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# Iowa Mental Health and Disability Services Regions: Statewide Report SFY2021

## Introduction

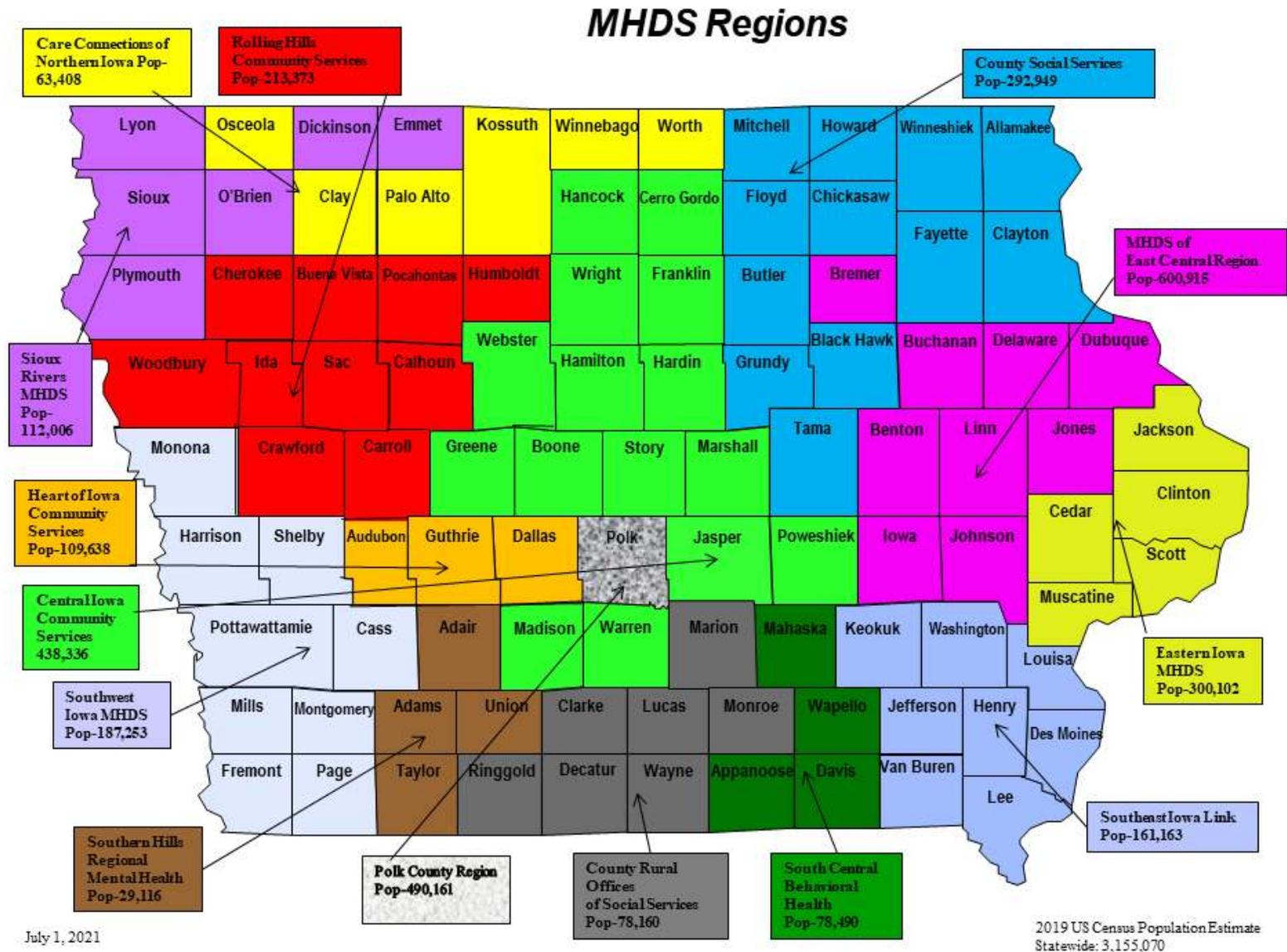
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- Mental Health and Disability Services Redesign
  - Required Core Services - MHDS regions are required to provide access to a core set of services to a target population of individuals with a mental illness or intellectual disability.
    - New Core Services – MHDS regions were required to implement new services by July 1, 2021.
  - Statewide Standards - MHDS regional administration and core services are required to meet minimum statewide standards established in Iowa Administrative Code.
- Dashboard Measures – Uses MHDS region data to measure:
  - Implementation and accessibility of core services to the target service population.
  - Implementation and accessibility of additional core services.
  - Extent of services provided to other populations such as children and individuals with developmental disabilities, brain injury, etc.
  - Utilization of MHDS region funded services.
  - Utilization of MHDS regional funding.
- Limitations
  - As the composition of member counties reorganizes between regions, the ability to compare data annually per region will be difficult.
  - Most of the data is from the SFY2021 annual reports which were required to be submitted in December, 2021. Data related to accessibility, quality and implementation of core and additional core mental health and disability services is reported by the MHDS regions more frequently. Those dates are noted in **red**.
  - Regions continue to work towards a standardized method of reporting with implantation of new services and changes in regional structure.
    - The number of people funded is not yet reported in a consistent manner.
    - The use of funds that are “block granted” to service agencies is not consistently reported.
    - SFY2021 includes additional “block granted” funding from the Coronavirus Aid, Relief, and Economic Security (CARES) Act. The funding is reflected in the increase in expenditures but were generally not applied to individuals served.
  - Does not include data on Medicaid funded services. As more individuals move to Medicaid funded services, the service utilization data will reflect the decrease in region funded services with a decrease in persons served for certain programs.
- Conclusions
  - MHDS regions have demonstrated the ability to develop networks of service delivery that meet, and in some instances, exceed requirements.
  - Nearly all MHDS regions have developed the original required core services that meet the accessibility standards. Nearly all of the new core services that meet accessibility standards are available across regions and those that are not yet available are actively in the process of development.
  - The remaining additional core services such as jail diversion and other justice system involved services are available in all MHDS regions and are continuing to expand within each region.
  - Regions have continued efforts to standardize methods for reporting individuals served. A data analytics workgroup is developing standardized data collection methods. However, this is still a contributing factor for the variance between regions and between SFY2020 and SFY2021.
  - Region-funded services were impacted statewide by the COVID-19 pandemic, most notably in vocational, supported community living and support services.

- CARES Act dollars were spent in a variety of ways by the regions. Similar to other block-granted services, payments were not associated with individual clients. Sharp increases in expenditures with little change in persons served reflect where regions spent the additional funding. In general, the CARES ACT dollars were primarily reflected in Public Education services and Outpatient Psychotherapy.
- Regions continue to support implementation of new core services (e.g., crisis services) and provide services in community-based, integrated settings. Decrease in expenditures are often found in large and/or non-integrated settings which reflect the state's goal of serving clients in community-based, integrated settings. Decreases in regional spending in community-based, integrated settings reflect expansion in Medicaid services in smaller settings.
- Three regions have had counties move out or into their region. The data reflect changes in services available to the region as a result of the change in structure. In addition, service utilization rates in relation to the region population estimate adjusted accordingly.
- MHDS regional spending was primarily on services for individuals with a mental illness.

# SFY2021 Iowa Mental Health and Disability Services Regional Map

The fourteen (14) MHDS regions in place in SFY2021 are shown on the map below.



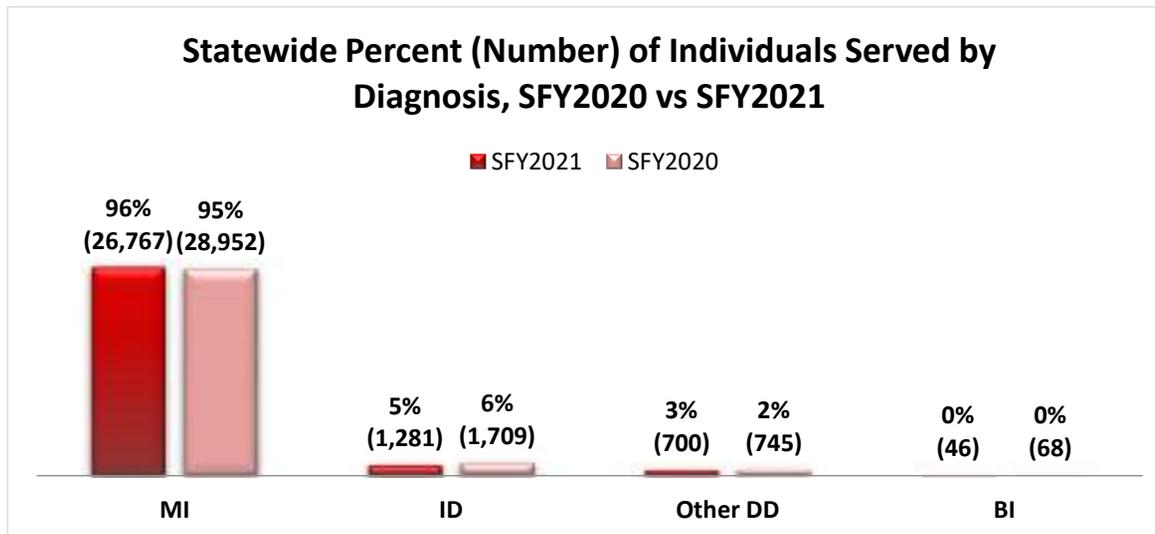
# SFY2021 Regional Annual Submissions

## Population

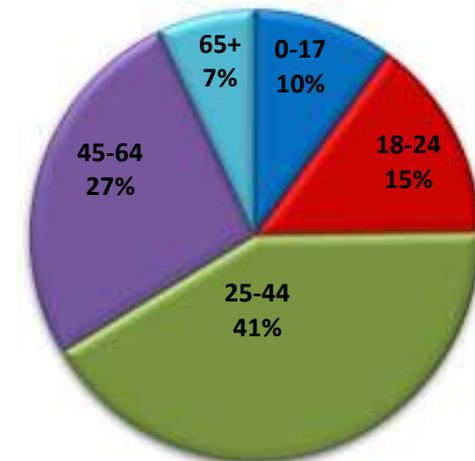
- Target Populations are defined as:
  - Adults (age 18 and above) with Mental Illness (MI) and/or Intellectual Disability (ID)
  - At or below 150% federal poverty level (FPL) – Some MHDS regions extend eligibility to 200% of FPL
  - Not eligible for Medicaid or other third party insurance or the services are not covered by Medicaid or other third party insurance
- Populations referred to as “core plus populations” include children with a Serious Emotional Disturbance (SED) under 500% of FPL, or adults with a brain injury (BI) or other developmental disability (DD).
- Nearly 1 in 2 Children in Iowa are served by Medicaid. Iowa ranks 7<sup>th</sup> lowest in the nation for children that do not have health insurance at 2.5%.
- Data includes individuals funded where at least one day of service occurred in SFY2021.

## Individuals Funded by Diagnosis and Age

- A total of 27,990 unduplicated individuals received region funded services in SFY2021.
- Most of the individuals receiving region funded services had a mental illness.
- Fewer individuals with ID received Region funded services because they are more likely to be eligible for Medicaid.
- About three percent of individuals have a dual diagnosis and are included in more than one category.
- Some regions choose to fund children with SED or adults with BI or DD.
- About 2,837 children received region funded services.
- About 740 individuals with BI or DD received region funded services.

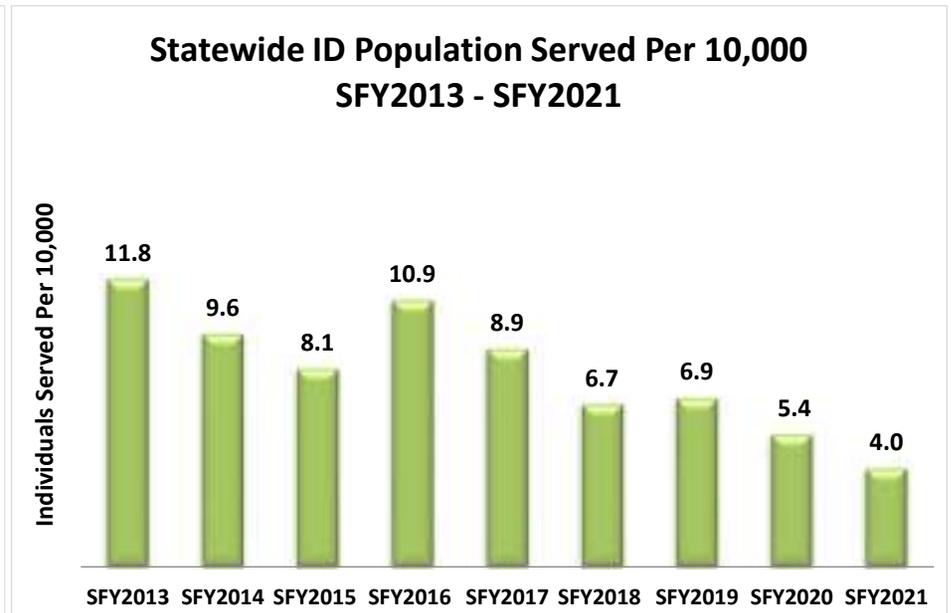
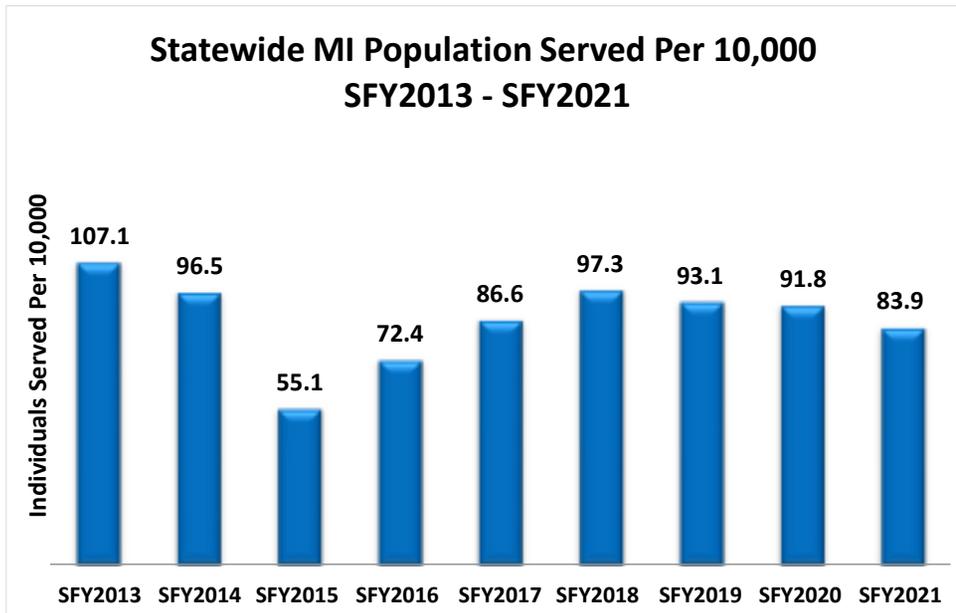


**Persons Served by Age, SFY2021**



## Historical Funding of Target Populations

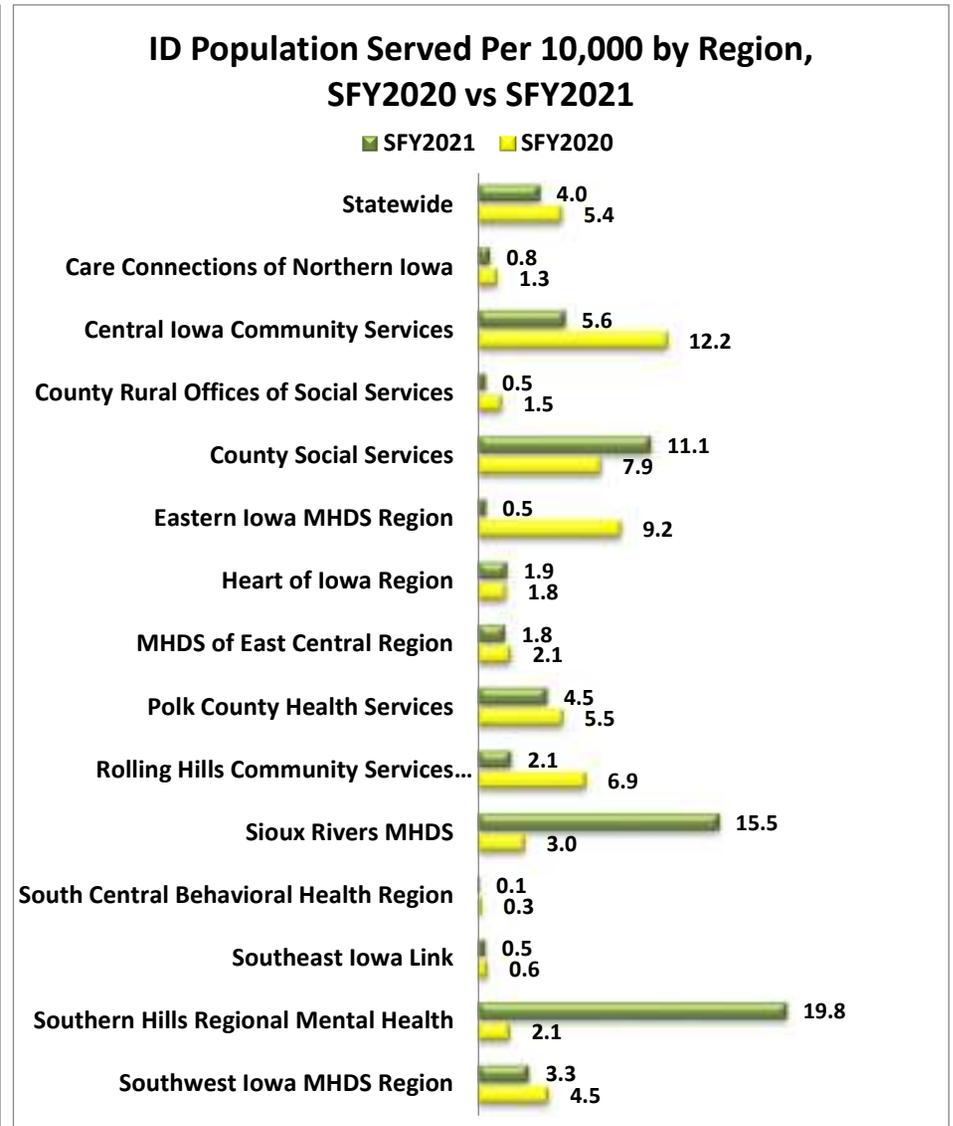
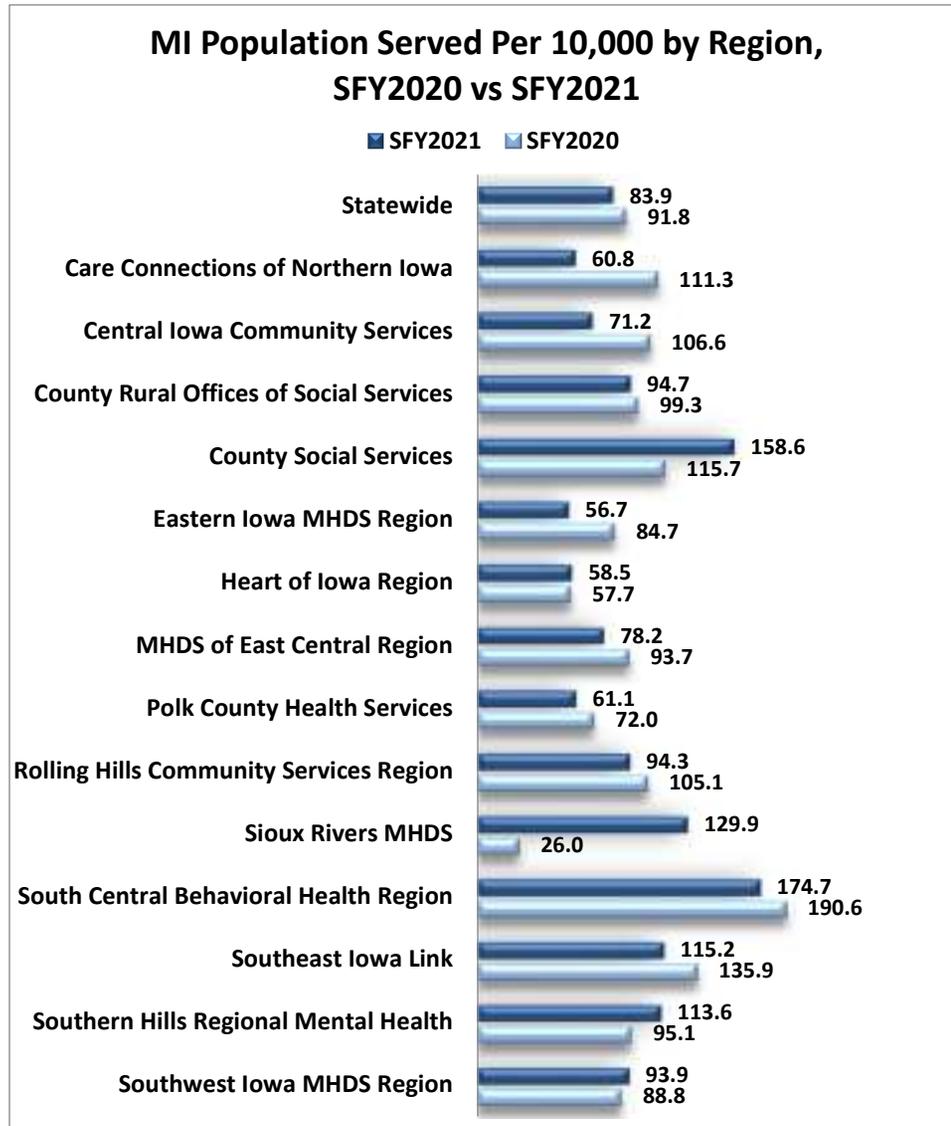
- About 84 individuals with MI per 10,000 people in the general population received region funded services in SFY2021.
- About 4 individuals with ID per 10,000 people in the general population received region funded services in SFY2021.
- The number of individuals receiving region funded services had been steadily declining since SFY2013 because:
  - The State assumed the responsibility to provide the non-federal share of Medicaid funding in SFY2013 that was previously the counties' responsibility; and
  - The State implemented the Iowa Health and Wellness Plan in SFY2014 providing expanded Medicaid eligibility for individuals receiving behavioral health services that were previously the regions' responsibility.
- As regions continue to connect individuals with community-based Medicaid funded services while continuing to expand data collection efforts on persons served data, statewide trends have started to become more stable since SFY2018.
- Reasons for the difference between the number of individuals with MI and ID with services funded by the regions include:
  - More individuals with ID are eligible for Medicaid;
  - Greater array of services funded under Medicaid for individuals with ID; and
  - Individuals with MI may be eligible under the Iowa Health and Wellness Plan but must have serious mental illness to be eligible for a greater array of Medicaid funded services.



- A standardized indicator was used to allow a comparison by year and region regardless of the size of the region. The measure is the number of individuals with MI and/or ID served by the region divided by the population of the region multiplied by ten thousand.

## SFY2021 Funding of Target Populations by Region

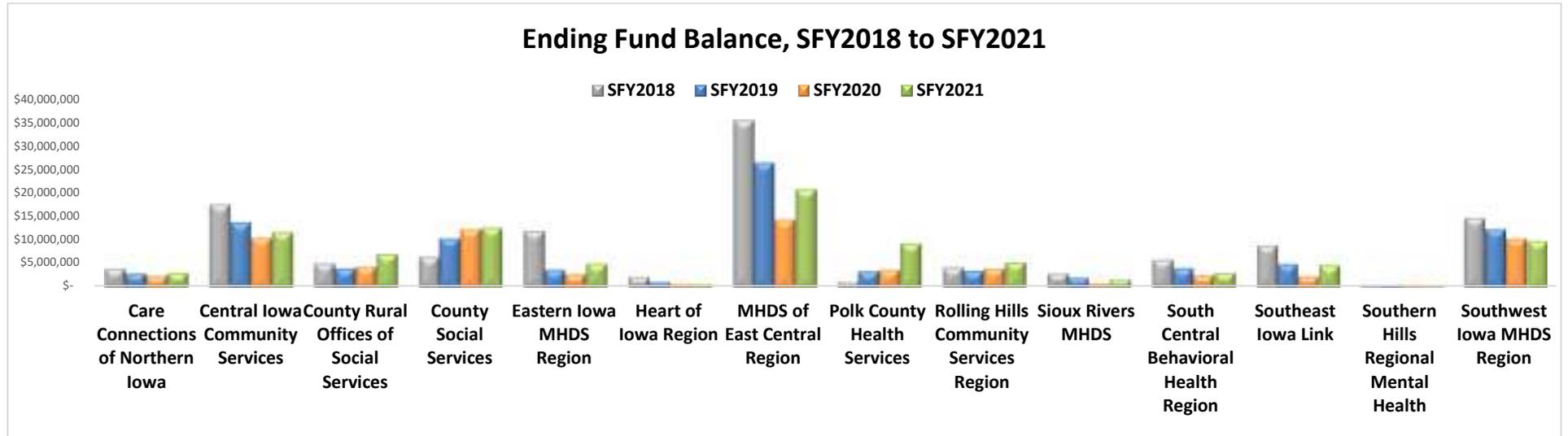
- Several factors contribute to the variance between regions on the number of individuals receiving region-funded services, including:
  - The method used for counting the number of individuals receiving services in SFY2021 is not standardized statewide.
  - Regions' policies requiring individuals to first access Medicaid funding differs.
  - Demographics of regions vary.



# Revenues and Expenditures

## Revenues

- According to the SFY2021 Regional Annual Reports, regions received most of their funding from the following sources in SFY2021
  - \$98.8 M county property taxes; \$28.9 M CARES Act; \$17.2 M from intergovernmental revenues; \$0.9 M from local miscellaneous revenue



Region	SFY2018		SFY2019		SFY2020		SFY2021	
	Ending Fund Balance	Ending Fund Balance as a Percent of Expenditures	Ending Fund Balance	Ending Fund Balance as a Percent of Expenditures	Ending Fund Balance	Ending Fund Balance as a Percent of Expenditures	Ending Fund Balance	Ending Fund Balance as a Percent of Expenditures
Care Connections of Northern Iowa	\$ 4,080,926	186%	\$ 3,005,040	160%	\$ 2,487,576	165%	\$ 3,225,114	178%
Central Iowa Community Services	\$ 17,703,547	170%	\$ 13,815,768	114%	\$ 10,545,193	95%	\$ 11,786,373	127%
County Rural Offices of Social Services	\$ 5,150,195	168%	\$ 4,107,789	96%	\$ 4,491,752	160%	\$ 7,136,940	244%
County Social Services	\$ 6,543,068	31%	\$ 10,459,686	77%	\$ 12,379,894	80%	\$ 12,720,284	76%
Eastern Iowa MHDS Region	\$ 12,078,788	125%	\$ 3,825,500	30%	\$ 2,912,111	28%	\$ 5,148,630	51%
Heart of Iowa Region	\$ 2,284,241	59%	\$ 1,171,403	34%	\$ 722,766	25%	\$ 758,459	20%
MHDS of East Central Region	\$ 35,510,234	220%	\$ 26,470,752	134%	\$ 14,475,140	74%	\$ 20,872,401	98%
Polk County Health Services	\$ 1,182,742	5%	\$ 3,484,129	17%	\$ 3,808,771	19%	\$ 9,452,920	36%
Rolling Hills Community Services Region	\$ 4,310,837	126%	\$ 3,564,662	107%	\$ 4,073,274	67%	\$ 5,440,480	69%
Sioux Rivers MHDS	\$ 3,019,370	55%	\$ 2,158,424	46%	\$ 919,047	54%	\$ 1,775,069	54%
South Central Behavioral Health Region	\$ 5,942,512	184%	\$ 4,134,975	94%	\$ 2,661,349	62%	\$ 3,204,734	78%
Southeast Iowa Link	\$ 9,004,738	152%	\$ 5,024,472	84%	\$ 2,423,523	45%	\$ 4,815,064	74%
Southern Hills Regional Mental Health	\$ 443,798	45%	\$ 491,823	47%	\$ 448,250	39%	\$ 450,356	35%
Southwest Iowa MHDS Region	\$ 14,773,405	243%	\$ 12,393,257	186%	\$ 10,408,236	145%	\$ 9,945,756	139%
<b>TOTAL</b>	<b>\$ 122,028,401</b>		<b>\$ 94,107,680</b>		<b>\$ 72,756,882</b>		<b>\$ 96,732,582</b>	

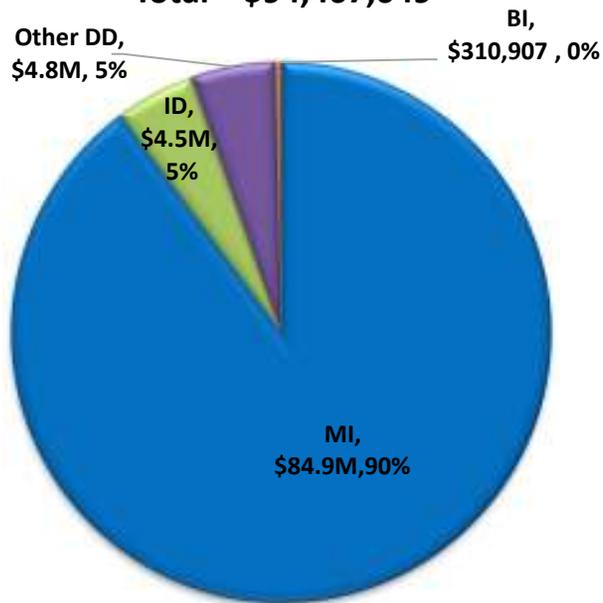
## Region Funded Services by Diagnosis and Type of Service

- Expenditures spent on services include:
  - All expenditures spent on individuals funded by the regions
  - Services funded where at least one day of service was in SFY2021
  - Data does not include administrative costs
- Region spending on services for all individuals funded by the regions.
  - \$93.9 M for individuals with MI;
  - \$6.7 M for individuals with ID;
  - \$5.1 M for individuals with other DD; and
  - \$291,261 for individuals with BI.
- Most services funded by regions are not required.
  - **Core services** are the services regions are required by Iowa Code to fund.
  - **Additional core services** are services identified in Iowa Code that regions are to fund when public funds are made available for such services.
  - **Community living supports** are those services that regions are not required to fund but choose to fund for eligible residents of their region. Community living supports are critical to a person's well-being and life in the community.
  - **Community living supports also include the service coordination and mental health commitment costs Iowa Code mandates regions to fund.**
- Regions spent the following on core, additional core and community living supports:
  - Core services are \$56.5 M.
  - Additional core services are \$8.4 M.
  - Community living supports are \$41.2M.
- Regions spent \$93,940,654 on services for individuals with MI whose services were funded by the region:
  - Core services are \$47.7 M.
  - Additional core services are \$8.2 M.
  - Community living supports are \$38.1 M.
- Regions spent \$6,659,455 on services for individuals with ID whose services were funded by the region:
  - Core services are \$4.6 M.
  - Additional core services are \$174,502.
  - Community living supports are \$1.8 M.
- Regions spent \$5,440,827 on services for individuals with other DD and BI whose services were funded by the region:
  - Core services are \$4.2 M.
  - Additional core services are \$37,474.
  - Community living supports services are \$1.2 M.

- Total expenditures for services to individuals have increased by +12% since SFY2020.
  - Expenditures for individuals with MI increased for core services by +\$5.3M, decreased for additional core services by -\$846,900M and increased for community living supports by +\$4.6M.
  - Expenditures for individuals with ID increased for core services by +\$2.3M, decreased for additional core services by -\$6,500 and decreased for community living supports by -\$167,700M.
  - Overall, expenditures increased for Community & Coordination Services by +76% (+\$10M) and Treatment Services by +7% (+\$2.9M). Expenditures decreased for Housing & Community Living Services by -3% (-\$1.1M) and Vocational & Day Services by -6% (-\$194,300).

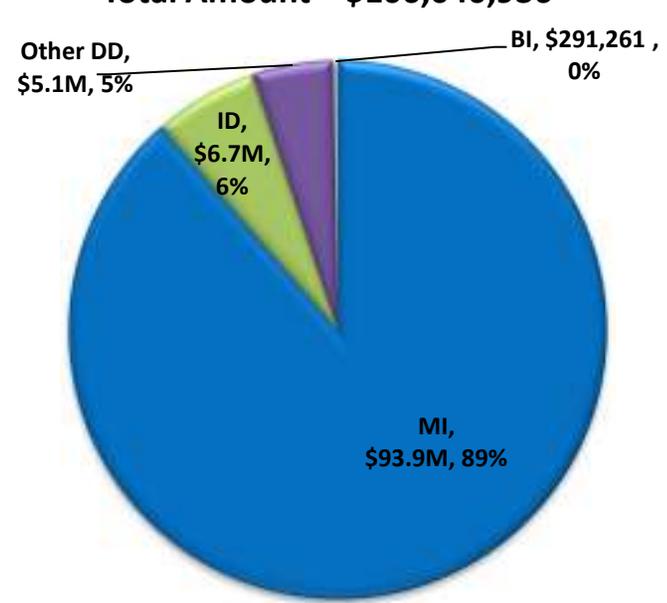
**Statewide Expenditures by DG, SFY2020**

**Total = \$94,467,649**



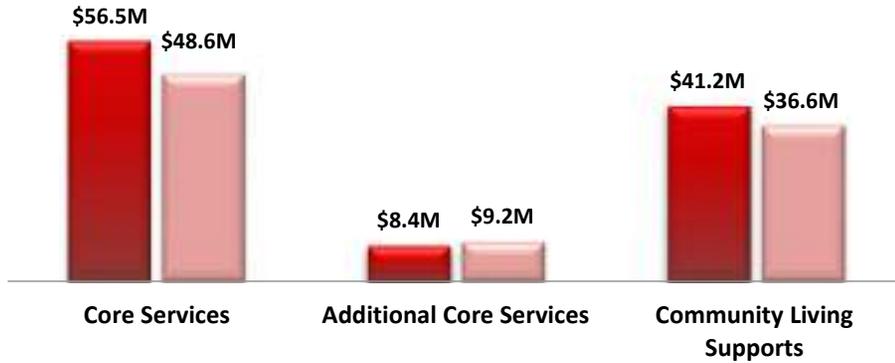
**Statewide Expenditures by Diagnosis, SFY2021;**

**Total Amount = \$106,040,936**



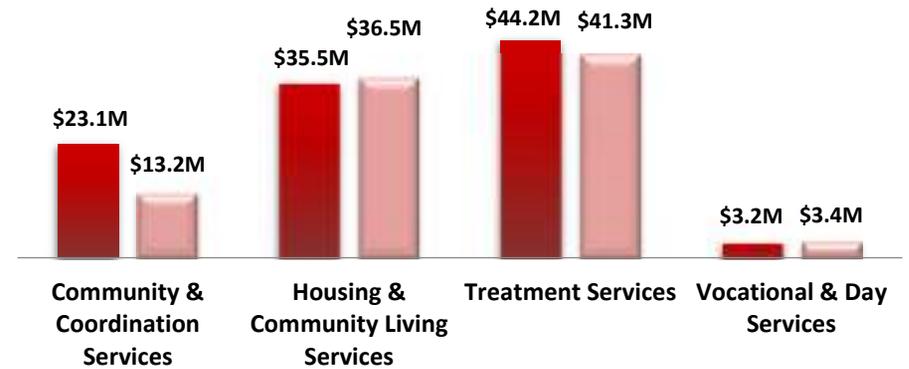
### Expenditures by Service Type SFY2020 vs SFY2021

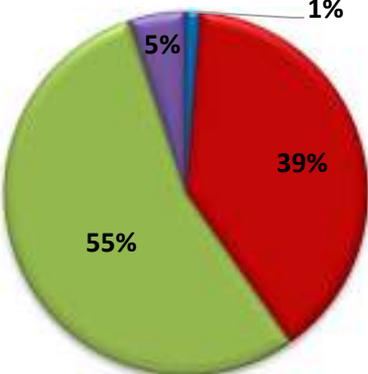
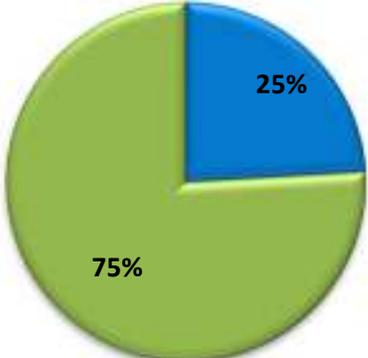
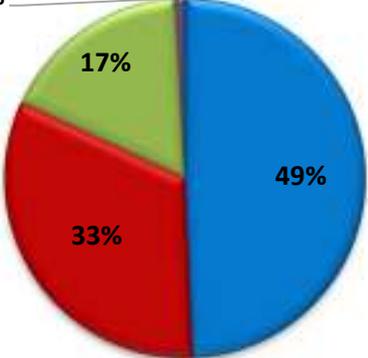
■ SFY2021 ■ SFY2020



### Expenditures by Service Category SFY2020 vs SFY2021

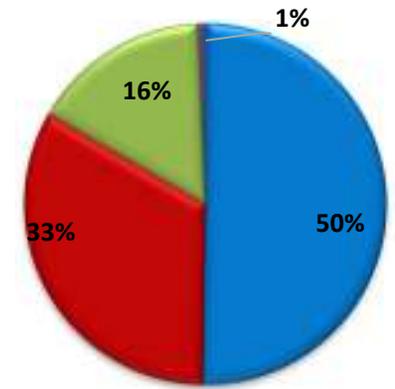
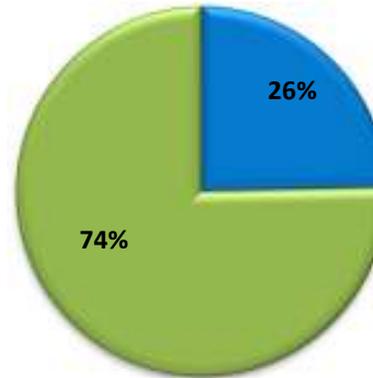
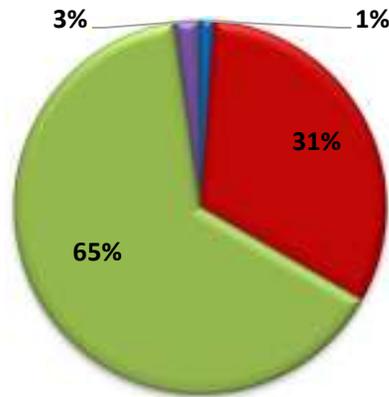
■ SFY2021 ■ SFY2020



Total Expenditures for Regional Funded Services			
Services – All Diagnosis	Core Services	Additional Core Services	Community Living Supports
Community & Coordination Services	\$707,918	\$2,126,860	\$20,308,130
Housing & Community Living Services	\$22,053,801	\$ -	\$13,411,522
Treatment Services	\$30,842,143	\$6,247,203	\$7,108,349
Vocational & Day Services	\$2,898,241	\$ -	\$336,768
<b>TOTAL</b>	<b>\$56,502,103</b>	<b>\$8,374,063</b>	<b>\$41,164,769</b>
			

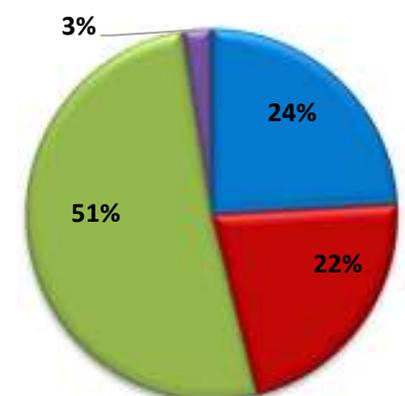
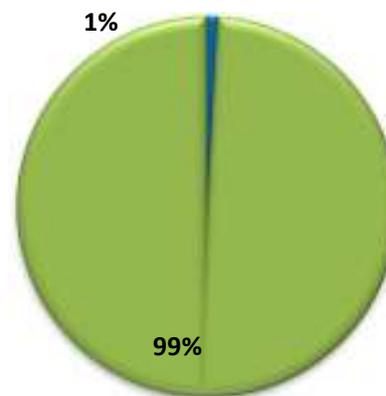
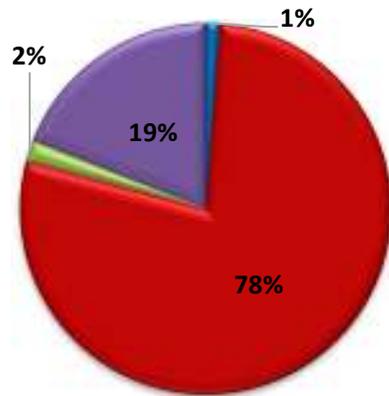
**Expenditures for Regional Funded Services for Individuals with MI**

	Core Services	Additional Core Services	Community Living Supports
<b>Community &amp; Coordination Services</b>	\$651,504	\$2,124,573	\$19,128,099
<b>Housing &amp; Community Living Services</b>	\$14,912,314	\$ -	\$12,614,026
<b>Treatment Services</b>	\$30,747,302	\$6,037,514	\$6,106,486
<b>Vocational &amp; Day Services</b>	\$1,376,966	\$ -	\$241,869
<b>TOTAL</b>	\$47,688,086	\$8,162,087	\$38,090,481



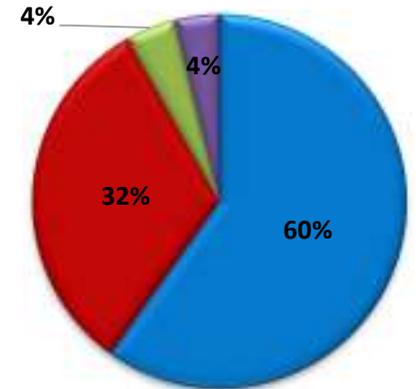
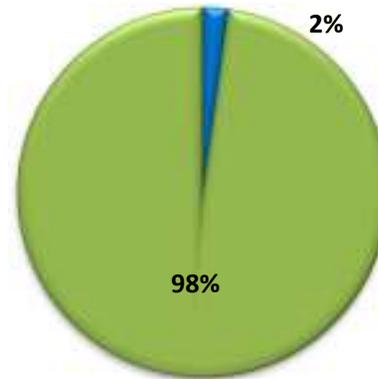
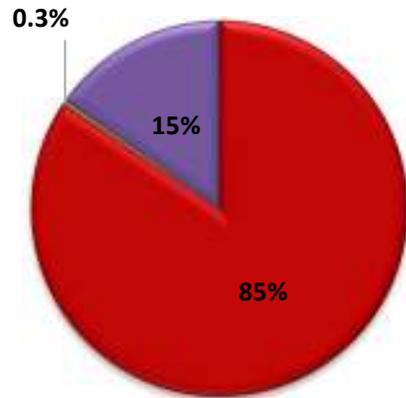
### Expenditures for Regional Funded Services for Individuals with ID

	Core Services	Additional Core Services	Community Living Supports
Community & Coordination Services	\$56,258	\$1,466	\$445,603
Housing & Community Living Services	\$3,614,203	\$ -	\$406,208
Treatment Services	\$83,132	\$173,036	\$949,455
Vocational & Day Services	\$882,893	\$ -	\$47,200
<b>TOTAL</b>	<b>\$4,636,486</b>	<b>\$174,502</b>	<b>\$1,848,467</b>



**Expenditures for Regional Funded Services for Individuals with Other DD and BI**

	Core Services	Additional Core Services	Community Living Supports
<b>Community &amp; Coordination Services</b>	\$156	\$821	\$734,427
<b>Housing &amp; Community Living Services</b>	\$3,527,284	\$ -	\$391,288
<b>Treatment Services</b>	\$11,709	\$36,653	\$11,709
<b>Vocational &amp; Day Services</b>	\$638,381	\$ -	\$638,381
<b>TOTAL</b>	<b>\$4,177,531</b>	<b>\$37,474</b>	<b>\$1,225,822</b>

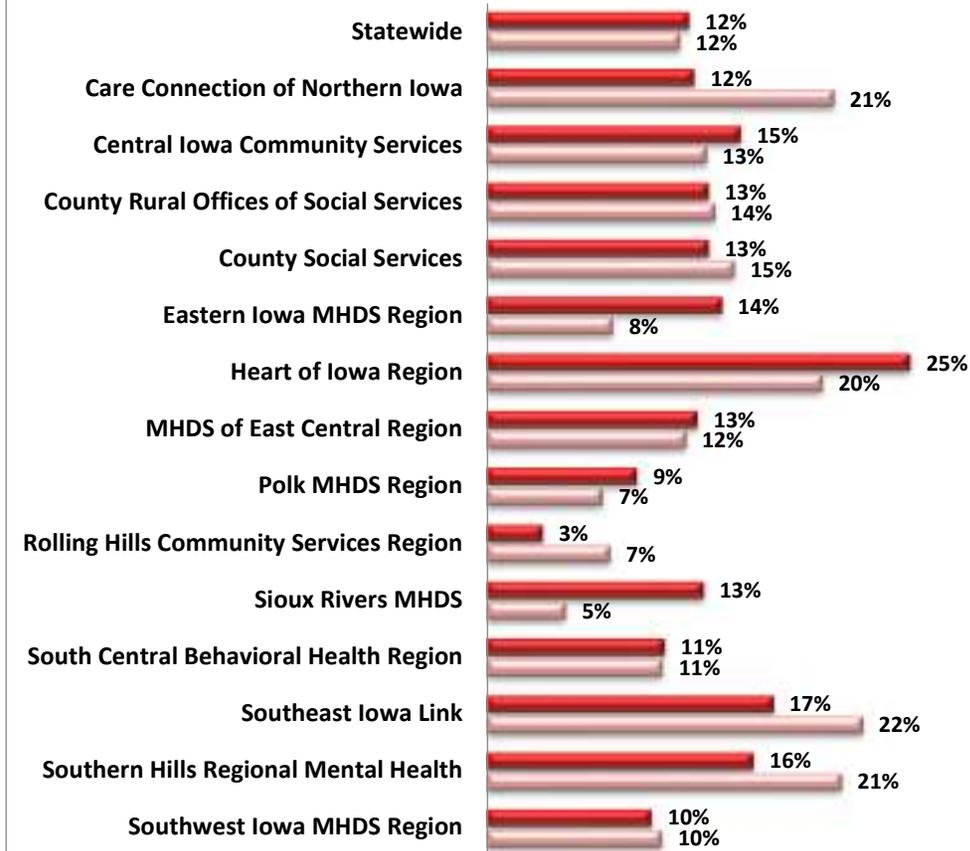


## Administrative Costs by Region

- The data represent the percent of total expenditures that are attributed to administrative payments. There is some variability between regions in the way that administrative costs are reported.
- The data exclude funds transferred between region and member county accounts.
- Statewide administrative expenditures increased +19% from \$12.3M to \$14.6M from SFY2020 to SFY2021.
- Variance between SFY2020 and SFY2021 in some regions are due to the addition of administrative costs associated with the CARES Act dollars and staffing changes from movement of counties between regions.

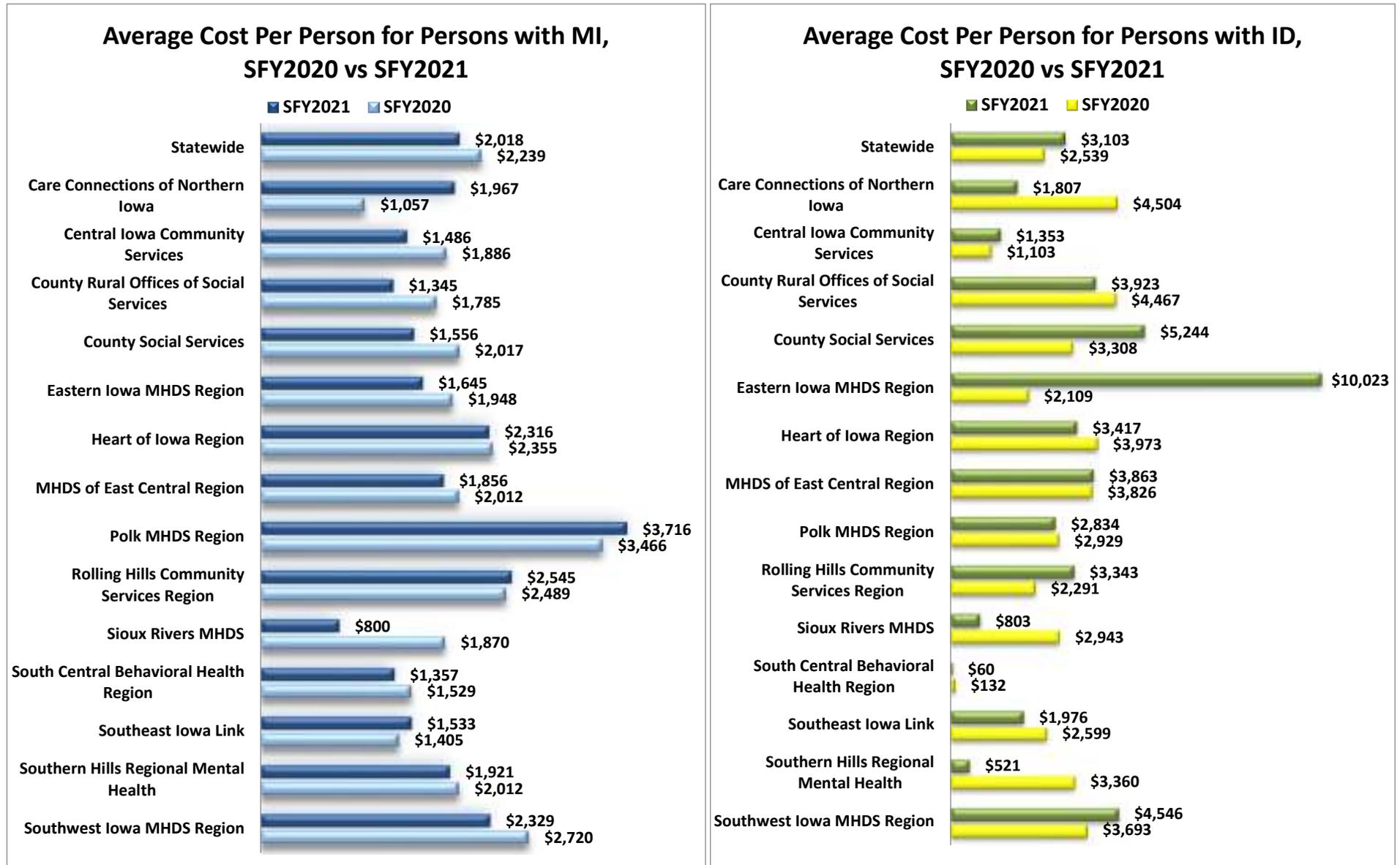
## Percent of Costs to Administration, SFY2020 vs SFY2021

■ SFY2021   ■ SFY2020



## Cost Per Person for Target Populations by Region

- Cost per person data include payments associated with an individual.
- There was a -10% decrease in cost per person for individuals with MI and +22% increase in cost per person for individuals with ID from SFY2020 to SFY2021.

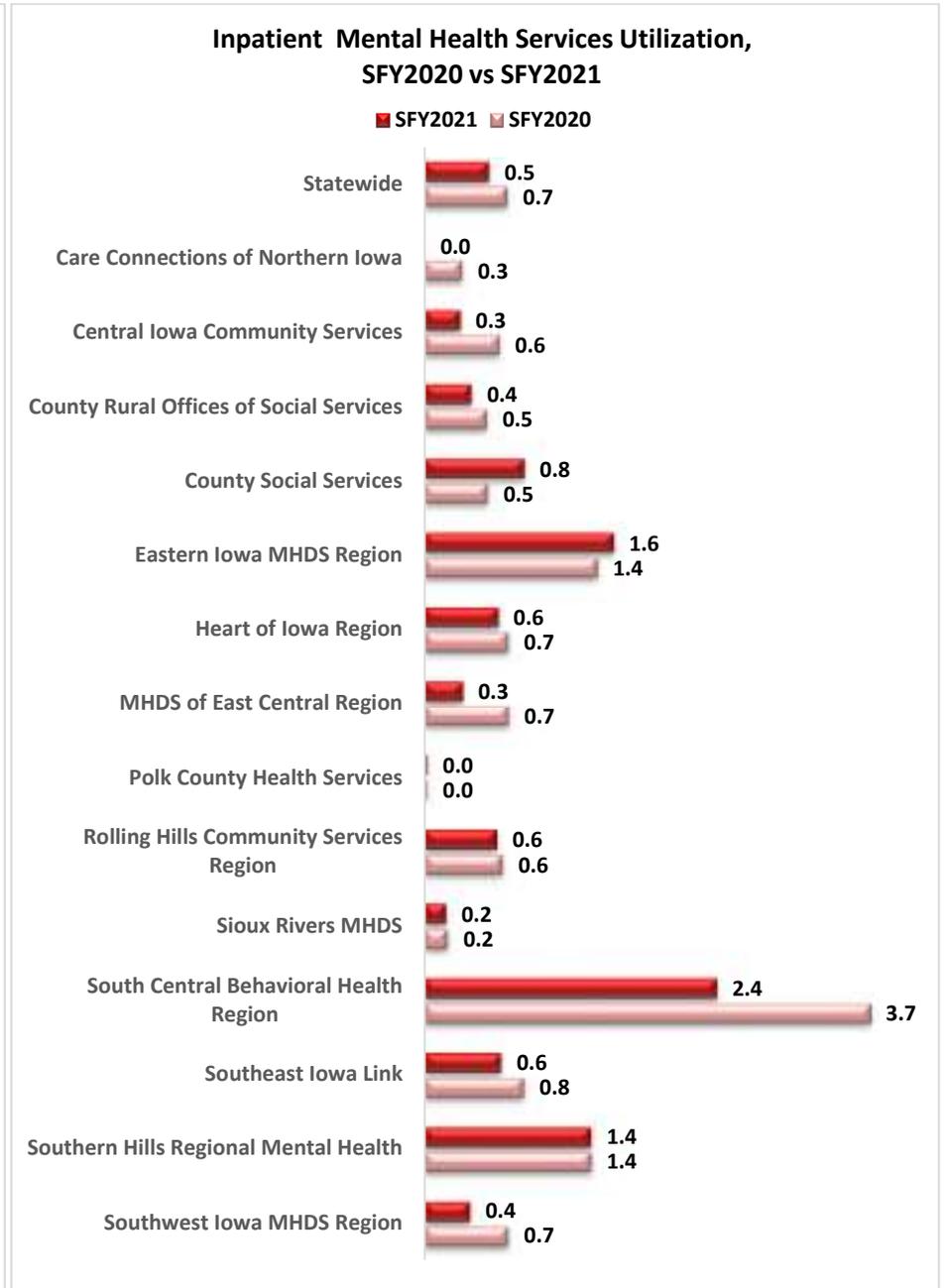
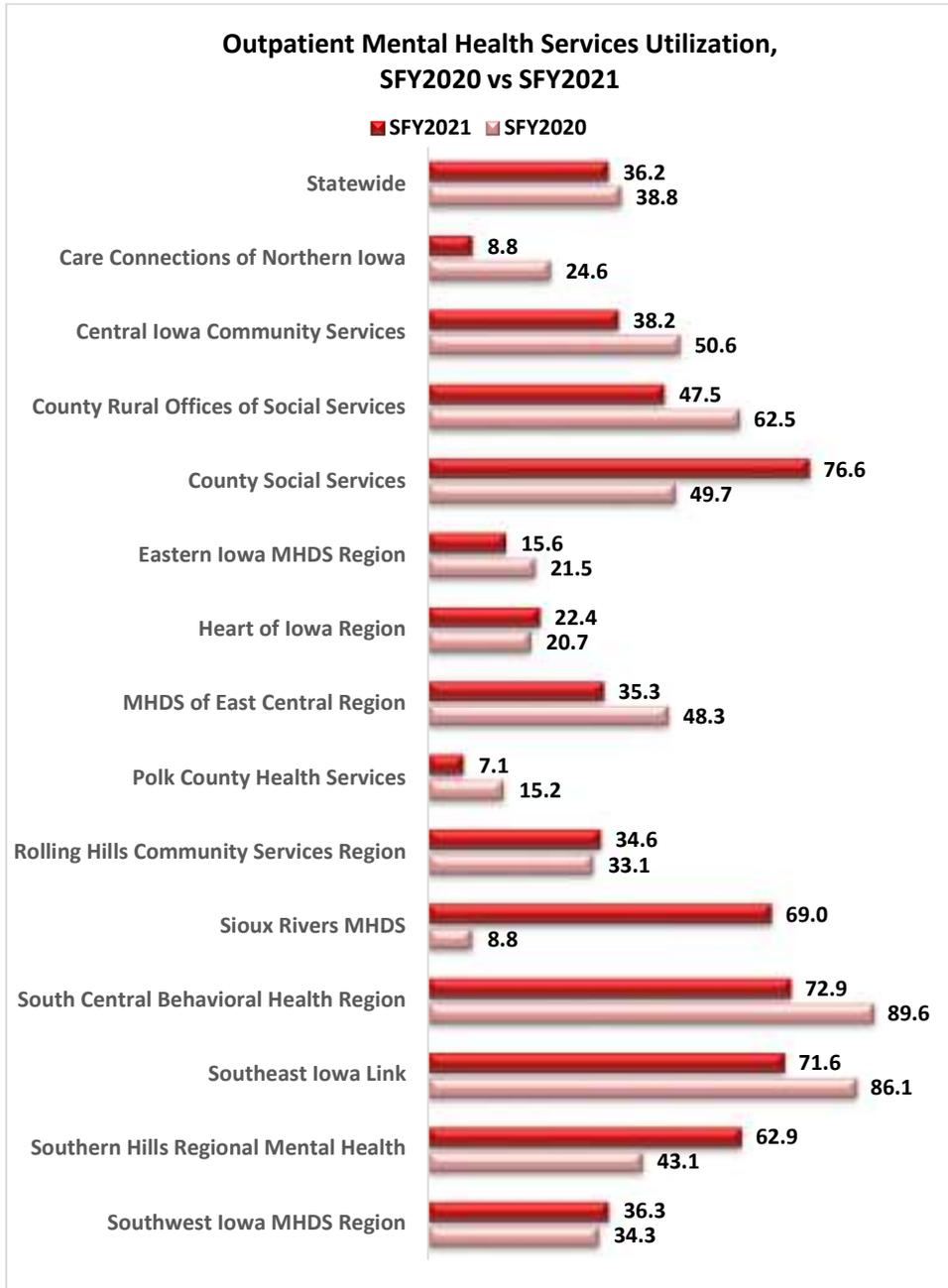


## Service Utilization

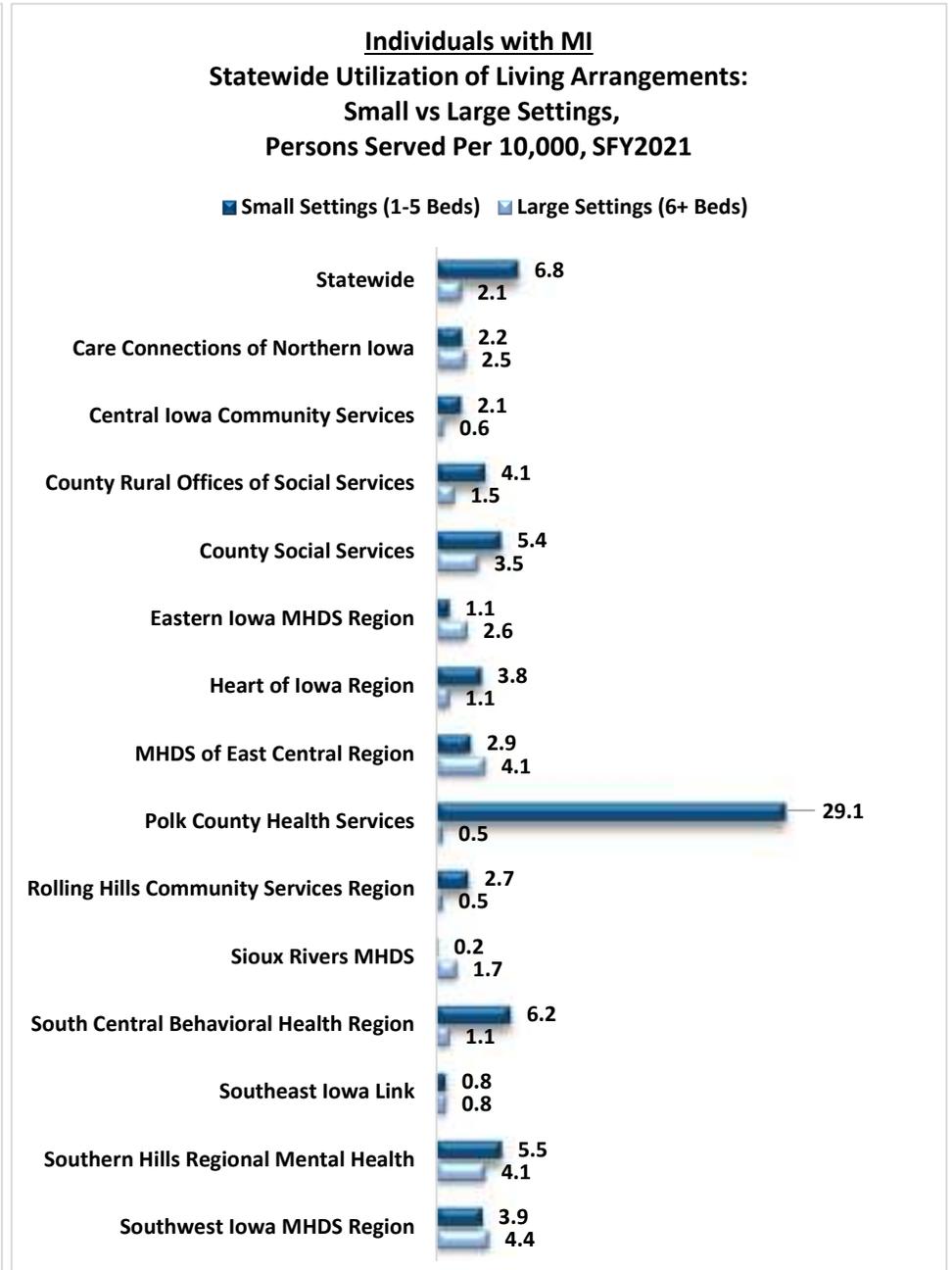
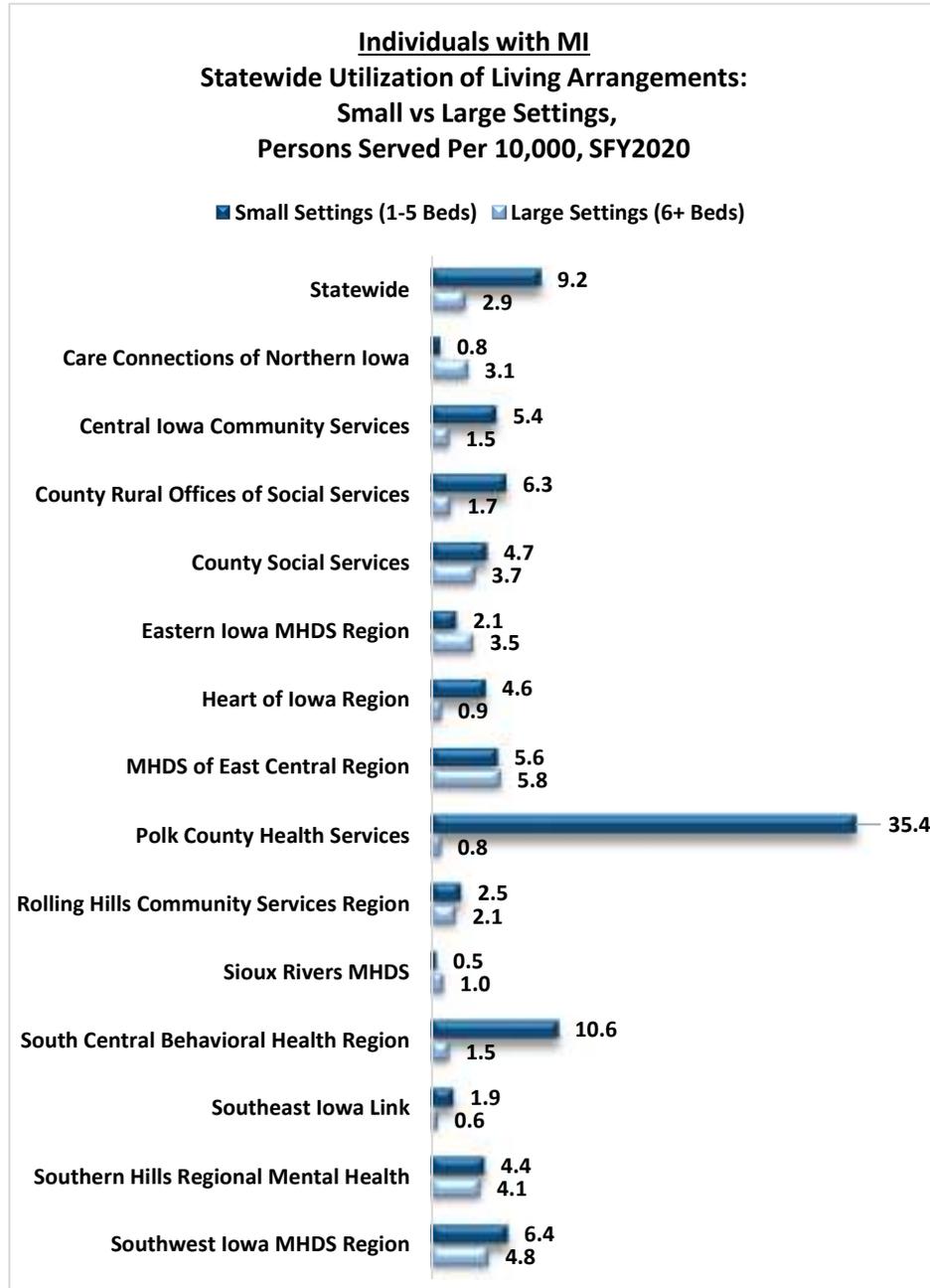
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- The following charts show the number of individuals utilizing region funded services per 10,000 in the general population of the region. This standardized indicator allows a comparison region to region regardless of the population of the region.
- Data includes individuals funded where at least one day of service was in SFY2021.
- Reasons there is a variance between the number of individuals regions fund services include:
  - The method used for counting the number of individuals receiving services in SFY2021 was not reported in a standardized manner;
  - Regions' policies requiring individuals to first access Medicaid funding differs; and
  - Demographics of regions vary.
- The higher utilization of outpatient mental health services decreases the utilization of inpatient mental health services.
- Individuals living in smaller based settings and utilizing integrated services supports the principles of Olmstead.
  - Smaller living settings include the provision of services and supports to keep people in their own home. This includes but is not limited to long term rental assistance and supported housing.
- Factors contributing to the variance between SFY2020 and SFY2021 in service utilization rates include:
  - Efforts made by regions to standardize reporting methods for individuals served;
  - Significant efforts made by regions to expand core services, resulting in a higher number of persons served;
  - Targeted initiatives to move individuals from large group settings to smaller, integrated settings funded by Medicaid resulted in fewer individual reported served through region-funded services;
  - Initial start-up costs in implementing core services funded by the region are no longer an expenditure once programs start providing services;
  - The COVID-19 pandemic has decreased services statewide in some areas but have led to an increase in expansion of other services (e.g., decrease in vocational services, increase in community-based outpatient services);
  - Changes in overall population estimates for regions that have had counties move in and out of the region, particularly those that have gained or lost a county with a large population count; and
  - CARES Act spending on a variety of services provided by the region.

# Statewide Utilization of Outpatient and Inpatient Mental Health Services

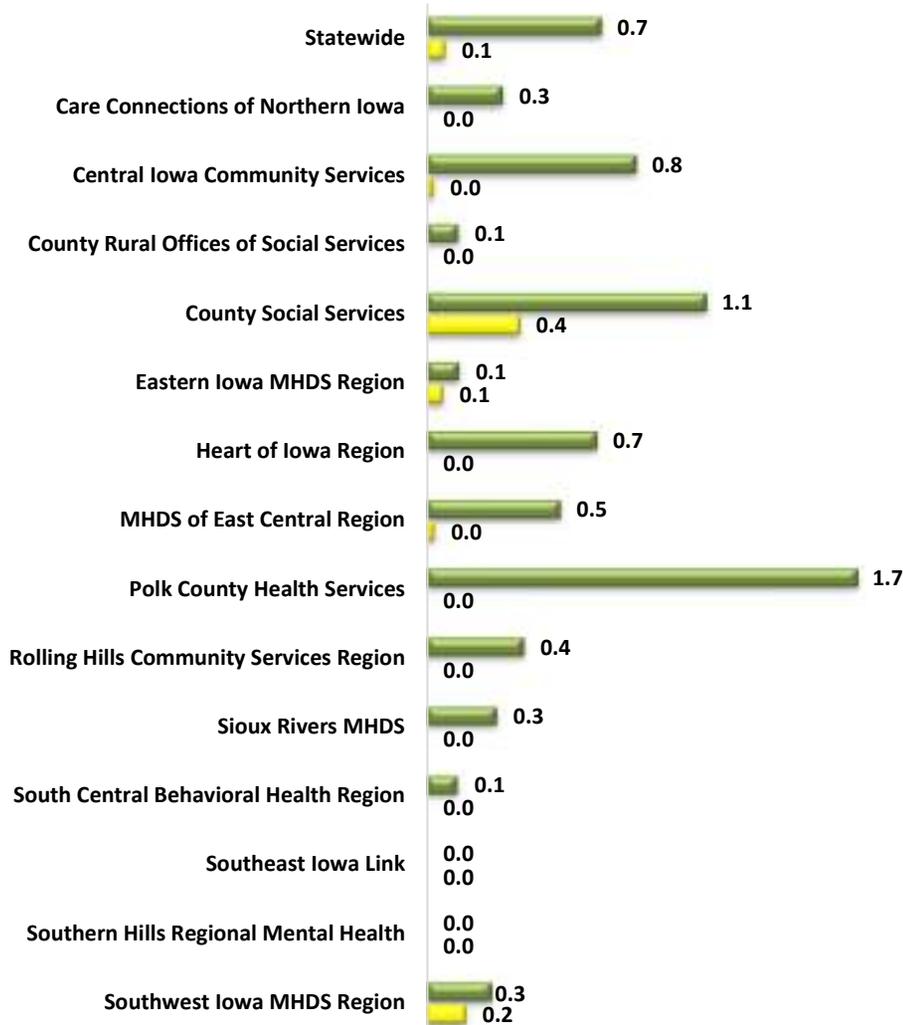


# Statewide Utilization of Living Arrangements



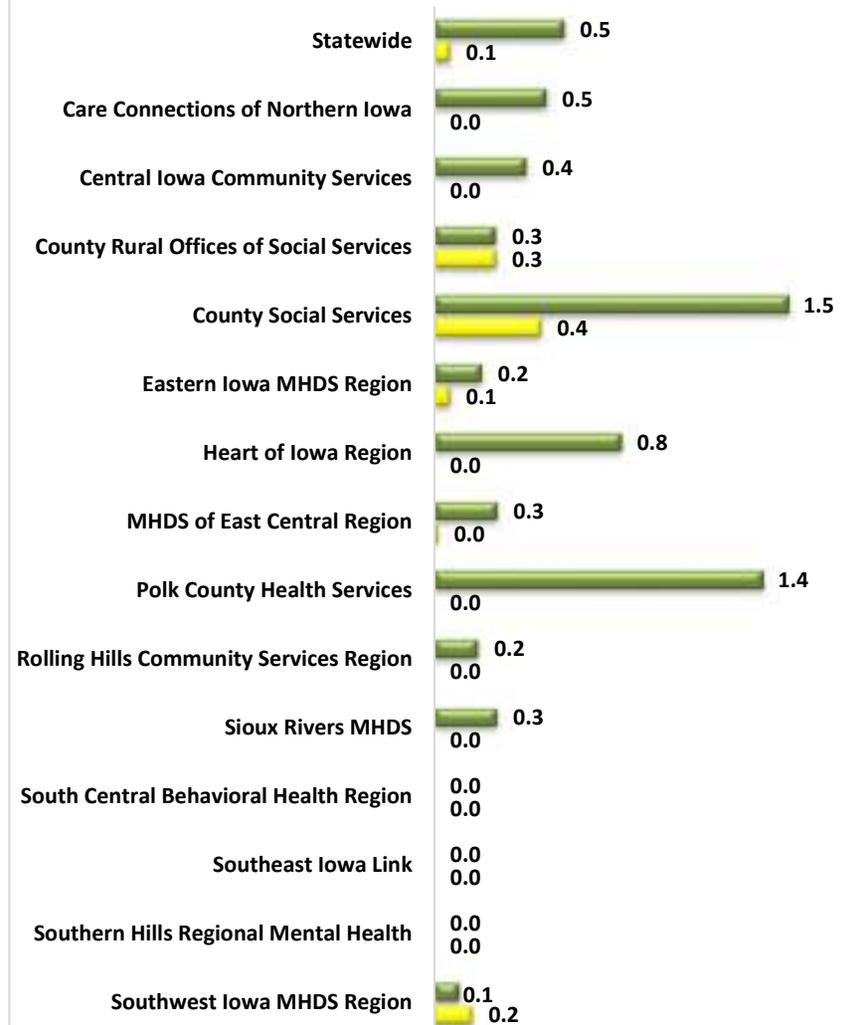
**Individuals with ID**  
**Statewide Utilization of Living Arrangements:**  
**Small vs Large Settings,**  
**Persons Served Per 10,000, SFY2020**

■ Small Settings (1-5 Beds) ■ Large Settings (6+ Beds)

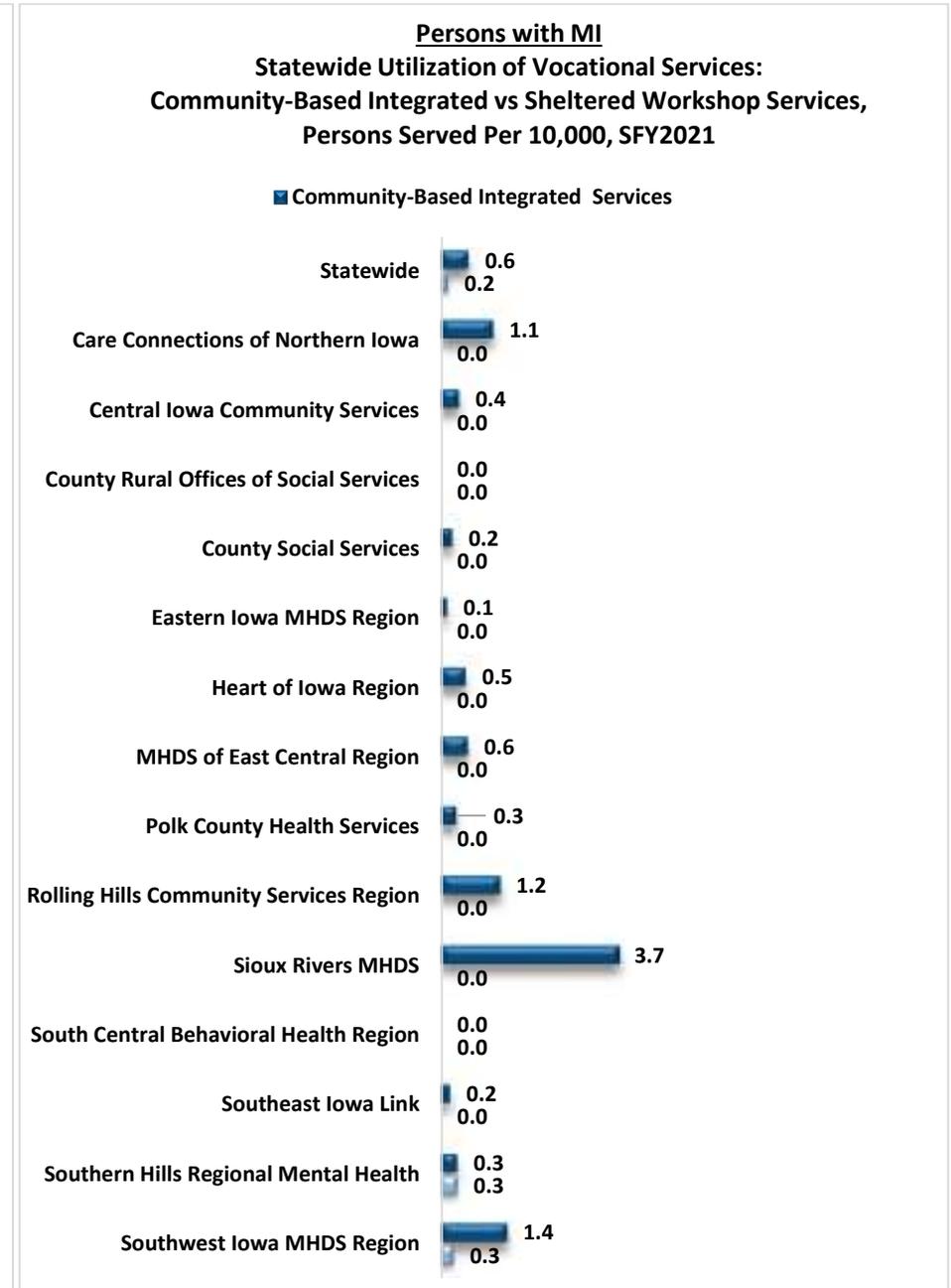
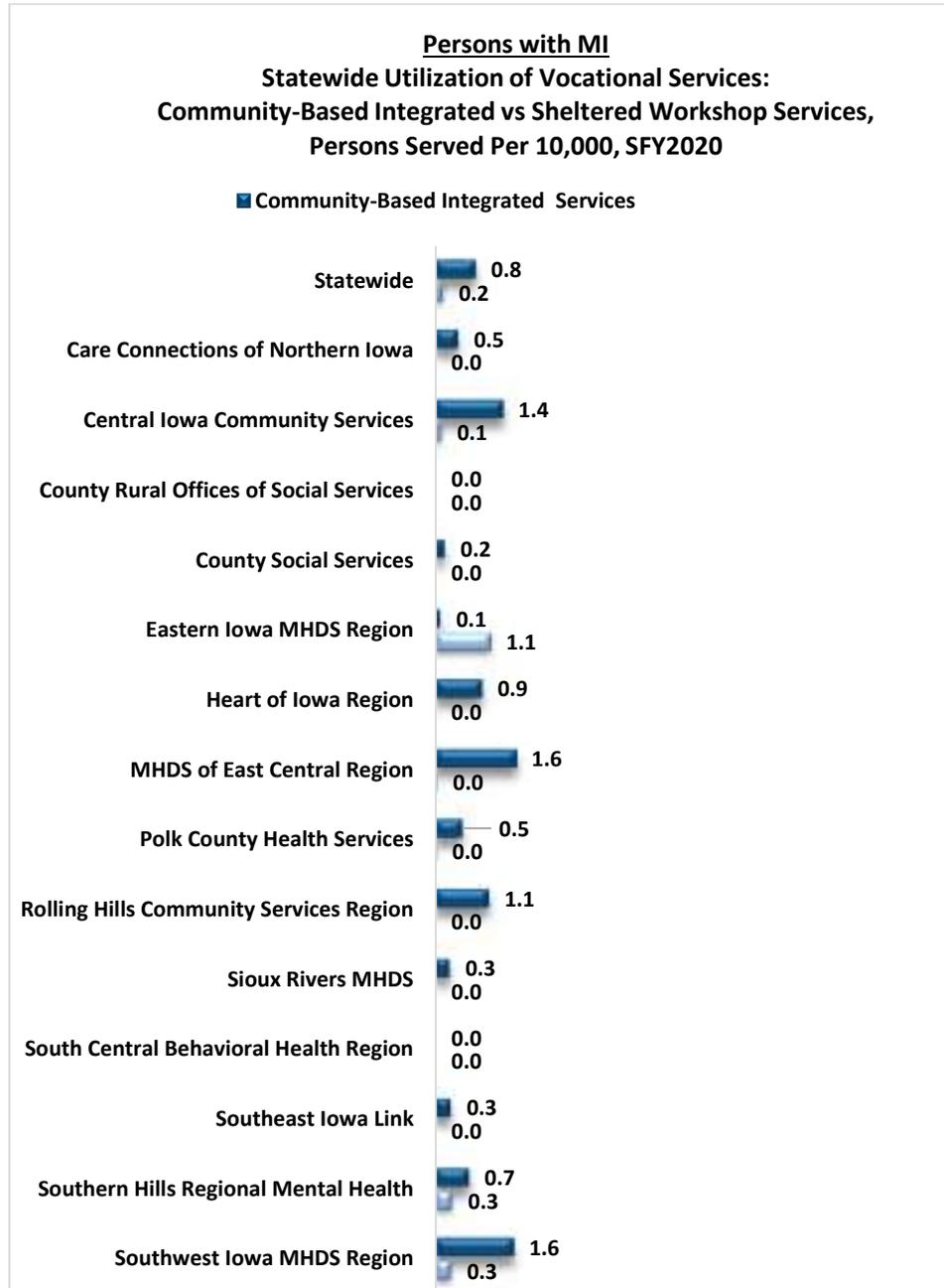


**Individuals with ID**  
**Statewide Utilization of Living Arrangements:**  
**Small vs Large Settings,**  
**Persons Served Per 10,000, SFY2021**

■ Small Settings (1-5 Beds) ■ Large Settings (6+ Beds)

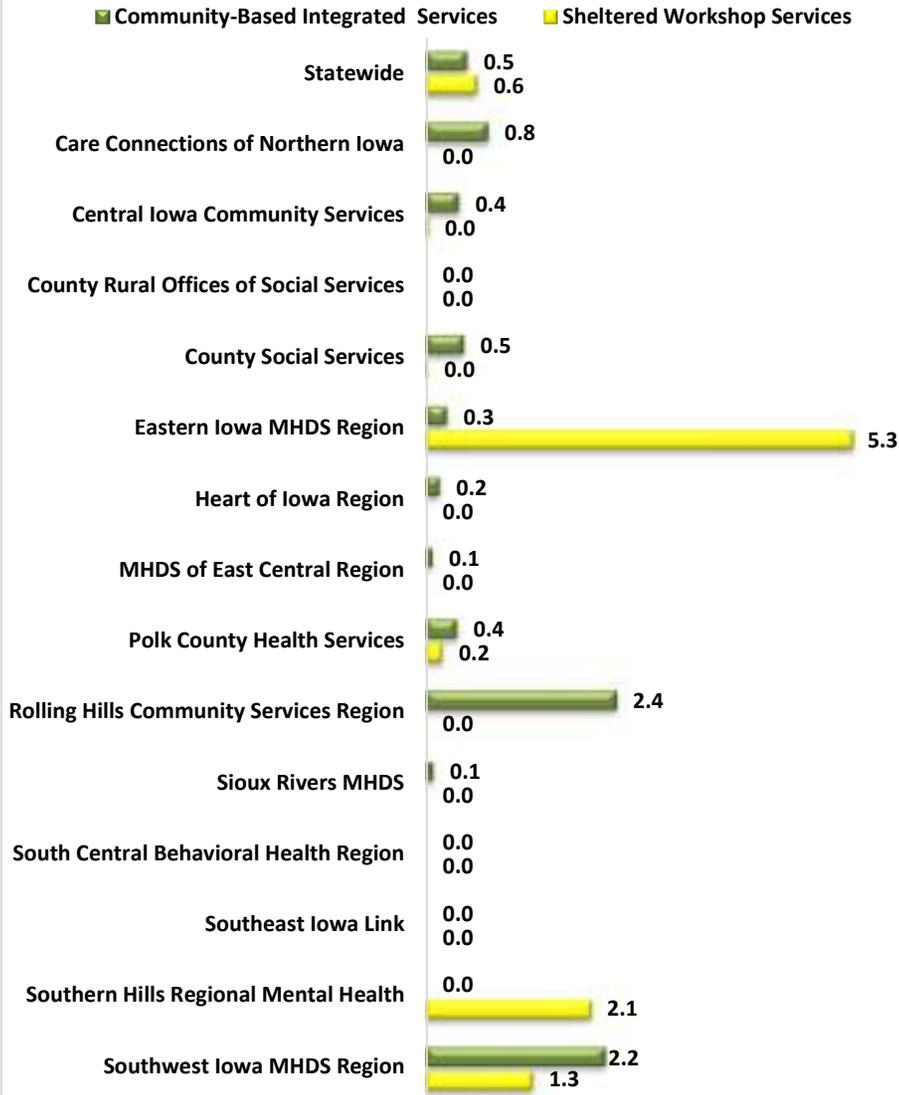


## Statewide Utilization of Vocational Services



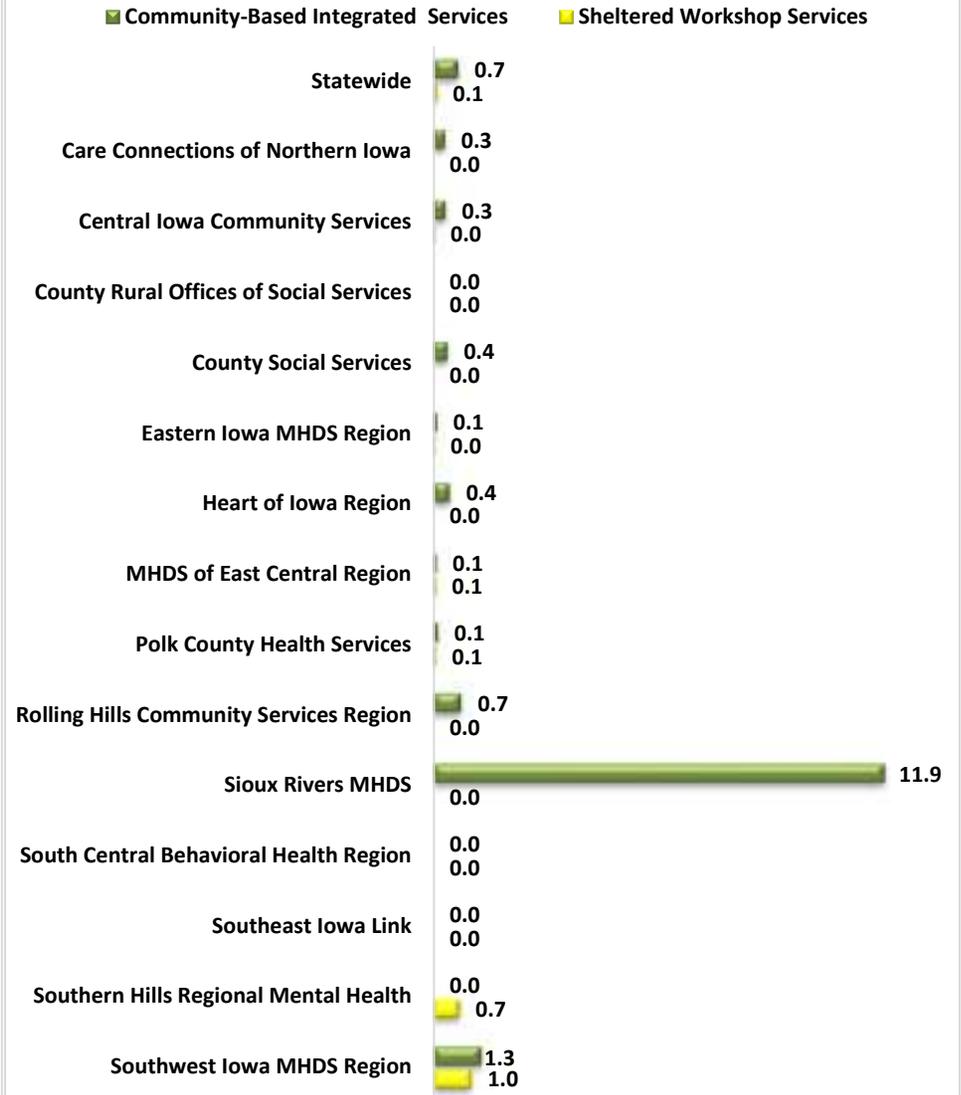
**Persons with ID**

**Statewide Utilization of Vocational Services:  
Community-Based Integrated vs Sheltered Workshop Services,  
Persons Served Per 10,000, SFY2020**



**Persons with ID**

**Statewide Utilization of Vocational Services:  
Community-Based Integrated vs Sheltered Workshop Services,  
Persons Served per 10,000, SFY2021**



# Quarterly MHDS Region Report: SFY2022 Quarter 4

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## Accessibility

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- Iowa Administrative Code sets access standards for core services and specifies either the maximum distance a person must travel or the maximum time a person can wait to receive services.
- The data are as of **June 30, 2022** as reported by the regional CEO based on services funded by the regions. Accessibility can change throughout the year.
- Nearly all core services are provided and meet accessibility standards for almost all MHDS regions.
- Reasons for not meeting access standards include:
  - The availability of service providers throughout the region;
  - The interpretation of the standards by individual Regional CEOs. In collaboration with DHS, CEOs are working on a more uniform interpretation and reporting process for each of the access standards;
  - Movement of counties to a different region as of July 1, 2020;
  - General impact of COVID-19 to the availability of services.
- Regions report other factors effecting service delivery include need for intense services for individuals with challenging behaviors.

## Core Services: Access Standards Region Status

Status as of End of SFY2022 Quarter 4 ( <b>June 30, 2022</b> )								
Region	TREATMENT (Outpatient): Assessment and Evaluation				TREATMENT (Outpatient): Mental Health Outpatient Therapy			
	Timeliness: Emergency	Timeliness: Urgent	Timeliness: Routine	Proximity	Timeliness: Emergency	Timeliness: Urgent	Timeliness: Routine	Proximity
	During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact	Outpatient services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact	Outpatient services shall be provided to an individual within four weeks of request for appointment	Outpatient services shall be offered within 30 miles for an individual residing in an urban community and 45 minutes for an individual residing in a rural community	During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact	Outpatient services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact	Outpatient services shall be provided to an individual within four weeks of request for appointment	Outpatient services shall be offered within 30 miles for an individual residing in an urban community and 45 minutes for an individual residing in a rural community
Care Connections of Northern Iowa	Met	Met	Met	Met	Met	Met	Met	Met
Central Iowa Community Services	Met	Met	Met	Met	Met	Met	Met	Met
County Rural Offices of Social Services	Met	Met	Met	Met	Met	Met	Met	Met
County Social Services	Met	Met	Met	Met	Met	Met	Met	Met
Eastern Iowa MHDS Region	Met	Met	Met	Met	Met	Met	Met	Met
Heart of Iowa Region	Met	Met	Met	Met	Met	Met	Met	Met
MHDS of East Central Region	Met	Met	Met	Met	Met	Met	Met	Met
Polk MHDS Region	Met	Met	Met	Met	Met	Met	Met	Met
Rolling Hills Community Services Region	Met	Met	Met	Met	Met	Met	Met	Met
Sioux Rivers MHDS	Met	Met	Met	Met	Met	Met	Met	Met
South Central Behavioral Health Region	Met	Met	Met	Met	Met	Met	Met	Met
Southeast Iowa Link	Met	Met	Met	Met	Met	Met	Met	Met
Southern Hills Regional Mental Health	Met	Met	Met	Met	Met	Met	Met	Met
Southwest Iowa MHDS Region	Met	Met	Met	Met	Met	Met	Met	Met

Continued on the next page →

**Status as of End of SFY2022 Quarter 4 (June 30, 2022)**

Region	TREATMENT (Outpatient): Prescribing and Management				TREATMENT: Mental Health Inpatient Therapy		TREATMENT: Assessment and Evaluation after Inpatient Treatment
	Timeliness: Emergency	Timeliness: Urgent	Timeliness: Routine	Proximity	Timeliness: Emergency	Proximity	Timeliness: Assessment/Evaluation
	During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact	Outpatient services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact	Outpatient services shall be provided to an individual within four weeks of request for appointment	Outpatient services shall be offered within 30 miles for an individual residing in an urban community and 45 minutes for an individual residing in a rural community	An individual in need of emergency inpatient services shall receive treatment within 24 hours	Inpatient services shall be within a reasonably close proximity to the region (100 miles)	An individual who has received inpatient services shall be assessed and evaluated within four weeks of discharge
Care Connections of Northern Iowa	Met	Met	Met	Met	Met	Met	Met
Central Iowa Community Services	Met	Met	Met	Met	Met	Met	Met
County Rural Offices of Social Services	Met	Met	Met	Met	Met	Met	Met
County Social Services	Met	Met	Met	Met	Met	Met	Met
Eastern Iowa MHDS Region	Met	Met	Met	Met	Met	Met	Met
Heart of Iowa Region	Met	Met	Met	Met	Met	Met	Met
MHDS of East Central Region	Met	Met	Met	Met	Met	Met	Met
Polk MHDS Region	Met	Met	Met	Met	Met	Met	Met
Rolling Hills Community Services Region	Met	Met	Met	Met	Met	Met	Met
Sioux Rivers MHDS	Met	Met	Met	Met	Met	Met	Met
South Central Behavioral Health Region	Met	Met	Met	Met	Met	Met	Met
Southeast Iowa Link	Met	Met	Met	Met	Unmet	Met	Met
Southern Hills Regional Mental Health	Met	Met	Met	Met	Met	Met	Met
Southwest Iowa MHDS Region	Unmet	Met	Met	Met	Met	Met	Met

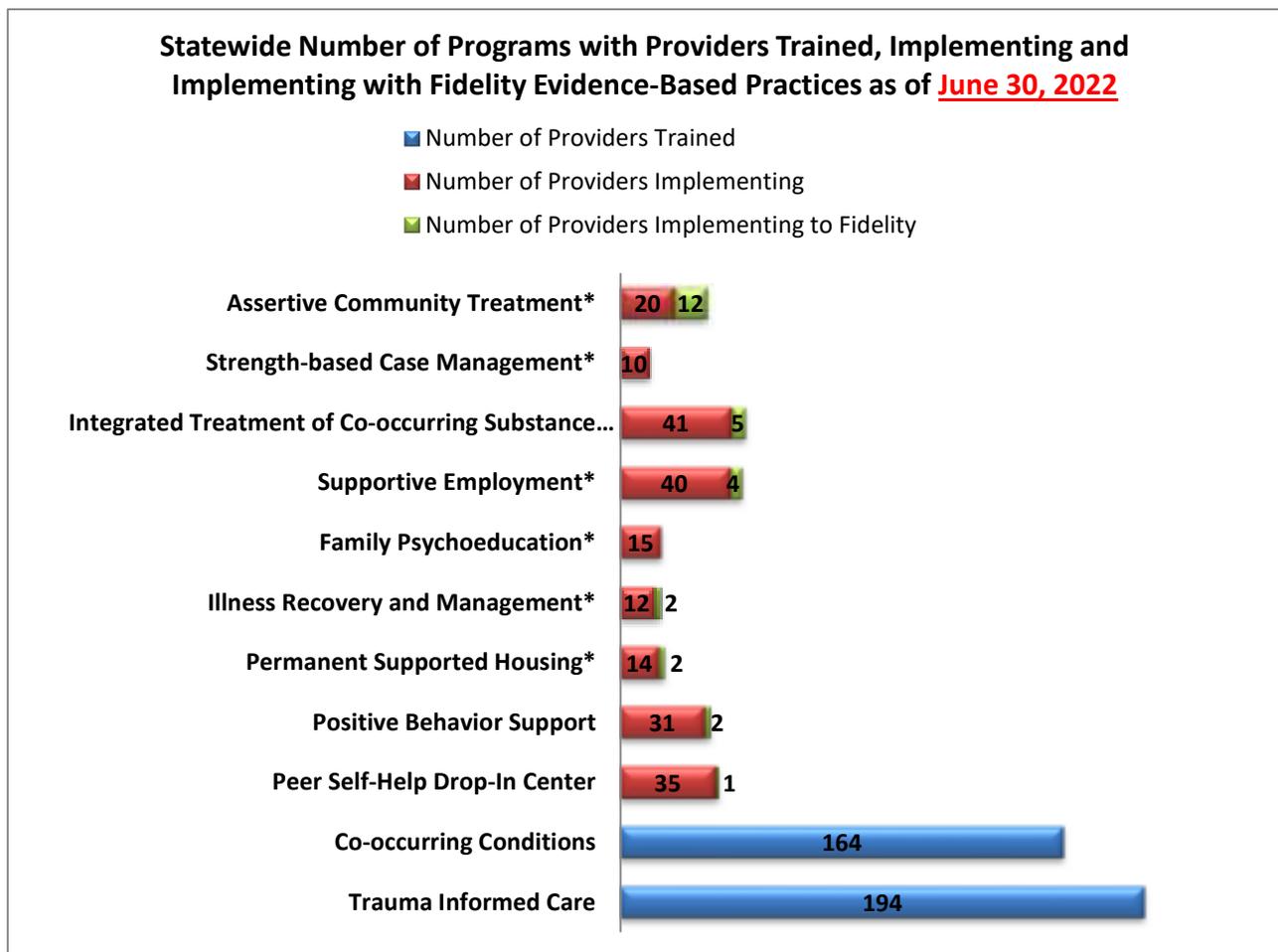
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**Status as of End of SFY2022 Quarter 4 (June 30, 2022)**

Region	CRISIS: Twenty Four Hour Crisis Response		SUPPORT FOR COMMUNITY LIVING	SUPPORT FOR EMPLOYMENT	RECOVERY SERVICES: Family Support	RECOVERY SERVICES: Peer Support	SERVICE COORDINATION: Case Management and Health Home	
	Timeliness	Timeliness	Timeliness	Timeliness	Proximity	Proximity	Timeliness: Routine	Proximity
	Immediate access to crisis response services by means of telephone, electronic, or face-to-face communication 24 hours. A day/ 365 days a year.	Crisis evaluation within 24 hours	The first appointment shall occur within four weeks of the individual's request of support for community living	The initial referral shall take place within 60 days of the individual's request of support for employment	An individual receiving recovery services shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services	An individual receiving recovery services shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services	An individual shall receive service coordination within 10 days of the initial request for such service or being discharged from an inpatient facility	An individual receiving service coordination shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.
Care Connections of Northern Iowa	Met	Met	Met	Met	Met	Met	Met	Met
Central Iowa Community Services	Met	Met	Met	Met	Met	Met	Met	Met
County Rural Offices of Social Services	Met	Met	Met	Met	Met	Met	Met	Met
County Social Services	Met	Met	Unmet	Met	Unmet	Met	Met	Met
Eastern Iowa MHDS Region	Met	Met	Unmet	Met	Met	Met	Met	Met
Heart of Iowa Region	Met	Met	Met	Met	Met	Met	Met	Met
MHDS of East Central Region	Met	Met	Met	Met	Met	Met	Met	Met
Polk MHDS Region	Met	Met	Met	Met	Met	Met	Met	Met
Rolling Hills Community Services Region	Met	Met	Met	Met	Met	Met	Met	Met
Sioux Rivers MHDS	Met	Met	Met	Met	Met	Met	Met	Met
South Central Behavioral Health Region	Met	Met	Met	Met	Met	Met	Met	Met
Southeast Iowa Link	Met	Met	Met	Met	Met	Met	Met	Met
Southern Hills Regional Mental Health	Met	Met	Met	Met	Met	Met	Met	Met
Southwest Iowa MHDS Region	Met	Met	Met	Met	Met	Met	Met	Met

# Quality

- Iowa Code requires regions to provide access to evidenced based practices (EBP).
- EBPs are practices that have consistent scientific evidence showing they improve individual outcomes.
- Iowa Administrative Code requires regions ensure that access is available to the seven (7) evidence based practices identified with (\*) in the chart below as well as provide services that effectively treat individuals with Co-Occurring conditions and use Trauma-Informed Care practices. The chart also includes two additional core evidence based practices regions are to provide if funding is available.
- This chart shows how many providers are implementing the required practices. At this time, five of the evidenced based practices have at least one provider meeting independently verified fidelity standards.
- The data are as reported by regional CEOs.



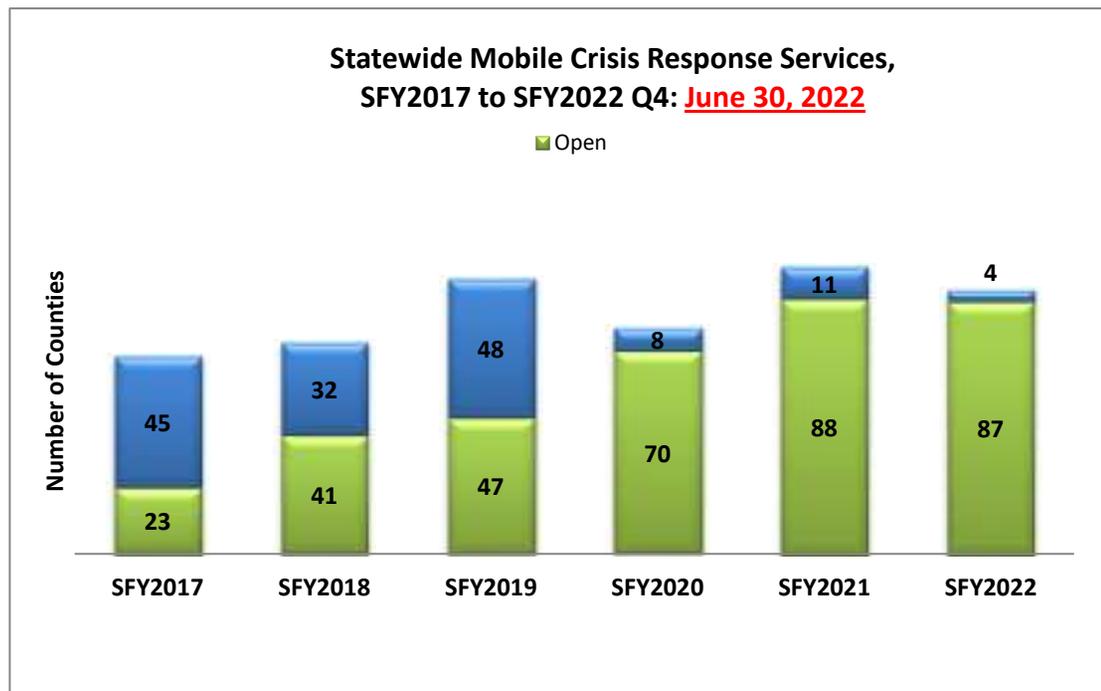
# New Core Mental Health and Disability Services: Implementation/Access Standard Progress

- New core services were to be implemented on or before July 1, 2021.
- The data represents regions' progress in implementing the new core services are as of **SFY2022 Quarter 4: June 30, 2022**.
- Data are self-reported by regional CEOs. Charts reported by quarter for data available starting SFY2019.
- **Open** indicates the service is available to individuals in the region.
- **In-Development** indicates the region is developing the service with an anticipated start date.

## Mobile Crisis Response

- On-site, face-to-face mental health crisis services for an individual experiencing a mental health crisis.
- The data reflects the number counties statewide and percent of counties per region that have mobile crisis response services available or in-development

## Statewide Implementation Progress

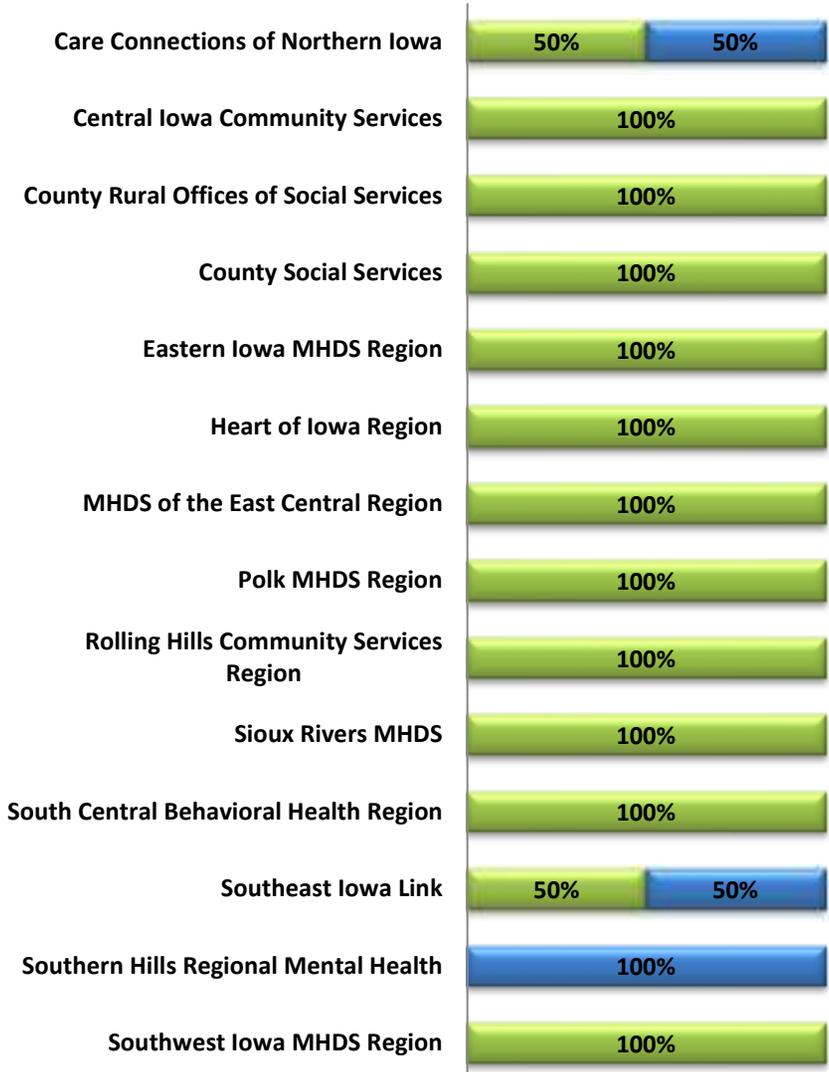


## Access Standard Progress

<b>CRISIS: Mobile Response</b>	
<i>*In order to meet access standard on or after 7/1/2021, Regions must meet all requirements in Chapter 25.</i>	
Region	Timeliness
	Face-to-face contact with mobile crisis staff within 60 minutes of dispatch.
Care Connections of Northern Iowa	Met
Central Iowa Community Services	Met
County Rural Offices of Social Services	Met
County Social Services	Met
Eastern Iowa MHDS Region	Met
Heart of Iowa Region	Met
MHDS of East Central Region	Met
Polk MHDS Region	Unmet
Rolling Hills Community Services Region	Met
Sioux Rivers MHDS	Met
South Central Behavioral Health Region	Met
Southeast Iowa Link	Unmet
Southern Hill Regional Mental Health	Unmet
Southwest Iowa MHDS Region	Met

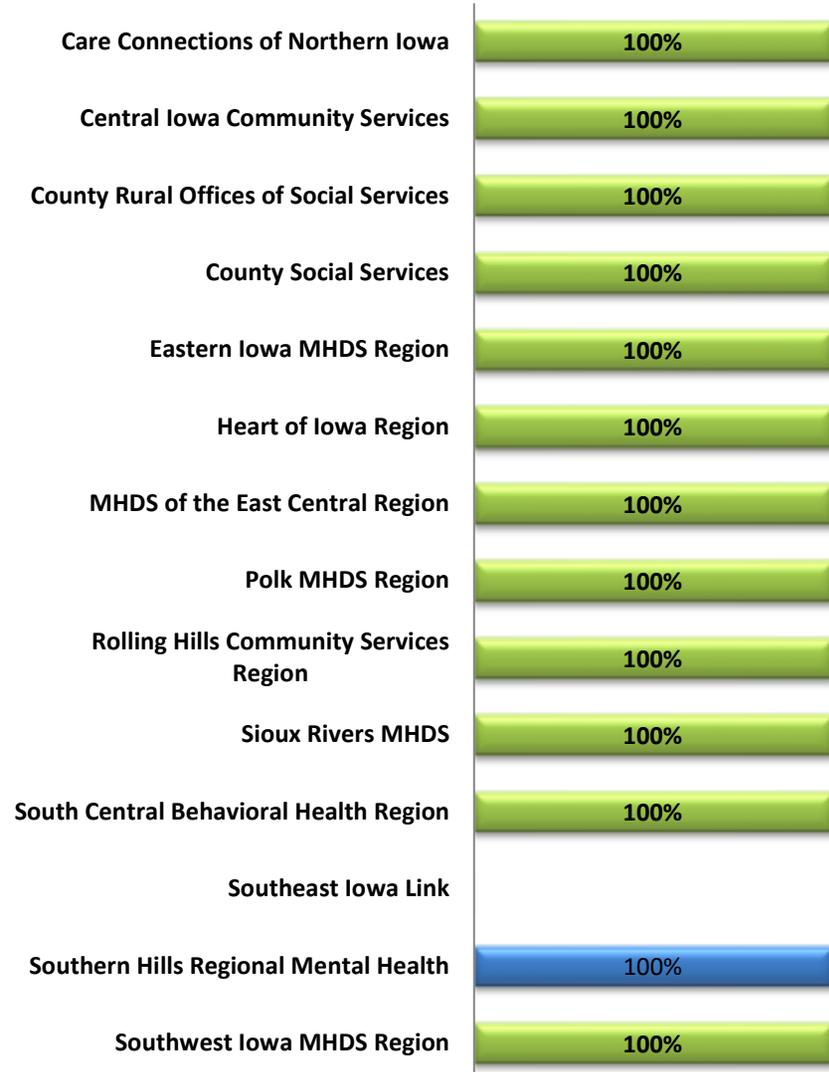
**Percent of Counties within the Region with Mobile Crisis Response Services as of June 30, 2021**

■ Open ■ In Development



**Percent of Counties within the Region with Mobile Crisis Response Services as of June 30, 2022**

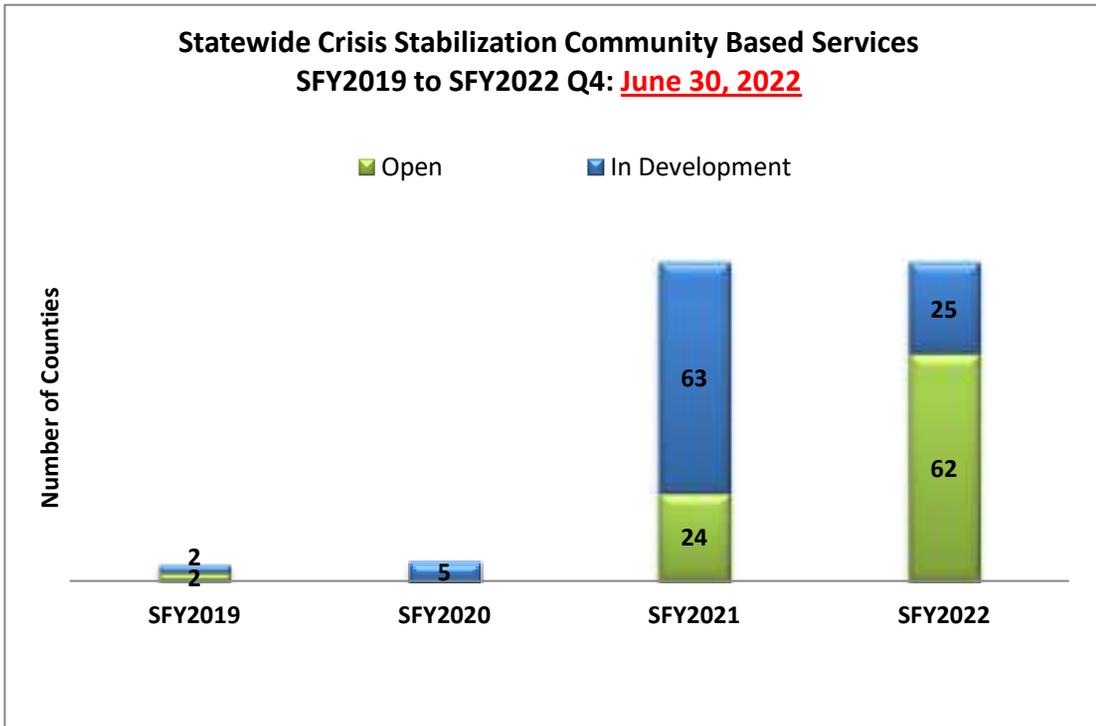
■ Open ■ In Development



## Crisis Stabilization Community Based Services (CSCBS)

- Short-term services designed to de-escalate a crisis situation and stabilize an individual following a mental health crisis and provided where the individual lives, works or recreates.
- The data reflects the number counties statewide that have Crisis Stabilization Community Based Services available or in-development.

### Statewide Implementation Progress



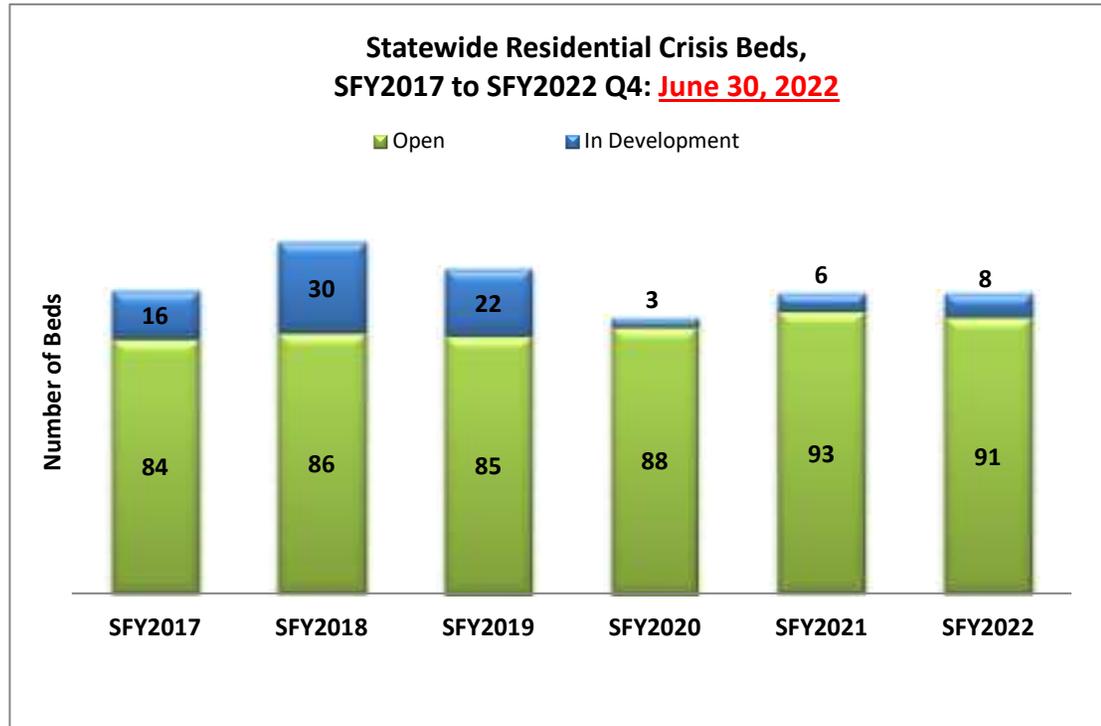
### Access Standard Progress

<b>CRISIS: CSCBS</b>	
<i>*In order to meet access standard on or after 7/1/2021, Regions must meet all requirements in Chapter 25.</i>	
Region	Timeliness Face-to-face contact from CSCBS provider within 120 minutes from the time of referral.
Care Connections of Northern Iowa	Unmet
Central Iowa Community Services	Met
County Rural Offices of Social Services	Met
County Social Services	Unmet
Eastern Iowa MHDS Region	Unmet
Heart of Iowa Region	Unmet
MHDS of East Central Region	Unmet
Polk MHDS Region	Met
Rolling Hills Community Services Region	Met
Sioux Rivers MHDS	Unmet
South Central Behavioral Health Region	Met
Southeast Iowa Link	Unmet
Southern Hill Regional Mental Health	Unmet
Southwest Iowa MHDS Region	Unmet

## Crisis Stabilization Residential Services (CSRS) Beds

- Residential settings that de-escalate and stabilize an individual experiencing a mental health crisis.
- The data reflects the number of CSRS beds statewide that are available or in-development.

### Statewide Implementation Progress

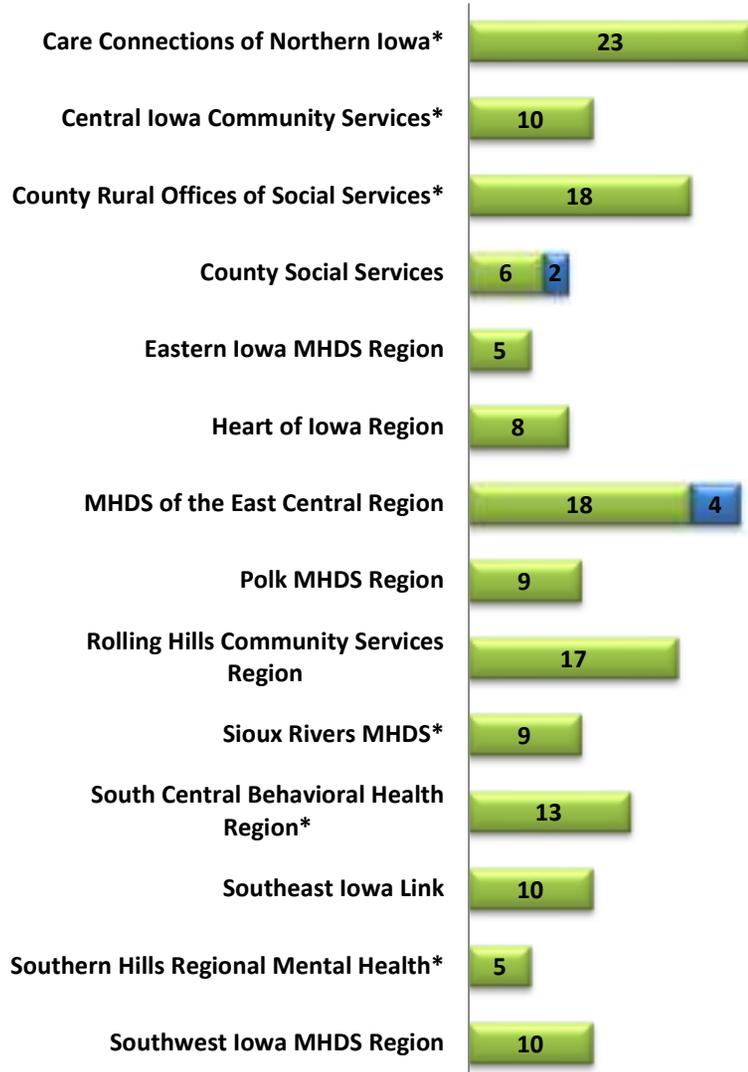


### Access Standard Progress

CRISIS: CSRS		
<i>*In order to meet access standard on or after 7/1/2021, Regions must meet all requirements in Chapter 25.</i>		
Region	Timelines	Proximity
	Service provided within 120 minutes from the time of referral.	Service is located within 120 miles from the individual's residence.
Care Connections of Northern Iowa	Met	Met
Central Iowa Community Services	Met	Met
County Rural Offices of Social Services	Met	Met
County Social Services	Met	Met
Eastern Iowa MHDS Region	Met	Met
Heart of Iowa Region	Met	Met
MHDS of East Central Region	Met	Met
Polk MHDS Region	Met	Met
Rolling Hills Community Services Region	Met	Met
Sioux Rivers MHDS	Met	Met
South Central Behavioral Health Region	Met	Met
Southeast Iowa Link	Met	Met
Southern Hill Regional Mental Health	Met	Met
Southwest Iowa MHDS Region	Unmet	Met

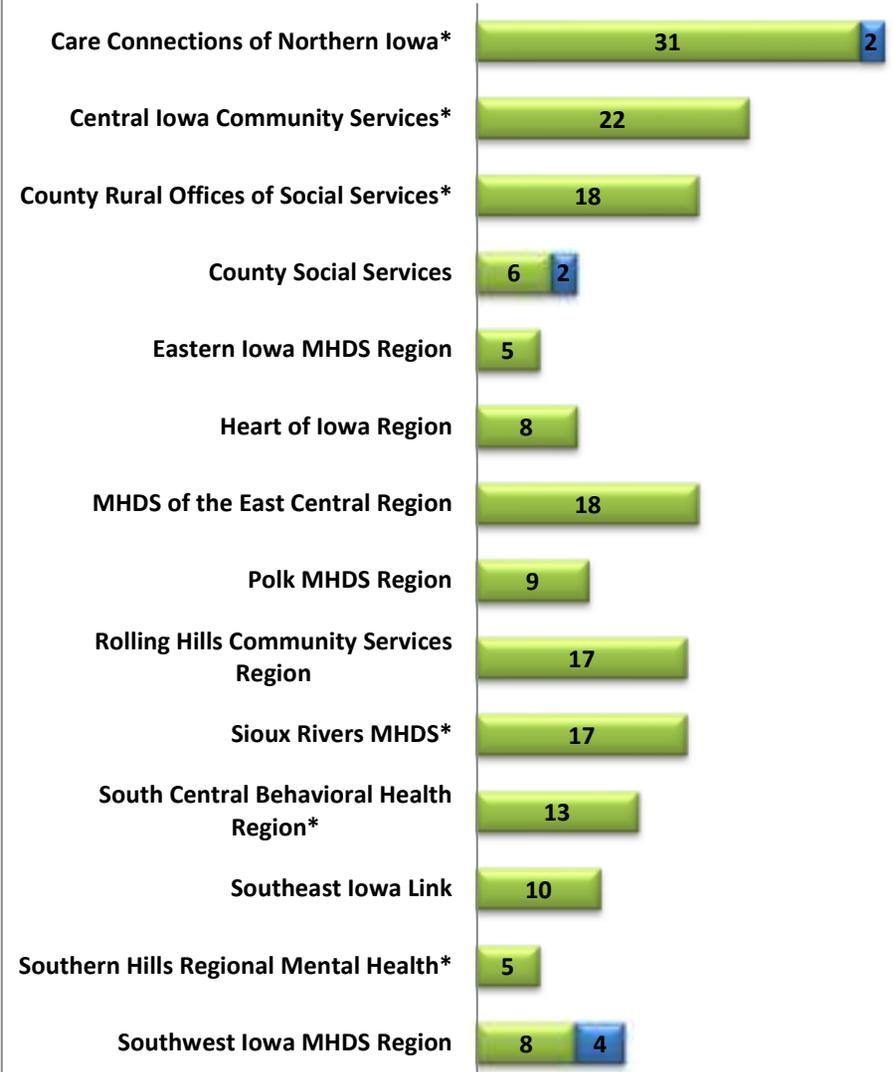
### Number of Residential Crisis Beds Per Region as of June 30, 2021

Open In Development



### Number of Residential Crisis Beds Available Per Region as of June 30, 2022

Open In Development

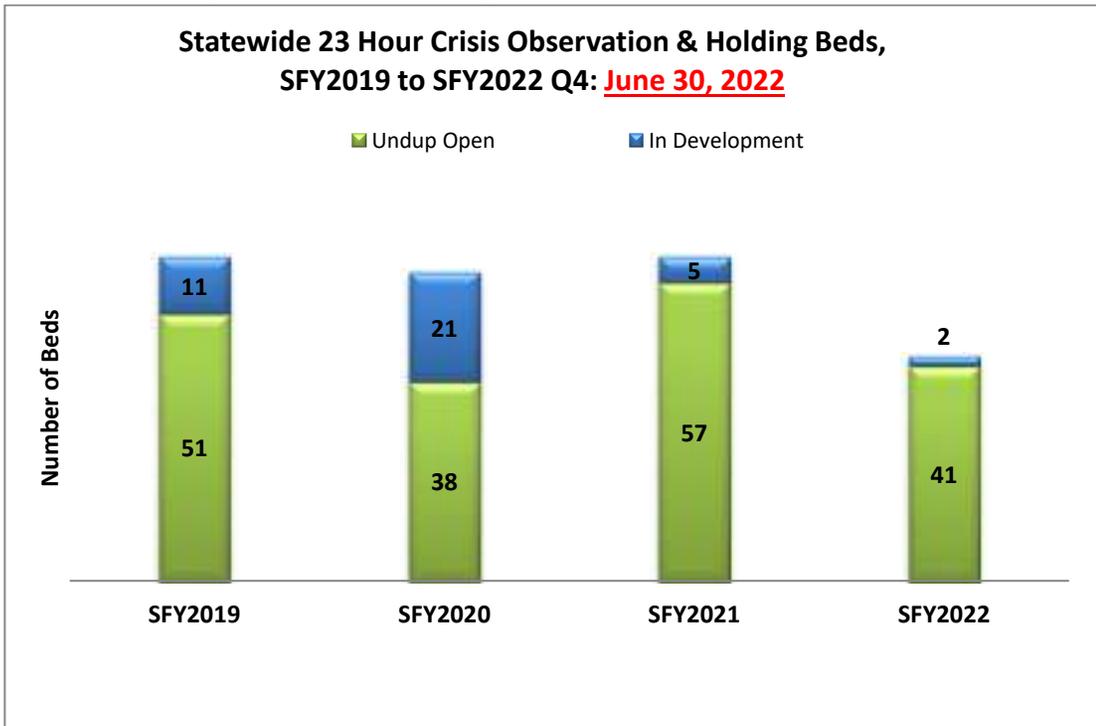


\*Contracts all or some of their beds from another region.

## 23 Hour Crisis Observation and Holding

- A level of care provided for up to 23 hours in a secure and protected, medically staffed, psychiatrically supervised treatment environment.
- The data reflects the number of 23 hour crisis observation and holding beds statewide that are available or in-development.

### Statewide Implementation Progress



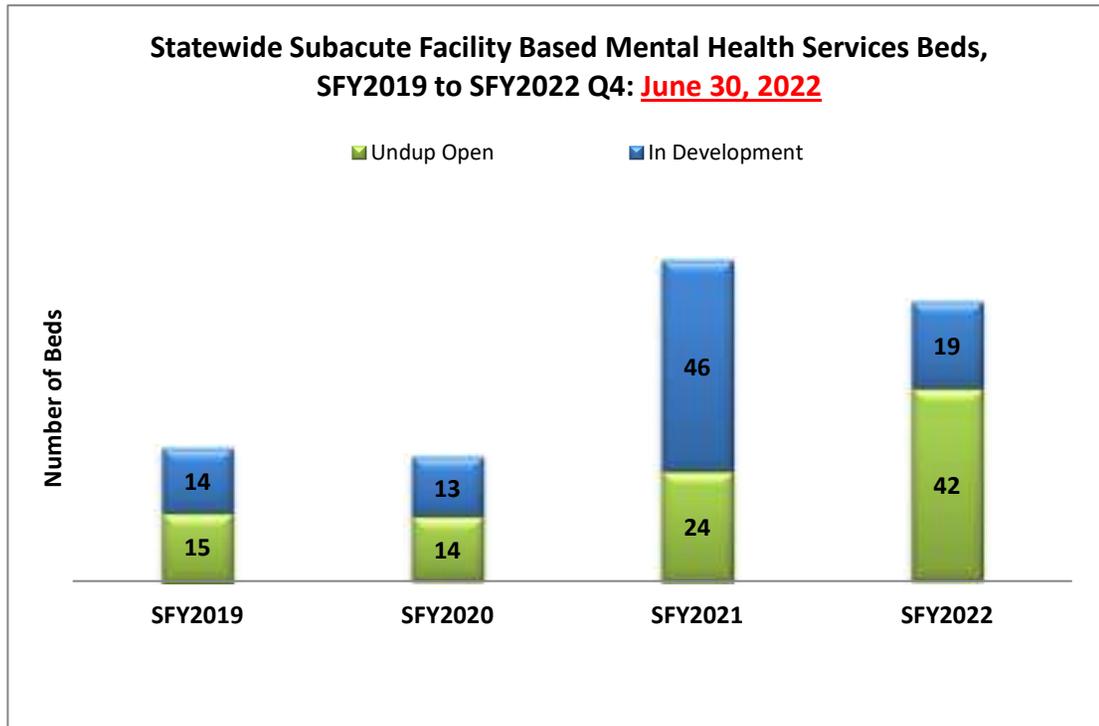
### Access Standard Progress

<b>CRISIS: 23 Hour Observation and Holding</b>		
<i>*In order to meet access standard on or after 7/1/2021, Regions must meet all requirements in Chapter 25.</i>		
Region	Timeliness	Proximity
	Service provided within 120 minutes from the time of referral.	Service is located within 120 miles from the individual's residence.
Care Connections of Northern Iowa	Unmet	Unmet
Central Iowa Community Services	Met	Met
County Rural Offices of Social Services	Met	Met
County Social Services	Unmet	Met
Eastern Iowa MHDS Region	Met	Met
Heart of Iowa Region	Unmet	Unmet
MHDS of East Central Region	Met	Met
Polk MHDS Region	Met	Met
Rolling Hills Community Services Region	Met	Met
Sioux Rivers MHDS	Met	Met
South Central Behavioral Health Region	Met	Met
Southeast Iowa Link	Met	Met
Southern Hill Regional Mental Health	Met	Met
Southwest Iowa MHDS Region	Met	Met

## Subacute Facility Based Mental Health Services

- Subacute is a comprehensive set of wraparound services for individuals that have or are at risk of having an acute or crisis mental health symptoms but do not need acute inpatient care.
- The data reflects the number of subacute beds statewide that are available or in-development.

### Statewide Implementation Progress



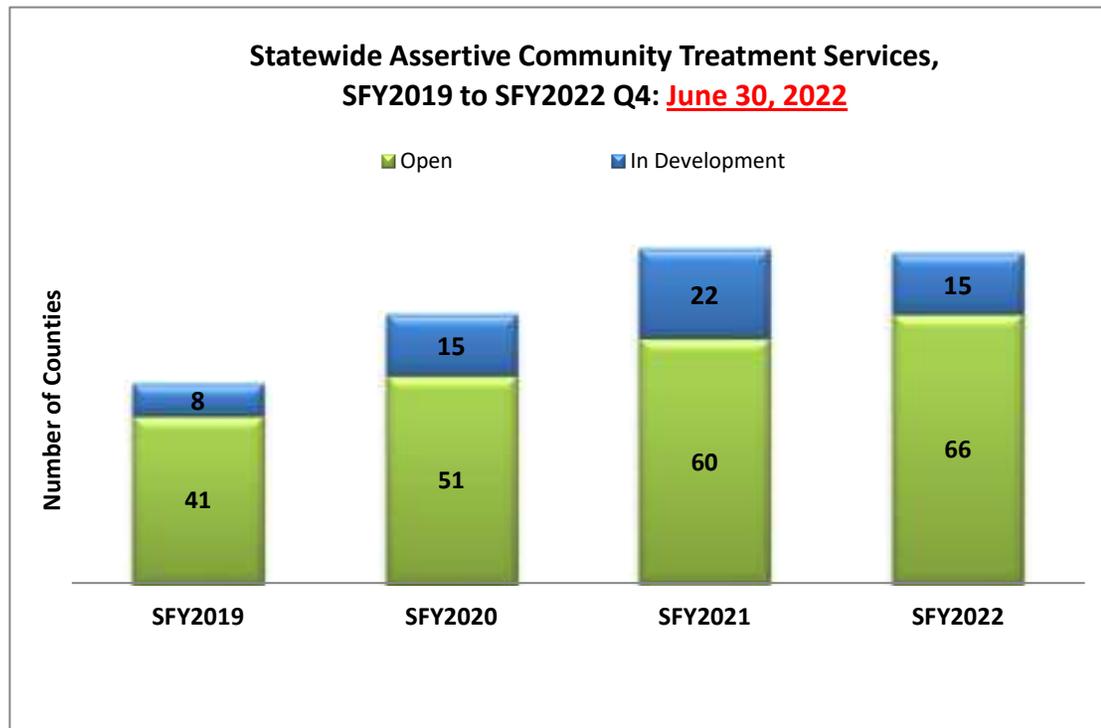
### Access Standard Progress

CRISIS: Subacute Facility Based Mental Health Services		
<i>*In order to meet access standard on or after 7/1/2021, Regions must meet all requirements in Chapter 25.</i>		
Region	Timeliness	Proximity
	Services provided within 24 hours of referral.	Service is located within 120 miles from the individual's residence.
Care Connections of Northern Iowa	Unmet	Unmet
Central Iowa Community Services	Met	Met
County Rural Offices of Social Services	Met	Met
County Social Services	Met	Met
Eastern Iowa MHDS Region	Met	Met
Heart of Iowa Region	Met	Met
MHDS of East Central Region	Met	Met
Polk MHDS Region	Met	Met
Rolling Hills Community Services Region	Unmet	Unmet
Sioux Rivers MHDS	Unmet	Unmet
South Central Behavioral Health Region	Met	Met
Southeast Iowa Link	Met	Met
Southern Hill Regional Mental Health	Met	Met
Southwest Iowa MHDS Region	Met	Met

## Assertive Community Treatment Programs

- Comprehensive, community-based outpatient services provided to individuals with a serious mental illness that require multiple mental health and support services to live in the community. Services are available for individuals located within 30 minutes (urban) or 45 minutes (rural) from where the team is located.
- The map shows the county where ACT programs are available or in-development as of [June 30, 2022](#).
- There are currently 16 ACT programs open in Iowa serving 66 counties as of [June 30, 2022](#).

## Statewide Implementation Progress



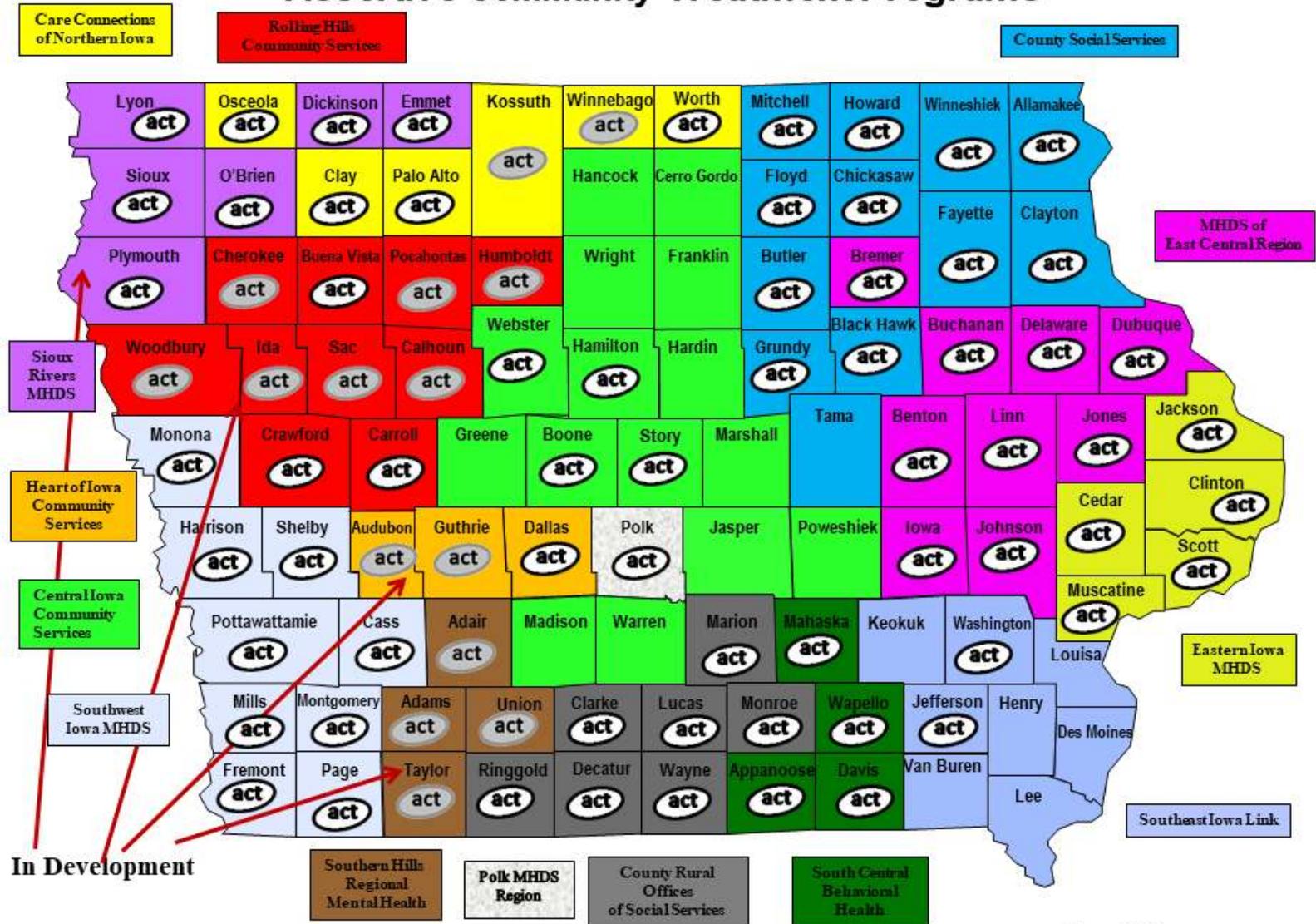
## Access Standard Progress

<b>INTENSIVE MENTAL HEALTH SERVICES: ACT</b>	
<i>*In order to meet access standard on or after 7/1/2021, Regions must meet all requirements in Chapter 25.</i>	
Region	Capacity 0.06% of the Region's population has access to ACT services.
Care Connections of Northern Iowa	Unmet
Central Iowa Community Services	Met
County Rural Offices of Social Services	Met
County Social Services	Met
Eastern Iowa MHDS Region	Met
Heart of Iowa Region	Met
MHDS of East Central Region	Met
Polk MHDS Region	Met
Rolling Hills Community Services Region	Unmet
Sioux Rivers MHDS	Met
South Central Behavioral Health Region	Met
Southeast Iowa Link	Unmet
Southern Hill Regional Mental Health	Unmet
Southwest Iowa MHDS Region	Met

**act** = Counties with ACT program available

**act** = Counties with ACT program in development

## Assertive Community Treatment Programs

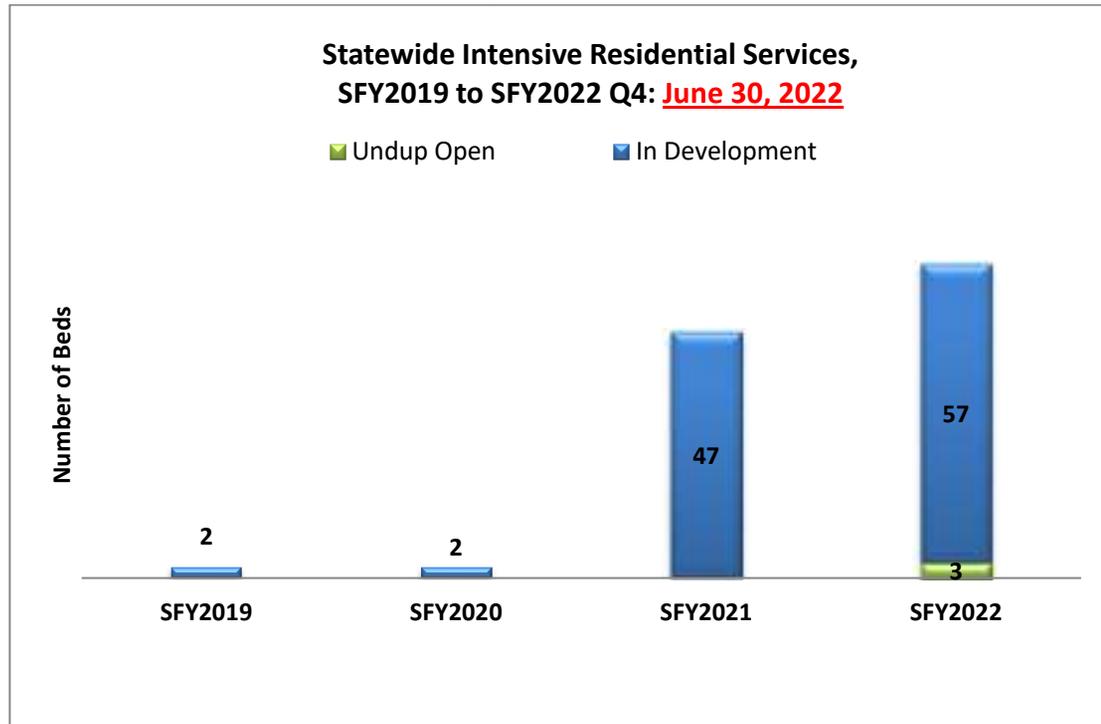


June 2022

## Intensive Residential Services

- Intensive, community-based services provided 24 hours a day, 365 days a year to individuals with a severe and persistent mental illness or multi-occurring conditions.
- As of **SFY2022 Q4: June 30, 2022**, there were 13 regions developing Intensive Residential Services.

## Statewide Implementation Progress



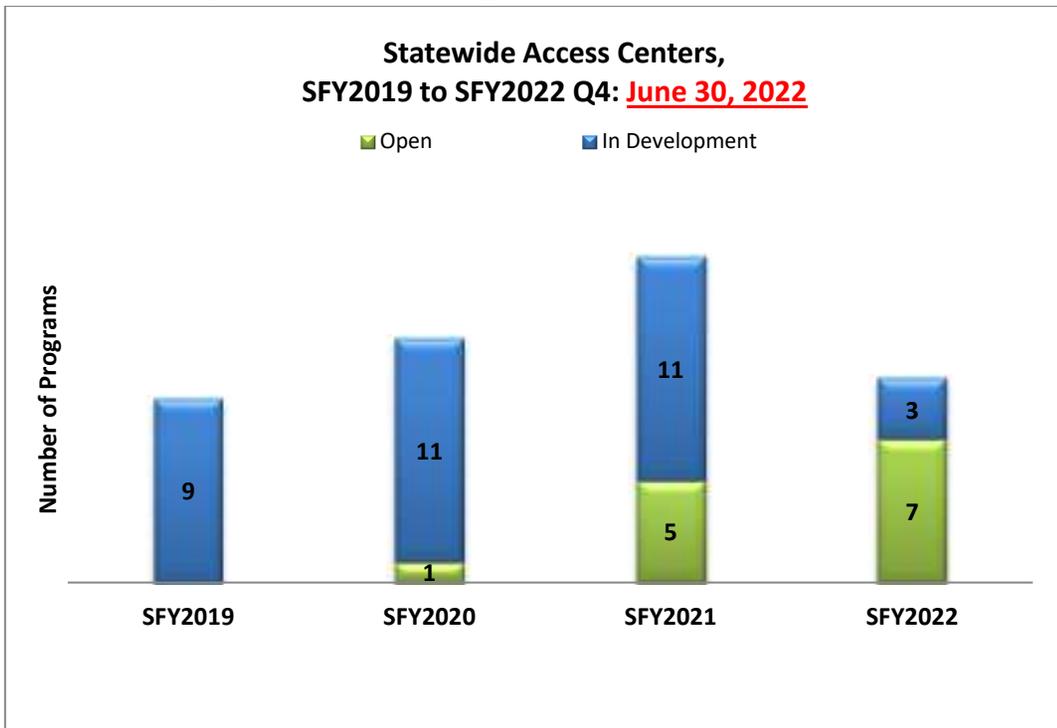
## Access Standard Progress

INTENSIVE MENTAL HEALTH SERVICES: Intensive Residential Services		
<i>*In order to meet access standard on or after 7/1/2021, Regions must meet all requirements in Chapter 25.</i>		
Region	Timeliness	Proximity
	Services provided within 4 weeks of referral.	Service is available within 2 hours from the individual's residence.
Care Connections of Northern Iowa	Unmet	Unmet
Central Iowa Community Services	Unmet	Unmet
County Rural Offices of Social Services	Unmet	Unmet
County Social Services	Unmet	Unmet
Eastern Iowa MHDS Region	Unmet	Unmet
Heart of Iowa Region	Unmet	Unmet
MHDS of East Central Region	Unmet	Unmet
Polk MHDS Region	Unmet	Unmet
Rolling Hills Community Services Region	Unmet	Unmet
Sioux Rivers MHDS	Met	Met
South Central Behavioral Health Region	Unmet	Unmet
Southeast Iowa Link	Unmet	Unmet
Southern Hill Regional Mental Health	Unmet	Unmet
Southwest Iowa MHDS Region	Unmet	Unmet

## Access Center

- Access centers are coordinated services providing assessment and screening for multi-occurring conditions, care coordination, crisis stabilization residential services, subacute mental health services, and substance use disorder treatment for individuals experiencing a mental health or substance use crisis who do not need inpatient psychiatric hospital treatment, but need significant amounts of supports and services not available in home and community based settings on a no eject, no reject basis.
- As of **SFY2022 Q4: June 30, 2022**, there were three regions developing Access Centers and 12 regions with a designated access center currently in operation.

## Statewide Implementation Progress



## Access Standard Progress

<b>INTENSIVE MENTAL HEALTH SERVICES: Access Center</b>		
<i>*In order to meet access standard on or after 7/1/2021, Regions must meet all requirements in Chapter 25.</i>		
Region	Timeliness	Proximity
	Services provided within 90 minutes from the determination that services are needed.	Service is located within 120 miles from the individual's residence.
Care Connections of Northern Iowa	Unmet	Unmet
Central Iowa Community Services	Met	Met
County Rural Offices of Social Services	Met	Met
County Social Services	Met	Met
Eastern Iowa MHDS Region	Met	Met
Heart of Iowa Region	Met	Met
MHDS of East Central Region	Met	Met
Polk MHDS Region	Met	Met
Rolling Hills Community Services Region	Unmet	Unmet
Sioux Rivers MHDS	Unmet	Unmet
South Central Behavioral Health Region	Met	Met
Southeast Iowa Link	Met	Met
Southern Hill Regional Mental Health	Met	Met
Southwest Iowa MHDS Region	Met	Met

# New Core Children's Mental Health and Disability Services: Implementation/Access Standard Progress

- Children's behavioral health core services were to be implemented on or before July 1, 2021.
- The data represents regions' progress in implementing the new core services as of **SFY2022 Quarter 4: June 30, 2022**.
- Data are self-reported by Regional CEOs. Charts reported by quarter for data available starting SFY2021.
- **Open** indicates the service is available to individuals in the region.
- **In-Development** indicates the region is developing the service with an anticipated start date.

## Core Services: Access Standards Region Status

Status as of End of SFY2022 Quarter 4 (June 30, 2022)								
Region	TREATMENT (Outpatient): Assessment and Evaluation				TREATMENT (Outpatient): Mental Health Outpatient Therapy			
	Timeliness: Emergency	Timeliness: Urgent	Timeliness: Routine	Proximity	Timeliness: Emergency	Timeliness: Urgent	Timeliness: Routine	Proximity
	During an emergency, outpatient services shall be initiated to a child within 15 minutes of telephone contact	Outpatient services shall be provided to a child within one hour of presentation or 24 hours of telephone contact	Outpatient services shall be provided to a child within four weeks of request for appointment	Outpatient services shall be offered within 30 miles for a child residing in an urban community and 45 minutes for an individual residing in a rural community	During an emergency, outpatient services shall be initiated to a child with SED within 15 minutes of telephone contact	Outpatient services shall be provided to a child with SED within one hour of presentation or 24 hours of telephone contact	Outpatient services shall be provided to a child with SED within four weeks of request for appointment	Outpatient services shall be offered within 30 miles for a child with SED residing in an urban community and 45 minutes for an individual residing in a rural community
Care Connections of Northern Iowa	Met	Met	Met	Met	Met	Met	Met	Met
Central Iowa Community Services	Met	Met	Met	Met	Met	Met	Met	Met
County Rural Offices of Social Services	Met	Met	Met	Met	Met	Met	Met	Met
County Social Services	Met	Met	Met	Met	Met	Met	Met	Met
Eastern Iowa MHDS Region	Met	Met	Met	Met	Met	Met	Met	Met
Heart of Iowa Region	Met	Met	Met	Met	Met	Met	Met	Met
MHDS of East Central Region	Met	Met	Met	Met	Met	Met	Met	Met
Polk MHDS Region	Unmet	Unmet	Met	Met	Met	Met	Met	Met
Rolling Hills Community Services Region	Met	Met	Met	Met	Met	Met	Met	Met
Sioux Rivers MHDS	Met	Met	Met	Met	Met	Met	Met	Met
South Central Behavioral Health Region	Met	Met	Met	Met	Met	Met	Met	Met
Southeast Iowa Link	Met	Met	Met	Met	Met	Met	Met	Met
Southern Hills Regional Mental Health	Met	Met	Met	Met	Met	Met	Met	Met
Southwest Iowa MHDS Region	Met	Met	Met	Met	Met	Met	Met	Met

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Status as of End of SFY2022 Quarter 4 (June 30, 2022)						
Region	TREATMENT (Outpatient): Prescribing and Management				TREATMENT: Mental Health Inpatient Therapy	
	Timeliness: Emergency	Timeliness: Urgent	Timeliness: Routine	Proximity	Timeliness: Emergency	Proximity
	During an emergency, outpatient services shall be initiated to a child with SED within 15 minutes of telephone contact	Outpatient services shall be provided to a child with SED within one hour of presentation or 24 hours of telephone contact	Outpatient services shall be provided to a child with SED within four weeks of request for appointment	Outpatient services shall be offered within 30 miles for a child with SED residing in an urban community and 45 minutes for an individual residing in a rural community	An child with SED in need of emergency inpatient services shall receive treatment within 24 hours	Inpatient services shall be within a reasonably close proximity to the region (100 miles)
Central Iowa Community Services	Met	Met	Met	Met	Met	Met
County Rural Offices of Social Services	Met	Met	Met	Met	Met	Met
County Social Services	Met	Met	Met	Met	Met	Met
Eastern Iowa MHDS Region	Met	Met	Met	Met	Unmet	Met
Heart of Iowa Region	Met	Met	Met	Met	Met	Met
MHDS of East Central Region	Met	Met	Met	Met	Met	Met
Northwest Iowa Care Connections	Met	Met	Met	Met	Met	Met
Polk MHDS Region	Met	Met	Met	Met	Met	Met
Rolling Hills Community Services Region	Met	Met	Met	Met	Met	Met
Sioux Rivers MHDS	Met	Met	Met	Met	Met	Met
South Central Behavioral Health Region	Met	Met	Met	Met	Met	Met
Southeast Iowa Link	Unmet	Unmet	Met	Met	Met	Met
Southern Hills Regional Mental Health	Met	Met	Met	Met	Met	Met
Southwest Iowa MHDS Region	Unmet	Met	Met	Met	Met	Met

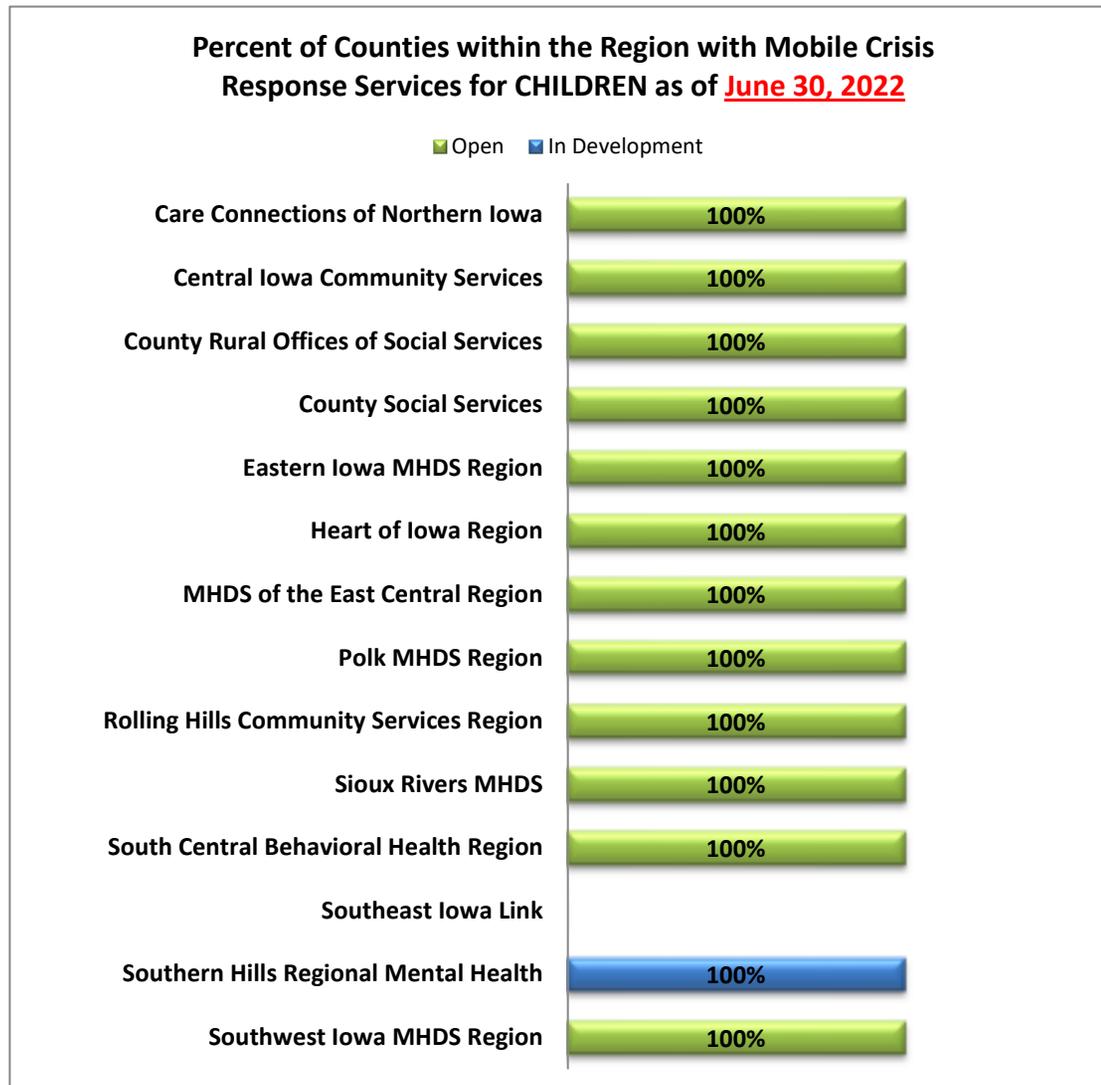
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Status as of End of SFY2022 Quarter 4 (June 30, 2022)				
Region	EDUCATION	PREVENTION	EARLY IDENTIFICATION	EARLY INTERVENTION
	Timeliness	Timeliness	Timeliness	Timeliness
	Education activities shall be carried out at least four (4) times a year	Prevention activities shall be carried out at least four (4) times a year	A child shall receive early identification services within four (4) weeks of the time the request for such service is made	A child shall receive early intervention services within four (4) weeks of the time the request for such service is made
Central Iowa Community Services	Met	Met	Met	Met
County Rural Offices of Social Services	Met	Met	Met	Met
County Social Services	Met	Met	Met	Met
Eastern Iowa MHDS Region	Met	Met	Met	Met
Heart of Iowa Region	Met	Met	Met	Met
MHDS of East Central Region	Met	Met	Met	Met
Northwest Iowa Care Connections	Met	Met	Met	Met
Polk MHDS Region	Met	Met	Met	Met
Rolling Hills Community Services Region	Met	Met	Met	Met
Sioux Rivers MHDS	Met	Met	Met	Met
South Central Behavioral Health Region	Met	Met	Met	Met
Southeast Iowa Link	Met	Met	Met	Met
Southern Hills Regional Mental Health	Met	Met	Met	Met
Southwest Iowa MHDS Region	Met	Met	Met	Met

## Mobile Crisis Response for Children

- On-site, face-to-face mental health crisis services for an individual experiencing a mental health crisis.
- The data reflects the number counties statewide and percent of counties per region that have mobile crisis response services available or in-development

### Statewide Implementation Progress



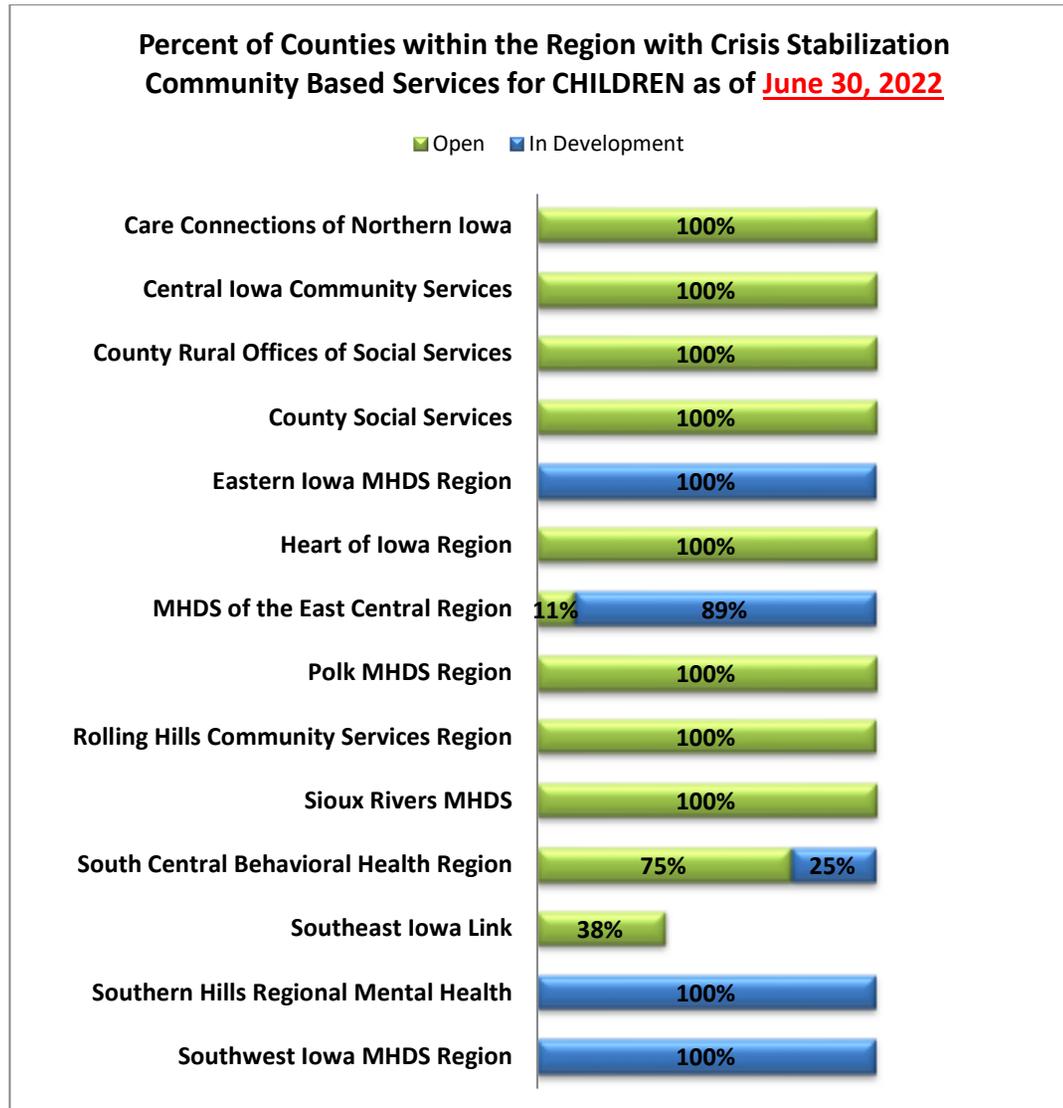
### Access Standard Progress

<b>CRISIS: Mobile Response</b>	
<i>*In order to meet access standard on or after 7/1/2021, Regions must meet all requirements in Chapter 25.</i>	
Region	Timeliness
	Face-to-face contact with mobile crisis staff within 60 minutes of dispatch.
Care Connections of Northern Iowa	Met
Central Iowa Community Services	Met
County Rural Offices of Social Services	Met
County Social Services	Met
Eastern Iowa MHDS Region	Met
Heart of Iowa Region	Met
MHDS of East Central Region	Met
Polk MHDS Region	Unmet
Rolling Hills Community Services Region	Met
Sioux Rivers MHDS	Met
South Central Behavioral Health Region	Met
Southeast Iowa Link	Unmet
Southern Hill Regional Mental Health	Unmet
Southwest Iowa MHDS Region	Met

## Crisis Stabilization Community Based Services (CSCBS) for Children

- Short-term services designed to de-escalate a crisis situation and stabilize an individual following a mental health crisis and provided where the individual lives, works or recreates.
- The data reflects the number counties statewide that have Crisis Stabilization Community Based Services available or in-development.

### Statewide Implementation Progress



### Access Standard Progress

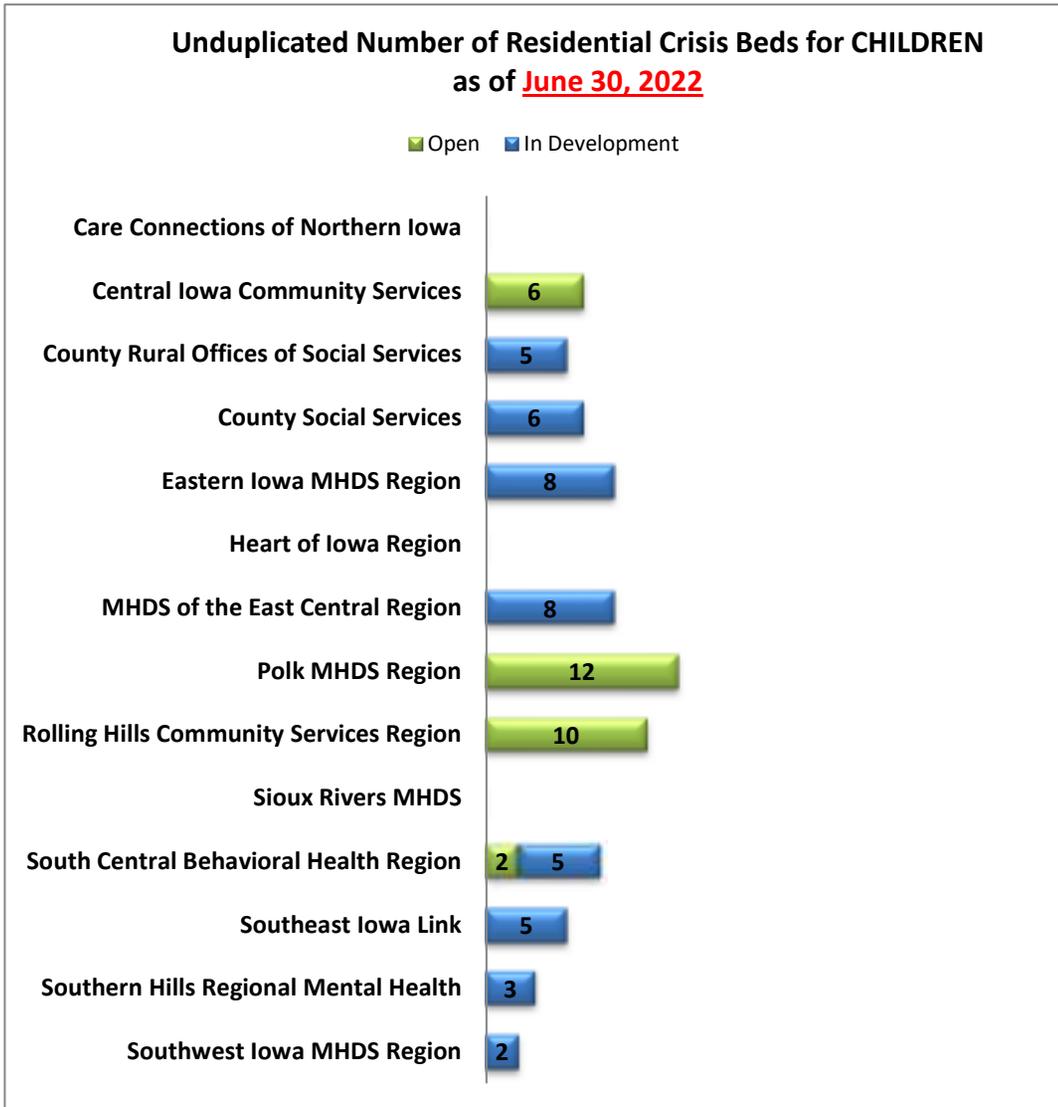
CRISIS: CSCBS	
<i>*In order to meet access standard on or after 7/1/2021, Regions must meet all requirements in Chapter 25.</i>	
Region	Timeliness
	A child with SED who has been determined to need CSCBS shall receive face-to-face contact from CSCBS provider within 120 minutes from the time of referral.
Care Connections of Northern Iowa	Unmet
Central Iowa Community Services	Met
County Rural Offices of Social Services	Met
County Social Services	Unmet
Eastern Iowa MHDS Region	Unmet
Heart of Iowa Region	Unmet
MHDS of East Central Region	Unmet
Polk MHDS Region	Met
Rolling Hills Community Services Region	Met
Sioux Rivers MHDS	Unmet
South Central Behavioral Health Region	Met
Southeast Iowa Link	Unmet
Southern Hill Regional Mental Health	Unmet
Southwest Iowa MHDS Region	Unmet

## Crisis Stabilization Residential Services (CSRS) Beds for Children

- Residential settings that de-escalate and stabilize an individual experiencing a mental health crisis.
- The data reflects the number of CSRS beds statewide that are available or in-development.

### Statewide Implementation Progress

### Access Standard Progress



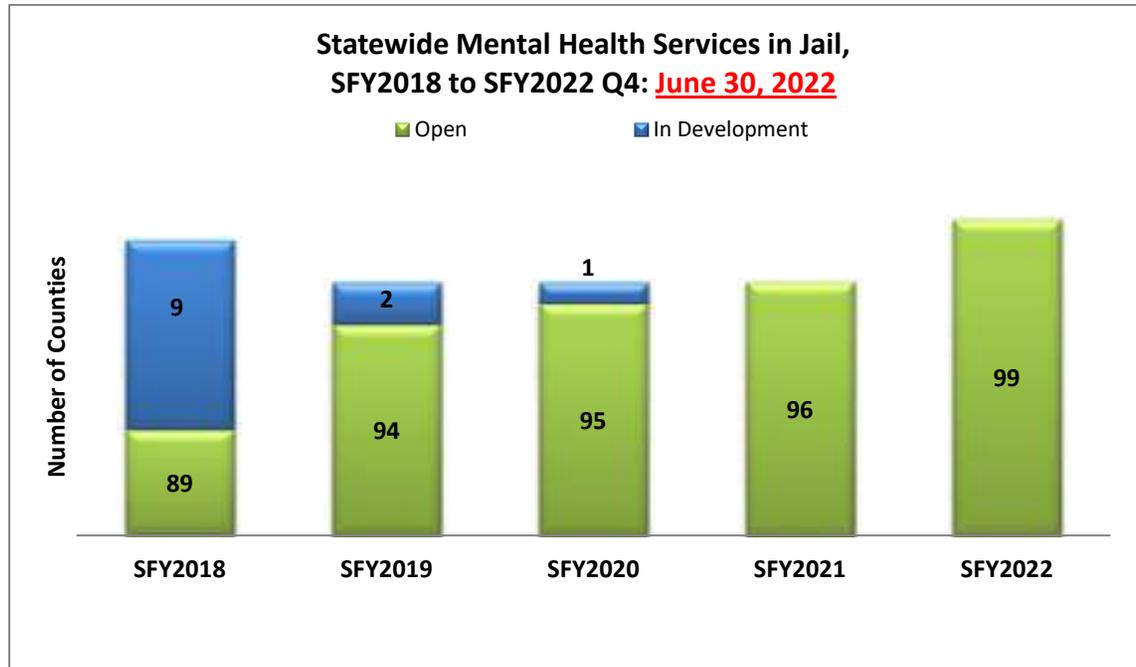
<b>CRISIS: CSRS</b>		
<i>*In order to meet access standard on or after 7/1/2021, Regions must meet all requirements in Chapter 25.</i>		
Region	Timeliness <small>A child with SED who has been determined to need CSRS shall receive the service within 120 minutes from the time of referral.</small>	Proximity <small>Service is located within 120 miles from the individual's residence.</small>
Care Connections of Northern Iowa	Met	Met
Central Iowa Community Services	Met	Met
County Rural Offices of Social Services	Met	Met
County Social Services	Unmet	Unmet
Eastern Iowa MHDS Region	Unmet	Unmet
Heart of Iowa Region	Met	Met
MHDS of East Central Region	Unmet	Unmet
Polk MHDS Region	Met	Met
Rolling Hills Community Services Region	Met	Met
Sioux Rivers MHDS	Met	Met
South Central Behavioral Health Region	Met	Met
Southeast Iowa Link	Unmet	Unmet
Southern Hill Regional Mental Health	Unmet	Unmet
Southwest Iowa MHDS Region	Unmet	Unmet

## Additional Core Mental Health and Disability Services Implementation

- The data represents regions' progress in implementing Additional Core services as of [SFY2022 Quarter 4: June 30, 2022](#).
- Data are self-report by regional CEOs.
- **Open** indicates the service is available to individuals in the region.
- **In-Development** indicates the region is developing the service with an anticipated start date

### Mental Health Services in Jail

- Outpatient mental health services provided to individuals in criminal justice settings.
- The data reflects the number counties statewide that mental health services in jail services are available or in-development.
- There were 95 open county jails in SFY2021



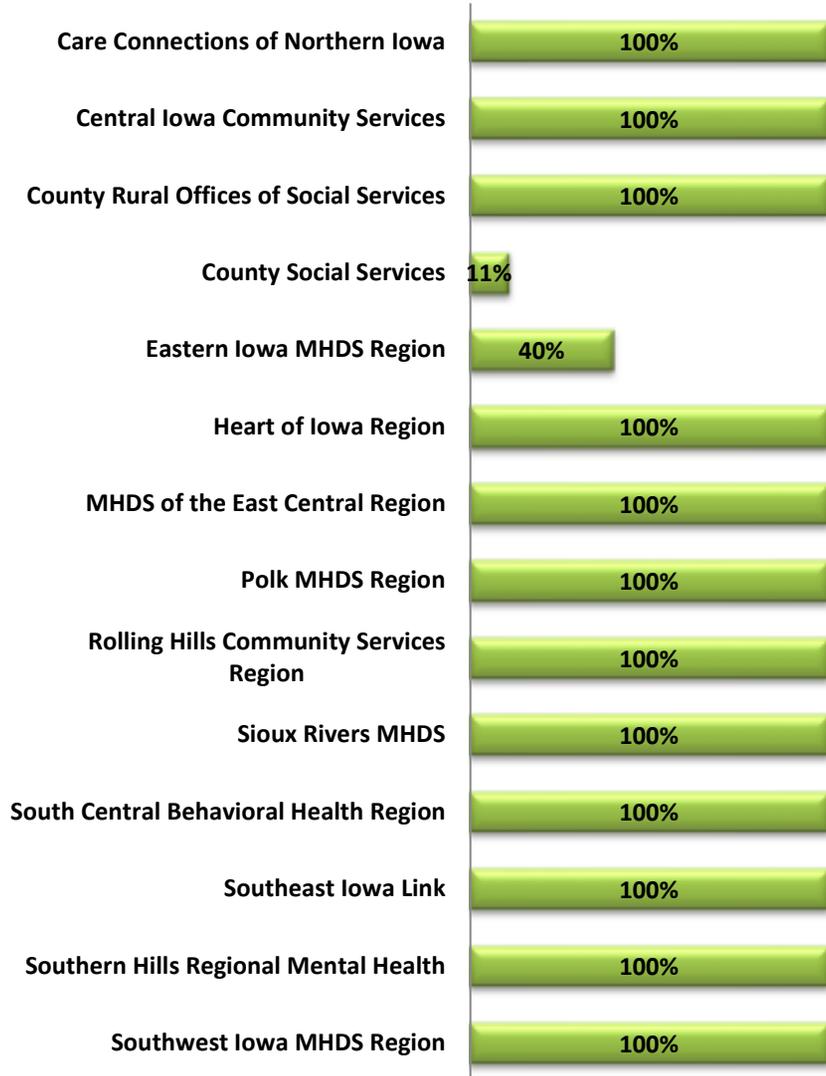
## Jail Diversion Services

- Community-based treatment and support services to individuals with mental illness involved in the criminal justice system to eliminate unnecessary incarceration.
- The data reflects the number counties statewide and percent of counties per region that jail diversion services are available or in-development.



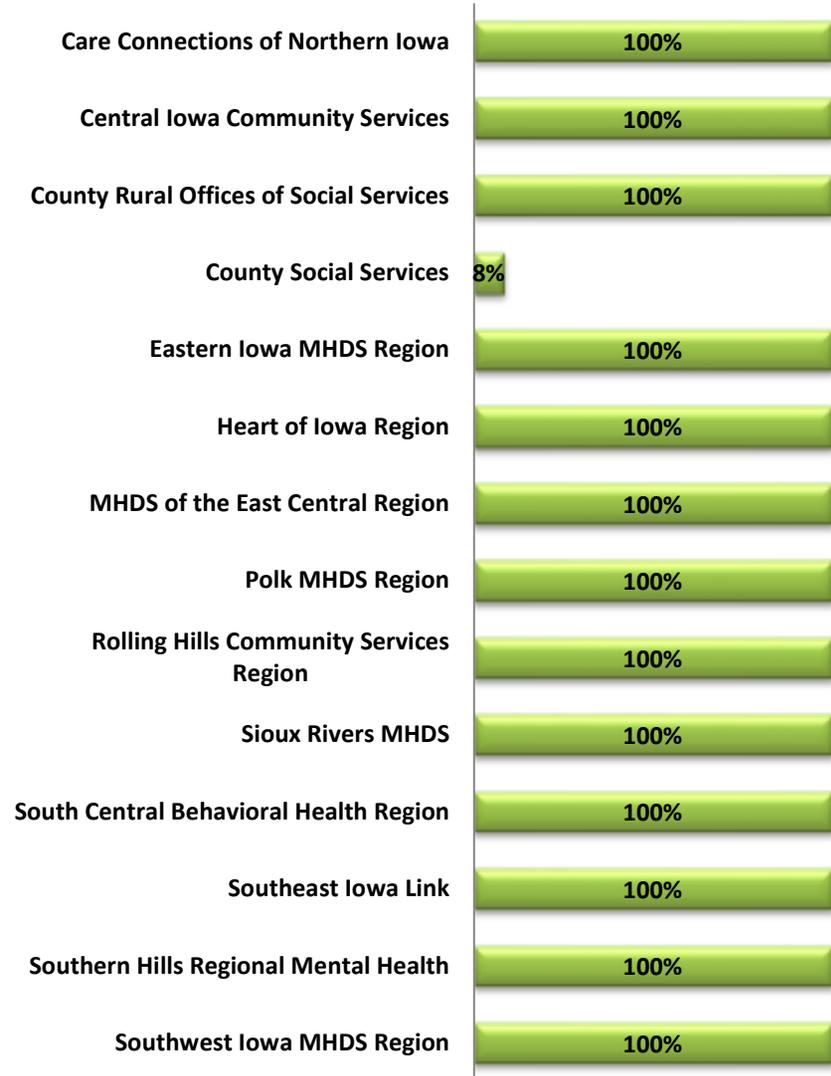
**Percent of Counties within the Region with Jail Diversion Services by Region as of June 30, 2021**

■ Open ■ In Development



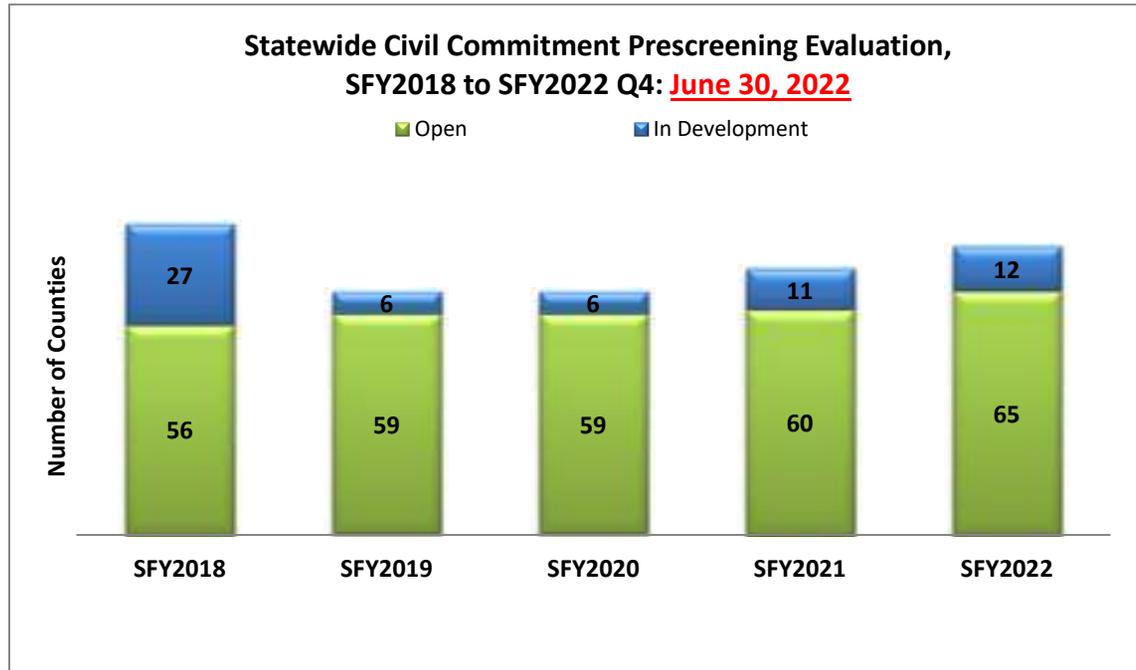
**Percent of Counties within the Region with Jail Diversion Services by Region as of June 30, 2022**

■ Open ■ In Development



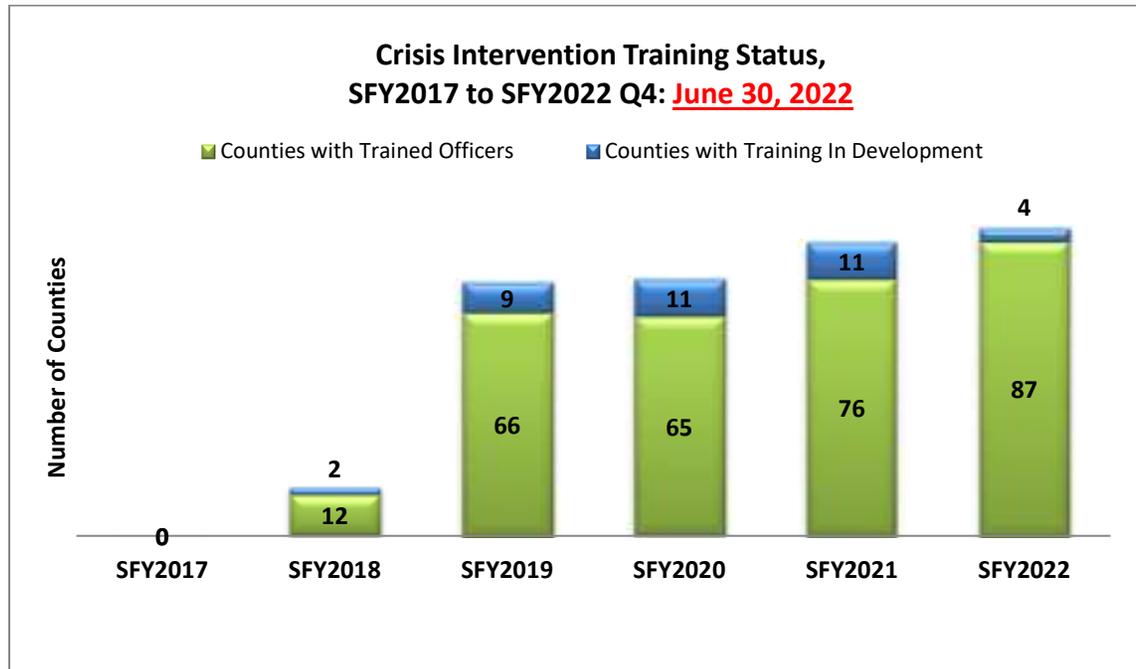
## Civil Commitment Prescreening Evaluation

- Evaluations completed prior to commitment with the goal to divert the individual from the commitment process.
- The data reflects the number counties statewide that civil commitment prescreening evaluations are available or in-development.



## Crisis Intervention Training

- Specific crisis intervention training for law enforcement
- The data reflects the number counties statewide that have trained officers or training in-development.



## Crisis Prevention Training

- Training for law enforcement, first responders, etc. regarding mental health awareness other than CIT.
- All officers are required to receive crisis prevention training through the Law Enforcement Academy.

## Appendix A – Regional Services Grid

Mental Health and Disability Services regions fund services for residents who meet diagnostic and financial eligibility requirements. This grid provides the details of the Services by Diagnosis charts. All services can be designated into one of three categories:

- **Community Living Supports** are those services that regions are not required to fund but choose to fund for eligible residents of their region. Supports may not meet “medical necessity” criteria but are critical to a person’s well-being and life in a community. It also includes the service coordination and mental health commitment costs Iowa Code mandates regions to fund.
- **Core Services** are the services regions are required by Iowa Code to fund; and
- **Additional Core Services** are services identified in Iowa Code that regions are to fund when public funds are made available for such services.

The type of services can be identified as:

- Community and Coordination Services;
- Housing and Community Living Supports;
- Treatment Services; and
- Vocational and Day Services.

Regional Services	Community Living Supports	Core Services	Additional Core Services
<b>Community and Coordination Services</b>			
Information & Referral, Consultation, Public Education and Provider Incentive Payment	X		
Provider Education for Evidence Based Practices		X	
Case Management or Health Home Coordination		X	
Service Management	X		
Crisis Coordination Services	X		
Justice System Involved Coordination Services, and Mental Health Court			X
Crisis Prevention Training			X
<b>Housing and Community Living Supports</b>			
Academic Services	X		
Transportation	X		
Home Health Aides		X	
Chore Services	X		
Personal Emergency Response		X	
Respite Services		X	
Guardian/Conservator/Payee	X		
Home/Vehicle Modification		X	
Supported Community Living		X	
Consumer Directed Attendant Care	X		

Supportive Housing		X	
Food, Rent, Utilities, and/or Basic Needs	X		
Family and Peer Support Services, and Family Psychoeducation		X	
Intensive Residential Services		X	
Subacute Services		X	
Residential Care Facilities	X		
Intermediate Care Facilities & State Resource Centers	X		
<b>Treatment Services</b>			
Physiological Treatment: Outpatient, In-Home Nursing, & Health Supplies	X		
Prescription Medication	X		
Psychotherapeutic-Outpatient, and Medication Prescribing & Management		X	
Partial Hospitalization	X		
Transitional Living Program	X		
Day Treatment Services	X		
Peer Self-help Drop-in Center			X
Community Support Programs	X		
Psychiatric Rehabilitation			X
Assertive Community Treatment (ACT)		X	
Assessment & Evaluation (non-crisis)		X	
Access Center		X	
Inpatient Treatment		X	
Crisis Evaluation		X	
Emergency Medical Care	X		
24 Hour Crisis Response Services		X	
Mobile Response, 23 Hr. Observation, & Crisis Stabilization Services		X	
24 Hour Crisis Line & Warm Line			X
Mental Health Services in Jails			X
Iowa Medical & Classification Center*	X		
Commitment Services*	X		
Mental Health Advocates	X		
Prescreening Evaluation			X
<b>Vocational and Day Services</b>			
Vocational Skills Training, Supportive Education, & Sheltered Work	X		
Prevocational Services		X	
Day Habilitation		X	
Job Development & Supported Employment		X	

\* Mandated commitment costs