experienced January 1, 2013 through December 31, 2013.</p> <p>Daily per diem rate:          Adult psychiatric, \$1,208.          Child/Adolescent psychiatric, \$1,345.          Psychiatric Medical Institution for Children (PMIC), \$1,330.</p> <p>Cost per episode of care:          Adult psychiatric, \$118,000          Child/Adolescent psychiatric, \$63,017          Psychiatric Medical Institution for Children (PMIC), \$125,445</p>	
	<p>✓ <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 accounts for \$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></p> <p>✓ <i>Four entities operate programs on the Independence campus.</i></p>	
<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 SFY16 is \$22,526,451:</p> <ul style="list-style-type: none"> <li>• \$19,109,256 (84.8 percent) is state general fund.</li> <li>• \$2,020,946 (9.0 percent) is federal funding</li> <li>• \$1,396,249 (6.2 percent) is from other funding sources</li> </ul>	<p><b>SFY16 Funding</b></p> <ul style="list-style-type: none"> <li>■ State General Fund (85%)</li> <li>■ Federal (9%)</li> <li>■ Other Funding (6%)</li> </ul> <p>A 3D pie chart titled 'SFY16 Funding' showing the distribution of funding. The largest slice is blue, representing 85% from the State General Fund. A smaller red slice represents 9% from Federal funding, and a green slice represents 6% from Other Funding. A legend to the left of the chart identifies the colors: blue for State General Fund (85%), red for Federal (9%), and green for Other Funding (6%).</p>

- ✓ *Independence receives an “upfront” appropriation from the general fund.*
- ✓ *The adult patient’s county of residence is required to pay 80 percent of the county capped per diem for those 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.*
- ✓ *The PMIC 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 54.65 percent for SFY16.*

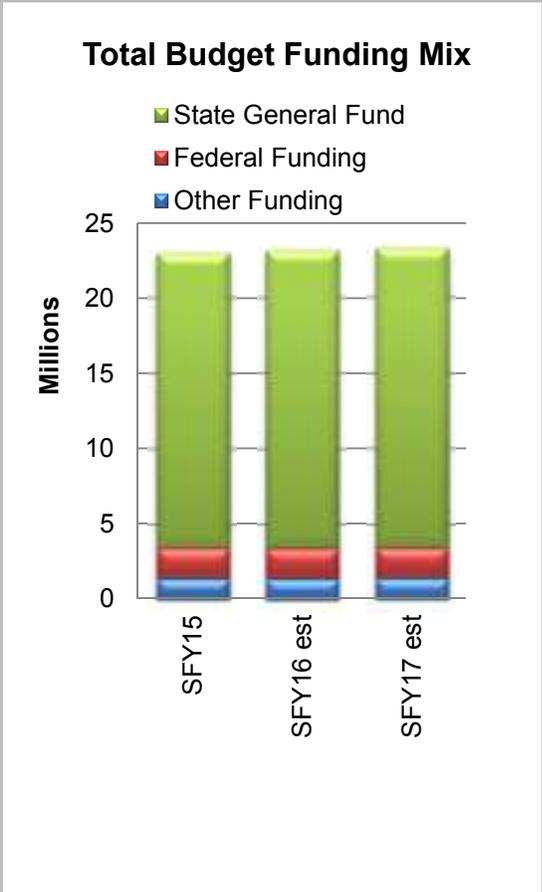
**SFY16 & SFY17 Budget Drivers**

The total SFY16 Independence budget request reflects a \$421,024 (-2.2 percent) general fund decrease from the SFY15 Enacted Appropriation and Medical Assistance adjustment.

The total SFY17 Independence budget request reflects a \$280,657 (-1.5 percent) general fund decrease from the SFY15 Enacted Appropriation and Medical Assistance adjustment.

The key budget drivers of the SFY16 and SFY17 increase are:

- Reallocate State Employee Retirement Incentive Program (SERIP) funds to Medical Assistance.
- Increased cost of food, pharmaceuticals, utilities and other items is \$144,998 in SFY16 and \$114,851 in SFY17.
- Declining FMAP rate, \$66,564 in SFY16 and \$25,516 in SFY17, the federal share has decreased as Iowa’s economy improves relative to other states.
- The total SFY16 budget reflects an overall \$421,024 decrease (-1.8 percent) from SFY15 and the total SFY17 budget reflects a \$280,656 (-1.2 percent) decrease from SFY15.



- ✓ *The impact of not funding the increased cost of services will be an estimated loss of 3.3 FTEs in SFY16 and 5.5 FTEs in SFY17.*

**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 2016**

**Request Total:** \$22,526,451

**General Fund Need:** \$19,109,256

**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.

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 reductions) will likely occur.

**SFY15 Enacted Appropriation - 2014 Session**

SFY15 Enacted Appropriation	\$10,484,386
Medical Assistance Adjustment	\$9,045,894
<b>Total State \$ Appropriated:</b>	<u>\$19,530,280</u>

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	Reallocate State Employee Retirement Incentive Program (SERIP) to Medical Assistance	(\$632,586)
2	Increased cost of services due to inflation (aligned with the April 2014 Consumer Price Index) and growth in amounts paid to other agencies (DAS and Office of the Chief Information Officer (OCIO)). Specific areas of increase include: Pharmaceuticals, food, transportation and utilities, Workers Compensation, Corporate Technology, DAS FMLA and Training, DAS utilities and market services, and inflation.	\$144,998
3	Federal Medicaid Assistance Percentage rate adjustment for Independence Mental Health Institute PMIC Unit.	\$66,564
<b>Total Requested for Current Service Level Funding:</b>		<u>(\$421,024)</u>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$0
<b>Total Requested for Improved Results Funding:</b>		<u>\$0</u>

<b>General Fund Total</b>	<b>\$19,109,256</b>
<b>General Fund Change From Prior Year</b>	<b>(\$421,024)</b>

**Request -Independence Mental Health Institute  
State Fiscal Year 2016**

**Total Funding Summary:**

<b>State Funding Total</b>	<b>\$19,109,256</b>
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	<b>Program</b>
General Fund	\$19,109,256
Health Care Trust Fund	\$0
Quality Assurance Trust Fund	\$0
Hospital Health Care Access trust Fund	\$0
Other*	\$0
<b>Total</b>	<b>\$19,109,256</b>

\* Other:

<b>Federal Funding Total</b>	<b>\$2,020,946</b>
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	<b>Program</b>
PMIC	\$2,020,946
Social Services Block Grant (SSBG)	\$0
Iowa Health and Wellness Plan	\$0
Federal Financial Participation (FFP)	\$0
Other**	\$0
<b>Total</b>	<b>\$2,020,946</b>

\*\* Other:

<b>Other Funding Total</b>	<b>\$1,396,249</b>
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<b>Program</b>	
Other	\$1,396,249

Includes third party PMIC, USDA reimbursement, education (Chapter 34), grants, sales and License Classroom Training.

<b>Totals</b>	<b>Program</b>
	\$22,526,451

<b>Request Total</b>
<b>\$22,526,451</b>

**FTEs included in request:**

<b>FTEs</b>	<b>233.0</b>
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**Request -Independence Mental Health Institute  
State Fiscal Year 2017**

**Request Total:** \$22,666,818

**General Fund Need:** \$19,249,623

**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.

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 reductions) will likely occur.

**SFY15 Enacted Appropriation - 2014 Session**

SFY15 Enacted Appropriation	\$10,484,386
Medical Assistance Adjustment	\$9,045,894
<b>Total State \$ Appropriated:</b>	<u>\$19,530,280</u>

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	Reallocate State Employee Retirement Incentive Program (SERIP) to Medical Assistance	(\$632,586)
2	Increased cost of services due to inflation (aligned with the April 2014 Consumer Price Index) and growth in amounts paid to other agencies (DAS and Office of the Chief Information Officer (OCIO)). Specific areas of increase include: Pharmaceuticals, food, transportation and utilities, Workers Compensation, Corporate Technology, DAS FMLA and Training, DAS utilities and market services, and inflation (SFY16).	\$144,998
3	Increased cost of services due to inflation (aligned with the April 2014 Consumer Price Index) and growth in amounts paid to other agencies (DAS and Office of the Chief Information Officer (OCIO)). Specific areas of increase include: Pharmaceuticals, food, transportation and utilities, Workers Compensation, Corporate Technology, DAS FMLA and Training, DAS utilities and market services, and inflation (SFY17).	\$114,851
4	Federal Medicaid Assistance Percentage rate adjustment for Independence Mental Health Institute PMIC Unit (SFY16)	\$66,564
5	Federal Medicaid Assistance Percentage rate adjustment for Independence Mental Health Institute PMIC Unit (SFY17).	\$25,516
<b>Total Requested for Current Service Level Funding:</b>		<u>\$ (280,657)</u>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$0
<b>Total Requested for Improved Results Funding:</b>		<u>\$0</u>

<b>General Fund Total</b>	<b>\$19,249,623</b>
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<b>General Fund Change From Prior Year</b>	<b>(\$280,657)</b>
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**Request -Independence Mental Health Institute  
State Fiscal Year 2017**

**Total Funding Summary:**

<b>State Funding Total</b>		<b>\$19,249,623</b>
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	<b>Program</b>
General Fund	\$19,249,623
Health Care Trust Fund	\$0
Quality Assurance Trust Fund	\$0
Hospital Health Care Access trust Fund	\$0
Other*	\$0
<b>Total</b>	<b>\$19,249,623</b>

\* Other:

<b>Federal Funding Total</b>		<b>\$2,020,946</b>
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	<b>Program</b>
PMIC	\$2,020,946
Social Services Block Grant (SSBG)	\$0
Iowa Health and Wellness Plan	\$0
Federal Financial Participation (FFP)	\$0
Other**	\$0
<b>Total</b>	<b>\$2,020,946</b>

\*\* Other:

<b>Other Funding Total</b>		<b>\$1,396,249</b>
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	<b>Program</b>
Other***	\$1,396,249

Includes third party PMIC, USDA reimbursement, education (Chapter 34), grants, sales and License Classroom Training.

<b>Totals</b>	<b>Program</b>
	\$22,666,818

**Request Total**  
**\$22,666,818**

**FTEs included in request:**

<b>FTEs</b>	<b>233.0</b>
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# 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 use disorder 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 use disorder treatment service.

100 percent of the adult psychiatric, 76 percent of the dual diagnosis, and 79 percent of the substance use disorder patients were involuntarily admitted in SFY14.

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

In SFY14:

- 620 admissions
- 675 total served:
  - 21 adult acute psychiatric
  - 181 dual diagnosis
  - 473 substance abuse

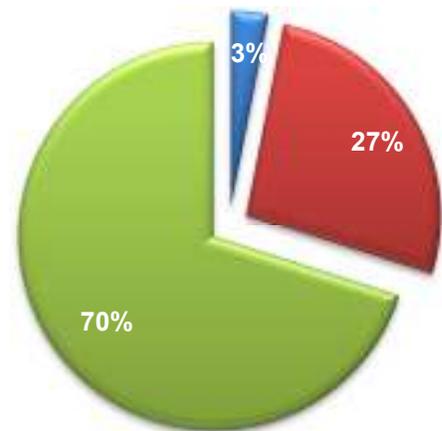
The average adult psychiatric patient is a 39-year-old male who is involuntarily admitted. The average length of stay is 86 days.

The average adult dual diagnosis patient is a 36-year-old male who is involuntarily admitted. The average length of stay is 30 days.

The average adult substance use disorder residential patient is a 32-year-old male old who is involuntarily admitted. The average length of stay is 29 days.

### Number Served in SFY14

- Adult Acute (3%)
- Dual Diagnosis (27%)
- Substance Abuse (70%)



- ✓ *Mount Pleasant has a total of 9 adult psychiatric and 19 dual diagnosis or 3 percent of the 828 inpatient licensed community psychiatric beds in the state.*
- ✓ *Mount Pleasant served 2 percent of the total Mental Health Institute adult admissions in SFY14.*
- ✓ *Mount Pleasant has 50 beds (4 percent) of the total 1,236 general residential substance use disorder treatment beds in the state.*
- ✓ *The 30-day substance use disorder 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.

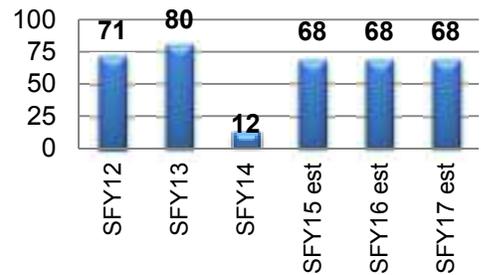
### Dual Diagnosis Services

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

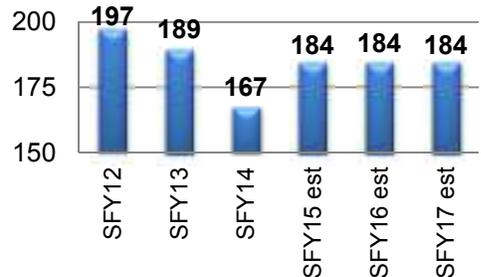
### 30-Day Substance Use Disorder Residential Treatment Program

- 50-bed residential unit.

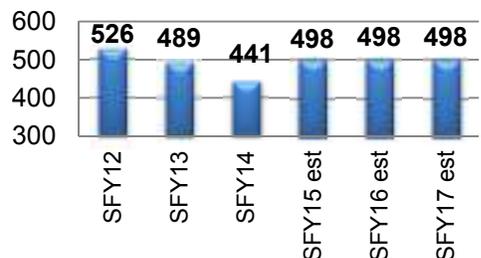
### Adult Psychiatric Admissions



### Dual Diagnosis Admissions



### Substance Abuse Admissions



- ✓ *The Mount Pleasant 30-day residential substance use disorder treatment program is licensed by the Department of Public Health.*
- ✓ *44 percent (43 FTEs) of the staff are direct care, 35 percent (34 FTEs) are professional and treatment professionals, 5 percent (4.68 FTEs) are maintenance, 7 percent (7 FTEs) are other support staff, and 9 percent (9.4 FTEs) are administrative.*
- ✓ *In SFY15, 86.3 percent of the Mount Pleasant MHI operating budget is for staffing costs and 13.7 percent is for the support costs.*
- ✓ *7 MHI 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.
- Provide quality discharge planning to reduce readmission rate.

Results in SFY14:

- 90 percent of adult psychiatric and 98 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>• 8 minutes of restraint are used per 1,000 hours of dual diagnosis inpatient hours.</li> <li>• 53 minutes of restraint are used per 1,000 hours of adult psychiatric inpatient hours.</li> <li>• 100 percent of acute psychiatric adult patients are not readmitted within 30 days of discharge.</li> <li>• 73 percent of substance abuse clients successfully complete programs.</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 SFY15 per diems are based on costs experienced January 1, 2013 through December 31, 2013.</p> <p>Daily per diem rate:  Adult psychiatric, \$714  Dual diagnosis, \$714  30-day substance abuse, \$241</p> <p>Cost per episode of care:  Adult psychiatric, \$36,131  Dual diagnosis, \$19,066  30-day substance abuse, \$6,139</p> <p>✓ <i>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.)</i></p> <p>✓ <i>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.</i></p>	
<p><b>Funding Sources</b></p>	<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 SFY16 is \$9,236,118:</p> <ul style="list-style-type: none"> <li>• \$6,976,018 (75.6 percent) is state general fund.</li> <li>• \$1,305,000 (14.1 percent) is federal funding</li> <li>• \$955,100 (10.3 percent) is from other funding sources.</li> </ul>	<p style="text-align: center;"><b>SFY16 Funding</b></p> <ul style="list-style-type: none"> <li>■ State General Fund (76%)</li> <li>■ Federal (14%)</li> <li>■ Other Funding (10%)</li> </ul> <p>The pie chart illustrates the distribution of SFY16 funding. The largest slice is blue, representing the State General Fund at 76%. A red slice represents Federal funding at 14%, and a green slice represents Other Funding at 10%.</p>

- ✓ *Mount Pleasant receives an “upfront” appropriation from the general fund.*
- ✓ *The adult psychiatric patient’s county of residence is required to pay 80 percent of the county capped per diem for those who are Medicaid eligible. Counties are billed the per diem minus any third party payments. County receipts are deposited in the state general fund.*
- ✓ *The dual diagnosis patient’s county of residence is required to pay 50 percent of the actual per diem costs.*
- ✓ *The substance abuse patient’s county of residence is required to pay 25 percent of the county capped per diem costs (based on a calendar year). County receipts are deposited in the state general fund.*

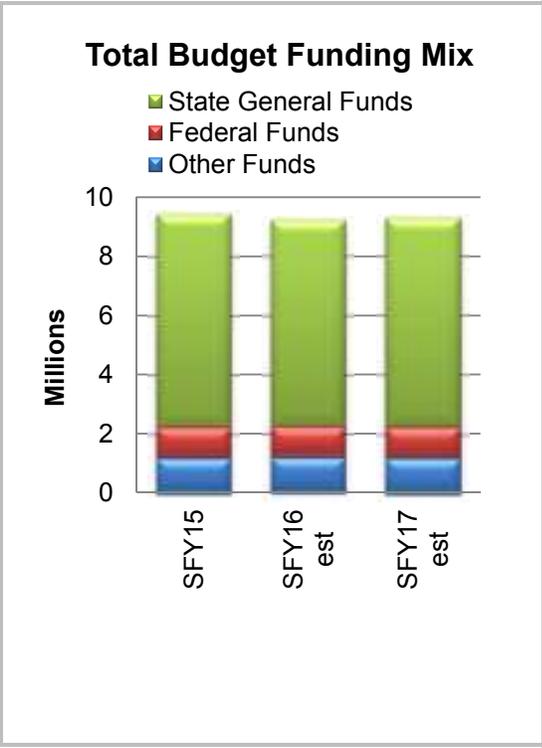
**SFY16 & SFY17 Budget Drivers**

The total SFY16 Mount Pleasant budget request reflects a \$194,365 (-2.8 percent) general fund decrease from the SFY15 Enacted Appropriation and Medical Assistance adjustment.

The total SFY17 Mount Pleasant budget request reflects a \$155,868 (-2.2 percent) general fund decrease from the SFY15 Enacted Appropriation and Medical Assistance adjustment

The key budget drivers of the SFY16 and SFY17 decrease are:

- Reallocate State Employee Retirement Incentive Program (SERIP) funds to Medical Assistance.
- Increased costs of food, pharmaceuticals, utilities, and other items is \$38,250 in SFY16 and \$38,497 in SFY17.
- The total SFY16 budget reflects an overall \$194,365 decrease (-2.1 percent) from SFY15 and the total SFY17 budget reflects a \$155,868 (-1.6) decrease from SFY15.



- ✓ *The impact of not funding the increased cost of services will be an estimated loss of 0.6 FTE in SFY16 and 1.2 FTEs in SFY17.*

**Legal Basis**

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

**Request -Mt. Pleasant Mental Health Institute  
State Fiscal Year 2016**

**Request Total:** \$9,236,118

**General Fund Need:** \$6,976,018

**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 use disorders, 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.

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 reductions) will likely occur.

**SFY15 Enacted Appropriation - 2014 Session**

SFY15 Enacted Appropriation	\$1,417,796
Medical Assistance Adjustment	\$5,752,587
<b>Total State \$ Appropriated:</b>	<u>\$7,170,383</u>

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	Reallocate State Employee Retirement Incentive Program (SERIP) to Medical Assistance	(\$232,615)
2	Increased cost of services due to inflation (aligned with the April 2014 Consumer Price Index) and growth in amounts paid to other agencies (DAS and Office of the Chief Information Officer (OCIO)). Specific areas of increase include: Pharmaceuticals, food, transportation and utilities, Workers Compensation, Corporate Technology, DAS FMLA and Training, DAS utilities and market services, and inflation.	\$38,250
<b>Total Requested for Current Service Level Funding:</b>		<u>(\$194,365)</u>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$0
<b>Total Requested for Improved Results Funding:</b>		<u>\$0</u>

<b>General Fund Total</b>	<b>\$6,976,018</b>
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<b>General Fund Change From Prior Year</b>	<b>(\$194,365)</b>
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**Request -Mt. Pleasant Mental Health Institute  
State Fiscal Year 2016**

**Total Funding Summary:**

<b>State Funding Total</b>	<b>\$6,976,018</b>
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<b>Program</b>	
General Fund	\$6,976,018
Health Care Trust Fund	\$0
Quality Assurance Trust Fund	\$0
Hospital Health Care Access trust Fund	\$0
Other*	\$0
<b>Total</b>	<b>\$6,976,018</b>

\* Other:

<b>Federal Funding Total</b>	<b>\$1,305,000</b>
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<b>Program</b>	
Dual Diagnosis	\$1,305,000
Social Services Block Grant (SSBG)	\$0
Iowa Health and Wellness Plan	\$0
Federal Financial Participation (FFP)	\$0
Other**	\$0
<b>Total</b>	<b>\$1,305,000</b>

\*\* Other:

<b>Other Funding Total</b>	<b>\$955,100</b>
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<b>Program</b>	
Other	\$955,100

Includes Dual Diagnosis county and third party, rents and miscellaneous funds.

<b>Totals</b>	<b>Program</b>
	\$9,236,118

<b>Request Total</b>
<b>\$9,236,118</b>

**FTEs included in request:**

<b>FTEs</b>	<b>97.7</b>
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**Request -Mt. Pleasant Mental Health Institute  
State Fiscal Year 2017**

**Request Total:** \$9,274,615

**General Fund Need:** \$7,014,515

**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 use disorders, 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.

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 reductions) will likely occur.

**SFY15 Enacted Appropriation - 2014 Session**

SFY15 Enacted Appropriation	\$1,417,796
Medical Assistance Adjustment	<u>\$5,752,587</u>
<b>Total State \$ Appropriated:</b>	<u><u>\$7,170,383</u></u>

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	Reallocate State Employee Retirement Incentive Program (SERIP) to Medical Assistance	(\$232,615)
2	Increased cost of services due to inflation (aligned with the April 2014 Consumer Price Index) and growth in amounts paid to other agencies (DAS and Office of the Chief Information Officer (OCIO)). Specific areas of increase include: Pharmaceuticals, food, transportation and utilities, Workers Compensation, Corporate Technology, DAS FMLA and Training, DAS utilities and market services, and inflation (SFY16).	\$38,250
3	Increased cost of services due to inflation (aligned with the April 2014 Consumer Price Index) and growth in amounts paid to other agencies (DAS and Office of the Chief Information Officer (OCIO)). Specific areas of increase include: Pharmaceuticals, food, transportation and utilities, Workers Compensation, Corporate Technology, DAS FMLA and Training, DAS utilities and market services, and inflation (SFY17).	\$38,497
<b>Total Requested for Current Service Level Funding:</b>		<u><u>(\$155,868)</u></u>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$0
<b>Total Requested for Improved Results Funding:</b>		<u><u>\$0</u></u>

<b>General Fund Total</b>	<b>\$7,014,515</b>
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<b>General Fund Change From Prior Year</b>	<b>(\$155,868)</b>
--------------------------------------------	--------------------

**Request -Mt. Pleasant Mental Health Institute  
State Fiscal Year 2017**

**Total Funding Summary:**

<b>State Funding Total</b>	<b>\$7,014,515</b>
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	<b>Program</b>
General Fund	\$7,014,515
Health Care Trust Fund	\$0
Quality Assurance Trust Fund	\$0
Hospital Health Care Access trust Fund	\$0
Other*	\$0
<b>Total</b>	<b>\$7,014,515</b>

\* Other:

<b>Federal Funding Total</b>	<b>\$1,305,000</b>
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	<b>Program</b>
Dual Diagnosis	\$1,305,000
Social Services Block Grant (SSBG)	\$0
Iowa Health and Wellness Plan	\$0
Federal Financial Participation (FFP)	\$0
Other**	\$0
<b>Total</b>	<b>\$1,305,000</b>

\*\* Other:

<b>Other Funding Total</b>	<b>\$955,100</b>
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<b>Program</b>	
Other	\$955,100

Includes Dual Diagnosis county and third party, rents and miscellaneous funds.

<b>Totals</b>	<b>Program</b>
	\$9,274,615

<b>Request Total</b>
<b>\$9,274,615</b>

**FTEs included in request:**

<b>FTEs</b>	<b>97.7</b>
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## 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 require treatment and support at the level of care provided by an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/ID).

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

In SFY14, 10 individuals were admitted and 13 were discharged. At the end of SFY14, 248 individuals resided at GRC. Of these, 247 (99.6 percent) are voluntary and one was involuntarily committed by courts.

- Five are children 17 or younger.
- 207 are adults 18 to 64.
- 36 are adults 65 or older.

Of these individuals:

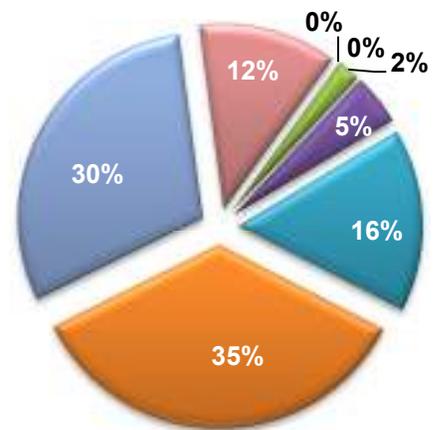
- 77 percent have a dual diagnosis of mental illness and intellectual disability.
- 81 percent have life-threatening eating and chewing disorders (dysphagia) that make it difficult to take in enough food and fluids.
- 65 percent are at high risk for sustaining injuries due to challenging behaviors.
- 59 percent have a seizure disorder.
- 36 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.*

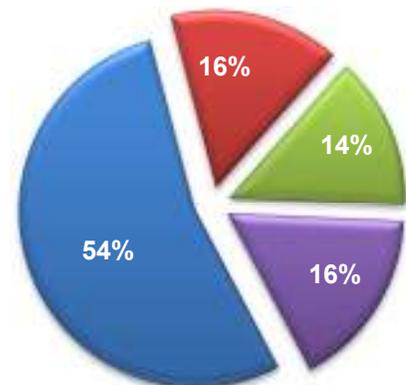
### GRC Individuals Served by Age SFY14 Year-End

- 0-5 (0%)    ■ 6-12 (0%)    ■ 13-17 (2%)
- 18-21 (5%)    ■ 22-34 (16%)    ■ 35-54 (35%)
- 55-65 (30%)    ■ 65+ (12%)



### Intellectual Functioning Level SFY14 Year-End

- Profound - IQ below 20 (54%)
- Severe - 20 to 34 (16%)
- Moderate - 35 to 49 (14%)
- Mild - 50 to 69 (16%)



<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 actively 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 provider.</li> <li>In SFY14, GRC provided daily HCBS non-residential supported community services to 24 individuals at six 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 Data</caption> <thead> <tr> <th>SFY</th> <th>Census</th> </tr> </thead> <tbody> <tr> <td>SFY12</td> <td>263</td> </tr> <tr> <td>SFY13</td> <td>251</td> </tr> <tr> <td>SFY14</td> <td>248</td> </tr> <tr> <td>SFY15 est</td> <td>231</td> </tr> <tr> <td>SFY16 est</td> <td>219</td> </tr> <tr> <td>SFY17 est</td> <td>207</td> </tr> </tbody> </table>	SFY	Census	SFY12	263	SFY13	251	SFY14	248	SFY15 est	231	SFY16 est	219	SFY17 est	207
SFY	Census															
SFY12	263															
SFY13	251															
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SFY15 est	231															
SFY16 est	219															
SFY17 est	207															
	<ul style="list-style-type: none"> <li>✓ 69 percent (581 FTEs) of the staff are direct care, 12 percent (103 FTEs) are treatment professionals, 4 percent (35 FTEs) are maintenance, 8 percent (66 FTEs) are other support staff, and 7 percent (61.12 FTEs) are administrative.</li> <li>✓ In SFY15, 82.1 percent of the Glenwood Resource Center operating budget is for staffing costs and 17.9 percent is for support costs.</li> <li>✓ GRC has 248 operational beds and is the largest ICF/ID in the state.</li> <li>✓ Twelve tenants lease space and operate programs on the GRC campus.</li> <li>✓ GRC maintains 95 buildings and 231.48 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 SFY14:</p> <ul style="list-style-type: none"> <li>GRC had a net decrease in population of 3. In the past five years, GRC has reduced its population by 22 percent.</li> <li>49 percent of GRC individuals earned work wages through employment.</li> <li>100 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 ICF/ID. Private ICF/ID do not include these costs in their per diem.</p> <p>The daily per diem rate is \$830. The total annual cost of care per person served is \$302,862.</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 \$25 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 (7/2014)</p>															

<p><b>Funding Sources</b></p>	<p>The Glenwood 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 SFY16 is \$72,903,765:</p> <ul style="list-style-type: none"> <li>• \$29,930,012 (41.1 percent) is state general fund, including a \$7.3 million transfer from the Medical Assistance appropriation.</li> <li>• \$36,320,659 (49.8 percent) is federal funding.</li> <li>• \$4,774,033 (6.5 percent) is other funding.</li> <li>• \$1,879,061 (2.6 percent) is client participation.</li> </ul> <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>SFY16 Funding</b></p> <ul style="list-style-type: none"> <li>■ State General Fund (41%)*</li> <li>■ Federal (50%)</li> <li>■ Client Participation (3%)</li> <li>■ Other Funds (6%)</li> </ul> <p>* Includes Medical Assistance Appropriation</p>
<p><b>SFY16 &amp; SFY17 Budget Drivers</b></p>	<p>The total SFY16 GRC budget request reflects a \$885,075 (4.1 percent) general fund increase from the SFY15 Enacted Appropriation.</p> <p>The total SFY17 GRC budget request reflects a \$1,482,717 (6.8 percent) general fund increase from the SFY15 Enacted Appropriation.</p> <p>The key budget drivers of the increases are:</p> <ul style="list-style-type: none"> <li>• Reallocate State Employee Retirement Incentive Program (SERIP) funds to Medical Assistance.</li> <li>• Declining FMAP rate, \$992,094 in SFY16 and \$458,985 in SFY17. The federal share has decreased as Iowa's economy improves relative to other states.</li> <li>• Increased costs of food, pharmaceuticals, utilities and other, \$124,058 in SFY16 and \$138,657 in SFY17.</li> </ul> <p>The total SFY16 budget reflects an overall decrease of \$1,499,354 (-2.0 percent) from SFY15 and the total SFY17 budget reflects a \$1,877,320 (-2.5 percent) decrease from SFY15.</p>	<p><b>Total Budget Funding Mix</b></p> <ul style="list-style-type: none"> <li>■ State General Fund</li> <li>■ Federal</li> <li>■ Client Participation</li> <li>■ Other Funding</li> </ul>
<p><b>Legal Basis</b></p>	<p><b>Federal:</b></p> <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> <p>✓ <i>The impact of not funding the increased cost of services will be an estimated loss of 17.3 FTEs in SFY16 and 26.6 FTEs in SFY17</i></p> <p>✓ <i>As the revenues and census continue to decline at both resource centers, each will continue to "right size" to match the needs and number of individuals served.</i></p>	

**State:**

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

**Request -Glenwood Resource Center  
State Fiscal Year 2016**

**Request Total:** \$72,903,765

**General Fund Need:** \$22,580,341

**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 144 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 SFY14, year-end census at Glenwood Resource Center ICF/ID was 248, SFY15 year-end target estimated at 231 and SFY16 estimated at 219. The state appropriation allows the Glenwood Resource Center to continue service to individuals who are Medicaid-eligible by providing the non-federal share of the per diem.

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 reductions) will likely occur.

**SFY15 Enacted Appropriation - 2014 Session**

SFY15 Enacted Appropriation \$21,695,266

**Total State \$ Appropriated:** \$21,695,266

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	Reallocate State Employee Retirement Incentive Program (SERIP) to Medical Assistance	(\$231,077)
2	Increased cost of services due to inflation (aligned with the April 2014 Consumer Price Index) and growth in amounts paid to other agencies (DAS and Office of the Chief Information Officer (OCIO)). Specific areas of increase include: Pharmaceuticals, food, transportation and utilities, Workers Compensation, Corporate Technology, DAS FMLA and Training, DAS utilities and market services, and inflation.	\$124,058
3	Federal Medicaid Assistance Percentage rate adjustment for Glenwood Resource Center (SFY16)	\$992,094
<b>Total Requested for Current Service Level Funding:</b>		<u>\$885,075</u>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$0
<b>Total Requested for Improved Results Funding:</b>		<u>\$0</u>

<b>General Fund Total</b>	<b>\$22,580,341</b>
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<b>General Fund Change From Prior Year</b>	<b>\$885,075</b>
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**Request -Glenwood Resource Center  
State Fiscal Year 2016**

**Total Funding Summary:**

<b>State Funding Total</b>		<b>\$29,930,012</b>
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	<b>Program</b>
General Fund	\$22,580,341
Medical Assistance	\$7,349,671
Quality Assurance Trust Fund	\$0
Hospital Health Care Access trust Fund	\$0
Other	\$0
<b>Total</b>	<b>\$29,930,012</b>

<b>Federal Funding Total</b>		<b>\$36,320,659</b>
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	<b>Program</b>
Medicaid	\$36,320,659
Social Services Block Grant (SSBG)	\$0
Iowa Health and Wellness Plan	\$0
Federal Financial Participation (FFP)	\$0
Other	\$0
<b>Total</b>	<b>\$36,320,659</b>

<b>Other Funding Total</b>		<b>\$6,653,094</b>
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<b>Program</b>	
Other	\$6,653,094

Includes revenue from community based services that GRC provides through the Home and Community Based Services waiver (\$ 2.2 million), leases, rentals and miscellaneous funds.

<b>Totals</b>	<b>Program</b>
	\$72,903,765

<b>Request Total</b>
<b><u>\$72,903,765</u></b>

**FTEs included in request:**

<b>FTEs</b>	<b>846.1</b>
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**Request -Glenwood Resource Center  
State Fiscal Year 2017**

**Request Total:** \$72,525,798

**General Fund Need:** \$23,177,983

**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 144 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 SFY14, year-end census at Glenwood Resource Center ICF/ID was 248, SFY15 year-end target estimated at 231, SFY16 estimated at 219 and SFY17 estimated at 207. The state appropriation allows the Glenwood Resource Center to continue service to individuals who are Medicaid-eligible by providing the non-federal share of the per diem.

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 reductions) will likely occur.

**SFY15 Enacted Appropriation - 2014 Session**

SFY15 Enacted Appropriation \$21,695,266

**Total State \$ Appropriated:** \$21,695,266

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	Reallocate State Employee Retirement Incentive Program (SERIP) to Medical Assistance	(\$231,077)
2	Increased cost of services due to inflation (aligned with the April 2014 Consumer Price Index) and growth in amounts paid to other agencies (DAS and Office of the Chief Information Officer (OCIO)). Specific areas of increase include: Pharmaceuticals, food, transportation and utilities, Workers Compensation, Corporate Technology, DAS FMLA and Training, DAS utilities and market services, and inflation (SFY16).	\$124,058
3	Increased cost of services due to inflation (aligned with the April 2014 Consumer Price Index) and growth in amounts paid to other agencies (DAS and Office of the Chief Information Officer (OCIO)). Specific areas of increase include: Pharmaceuticals, food, transportation and utilities, Workers Compensation, Corporate Technology, DAS FMLA and Training, DAS utilities and market services, and inflation (SFY17).	\$138,657
4	Federal Medicaid Assistance Percentage rate adjustment for Glenwood Resource Center (SFY16)	\$992,094
5	Federal Medicaid Assistance Percentage rate adjustment for Glenwood Resource Center (SFY17)	\$458,985
<b>Total Requested for Current Service Level Funding:</b>		<u>\$1,482,717</u>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$0
<b>Total Requested for Improved Results Funding:</b>		<u>\$0</u>

<b>General Fund Total</b>	<b>\$23,177,983</b>
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<b>General Fund Change From Prior Year</b>	<b>\$1,482,717</b>
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**Request -Glenwood Resource Center  
State Fiscal Year 2017**

**Total Funding Summary:**

<b>State Funding Total</b>	<b>\$30,114,875</b>
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	<b>Program</b>
General Fund	\$23,177,983
Medicaid Assistance	\$6,936,892
Quality Assurance Trust Fund	\$0
Hospital Health Care Access trust Fund	\$0
Other	\$0
<b>Total</b>	<b>\$30,114,875</b>

<b>Federal Funding Total</b>	<b>\$35,864,482</b>
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	<b>Program</b>
Medicaid	\$35,864,482
Social Services Block Grant (SSBG)	\$0
Iowa Health and Wellness Plan	\$0
Federal Financial Participation (FFP)	\$0
Other	\$0
<b>Total</b>	<b>\$35,864,482</b>

<b>Other Funding Total</b>	<b>\$6,546,441</b>
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<b>Program</b>	
Other	\$6,546,441

Includes revenue from community based services that GRC provides through the Home and Community Based Services waiver (\$2.2 million), leases, rentals and miscellaneous funds.

<b>Totals</b>	<b>Program</b>
	\$72,525,798

<b>Request Total</b>
<b>\$72,525,798</b>

**FTEs included in request:**

<b>FTEs</b>	<b>846.1</b>
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## 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 SFY14, 11 individuals were admitted and 31 were discharged. At the end of SFY14, 157 individuals resided at WRC. Of these, 135 (86 percent) are voluntary and 19 (12 percent) are involuntarily committed by courts.

- Four are children 17 or younger.
- 140 are adults 18 to 64.
- 13 are adults 65 or older.

Of these individuals:

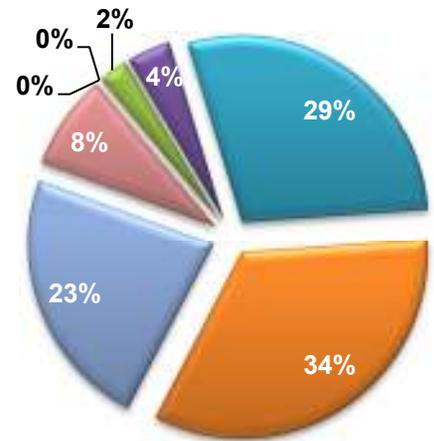
- 87 percent have a dual diagnosis of mental illness and intellectual disability.
- 45 percent have a life-threatening eating and chewing disorder (dysphagia) that makes it difficult to take in enough food and fluids.
- 50 percent are at high risk for sustaining injuries due to challenging behaviors.
- 37 percent have a seizure disorder.
- 23 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.*

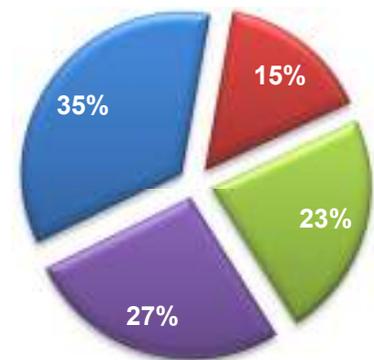
### WRC Individuals Served by Age at SFY14 Year-End

- 0-5 (0%)   ■ 6-12 (0%)   ■ 13-17 (2%)
- 18-21 (4%)   ■ 22-34 (29%)   ■ 35-54 (34%)
- 55-65 (29%)   ■ 65+ (8%)



### Intellectual Functioning Level at SFY14 Year-End

- Profound - IQ below 20 (35%)
- Severe - 20 to 34 (15%)
- Moderate - 35 to 49 (23%)
- Mild - 50 to 69 (27%)



**Services**

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

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

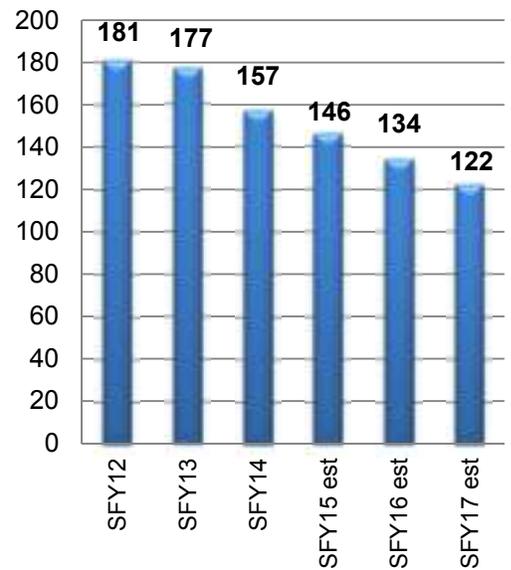
**WRC Home & Community-Based Services (HCBS)**

- WRC is also a Medicaid funded Home and Community Based Services provider.
- In SFY14, WRC provided daily HCBS non-residential supported community services to 44 individuals at 12 locations throughout central Iowa.

**Iowa Technical Assistance and Behavioral Supports (I-TABS)**

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

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



- ✓ *66 percent (425 FTEs) of the staff are direct care, 12 percent (75.6 FTEs) are treatment professionals, 6 percent (38 FTEs) are maintenance, 8 percent (49.65 FTEs) are other support staff, and 8 percent (55.22 FTEs) are administrative.*
- ✓ *In SFY15, 84 percent of the Woodward Resource Center operating budget is for staffing costs and 16 percent is for support costs.*
- ✓ *WRC has 157 operational beds and is the second largest ICF/ID in the state.*
- ✓ *Two tenants lease space and operate programs on the WRC campus.*
- ✓ *WRC maintains 92 buildings on 1,144.4 total acreage (460.8 acres managed by WRC and 683.6 acres managed by Iowa Prison Industries as rented farmland.)*

**Goals & Strategies**

Goal: Promote choice for persons with disabilities.

Strategy:

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

Results in SFY14

- WRC had a net decrease in population of 20. In the past five years, WRC reduced its population by 27 percent.
- 79 percent of WRC individuals earned work wages through employment.
- 100 percent of WRC discharged individuals remained in the community at least 180 days after discharge.

<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 ICF/ID. Private ICF/ID do not include these costs in their per diem.</p> <p>Daily per diem rate is \$936. Total annual cost of care per person served is \$341,655.</p> <p>✓ <i>WRC is in the top ten of the largest employers in Boone and Dallas Counties with an estimated \$29 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 (7/2014)</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 SFY16 is \$54,655,654:</p> <ul style="list-style-type: none"> <li>• \$21,177,749 (38.7 percent) is state general fund, including a \$5.8 million transfer from the Medical Assistance appropriation.</li> <li>• \$24,521,402 (44.9 percent) is federal funding.</li> <li>• \$7,738,867 (14.2 percent) is other funding.</li> <li>• \$1,217,636 (2.2 percent) is client participation.</li> </ul> <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 style="text-align: center;"><b>SFY16 Funding</b></p> <ul style="list-style-type: none"> <li>■ State General Fund (39%)*</li> <li>■ Federal (45%)</li> <li>■ Client Participation (2%)</li> <li>■ Other Funds (14%)</li> </ul> <p style="text-align: center;">*Includes Medical Assistance Appropriation</p>
<p>✓ <i>Federal Medical Assistance Percentage is projected to decrease from 56.14 percent in SFY15 to 54.65 percent in SFY16 and 53.96 percent in SFY17.</i></p>		

## SFY16 & SFY17 Budget Drivers

The total SFY16 WRC budget request reflects a \$521,124 (3.5 percent) general fund increase from the SFY15 Enacted Appropriation

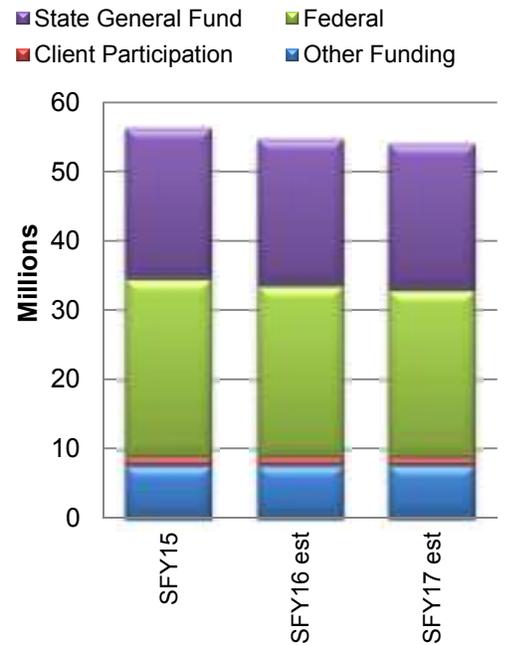
The total SFY17 WRC budget request reflects a \$936,631 (6.3 percent) general fund increase from the SFY15 Enacted Appropriation

The key budget drivers of the increases are:

- Reallocate State Employee Retirement Incentive Program (SERIP) funds to Medical Assistance.
- Declining FMAP rate, \$669,808 in SFY16 and \$306,855 in SFY17. The federal share has decreased as Iowa's economy improves relative to other states.
- Increased costs of food, pharmaceuticals, utilities and other, \$52,435 in SFY16 and \$108,652 in SFY17.

The total SFY16 budget reflects an overall decrease of \$1,518,707 (-2.7 percent) from SFY15 and the total SFY17 budget reflects a \$2,238,133 (-3.9percent) decrease from SFY15.

### Total Budget Funding Mix



- ✓ *The impact of not funding increased cost of services will be an estimated loss of 11.2 FTEs in SFY16 and 17.6 FTEs in SFY17.*
- ✓ *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 and 481 IAC 50, 52, and 64.

**Request -Woodward Resource Center  
State Fiscal Year 2016**

**Request Total:** \$54,655,654

**General Fund Need:** \$15,376,817

**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 144 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 SFY14, year-end census at Woodward Resource Center ICF/ID was 157, SFY15 year-end target estimated at 146 and SFY16 estimated at 134. The state appropriation allows the Woodward Resource Center to continue service to individuals who are Medicaid-eligible by providing the non-federal share of the per diem.

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 reductions) will likely occur.

**SFY15 Enacted Appropriation - 2014 Session**

SFY15 Enacted Appropriation \$14,855,693

**Total State \$ Appropriated:** \$14,855,693

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	Reallocate State Employee Retirement Incentive Program (SERIP) to Medical Assistance	(\$201,119)
2	Increased cost of services due to inflation (aligned with the April 2014 Consumer Price Index) and growth in amounts paid to other agencies (DAS and Office of the Chief Information Officer (OCIO)). Specific areas of increase include: Pharmaceuticals, food, transportation and utilities, Workers Compensation, Corporate Technology, DAS FMLA and Training, DAS utilities and market services, and inflation.	\$52,435
3	Federal Medicaid Assistance Percentage rate adjustment for Woodward Resource Center (SFY16)	\$669,808
<b>Total Requested for Current Service Level Funding:</b>		<u>\$521,124</u>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$0
<b>Total Requested for Improved Results Funding:</b>		<u>\$0</u>

<b>General Fund Total</b>	<b>\$15,376,817</b>
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<b>General Fund Change From Prior Year</b>	<b>\$521,124</b>
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**Request -Woodward Resource Center  
State Fiscal Year 2016**

**Total Funding Summary:**

<b>State Funding Total</b>	<b>\$21,177,749</b>
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	<b>Program</b>
General Fund	\$15,376,817
Medicaid Assistance	\$5,800,932
Quality Assurance Trust Fund	\$0
Hospital Health Care Access trust Fund	\$0
Other	\$0
<b>Total</b>	<b>\$21,177,749</b>

<b>Federal Funding Total</b>	<b>\$24,521,402</b>
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	<b>Program</b>
Medicaid	24,521,402
Social Services Block Grant (SSBG)	\$0
Iowa Health and Wellness Plan	\$0
Federal Financial Participation (FFP)	\$0
Other	\$0
<b>Total</b>	<b>\$24,521,402</b>

<b>Other Funding Total</b>	<b>\$8,956,503</b>
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<b>Program</b>	
Other	\$8,956,503

Includes revenue from community based services that WRC provides through the Home and Community Based Service Waiver (\$ 4.5 million), leases, rentals, and miscellaneous revenue.

<b>Totals</b>	<b>Program</b>
	\$54,655,654

**Request Total**  
\$54,655,654

**FTEs included in request:**

<b>FTEs</b>	<b>643.5</b>
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**Request -Woodward Resource Center  
State Fiscal Year 2017**

**Request Total:** \$53,936,228

**General Fund Need:** \$15,792,324

**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 144 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 SFY14, year-end census at Woodward Resource Center ICF/ID was 157, SFY15 year-end target estimated at 146, SFY16 estimated at 134 and SFY17 estimated at 122. The state appropriation allows the Woodward Resource Center to continue service to individuals who are Medicaid-eligible by providing the non-federal share of the per diem.

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 reductions) will likely occur.

**SFY15 Enacted Appropriation - 2014 Session**

SFY15 Enacted Appropriation \$14,855,693

**Total State \$ Appropriated:** \$14,855,693

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	Reallocate State Employee Retirement Incentive Program (SERIP) to Medical Assistance	(\$201,119)
2	Increased cost of services due to inflation (aligned with the April 2014 Consumer Price Index) and growth in amounts paid to other agencies (DAS and Office of the Chief Information Officer (OCIO)). Specific areas of increase include: Pharmaceuticals, food, transportation and utilities, Workers Compensation, Corporate Technology, DAS FMLA and Training, DAS utilities and market services, and inflation (SFY16).	\$52,435
3	Increased cost of services due to inflation (aligned with the April 2014 Consumer Price Index) and growth in amounts paid to other agencies (DAS and Office of the Chief Information Officer (OCIO)). Specific areas of increase include: Pharmaceuticals, food, transportation and utilities, Workers Compensation, Corporate Technology, DAS FMLA and Training, DAS utilities and market services, and inflation (SFY17).	\$108,652
4	Federal Medicaid Assistance Percentage rate adjustment for Woodard Resource Center (SFY16)	\$669,808
5	Federal Medicaid Assistance Percentage rate adjustment for Woodard Resource Center (SFY17)	\$306,855
<b>Total Requested for Current Service Level Funding:</b>		<u>\$936,631</u>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$0
<b>Total Requested for Improved Results Funding:</b>		<u>\$0</u>

<b>General Fund Total</b>	<b>\$15,792,324</b>
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<b>General Fund Change From Prior Year</b>	<b>\$936,631</b>
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**Request -Woodward Resource Center  
State Fiscal Year 2017**

**Total Funding Summary:**

<b>State Funding Total</b>	<b>\$21,077,891</b>
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	<b>Program</b>
General Fund	\$15,792,324
Medicaid Assistance	\$5,285,567
Quality Assurance Trust Fund	\$0
Hospital Health Care Access trust Fund	\$0
Other	\$0
<b>Total</b>	<b>\$21,077,891</b>

<b>Federal Funding Total</b>	<b>\$23,971,585</b>
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	<b>Program</b>
Medicaid	23,971,585
Social Services Block Grant (SSBG)	\$0
Iowa Health and Wellness Plan	\$0
Federal Financial Participation (FFP)	\$0
Other	\$0
<b>Total</b>	<b>\$23,971,585</b>

<b>Other Funding Total</b>	<b>\$8,886,752</b>
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<b>Program</b>	
Other	\$8,886,752

Includes revenue from community based services that WRC provides through the Home and Community Based Service Waiver (\$ 4.5 million), leases, rentals, and miscellaneous revenue.

<b>Totals</b>	<b>Program</b>
	\$53,936,228

**Request Total**  
\$53,936,228

**FTEs included in request:**

<b>FTEs</b>	<b>643.5</b>
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# 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 or remaining in their community placements. It covers items such as rent, utilities, and other items for interim housing needs. Most transition funding comes from Medicaid or other sources.</p> <p>Education Services: Conner funds support the <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 SFY14</b></p> <table border="1"> <caption>Expenditures SFY14 (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 SFY14:</p> <ul style="list-style-type: none"> <li>• 22 individuals transitioning from the resource centers were supported by Conner funds.</li> <li>• 1 individual who had resided in a resource center was supported in remaining in the community.</li> </ul>						
<b>Cost of Services</b>	<p>Of the \$33,622 appropriation in SFY14, \$20,676 supported the transition of 22 individuals moving to community settings and 1 individual to remain in their community. The average cost per person was \$940. About \$12,946 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>SFY16 &amp; SFY17 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>							

**Request -Conner Training  
State Fiscal Year 2016**

**Request Total:** \$33,632

**General Fund Need:** \$33,632

**Request Description:**

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

**SFY15 Enacted Appropriation - 2014 Session**

SFY15 Enacted Appropriation \$33,632

**Total State \$ Appropriated:** \$33,632

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
		\$0
<b>Total Requested for Current Service Level Funding:</b>		<u>\$0</u>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$0
<b>Total Requested for Improved Results Funding:</b>		<u>\$0</u>

<b>General Fund Total</b>	<b>\$33,632</b>
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<b>General Fund Change From Prior Year</b>	<b>\$0</b>
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**Request -Conner Training  
State Fiscal Year 2016**

**Total Funding Summary:**

<b>State Funding Total</b>		<b>\$33,632</b>
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<b>Program</b>	
General Fund	\$33,632
Health Care Trust Fund	\$0
Quality Assurance Trust Fund	\$0
Hospital Health Care Access trust Fund	\$0
Other*	\$0
<b>Total</b>	<b>\$33,632</b>

\* Other:

<b>Federal Funding Total</b>		<b>\$0</b>
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<b>Program</b>	
Temporary Assistance to Needy Families (TANF)	\$0
Social Services Block Grant (SSBG)	\$0
Iowa Health and Wellness Plan	\$0
Federal Financial Participation (FFP)	\$0
Other**	\$0
<b>Total</b>	<b>\$0</b>

\*\* Other:

<b>Other Funding Total</b>		<b>\$0</b>
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<b>Program</b>	
Other***	\$0

\*\*\*Other:

<b>Totals</b>	<b>Program</b>
	\$33,632

**Request Total**  
\$33,632

**FTEs included in request:**

<b>FTEs</b>	-
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**Request -Conner Training  
State Fiscal Year 2017**

**Request Total:** \$33,632

**General Fund Need:** \$33,632

**Request Description:**

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

**SFY15 Enacted Appropriation - 2014 Session**

SFY15 Enacted Appropriation \$33,632

**Total State \$ Appropriated:** \$33,632

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
		\$0
<b>Total Requested for Current Service Level Funding:</b>		<u>\$0</u>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$0
<b>Total Requested for Improved Results Funding:</b>		<u>\$0</u>

<b>General Fund Total</b>	<b>\$33,632</b>
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<b>General Fund Change From Prior Year</b>	<b>\$0</b>
--------------------------------------------	------------

**Request -Conner Training  
State Fiscal Year 2017**

**Total Funding Summary:**

<b>State Funding Total</b>	<b>\$33,632</b>
----------------------------	-----------------

	<b>Program</b>
General Fund	\$33,632
Health Care Trust Fund	\$0
Quality Assurance Trust Fund	\$0
Hospital Health Care Access trust Fund	\$0
Other*	\$0
<b>Total</b>	<b>\$33,632</b>

\* Other:

<b>Federal Funding Total</b>	<b>\$0</b>
------------------------------	------------

	<b>Program</b>
Temporary Assistance to Needy Families (TANF)	\$0
Social Services Block Grant (SSBG)	\$0
Iowa Health and Wellness Plan	\$0
Federal Financial Participation (FFP)	\$0
Other**	\$0
<b>Total</b>	<b>\$0</b>

\*\* Other:

<b>Other Funding Total</b>	<b>\$0</b>
----------------------------	------------

	<b>Program</b>
Other***	\$0

\*\*\*Other:

<b>Totals</b>	<b>Program</b>
	\$33,632

<b>Request Total</b>
<b>\$33,632</b>

**FTEs included in request:**

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



## Purpose

Civil Commitment Unit for Sexual Offenders (CCUSO) provides secure, long term, highly structured inpatient treatment for violent sexual predators who have served their prison terms but in a separate civil trial have been found likely to commit further violent sexual offenses. CCUSO had 101 patients in-house as of June 30, 2014.

## Who Is Helped

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

The department may not deny a court-ordered admission.

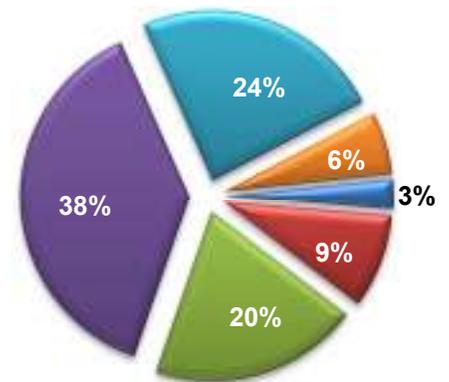
Annual court reviews of each individual's progress are required to determine if the commitment will continue.

All patients are male. There are 101 men in the program as of June 2014. In SFY14 there were 4 admissions. Ages range from 20 to 80 with the average age of 50.2.

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

### Age of Patients Served in SFY14

- 25 & under (3%)
- 26-35 (9%)
- 36-45 (20%)
- 46-55 (38%)
- 56-65 (24%)
- >65 (6%)



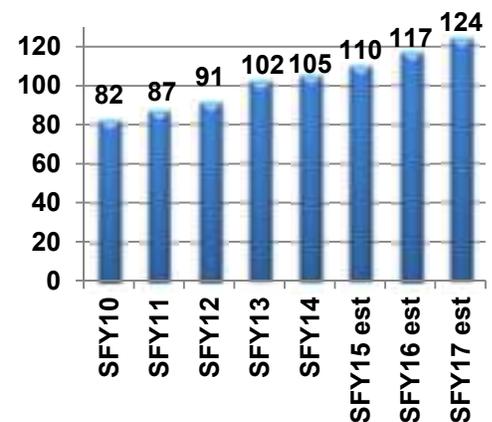
- ✓ *There are 21 states with inpatient treatment programs like CCUSO. One state operates as an outpatient treatment program for committed sexually violent offenders.*
- ✓ *Courts have determined that treatment programs like CCUSO are constitutional if they provide treatment services.*

## Services

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

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

### Trend of Number Served\*



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

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

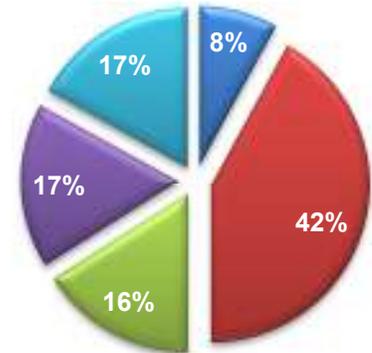
Patients are discharged only after the court has determined the patient is ready to reside in the community. However, patients can be discharged at any point in treatment, once the court has determined the patient no longer meets the legal criteria for commitment.

Since the program began in 1999 and through June 30, 2014, 27 patients have left CCUSO:

- 7 died
- 20 releases when court determined no longer met commitment criteria

### Patient Treatment Phase SFY14

- Phase 1 (8%)
- Phase 2 (42%)
- Phase 3 (16%)
- Phase 4 (17%)
- Phase 5 (17%)



- ✓ *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 SFY14 there were 136 such visits.*
- ✓ *78 percent (103 FTEs) of the staff are direct care, 14 percent (19 FTEs) are professional and treatment professionals, 3 percent (4 FTEs) are other support staff, and 5 percent (6.5 FTEs) are administrative.*
- ✓ *In SFY15, 82 percent of the CCUSO operating budget is for staffing costs and 18 percent is for support costs.*
- ✓ *The SFY16 and SFY17 budget requests assume a modest increase in overall in-house census. Staying within this modest estimated census growth will require that the number of discharges from the program must nearly equal the number of new admissions. Given the uncertainties in accurately projecting court decisions both into and out of CCUSO, this cannot be guaranteed. If the in-house census rises more quickly than what is budgeted for, additional funding will be needed to hire more staff to keep the program safe for patients and staff and to meet the constitutional treatment requirements.*

### Goals & Strategies

Goal: Effectively Manage Resources

Strategy:

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

Results in SFY14:

- As of June 30, 2014, there were 16 patients in transitional release, and six patients in release with supervision.
- Fifteen seconds of restraint is used per 1,000 hours of inpatient hours.

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

<b>Cost of Services</b>	<p>Daily per diem rate: \$249</p> <p>Annual cost of care per person: \$89,905</p> <ul style="list-style-type: none"> <li>✓ <i>CCUSO is estimated to have a \$4.4 million economic impact on the community.</i></li> <li>✓ <i>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.</i></li> <li>✓ <i>CCUSO co-campuses with Cherokee MHI and purchases support services from Cherokee MHI.</i></li> </ul>																
<b>Funding Sources</b>	<p>CCUSO is funded by state general funds.</p> <p>The total budget for SFY16 is \$9,942,507:</p> <ul style="list-style-type: none"> <li>• \$9,937,467 (99.99 percent) is state general fund.</li> <li>• A nominal \$5,040 is collected through room rentals.</li> </ul> <p>✓ <i>When patients in transitional release are employed, they pay housing rental.</i></p>																
<b>SFY16 &amp; SFY17 Budget Drivers</b>	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>The total SFY16 CCUSO budget request reflects a \$13,904 (less than 1 percent) general fund increase from the SFY15 Enacted Appropriation.</p> <p>The total SFY17 CCUSO budget request reflects a \$98,128 (1.0 percent) general fund increase from the SFY15 Enacted Appropriation.</p> <p>The key budget drivers of the increases are:</p> <ul style="list-style-type: none"> <li>• Reallocate State Employee Retirement Incentive Program (SERIP) funds to Medical Assistance.</li> <li>• Increased costs of food, pharmaceuticals, utilities, and other items is \$44,388 in SFY16 and \$45,383 in SFY17.</li> <li>• Decreased costs for patient support and associated per diem is \$18,084 in SFY16 and \$38,841 increase in SFY17.</li> </ul> </div> <div style="width: 35%; text-align: center;"> <p><b>Total Budget</b></p> <table border="1" style="margin-top: 10px;"> <caption>Total Budget Data (Millions)</caption> <thead> <tr> <th>Fiscal Year</th> <th>State General Fund</th> <th>Other Funds*</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>SFY15</td> <td>~\$9.94</td> <td>~\$0.06</td> <td>~\$10.00</td> </tr> <tr> <td>SFY16 est</td> <td>~\$9.94</td> <td>~\$0.06</td> <td>~\$10.00</td> </tr> <tr> <td>SFY17 est</td> <td>~\$9.94</td> <td>~\$0.06</td> <td>~\$10.00</td> </tr> </tbody> </table> <p>*Includes \$5,040 in Other Funds, SFY15-SFY17.</p> </div> </div> <p>✓ <i>The impact of not funding the increased in cost of services will be an estimated loss of 0.3 FTEs in SFY16 and 1.7 FTEs in SFY17.</i></p>	Fiscal Year	State General Fund	Other Funds*	Total	SFY15	~\$9.94	~\$0.06	~\$10.00	SFY16 est	~\$9.94	~\$0.06	~\$10.00	SFY17 est	~\$9.94	~\$0.06	~\$10.00
Fiscal Year	State General Fund	Other Funds*	Total														
SFY15	~\$9.94	~\$0.06	~\$10.00														
SFY16 est	~\$9.94	~\$0.06	~\$10.00														
SFY17 est	~\$9.94	~\$0.06	~\$10.00														
<b>Legal Basis</b>	<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 2016**

**Request Total:** \$9,942,507

**General Fund Need:** \$9,937,467

**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 SFY15 there were 101 patients in the program. It is projected that 107 patients will be in the program by the end of SFY15, and 114 individuals by the end of SFY16. 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.

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 reductions) will likely occur.

**SFY15 Enacted Appropriation - 2014 Session**

SFY15 Enacted Appropriation \$9,923,563

**Total State \$ Appropriated:** \$9,923,563

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	Reallocate State Employee Retirement Incentive Program (SERIP) to Medical Assistance	(\$12,400)
2	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 7 patients in SFY16. Increased cost of services due to inflation (aligned with April 2014 Consumer Price Index) and growth in amounts paid to other agencies (DAS and Office of the Chief Information Officer (OCIO)). Specific areas of increase include: Pharmaceuticals, food, transportation, Workers Compensation, Corporate Technology, DAS FMLA and Training, DAS utilities and market services, and inflation.	\$44,388
3	Per Chapter 229A of the Code of Iowa, DHS does not have the authority to deny court-ordered admissions to CCUSO. Funding represents adjustment to patient per diem rate including the anticipated population increase of 7 additional court-ordered patients by the end of SFY16.	(\$18,084)
<b>Total Requested for Current Service Level Funding:</b>		<u>\$13,904</u>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$0
<b>Total Requested for Improved Results Funding:</b>		<u>\$0</u>

<b>General Fund Total</b>	<b>\$9,937,467</b>
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<b>General Fund Change From Prior Year</b>	<b>\$13,904</b>
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**Request - Civil Commitment Unit for Sexual Offenders  
State Fiscal Year 2016**

**Total Funding Summary:**

<b>State Funding Total</b>		<b>\$9,937,467</b>
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<b>Program</b>	
General Fund	\$9,937,467
Health Care Trust Fund	\$0
Quality Assurance Trust Fund	\$0
Hospital Health Care Access trust Fund	\$0
Other*	\$0
<b>Total</b>	<b>\$9,937,467</b>

\* Other:

<b>Federal Funding Total</b>		<b>\$0</b>
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<b>Program</b>	
Temporary Assistance to Needy Families (TANF)	\$0
Social Services Block Grant (SSBG)	\$0
Iowa Health and Wellness Plan	\$0
Federal Financial Participation (FFP)	\$0
Other**	\$0
<b>Total</b>	<b>\$0</b>

\*\* Other:

<b>Other Funding Total</b>		<b>\$5,040</b>
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<b>Program</b>	
Other	\$5,040
Rental income	

<b>Totals</b>	<b>Program</b>
	\$9,942,507

<b>Request Total</b>
<b><u>\$9,942,507</u></b>

**FTEs included in request:**

<b>FTEs</b>	<b>132.5</b>
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The SFY16 & SFY17 budget requests assume a modest increase in overall in-house census. Staying within this modest estimated census growth will require that the number of discharges from the program must nearly equal the number of new admissions. Given the uncertainties in accurately projecting court decisions both into and out of CCUSO this cannot be guaranteed. If the in-house census rises more quickly than what is budgeted for, additional funding will be needed to hire more staff to keep the program safe for patients and staff and to meet the constitutional treatment requirements.

**Request - Civil Commitment Unit for Sexual Offenders  
State Fiscal Year 2017**

**Request Total:** \$10,026,731

**General Fund Need:** \$10,021,691

**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 SFY15 there were 101 patients in the program. It is projected that 107 patients will be in the program by the end of SFY15, and 114 individuals by the end of SFY16, and 121 by the end of SFY17. 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.

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 reductions) will likely occur.

**SFY15 Enacted Appropriation - 2014 Session**

SFY15 Enacted Appropriation \$9,923,563

**Total State \$ Appropriated:** \$9,923,563

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	Reallocate State Employee Retirement Incentive Program (SERIP) to Medical Assistance	(\$12,400)
2	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 7 patients in SFY16. Increased cost of services due to inflation (aligned with April 2014 Consumer Price Index) and growth in amounts paid to other agencies (DAS and Office of the Chief Information Officer (OCIO)). Specific areas of increase include: Pharmaceuticals, food, transportation, Workers Compensation, Corporate Technology, DAS FMLA and Training, DAS utilities and market services, and inflation (SFY16).	\$44,388
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 7 patients in SFY16. Increased cost of services due to inflation (aligned with April 2014 Consumer Price Index) and growth in amounts paid to other agencies (DAS and Office of the Chief Information Officer (OCIO)). Specific areas of increase include: Pharmaceuticals, food, transportation, Workers Compensation, Corporate Technology, DAS FMLA and Training, DAS utilities and market services, and inflation (SFY17).	\$45,383
4	Per Chapter 229A of the Code of Iowa, DHS does not have the authority to deny court-ordered admissions to CCUSO. Funding represents adjustment to patient per diem rate including the anticipated population increase of 7 additional court-ordered patients by the end of SFY16.	(\$18,084)
5	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 7 additional court-ordered patients by the end of SFY17.	\$38,841
<b>Total Requested for Current Service Level Funding:</b>		<u>\$98,128</u>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$0
<b>Total Requested for Improved Results Funding:</b>		<u>\$0</u>

**Request - Civil Commitment Unit for Sexual Offenders  
State Fiscal Year 2017**

<b>General Fund Total</b>	<b>\$10,021,691</b>
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<b>General Fund Change From Prior Year</b>	<b>\$98,128</b>
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**Total Funding Summary:**

<b>State Funding Total</b>	<b>\$10,021,691</b>
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	<b>Program</b>
General Fund	\$10,021,691
Health Care Trust Fund	\$0
Quality Assurance Trust Fund	\$0
Hospital Health Care Access trust Fund	\$0
Other*	\$0
<b>Total</b>	<b>\$10,021,691</b>

\* Other:

<b>Federal Funding Total</b>	<b>\$0</b>
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	<b>Program</b>
Temporary Assistance to Needy Families (TANF)	\$0
Social Services Block Grant (SSBG)	\$0
Iowa Health and Wellness Plan	\$0
Federal Financial Participation (FFP)	\$0
Other**	\$0
<b>Total</b>	<b>\$0</b>

\*\* Other:

<b>Other Funding Total</b>	<b>\$5,040</b>
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<b>Program</b>	
Other	\$5,040
Rental income	

<b>Totals</b>	<b>Program</b>
	\$10,026,731

**Request Total**  
**\$10,026,731**

**FTEs included in request:**

<b>FTEs</b>	<b>132.5</b>
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The SFY16 & SFY17 budget requests assume a modest increase in overall in-house census. Staying within this modest estimated census growth will require that the number of discharges from the program must nearly equal the number of new admissions. Given the uncertainties in accurately projecting court decisions both into and out of CCUSO this cannot be guaranteed. If the in-house census rises more quickly than what is budgeted for, additional funding will be needed to hire more staff to keep the program safe for patients and staff and to meet the constitutional treatment requirements.

# State Payment Program



## Purpose

The purpose of the State Payment Program (SPP) is to maintain and improve the self-sufficiency of adults with a mental illness, intellectual disability, brain injury, and/or a developmental disability that have not established residency.

## Who Is Helped

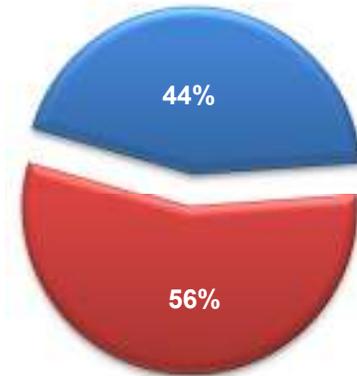
Individuals with a mental illness, intellectual disability, brain injury, and/or developmental disability that the MHDS region serves that are residents of Iowa, but who have not established county residence as established in Iowa Code 331.394.

In SFY14, SPP served a total of 18 persons:

- 8 individuals with mental illness, and
- 10 individuals with chronic mental illness

### Clients Served by Diagnosis in SFY14

- Mental Illness (44%)
- Chronic Mental Illness (56%)
- Intellectual Disabilities (0%)
- Other Developmental Disabilities (0%)
- Brain Injury (0%)



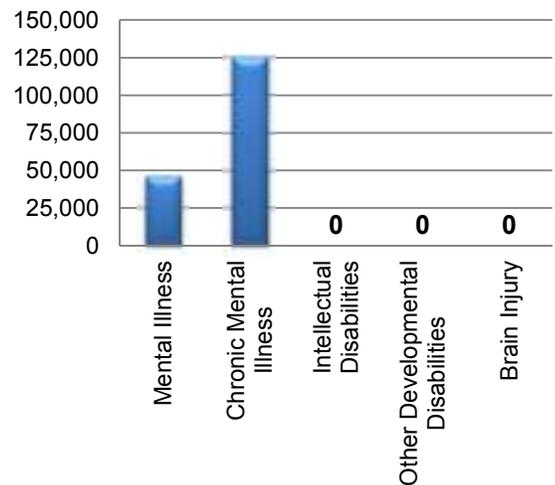
- ✓ *With the change from legal settlement to residency, there are very few State Payment Program cases.*
- ✓ *DHS recommended that most funding previously used to pay for state payment program cases be distributed to the regions to cover cases now their responsibility under residency.*

## Services

The State Payment Program provides for residential and other mental health and disability-related services as specified in an approved MHDS regional service system management plan. DHS then reimburses regions for the costs of providing non-Medicaid services to eligible adults in the State of Iowa.

Services are provided to adults with mental illness, intellectual disability, brain injury, or a developmental disability.

### Expenditure by Diagnosis



<b>Goals &amp; Strategies</b>	<p>Goal: Promote choice for people with disabilities.</p> <p>Strategy: Provide gap funding.</p>	<ul style="list-style-type: none"> <li>The SPP program provided access to MHDS for 18 individuals in SFY14 who otherwise would not have access to critical MHDS.</li> </ul>
<b>Cost of Services</b>	<p>The annual cost of service varies greatly for State Payment Program cases with the highest cost generally for those cases receiving licensed living services or institutional care.</p> <p>The average annual cost per client in SFY13 was \$9,527.</p>	
<b>Funding Sources</b>	<p>The State Payment Program is funded entirely through the federal Social Services Block Grant (SSBG).</p>	
<b>SFY16 &amp; SFY17 Budget Drivers</b>	<p>The SFY16 budget request for the State Payment Program is consistent with SFY15 funding.</p> <ul style="list-style-type: none"> <li>Nearly all persons who were enrolled in the SPP during SFY13 had a county of residency determined for funding services in SFY14 &amp; SFY15.</li> <li>In SFY16 &amp; SFY17, up to \$600,000 each year in federal SSBG dollars will be used for the SPP (state cases) to fund persons whose county of residence is unknown. If any of the \$600,000 remains unspent at the end of each state fiscal year, it will be distributed to counties in the following state fiscal year.</li> </ul>	
<b>Legal Basis</b>	<p><b>State:</b></p> <ul style="list-style-type: none"> <li>Iowa Code 331.394.</li> </ul>	

**Request - State Payment Program  
State Fiscal Year 2016**

**Request Total:** \$12,374,285

**General Fund Need:** \$0

**Request Description:**

Up to \$600,000 in federal SSBG dollars are used for new state cases (persons with no county of residence) and the remaining \$11,774,285 is distributed to counties for non-Medicaid MHDS services. If any of the \$600,000 remains unspent it will be distributed to counties in the following fiscal year.

**SFY15 Enacted Appropriation - 2014 Session**

SFY15 Enacted Appropriation \$0

**Total State \$ Appropriated:**                      \$0

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
		\$0
<b>Total Requested for Current Service Level Funding:</b>		<u>                    </u> \$0

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$0
<b>Total Requested for Improved Results Funding:</b>		<u>                    </u> \$0

<b>General Fund Total</b>	<b>\$0</b>
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<b>General Fund Change From Prior Year</b>	<b>\$0</b>
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**Request - State Payment Program  
State Fiscal Year 2016**

**Total Funding Summary:**

<b>State Funding Total</b>		<b>\$0</b>
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<b>Program</b>	
General Fund	\$0
Health Care Trust Fund	\$0
Quality Assurance Trust Fund	\$0
Hospital Health Care Access trust Fund	\$0
Other*	\$0
<b>Total</b>	<b>\$0</b>

\* Other:

<b>Federal Funding Total</b>		<b>\$12,374,285</b>
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<b>Program</b>	
Temporary Assistance to Needy Families (TANF)	\$4,894,052
Social Services Block Grant (SSBG)	\$7,480,233
Iowa Health and Wellness Plan	\$0
Federal Financial Participation (FFP)	\$0
Other**	\$0
<b>Total</b>	<b>\$12,374,285</b>

\*\* Other:

<b>Other Funding Total</b>		<b>\$0</b>
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<b>Program</b>	
Other***	\$0

\*\*\*Other:

<b>Totals</b>	<b>Program</b>
	\$12,374,285

**Request Total**  
\$12,374,285

**FTEs included in request:**

<b>FTEs</b>	-
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**Request - State Payment Program  
State Fiscal Year 2017**

**Request Total:** \$12,374,285

**General Fund Need:** \$0

**Request Description:**

Up to \$600,000 in federal SSBG dollars are used for new state cases (persons with no county of residence) and the remaining \$11,774,285 is distributed to counties for non-Medicaid MHDS services. If any of the \$600,000 remains unspent it will be distributed to counties in the following fiscal year.

**SFY15 Enacted Appropriation - 2014 Session**

SFY15 Enacted Appropriation \$0

**Total State \$ Appropriated:**                      \$0

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
		\$0
<b>Total Requested for Current Service Level Funding:</b>		<u>                    </u> \$0

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$0
<b>Total Requested for Improved Results Funding:</b>		<u>                    </u> \$0

<b>General Fund Total</b>	<b>\$0</b>
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<b>General Fund Change From Prior Year</b>	<b>\$0</b>
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**Request - State Payment Program  
State Fiscal Year 2017**

**Total Funding Summary:**

<b>State Funding Total</b>		<b>\$0</b>
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<b>Program</b>	
General Fund	\$0
Health Care Trust Fund	\$0
Quality Assurance Trust Fund	\$0
Hospital Health Care Access trust Fund	\$0
Other*	\$0
<b>Total</b>	<b>\$0</b>

\* Other:

<b>Federal Funding Total</b>		<b>\$12,374,285</b>
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<b>Program</b>	
Temporary Assistance to Needy Families (TANF)	\$4,894,052
Social Services Block Grant (SSBG)	\$7,480,233
Iowa Health and Wellness Plan	\$0
Federal Financial Participation (FFP)	\$0
Other**	\$0
<b>Total</b>	<b>\$12,374,285</b>

\*\* Other:

<b>Other Funding Total</b>		<b>\$0</b>
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<b>Program</b>	
Other***	\$0

\*\*\*Other:

<b>Totals</b>	<b>Program</b>
	\$12,374,285

<b>Request Total</b>
<b>\$12,374,285</b>

**FTEs included in request:**

<b>FTEs</b>	-
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# Property Tax Relief Fund (Equalization & Medicaid Off-Set)



<p><b>Purpose</b></p>	<p>The Property Tax Relief Fund includes the general fund appropriation for equalization payments made to the Mental Health and Disability Services (MHDS) Regions using the formula set by Iowa Code 426B.3.</p> <p>Property Tax Relief Fund will also include the Medicaid Offset amounts paid by the regions/counties who received an equalization payment. Iowa Code 426B.3 requires the Department to make a recommendation for the reinvestment of the funds deposited into this fund as a result of Medicaid offset for core and additional core services administered by the MHDS Regions.</p>
<p><b>Who Is Helped</b></p>	<p>The MHDS regions are required to ensure a set of core services are available to meet the needs of individuals with a mental illness and/or an intellectual disability in their regions.</p> <p>After the MHDS region has ensured that core services are provided to individuals with a mental illness (MI) and/or intellectual disability (ID), the MHDS region may provide services to individuals with a brain injury and/or other developmental disability.</p> <ul style="list-style-type: none"> <li>✓ <i>Equalization is distributed to those counties that collect less than \$47.28 per capita in their property tax levy to raise their revenue to this level of funding. This funding is used for MHDS services in the MHDS region.</i></li> <li>✓ <i>Medicaid offset is defined by legislation as the projected amount for a fiscal year that would have been paid by the county for MHDS services, but are now instead paid for by the Iowa Health and Wellness Plan.</i></li> <li>✓ <i>The legislation requires the Department to determine the Medicaid offset amount for each county and inform counties of this amount by October 15, 2014.</i></li> <li>✓ <i>If a county received an equalization payment they will use these dollars to pay back to the state the Medicaid offset.</i></li> </ul>
<p><b>Services</b></p>	<p>The MHDS regions are required to ensure access to a set of core services for individuals that have a MI and/or ID including:</p> <ul style="list-style-type: none"> <li>• Treatment,</li> <li>• Basic crisis response, and support for community living,</li> <li>• Support for employment activities,</li> <li>• Recovery services, and</li> <li>• Service coordination.</li> </ul> <p>After an MHDS region has ensured that core services are available to individuals with MI and/or ID, the region may provide additional core services including:</p> <ul style="list-style-type: none"> <li>• Comprehensive facility and community based crisis services,</li> <li>• Sub-acute community and facility based services,</li> <li>• Justice system involved services, and</li> <li>• Advanced evidenced based treatment.</li> </ul>
<p><b>Goals &amp; Strategies</b></p>	<p>Goal: To support required MHDS region core services and increase access to crisis response services and justice involved services.</p> <p>Strategy: Provide funding and appropriate Medicaid offset.</p>

<b>Cost of Services</b>	The SFY15 status quo appropriation for equalization is \$30,555,823. Applying the \$47.28 per capita levy limit to the 2013 Census county population estimates for SFY16 results in a total amount of \$31,368,726.
<b>Funding Sources</b>	Property Tax Relief Fund includes state general funds for equalization and receipts from county Medicaid offset payments.
<b>SFY16 &amp; SFY17 Budget Drivers</b>	<p>A SFY16 and SFY17 budget request for equalization is not included at this time. A request is not being made because a number of factors that should be considered in determining the need for equalization are not yet known, including:</p> <ul style="list-style-type: none"> <li>• The full positive financial effect that the Iowa health and Wellness Plan is having on reducing MHDS regional non-Medicaid expenditures in: <ul style="list-style-type: none"> <li>○ SFY 2014 will not be known until October 15, 2014; and</li> <li>○ SFY 2015 will not be known for at least another year.</li> </ul> </li> <li>• The amount of fund balances available to counties/regions to pay for MHDS core services in SFY16 will not be known for some time: <ul style="list-style-type: none"> <li>○ The actual amount of MHDS Regions' SFY14 ending fund balances will not be known until December 2014; and</li> <li>○ Only when the SFY14 ending fund balances are known can the MHDS Regions' projected SFY15 ending fund balances be evaluated.</li> </ul> </li> <li>• The amount of equalization payments that Medicaid Offset will make available to the legislature to reallocate to MHDS Regional core services in SFY16 will not be known until October 15, 2014.</li> <li>• The legislature did not extend authorization for equalization payments in SFY17.</li> </ul> <p>In SFY 16 and SFY 17, the Department recommends that the SFY15 &amp; SFY16 Medicaid offset payment made to the state be appropriated to first assure that all individuals with a mental illness or intellectual disability have access to MHDS region core services consistent with IAC 441-25.</p> <p>The Department recommends that any remaining funds be used to support additional core services for comprehensive facility and community based crisis services as defined in proposed IAC 441-24 and justice involved services.</p>
<b>Legal Basis</b>	<p><b>State:</b></p> <ul style="list-style-type: none"> <li>• Iowa Code 426B.3</li> </ul>

**Request - Property Tax Relief Fund (Equalization and Medicaid Off-Set)  
State Fiscal Year 2016**

**Request Total:** \$0 **General Fund Need:** \$0

**Request Description:**

MHDS equalization provides funding for the mental health and disability services administered or paid for by counties/regions based on a statewide per capita expenditure target. The target is currently equivalent to \$47.28 per capita.

**SFY15 Enacted Appropriation - 2014 Session**

SFY15 Enacted Appropriation \$30,555,823

**Total State \$ Appropriated:** \$30,555,823

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	<p>A number of factors that should be considered in determining the need for equalization funding are not yet known including:</p> <ul style="list-style-type: none"> <li>• The full financial effect of the Iowa Health and Wellness Plan on reducing MHDS Regional non-Medicaid expenditures in:                             <ul style="list-style-type: none"> <li>o SFY 2014 will not be known until October 15, 2014; and</li> <li>o SFY 2015 will not be known for at least another year.</li> </ul> </li> <li>• The amount of fund balances available to counties/regions to pay for MHDS core services in SFY16 will not be known until December 2014</li> <li>• The amount of equalization payments that Medicaid Offset will make available to the legislature to reallocate to MHDS Regional core services in SFY16 will not be known until October 15, 2014.</li> </ul>	(\$30,555,823)
<b>Total Requested for Current Service Level Funding:</b>		<u>(\$30,555,823)</u>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$0
<b>Total Requested for Improved Results Funding:</b>		<u>\$0</u>

<b>General Fund Total</b>	<b>\$0</b>
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<b>General Fund Change From Prior Year</b>	<b>(\$30,555,823)</b>
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**Request - Property Tax Relief Fund (Equalization and Medicaid Off-Set)  
State Fiscal Year 2016**

**Total Funding Summary:**

<b>State Funding Total</b>		<b>\$0</b>
	<b>Program</b>	
General Fund		\$0
Health Care Trust Fund		\$0
Quality Assurance Trust Fund		\$0
Hospital Health Care Access trust Fund		\$0
Other*		\$0
<b>Total</b>		<b>\$0</b>
* Other:		

<b>Federal Funding Total</b>		<b>\$0</b>
	<b>Program</b>	
Temporary Assistance to Needy Families (TANF)		\$0
Social Services Block Grant (SSBG)		\$0
Iowa Health and Wellness Plan		\$0
Federal Financial Participation (FFP)		\$0
Other**		\$0
<b>Total</b>		<b>\$0</b>
** Other:		

<b>Other Funding Total</b>		<b>\$0</b>
	<b>Program</b>	
Other***	\$0	
***Other:		

	<b>Totals</b>	<b>Program</b>			<b>Request Total</b>
		\$0			<b>\$0</b>

**FTEs included in request:**

<b>FTEs</b>	-
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**Request - Property Tax Relief Fund (Equalization and Medicaid Off-Set)  
State Fiscal Year 2017**

**Request Total:** \$0 **General Fund Need:** \$0

**Request Description:**

MHDS equalization is distributed to those counties which collect less than \$47.28 per capita in the property tax levy for MHDS services so that they can bring their MHDS revenues up to this level without an increase in local property taxes.

**SFY15 Enacted Appropriation - 2014 Session**

SFY15 Enacted Appropriation \$30,555,823  
\$0

**Total State \$ Appropriated:** \$30,555,823

**Funding Needed to Maintain Current Service Level**

Decision Package	Decision Package Description	Amount
1	SFY16	(\$30,555,823)
<b>Total Requested for Current Service Level Funding:</b>		<u>(\$30,555,823)</u>

**Funding for Improved Results**

Decision Package	Decision Package Description	Amount
		\$0
<b>Total Requested for Improved Results Funding:</b>		<u>\$0</u>

<b>General Fund Total</b>	<b>\$0</b>
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<b>General Fund Change From Prior Year</b>	<b>(\$30,555,823)</b>
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**Request - Property Tax Relief Fund (Equalization and Medicaid Off-Set)  
State Fiscal Year 2017**

**Total Funding Summary:**

<b>State Funding Total</b>		<b>\$0</b>
	<b>Program</b>	
General Fund		\$0
Health Care Trust Fund		\$0
Quality Assurance Trust Fund		\$0
Hospital Health Care Access trust Fund		\$0
Other*		\$0
Total		\$0

\* Other:

<b>Federal Funding Total</b>		<b>\$0</b>
	<b>Program</b>	
Temporary Assistance to Needy Families (TANF)		\$0
Social Services Block Grant (SSBG)		\$0
Iowa Health and Wellness Plan		\$0
Federal Financial Participation (FFP)		\$0
Other**		\$0
Total		\$0

\*\* Other:

<b>Other Funding Total</b>		<b>\$0</b>
	<b>Program</b>	
Other***		\$0

\*\*\*Other:

<b>Totals</b>	<b>Program</b>	
		\$0

**Request Total**  
\$0

**FTEs included in request:**

<b>FTEs</b>	-
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