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# UNIFORM APPLICATION FY 2022 Mental Health Block Grant Report

## COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 04/19/2019 - Expires 04/30/2022 (generated on 11/29/2021 3.46.11 PM)

Center for Mental Health Services Division of State and Community Systems Development

## A. State Information

### State Information

State DUNS Number	er 137348624					
Number	137348024					
Expiration Date						
I. State Agency to Agency Name	be the Grantee for the Block Grant Iowa Department of Human Services					
Organizational Unit	Division of Mental Health and Disability Services					
Mailing Address	1305 E. Walnut					
City	Des Moines					
Zip Code	50319					
	for the Grantee of the Block Grant					
First Name	Marissa					
Last Name	Eyanson					
Agency Name	Iowa Department of Human Services					
Mailing Address	1305 E. Walnut Street, 5th Floor SE					
City	Des Moines					
Zip Code	50319-0114					
Telephone	5152818580					
Fax						
Email Address	meyanso@dhs.state.ia.us					
III. State Expenditu From	rre Period (Most recent State exependiture period that is closed out) 7/1/2020					
То	6/30/2021					
IV. Date Submitted	1					
NOTE: This field will be aut	omatically populated when the application is submitted.					
Submission Date	11/29/2021 3:43:16 PM					
Revision Date	11/29/2021 3:43:21 PM					
V. Contact Person	Responsible for Report Submission					
First Name	Laura					
Last Name	Larkin					
Telephone	5152425880					
Fax						
Email Address	llarkin@dhs.state.ia.us					
0930-0168 Approved: 0	04/19/2019 Expires: 04/30/2022					
Footnotes:						

## **B. Implementation Report**

#### MHBG Table 1 Priority Area and Annual Performance Indicators - Progress Report

Priority #:	1
Priority Area:	Provide access to behavioral health services and supports for children with an SED and their families
Priority Type:	MHS
Population(s):	SED
Goal of the priority ar	ea:

Increase access to regionally funded services and supports for children with an SED and their families.

#### **Objective:**

MHDS regions will provide access to core services, as defined in House File 690, for children with an SED and their families.

#### Strategies to attain the goal:

1. MHDS regions will develop regional children's advisory committees that include parents or relatives of children who utilize services and other specified stakeholders of the children's behavioral health system.

MHDS regions will submit transition plans for including children's behavioral health services in the regional MHDS service system by April 1, 2020.
 Administrative rules defining the core services required in HF 690 will be effective by Feb. 1, 2020.

## Edit Strategies to attain the objective here:

(if needed)

ndicator #:	1			
ndicator:	The number of children receiving behavioral health services funded by MHDS regions.			
Baseline Measurement: 1,946				
First-year target/outcome measurement:	Regions are developing new services, data for SFY20 will not be available until SFY21.			
Second-year target/outcome measurement:	2,141			
New Second-year target/outcome measurem	ent(if needed):			
Data Source:				
MHDS regional data				
New Data Source(if needed):				
Description of Data:				
MHDS regions submit annual data reports to	o the SMHA regarding demographics of individuals services and types of services provided.			
New Description of Data:(if needed)				
Data issues/caveats that affect outcome mea	sures:			
	e December 1 of the year in which the fiscal year ends. The most recent data available is for			
	I December 2021. Regions are in the process of developing new children's services, therefore			
increases in children served may not be seen	i until Year 2 of the plan.			
	e measures:			

First Year Target: 🔲 Achie	eved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and c	hanges proposed to meet target:
V/A -No first year target was identified. How first year target was achieved (optional)	0:
Second Year Target:	
Reason why target was not achieved, and cl	
The second year target (SFY20 data) was 2,7 state narrowly missed achieving this goal. I a specified set of core services to children.	141 children served by the MHDS Regional system. The actual SFY20 amount was 2,108 so the During SFY20, MHDS regions were transitioning to new state requirements to start providing Regions did report a decline in utilization of services in the last quarter of SFY20 due to the ne MHDS regions have continued to increase as children's crisis services are in development.
now second year anget was demoved (optic	///wy.
Indicator #:	2
indicator:	Submission of MHDS regional transition plans for children's behavioral health services
Baseline Measurement:	0
First-year target/outcome measurement:	14
Second-year target/outcome measurement:	: N/A
New Second-year target/outcome measure	ment( <i>if needed</i> ):
Data Source:	
MHDS regions will submit transition plans	to the SMHA.
New Data Source( <i>if needed</i> ):	
Description of Data:	
Detailed transition plans from each of the	14 MHDS regions.
New Description of Data:(if needed)	
Data issues/caveats that affect outcome me	asures:
New Data issues/caveats that affect outcom	ne measures:
Report of Progress Toward Go	pal Attainment
First Year Target: 🔽 Achie	eved Not Achieved (if not achieved,explain why)
Reason why target was not achieved, and c	hanges proposed to meet target:
How first year target was achieved (optiona	0:
All 14 MHDS regions submitted regional tr plans up to May 1, 2020 due to COVID-19 i	ansition plans for children's behavioral health services. Regions were allowed to submit related challenges. Reports can be viewed at the following site: iders-regions/regions/childrens-implementation-plans
Indicator #:	3
Indicator:	Administrative rules defining the core service domains for the children's behavioral health system shall be finalized by Feb. 1, 2020
Baseline Measurement:	none -rules do not exist
First-year target/outcome measurement:	Publishing of final administrative rules in the Iowa Adminstrative Bulletin

Second-year t	Second-year target/outcome measurement: N/A				
New Second-y	New Second-year target/outcome measurement(if needed):				
Data Source:	Data Source:				
Iowa Admini	Iowa Administrative Bulletin				
New Data Sou	New Data Source( <i>if needed</i> ):				
Description of	Data:				
Administrativ	ve rules documents				
New Descripti	on of Data:(if needed)				
Data issues/ca	weats that affect outcome mea	isures:			
N/A					
New Data issu	es/caveats that affect outcome	e measures:			
Report of	Progress Toward Go	al Attainment			
' First Year Ta	-	_			
Reason why ta	arget was not achieved, and ch	anges proposed to meet target:			
How first year	target was achieved (optional)	):			
2019 and we	ve rules to implement the childr re effective March 18, 2020. legis.iowa.gov/docs/aco/arc/48	ren's behavioral health system were published in the state administrative bulletin on Nov. 20, 396C.pdf			
Priority #:	2				
Priority Area:	Increase access to community mental illness.	r-based services for individuals with complex service needs, including individuals with a serious			
Priority Type:	MHS				
Population(s):	SMI				
Goal of the priority ar	ea:				
Increase access to As	sertive Community Treatment (A	ACT) for individuals with a serious mental illness.			
Objective:					
Iowa will have 22 ACT	T teams by July 1, 2021.				
Strategies to attain th	e goal:				
MHDS regions will w	ork with local providers and sta	skeholders to develop ACT teams statewide.			
Edit Strategies to atta (if needed)	in the objective here:				
Annual Perform	nance Indicators to measu	ire goal success			
Indicator #:		1			
Indicator:		Number of operational ACT teams in the state			
Baseline Meas	surement:	12 ACT teams as of 03/31/19			

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First-year target/outcome measurement:

New Second year target, outcome measurem	ent/if needed):			
New Second-year target/outcome measurement <i>(if needed)</i> : Data Source:				
MHDS regional reports to DHS				
New Data Source(if needed):				
Description of Data:				
number and location of ACT teams in each N	/HDS region			
New Description of Data:(if needed)				
Data issues/caveats that affect outcome meas	sures:			
New Data issues/caveats that affect outcome	e measures:			
Report of Progress Toward Goa	al Attainment			
First Year Target:	ved Not Achieved (if not achieved,explain why)			
	anges proposed to meet target: o 14 from 12. Progress continues to add additional ACT teams but providers have had the rvices during the COVID-19 public health emergency while trying to also begin new services			
How first year target was achieved (optional)				
Second Year Target: 🛛 🗖 Achiev	red Not Achieved (if not achieved,explain why)			
Reason why target was not achieved, and cha lowa did increase the number of ACT teams f				
Reason why target was not achieved, and cha lowa did increase the number of ACT teams f additional ACT teams to get to the goal of 2 the state.	anges proposed to meet target: from 14 to 17. An additional ACT team is in development. Progress continues to add 2 but providers are struggling with workforce shortages, especially in more rural areas of			
Reason why target was not achieved, and cha lowa did increase the number of ACT teams f additional ACT teams to get to the goal of 2 the state. How second year target was achieved (option	anges proposed to meet target: from 14 to 17. An additional ACT team is in development. Progress continues to add 2 but providers are struggling with workforce shortages, especially in more rural areas of			
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Reason why target was not achieved, and cha lowa did increase the number of ACT teams for additional ACT teams to get to the goal of 22 the state. How second year target was achieved (option Indicator #: Indicator: Baseline Measurement:	anges proposed to meet target: from 14 to 17. An additional ACT team is in development. Progress continues to add 2 but providers are struggling with workforce shortages, especially in more rural areas of nal): 2 Number of MHDS regions meeting access standard: .06 percent of the region's population has access to ACT services			
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Reason why target was not achieved, and cha lowa did increase the number of ACT teams for additional ACT teams to get to the goal of 22 the state. How second year target was achieved (option Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement:	anges proposed to meet target: from 14 to 17. An additional ACT team is in development. Progress continues to add 2 but providers are struggling with workforce shortages, especially in more rural areas of nal): 2 Number of MHDS regions meeting access standard: .06 percent of the region's population has access to ACT services 6 9 14			
Reason why target was not achieved, and cha lowa did increase the number of ACT teams for additional ACT teams to get to the goal of 22 the state. How second year target was achieved (option Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement:	anges proposed to meet target: from 14 to 17. An additional ACT team is in development. Progress continues to add 2 but providers are struggling with workforce shortages, especially in more rural areas of nal): 2 Number of MHDS regions meeting access standard: .06 percent of the region's population has access to ACT services 6 9 14			
Reason why target was not achieved, and cha lowa did increase the number of ACT teams for additional ACT teams to get to the goal of 22 the state. How second year target was achieved (option Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source: MHDS regional data reported to DHS	anges proposed to meet target: from 14 to 17. An additional ACT team is in development. Progress continues to add 2 but providers are struggling with workforce shortages, especially in more rural areas of nal): 2 Number of MHDS regions meeting access standard: .06 percent of the region's population has access to ACT services 6 9 14			
Reason why target was not achieved, and cha lowa did increase the number of ACT teams for additional ACT teams to get to the goal of 22 the state. How second year target was achieved (option Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source: MHDS regional data reported to DHS New Data Source(if needed):	anges proposed to meet target: from 14 to 17. An additional ACT team is in development. Progress continues to add 2 but providers are struggling with workforce shortages, especially in more rural areas of nal): 2 Number of MHDS regions meeting access standard: .06 percent of the region's population has access to ACT services 6 9 14			
Reason why target was not achieved, and cha lowa did increase the number of ACT teams f additional ACT teams to get to the goal of 2: the state. How second year target was achieved (option Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: Data Source:	anges proposed to meet target: from 14 to 17. An additional ACT team is in development. Progress continues to add 2 but providers are struggling with workforce shortages, especially in more rural areas of nal): 2 Number of MHDS regions meeting access standard: .06 percent of the region's population has access to ACT services 6 9 14			
Reason why target was not achieved, and cha lowa did increase the number of ACT teams for additional ACT teams to get to the goal of 22 the state. How second year target was achieved (option Indicator #: Indicator: Baseline Measurement: First-year target/outcome measurement: Second-year target/outcome measurement: New Second-year target/outcome measurement: MHDS regional data reported to DHS New Data Source(if needed): Description of Data:	anges proposed to meet target: from 14 to 17. An additional ACT team is in development. Progress continues to add 2 but providers are struggling with workforce shortages, especially in more rural areas of nal): 2 Number of MHDS regions meeting access standard: .06 percent of the region's population has access to ACT services 6 9 14			

Report of Progress	s Toward Goal Attainm	ent
First Year Target:	Achieved	Not Achieved (if not achieved,explain why)
Reason why target was not	achieved, and changes proposed	d to meet target:
How first year target was a	chieved (optional):	
Second Year Target:	Achieved	Not Achieved (if not achieved,explain why)
Reason why target was not	achieved, and changes proposed	t o meet target:
lowa continues to expand	access to ACT services as evidence	ed by continued expansion of teams. Expansion is challenging due to
behavioral health workfor	ce shortages, especially in rural a	reas. The number of MHDS regions meeting the access standard did increase
to 10 of 14 regions from the	ne Year 1 goal of 9.	

Priority #:	3
Priority Area:	Access to 24-hour crisis services for adults and children with mental health and/or substance use disorder needs
Priority Type:	MHS
Population(s):	SMI, SED, PWWDC, PP, ESMI, PWID, EIS/HIV, TB, Other (Adolescents w/SA and/or MH, Students in College, LGBTQ, Rural, Military Families, Criminal/Juvenile Justice, Persons with Disablities, Children/Youth at Risk for BH Disorder, Homeless, Asian, Native Hawaiian/Other Pacific Islanders, Underserved Racial and Ethnic Minorities)

#### Goal of the priority area:

Iowans will have increased access to an array of crisis services as defined in 2018 Iowa Acts Chapter 1056 (HF 2456), 2019 Iowa Acts Chapter 61 (HF 690) and Iowa Administrative Code 441, Chapter 25.

#### **Objective:**

lowans will receive crisis services in the community and through a 24-hour hotline.

#### Strategies to attain the goal:

 The Dept. of Human Services and the Department of Public Health will work together to implement a 24-hour statewide crisis hotline for lowans with mental health needs, building on an existing hotline for individuals with substance use, problem gambling, or suicide concerns.
 The MHDS regions will develop an array of crisis services as defined in lowa code and proposed rule.

## Edit Strategies to attain the objective here:

(if needed)

Indicator #:	1
Indicator:	The Your Life lowa hotline will be fully operational to serve lowans with crisis mental health needs.
Baseline Measurement:	0 contacts
First-year target/outcome measurement:	500 contacts
Second-year target/outcome measurement:	1,000 contacts
New Second-year target/outcome measurem	ent( <i>if needed</i> ):
Data Source:	
IDPH, Your Life Iowa data from hotline provi	der

demographics of people using the four Life	e lowa hotline for purposes of mental health information or assistance			
New Description of Data:( <i>if needed</i> )				
Data issues/caveats that affect outcome mea	asures:			
N/A				
New Data issues/caveats that affect outcome	e measures:			
Report of Progress Toward Go	al Attainment			
First Year Target: 🛛 🗹 Achie	ved Not Achieved (if not achieved,explain why)			
Reason why target was not achieved, and ch	nanges proposed to meet target:			
<b>How first year target was achieved (optional,</b> Your Life Iowa data for SFY20 reports 2,388 c	<b>):</b> ontacts with lowans for crisis mental health needs.			
Second Year Target: 🛛 🗹 Achie	ved Not Achieved ( <i>if not achieved,explain why</i> )			
Reason why target was not achieved, and ch	nanges proposed to meet target:			
How second year target was achieved <i>(optio</i>	nal)-			
	contacts with lowans for crisis mental health needs. Your Life lowa has advertised their			
	have been a resource during the pandemic for lowans.			
ndicator #:	2			
Indicator:	Number of individuals receiving crisis services funded by the MHDS regions			
Baseline Measurement:	3,083			
First-year target/outcome measurement:	Regions are in the process of developing crisis services, SFY20 data wont be available unt FY21			
Second-year target/outcome measurement:	3.545			
New Second-year target/outcome measuren	nent( <i>if needed</i> ):			
Data Source:				
MHDS regional data				
New Data Source(if needed):				
Description of Data:				
number of individuals who received regiona	ally-funded crisis services during the fiscal year.			
New Description of Data:(if needed)				
Data issues/caveats that affect outcome mea	asures:			
	te December 1 of the year in which the fiscal year ends. The most recent data available is for			
MHDS regional data is submitted to the stat				
MHDS regional data is submitted to the stat SFY18. <b>New Data issues/caveats that affect outcome</b>	e measures:			
MHDS regional data is submitted to the stat SFY18.	e measures: val Attainment			

How first year target was ac	hieved (optional)	:		
Second Year Target:	Achiev	red		Not Achieved (if not achieved, explain why)
Reason why target was not a	achieved, and ch	anges proposed to r	neet target:	
How second year target was	achieved (optio	1al):		
	5			gions was 6,677, almost double the goal projected. Regions ncreased usage of these services is expected as availability
		o expand.		

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#### Footnotes:

## **C. State Agency Expenditure Reports**

#### MHBG Table 3 - Set-aside for Children's Mental Health Services

Reporting Period Start Date: 7/1/2020 Reporting Period End Date: 6/30/2021

Statewide Expenditures for Children's Mental Health Services						
Actual SFY 1994         Actual SFY 2020         Estimated/Actual SFY 2021         Expense Type						
\$11,851,615	\$59,591,158	\$59,591,158	C Actual 🖲 Estimated			

 If <u>estimated</u> expenditures are provided, please indicate when <u>actual</u> expenditure data will be submitted to SAMHSA:
 3/1/2022

 States and jurisdictions are required not to spend less than the amount expended in FY 1994.
 3/1/2022

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Footnotes:

## **C. State Agency Expenditure Reports**

#### MHBG Table 6 - Maintenance of Effort for State Expenditures on Mental Health Services

Period	Expenditures	<u>B1 (2019) + B2 (2020)</u> 2
(A)	(B)	(C)
SFY 2019 (1)	\$227,429,814	
SFY 2020 (2)	\$223,270,930	\$225,350,372
SFY 2021 (3)	\$225,350,372	

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

SFY 2019	Yes	X No	
SFY 2020	Yes	X No	
SFY 2021	Yes	No	X

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

3/1/2022

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#### Footnotes: