Iowa Department of Human Services

Offer #401-HHS-013: Mental Health and Disability Services

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This offer includes the following appropriations:

Community Based Services for Children, Youth, and Families, Services to Adults, Emergency Mental Health Crisis Services, Property Tax Relief, MHDD Community Services, MHDD Allowed Growth, State Payment Program, General Administration

This offer is divided into the following sections:

- Funding to develop systems of care for
  - Children with serious emotional disturbance
  - Emergency Mental Health Crisis Services
- Funding for services managed by the counties
  - Property Tax Relief
  - MHDD Community Services
  - MHDD Allowed Growth
  - State Payment Program

Program Description for System of Care Services:

Services for Children with Serious Emotional Disturbance (SED)
Children identified with Serious Emotional Disturbance (SED) are children with a diagnosable mental, behavioral, or emotional disorder that is of sufficient duration to meet diagnostic criteria for the disorder specified by the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV-TR), published by the American Psychiatric Association, and is accompanied by an impairment that substantially interferes with or limits a consumer's role or functioning in family, school, or community activities.

Prevalence of SED in Iowa
The Division of Mental Health and Disability Services (MHDS) estimates a prevalence of approximately 28,322 children with SED in Iowa based on a midpoint of the projection range provided by the State Data Infrastructure Coordinating Center of the National Association of State Mental Health Program Directors (NASMHPD) Research Institute.

The incidence of children with SED may be higher than reported because of some reluctance of health providers to diagnose a child with a mental illness, children receiving services from educational systems which tend to avoid diagnosing and labeling of symptoms and behaviors, and lack of education for families, caregivers, and other professionals regarding signs and symptoms of mental health issues in children.

It is important to note that many children who need and receive mental health services do not meet the criteria for SED. Their mental health issues do not result in significant functional impairment. They are able to receive basic mental health services such as outpatient individual, group or family therapy and medication management where needed, and they do not progress any further into the mental health system.

For children with mental health issues that are more severe and disruptive to their ability to function, more intensive and coordinated services are necessary in order to reduce reliance on the more restrictive types of treatment as described below.

Table 1
Services targeted toward children identified with serious emotional disturbance or who exhibit serious emotional and behavioral problems

SFY	Children served in PMIC [1]	Children receiving:		
		Inpatient MH treatment funded by Medicaid	Children's Mental Health Waiver	Systems of Care services
SFY 2009	1,179	2,888	774	507
SFY 2010	1,141	2,942	799	561

- The data in the Table 1reflects the numbers of children served by service/environment during a fiscal year. The data does not reflect an unduplicated count. As an example, a child could be served in a Psychiatric Medical Institute for Children (PMIC), receive Systems of Care services upon discharge, have an inpatient hospitalization, and be accepted for the CMH waiver in the same year.
- Psychiatric Medical Institutes for Children provide intensive treatment. There are 12 private PMIC facilities in Iowa and one state operated PMIC at Independence MHI. The average length of stay in a PMIC is 259 days or 8.6 months. It is assumed that children receiving services in a PMIC would meet the criteria for SED.
- Inpatient psychiatric care is provided in 12 local hospitals and Cherokee and Independence MHIs. It is assumed that some of these children are SED.
- The CMH waiver provides targeted case management to coordinate community and mental health services, along with additional services designed to maintain a child in the home who is at risk of hospital-level care due to their mental health needs. The waiver is currently capped at 730 slots and has a waiting list of 650 with the next child to be served having an application date of September 1, 2009. Children must be determined to meet the criteria for SED to be served in the Waiver.
- Systems of Care are available in 12 counties and provide an access point for children with mental health needs and their families that is not available in the rest of the state. A more complete description is found starting on page 133.

A significant issue for the children's mental health service delivery system is the reliance on out of home treatment and placement as evidenced in the table above. A related issue is that after children are released from a PMIC, aftercare services are not consistently available to address the significant

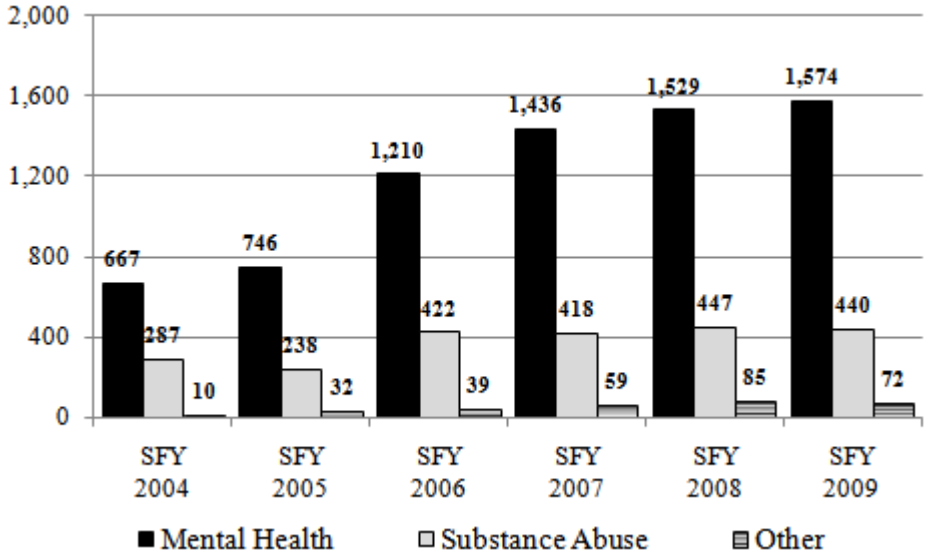
[1] PMICs may serve youth up to age 21.

issues related to re-integrating into their homes, schools, and communities. Children who were Medicaid eligible based on eligibility for PMIC, do not have continued access to remedial or other publicly funded mental health services following discharge, leaving those children at risk for returning to PMIC or other restrictive, high cost placements. There is a new program, effective July 1, 2010 to reserve 10 slots on the CMH waiver for such children. This is a positive small start for these children. Systems of Care are also targeting services to these children who need ongoing services and support in the community following inpatient or PMIC treatment.

Children may enter the child welfare or juvenile justice system due to their families requesting Child In Need of Assistance (CINA) adjudication or pressing criminal charges due to behavior related to the child's mental and behavioral issues. These children's mental health needs are coordinated through case management provided by DHS-Child Welfare or Juvenile Court Services, however, neither system is designed to meet the needs of children with SED. Families whose children receive Medicaid Services also have the ability to access services which are available via the Iowa Plan. However, for families and children who do not otherwise meet these requirements, unless they live in an area where Systems of Care is available, there is a significant challenge to access and receive coordinated services.

It should be noted that the laws governing entry to PMIC level of care and the grounds for seeking a CINA petition for mental health treatment both changed in 2005. Families were allowed to access PMIC services without relinquishing custody through the CINA process, which was a positive step. However, for families seeking intensive mental health services and supports in the community the option of receiving those services through the Juvenile Court and DHS was largely removed. An unintended consequence was that an access point to intensive and inpatient mental health services was closed without an alternate one being opened. Data from the judicial system from 2004-2009 shows a doubling of the number of involuntary juvenile mental health commitments filed during that time period (see Chart 1 on the following page). Counties, providers, and hospitals are expressing concern over this increase, but are often at a loss as to how to respond to families in crisis due to their child's mental health needs. Without a system to divert children to, there is continued reliance on involuntary commitment or other restrictive options. Where Systems of Care are available, they are able to respond with the goal of diverting children and youth from higher end, more restrictive treatments and placements.

Chart 1
Involuntary Commitment filings for Juveniles 2004-2009



Systems of Care provide an organized system to address the mental health needs of children with serious emotional disturbance who are at risk of entering PMIC, inpatient hospitalization, Child Welfare, and Juvenile Court Services due to their need for coordinated and intensive mental health services.

System of Care Development – Community Based Services for Children, Youth, and Families:

Who:

- Children and youth with serious mental health disorders and their families in a two county catchment area: Polk and Warren Counties.
- Children and youth with serious mental health disorders and their families in a ten county catchment area: Allamakee, Buchanan, Clayton, Clinton, Delaware, Dubuque, Fayette, Howard, Jackson, and Winneshiek Counties.

What:

- **Systems of Care** – Community Based Services for Children, Youth, and their Families – Central Iowa System of Care (Lead Agency – Orchard Place Child Guidance Center), State and other funds.
- **Systems of Care** – Community Based Services for Children, Youth, and their Families – Community Circle of Care (Lead Agency – Child Health Specialty Clinics), Federal Substance Abuse and Mental Health Services Administration (SAMHSA) funds, State funds, Local Decategorization funds.

How:

Central Iowa System of Care and Community Circle of Care

The Central Iowa System of Care (CISOC) and the Community Circle of Care (CCC) serve children and youth ages 0-21 who are diagnosed with a mental health disorder and meet the criteria for Serious Emotional Disturbance. The children and youth served by both programs are assessed to be at high

risk of involvement with more intensive and restrictive levels of treatment due to their serious behavioral and mental health challenges. Both programs provide the following services:

- Care Coordination
- Parent Support Services
- Wraparound Family Team Meeting
- Flexible Funding
- Community Trainings

The overall goal of both programs is to help the identified child remain in their home, school, and community unless safety or clinical reasons require more intensive services. If such services are recommended, the program can remain involved with the family to support the child's return to the family home more quickly by providing ongoing coordination and parent support. Families referred to the System of Care are often at the point of requesting assistance from the court or child welfare system or are seeking PMIC placement. Families have exhausted available resources and need an organized system of services and supports to avert placement or treatment of their child out of the home. Referral sources for both programs include parents, Department of Human Services (DHS) Child Welfare, Juvenile Court Services, PMIC's, therapists, and other mental health service providers.

Results Achieved:

System of Care Site	# of Children & Youth Served		
	SFY 2010 Actual	**SFY 2011 Projected**	**SFY 2012 Offer**
Central Iowa System of Care (CISOC) – serving Polk and Warren Counties	**52** (35 DHS funded + 17 Juvenile Justice funded)	**80** (60 DHS funded + 20 Juvenile Justice funded)	**80** (60 DHS funded + 20 Juvenile Justice funded)
Community Circle of Care (CCC) – former Dubuque Service Area	**509**	**500**	**500**

System of Care Site	Results Achieved in SFY 2010			
	Performance Measure #1 90% of children & youth will not move to more restrictive treatment settings (Group care, PMIC, MHI, out of state placement)	**Performance Measure #2** 95% of children & youth served will not have CINA petitions filed due to need for mental health services	**Performance Measure #3** Children & youth served by the System of Care will be diverted from involuntary commitment for mental health treatment 98% of the time	**Performance Measure #4** [2] Children & youth served by the System of Care will demonstrate improved functioning in school
Central Iowa System of Care (CISOC) – serving Polk and Warren Counties	88% (n=52)	94%	100%	88% maintained or improved grades 90% had reduced or no suspensions
Community Circle of Care (CCC) – former Dubuque Service Area	92% (n=509)	n/a [3]	98%	94% were neither suspended nor Expelled, 37% showed improvement In school performance

Impact of Proposed Budget on Results:

Current Results:

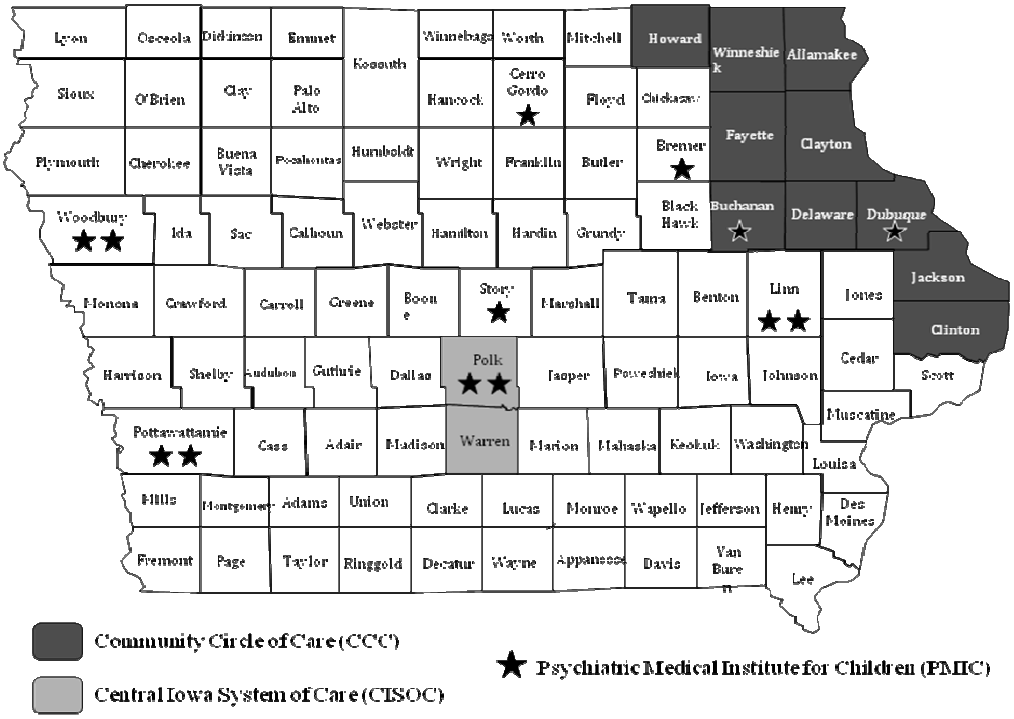
The current service level request allows the Central Iowa System of Care to continue providing services to approximately 60 children and youth with Serious Emotional Disturbance and these families. Through collaboration with the Juvenile Justice Advisory Council, funding was added for care coordination services to an additional 20 children and youth with SED who have involvement with, or are referred by the Juvenile Justice system. Funding has been committed by the Advisory Council for Federal Fiscal Year (FFY) 2011 in the amount of $60,000, therefore, the total amount of children and youth projected to be served by this project for State Fiscal Year (SFY) 2012 is between 60 and 80, dependent on Juvenile Justice funding continuing into FFY 2012.

Maintaining the current service level funding for Community Circle of Care will provide the required match for the sixth year of the SAMHSA grant, and allow CCC to continue to provide community based mental health services and supports in the 10 county catchment area. CCC is also working with Magellan to explore conversion of some non-billable services to Medicaid billable services in order to develop sustainability when the Federal grant cycle is completed.

The following outcomes demonstrate that providing community based services and supports to children with serious emotional disturbance and their families results in more positive outcomes for

[2] The two programs did not measure school performance using the same methodology.
[3] Although CCC does not collect the data related to this measure, a survey of CCC clinical providers indicates that 78 children would have been referred for CINA for purposes of out of home placement without CCC.

children, improves the child's ability to function in the community, be successful in school, and increases social connections to their schools and communities.



System of Care Development - Emergency Mental Health Crisis Services:

Who:

The target population to be served is any individual who is experiencing a mental health crisis or is in a situation likely to turn into a mental health crisis if supportive services are not provided, regardless of age, income, insurance coverage, diagnosis, or severity of crisis. The target population also includes individuals who are at risk of being involuntarily committed for mental health treatment.

What:

MHDS is investing in the initial cost of creating capacity to deliver emergency mental health crisis services in a regional area.

How:

The Iowa Medicaid Program, through the Iowa Plan, plans to fund emergency mental health projects in SFY 2011, covering eleven counties that include development of mobile crisis response, access/crisis centers, and mental health training for law enforcement personnel, services to reduce Chapter 229 involuntary commitments, and follow-up mental health services for individuals receiving crisis services. MHDS will fund services for non-Medicaid eligible individuals in the Iowa Plan funded counties.

Initial estimates are that approximately one-third of the population in the designated eleven counties are Medicaid eligible, therefore MHDS funds will support services to the remaining non-Medicaid population in the same designated eleven counties up to $1.5 million per year.

MHDS will utilize the emergency mental health outcome data to seek additional funding for system expansion across Iowa. MHDS plans to utilize the preliminary infrastructure development as a guide for future statewide development and models of service delivery.

Results Expected:

- Emergency mental health crisis services in the eleven-county region will be well-publicized and a well-known comprehensive information and referral system will be developed.
- Emergency mental health system development will increase access to a comprehensive range of person centered, recovery-oriented crisis management and avoidance services in an eleven-county regional area.
- The emergency mental health system will provide opportunities to meet individuals' emergent needs, while serving the needs in the least restrictive setting and promoting and preserving community integration.

Through the provision of timely and accessible crisis services, with a wide range of recovery-oriented crisis stabilization options, it is anticipated that in the eleven-county region:

- There will be a decline in Chapter 229 committals.
- There will be a decline in emergency room visits for presented acute mental health crisis.
- There will be a reduction of hospital admissions for behavioral health for 2 days or less.
- There will be an increase in access to outpatient behavioral health assessments available 24 hours a day, seven days a week.
- There will be an increase in the timeliness of behavioral health assessments.
- Individuals in need of mental health services will be diverted to the most appropriate, least restrictive type of care.

With emergency mental health services in place, Iowans in the eleven-county region will be assisted in stabilization as quickly as possible with the desired outcome to return people to their pre-crisis level of functioning while maintaining community tenure. The infrastructure developed will increase or improve the network of community and natural support and the use of these supports for crisis avoidance, prevention and stabilization.

Program Description for County Managed Services:

The information in this section of this offer is directly related to the funding sources that are provided by the state and managed by the counties including:

- Property Tax Relief
- Mental Health/Developmental Disabilities (MHDD) Community Services
- Property Tax Relief Allowed Growth
- State Payment Program

In Iowa, county government has planning and service funding and delivery services to persons with mental illness and intellectual disabilities. Payment of services is based on legal settlement. It is helpful to provide an overview of the persons served, the financing, and the services available in Iowa as a reference to understanding the role of state funding included in this offer.

Overview of County Managed Services:

The statewide system that serves adults with Intellectual Disabilities, Developmental Disabilities, Brain Injury and Mental Illness is funded with a combination of Federal, State, and County dollars. The total dollars spent for SFY 2009 was approximately $896,500,000. The percentage of funding generated by each entity is identified in Chart 2 below.

Federal Dollars include:

- Medicaid
- Mental Health Block Grant
- Social Service Block Grant
- Money Follows the Person Grant

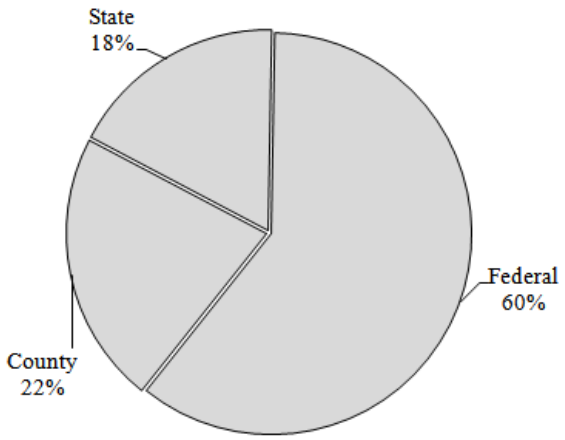
State Dollars include:

- Non-federal share for Medicaid for state cases
- Mental Health Institute costs for state cases
- Property Tax Relief
- Property Tax Relief Allowed Growth
- MHDD Community Service
- Replacement Generation Tax
- Purchase of Service Rate Increase
- State Payment Program
- Risk Pool

County Dollars include:

- County Property Taxes
- Miscellaneous public and private funds

Chart 2
Estimated Total of Funding Expended for Adults ($896,500,000) – SFY 2009 [4]



[4] Not included: Recipient Supplemental Security Income (SSI) 'facility-payment' for support, State Supplemental Assistance, Medicaid Pharmaceutical information for the populations covered, Medicaid Client Participation, Medicaid for Employed Persons with Disabilities (MEPD) client payments, Iowa Plan per person Capitation Rate.

Table 2 below shows the number of people (child and adult) served in SFY 2009 funded through the county system by the targeted population categories of Mental Illness, Chronic Mental Illness, Intellectual Disability, Developmental Disabilities, and Other/Brain Injury.

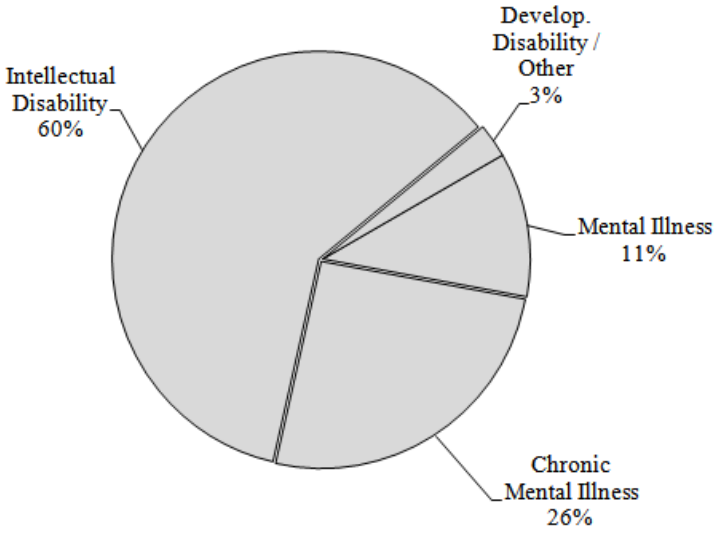
Table 2
Unduplicated Count of People Served by Disability Category, SFY 2009 [5]

Disability Population	Adults	Children	Total
Mental Illness	22,754	2,535	**25,289**
Chronic Mental Illness	11,924	124	**12,048**
Intellectual Disability	11,239	1,126	**12,365**
Developmental Disability	1,182	54	**1,236**
Other / Brain Injury	271	59	**330**
Total	**47,370**	**3,898**	**51,268**

The number of unduplicated people served through the county system in SFY 2009 was 51,286, almost 8% more than the number of people served in SFY 2008.

Counties establish eligibility criteria for their MHDD funds. State code requires the minimum financial eligibility of 150% of poverty and $2,000 in resources. Maximum financial eligibility may vary by county and by program. Counties may have a waiting list if their funds are fully encumbered.

Chart 3
County Expenditure by Diagnostic Category, SFY 2009 [6]



[5] Source: Aggregate report submitted by counties on December 1, 2009.
[6] Source: Expenditure Source: SFY 2009 GAAP Annual Financial Reports (Form F634-B, page 3 of 8).

Chart 4
State Payment Program Expenditure by Diagnostic Category, SFY 2009 [7]

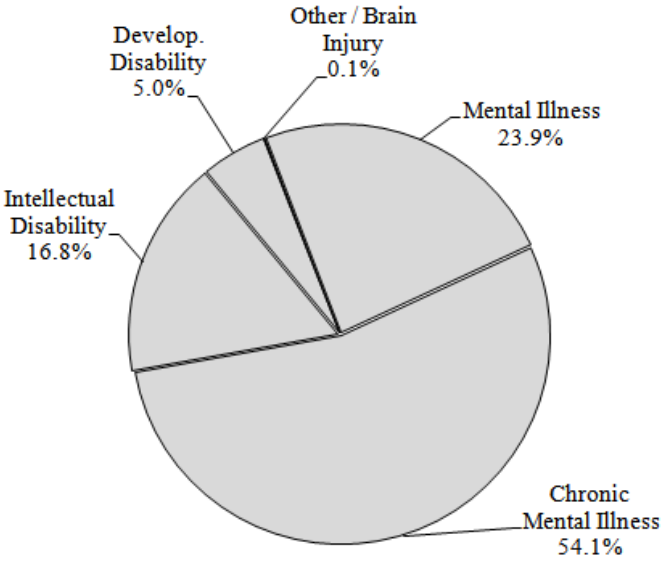
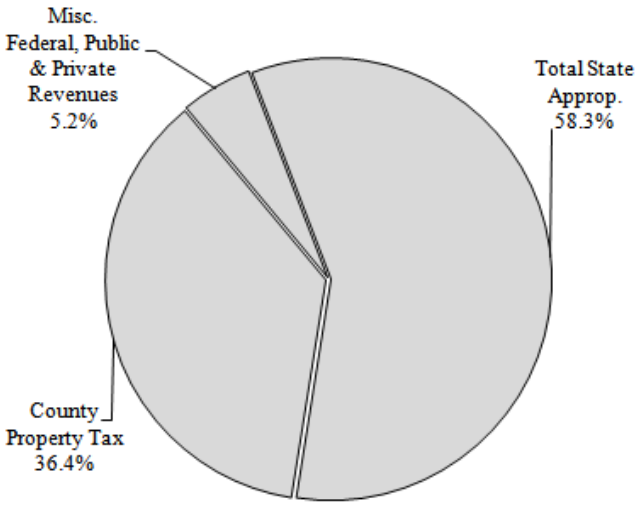


Chart 5 shows the distribution of County/State funding managed by the County CPC's for mental health and disability services in Iowa. State appropriations, county property taxes and misc. Federal, public and private revenues are included and support the range of disability services provided.

The chart below does not include Medicaid fee for service (Iowa Plan) and certain other Medicaid funding for mental health and disability services in Iowa. Because eligibility for services is determined at the county level, service availability for those covered by the MHDD fund varies from county to county.

Chart 5
County/State Funding Managed by County CPCs in SFY 2009
$334,771,248



[7] Source: Expenditure Source: SFY 2009 GAAP Annual Financial Reports (Form F634-B, page 3 of 8).

MHDD Community Services Fund, Property Tax Relief, Allowed Growth, Purchase of Services Provider Increase, Risk Pool, and State Payment Program:
State appropriations, which include the MHDD Community Services Fund, Property Tax Relief, and Allowed Growth, contribute $195,337,854 or approximately 58% of disability services funding. This funding, combined with county and Federal funding pays for a wide array of services for Iowans with mental health and disability service needs.

Table 4 shows the six service categories by dollars and percent of expenditure utilization and also by the number and percent of persons funded in each service category.

Table 4
Services Funded and Persons Served by County Funds,
Dollars spent in SFY 2009 [8]

Services Funded by Counties	Dollars Spent	% of Dollars Spent	Persons Served [9]	% Persons Served
Personal & Environmental Support Services	$78,651,426	30.79%	20,926	21.07%
Licensed/Certified Living Arrangements	$68,712,309	26.90%	5,052	5.09%
Vocational & Day Services	$35,583,450	13.93%	13,355	13.44%
Institutional/Hospital & Commitment Services [10]	$26,020,035	11.19%	12,767	12.85%
Psycho-therapeutic Treatment	$28,867,648	10.30%	32,060	32.28%
Coordination Services	$17,609,795	6.89%	15,175	15.28%
Total		**100%**		**100%**

State Payment Program:
The State Payment Program (SPP) provides eligible adult Iowans who do not have a county of legal settlement, with access to local services authorized through County Management Plans. The purpose is to maintain and improve the self-sufficiency of adults with a mental illness, intellectual disability, and/or a developmental disability. The county purchases local services and the SPP reimburses the county.

Table 5 shows the service categories by dollars spent and percent of expenditure utilization and also by the number of persons funded and percent of persons funded in SFY 2009 by the State Payment Program. The service categories are identical to the service categories covered by counties with the exception of Administrative. None of the State Payment Program dollars are used to fund administrative management by counties.

[8] Percentages of services funded and persons served is based on individual data information submitted by county CPC's on December 1, 2009.
[9] Persons served are unduplicated by service.
[10] "*Institutional/Hospital & Commitment Services*" includes State Resource Centers, involuntary commitment costs and voluntary hospitalizations.

Table 5
Services Funded and Persons Served by State Payment Program,
Dollars spent in SFY 2009 [11]

Services Funded by State Payment Program	Dollars Spent	% of Dollars Spent	Persons Served [12]	% Persons Served
Personal & Environmental Support Services	$1,594,341	12.04%	991	12.62%
Licensed/Certified Living Arrangements	$5,321,602	40.20%	582	7.41%
Vocational & Day Services	$2,210,634	16.70%	579	7.37%
Institutional/Hospital & Commitment Services [13]	$1,048,284	7.92%	1,567	19.96%
Psycho-therapeutic Treatment	$2,814,656	21.26%	3,758	47.87%
Coordination Services	$211,876	1.60%	250	3.18%
Information & Education Services	$37,527	0.28%	1	1.58%
		100%		**100%**

How:

Service Delivery

MHDD Community Services Fund, Property Tax Relief, Allowed Growth, Risk Pool:

- The DHS allocates funding from three appropriations (Property Tax Relief, MHDD Allowed Growth, MHDD Community Services) to counties according to a formula established by the Legislature. These funds are placed into the county's MHDD Fund 10, along with funds raised by the county through property taxes.
- The CPC funds services according to their County's approved Management Plan.
- The county pays for services from the MHDD Fund, including the cost for institutional services, the non-Federal match for Medicaid funded services where that match is the responsibility of the county of legal settlement, and for services the county directly contracts with from community providers.
- The DHS determines eligibility and coordinates services for individuals applying for Medicaid services including Home and Community Based Waivers.

State Payment Program:

The resident county CPC administrators manage the State Payment Program service payments for persons older than 18 years of age. The CPC submits claims to the DHS for services paid by the county and the SPP reimburses the county monthly for submitted claims.

Service Support

The MHDS Division supports the development of quality mental health and disability services for consumers of all ages and families throughout the state by providing the following:

- As part of the Division's efforts through Olmstead, there are plans to dedicate a staff person to work closely with the Iowa Medicaid Enterprise (IME) to ensure the inclusion of mental health services into the overall plan for Iowa to move into compliance with the National Affordable

[11] Percentages of services funded and persons served is based on Individual data information submitted by county CPC's on December 1, 2009.
[12] Persons served are unduplicated by service.
[13] "*Institutional/Hospital & Commitment Services*" includes state resource centers, involuntary commitment costs and voluntary hospitalizations.

Health Care Plan. It is essential that data is collected and compiled to assure that the mental health services needed by Iowans are a part of the overall health care available through the Affordable Health Care Plan implemented in Iowa.

- Accreditation and survey activities for over 220 providers, including community mental health centers, other mental health providers, and providers of targeted case management, supported community living, intensive psychiatric rehabilitation, emergency services, partial hospitalization.
- Support and technical assistance to community mental health centers and other designated providers regarding the implementation of emerging, best, and evidence-based practices. MHDS works with and provides Federal Mental Health Block Grant funding to approximately 40 community mental health centers each year.
- Partner with Magellan in the implementation of the Consumer Health Inventory (CHI) for individuals with and without Medicaid funding.
- Develop and implement contracts for issuance of Mental Health Block Grant, Social Services Block Grant and other funds for over 100 providers.
- Coordinate, participate in and/or monitor activities across state agencies, other policy making bodies, advocacy and advisory groups that affect Iowans with disabilities, including:
    - MHDS Commission
    - The Mental Health Planning Council
    - Olmstead Consumer Taskforce
    - Iowa Disability Advocacy Network
    - Risk Pool Board
    - Iowa Advisory Council on Brain Injury
    - Iowa Council on Homelessness
    - Critical Incident Stress Management Network
    - Iowa Disaster Human Resource Council
    - Iowa Department of Public Health (Disaster) Preparedness Advisory Committee
    - The Governance Group on Employment Opportunities for Individuals with Disabilities
    - Disaster Behavioral Health Response Team Advisory Council

American Recovery and Reinvestment Act (ARRA) Impact:

Counties pay the non-Federal share (FMAP) for adults receiving the following Federally-funded services: Home and Community Based Intellectual Disability Waiver, Intermediate Care Facility for Mental Retardation, Targeted Case Management, and Habilitative Services. Counties are presently experiencing a short term funding respite because of the increase in the Federal match contribution for these services.

The following is the approximate savings that the counties have/will experience because of ARRA:

- SFY 2009 decrease in County spending = $23,408,273
- SFY 2010 potential decrease in County spending = $40,729,377
- SFY 2011 potential decrease in County spending = $33,237,146

Many counties were on the verge of starting waiting lists when the ARRA funding became available. The short-term effects of these savings will be more county funds to provide needed services.

When the ARRA funding ends in June 30, 2011, the potential is high for counties to exhaust revenues to fund services. There will be an increase in county expenditures because the FMAP rate will

decrease. The non-Federal share paid by counties could go from 27.45%, to as high as 38.00% on July 1, 2011 once ARRA expires. Because counties do not have the ability to generate the additional revenue needed by raising property taxes, they are dependent on additional growth dollars from the state. Otherwise, the only avenue available is to decrease the type of service funded and/or start waiting lists.

Results Achieved:

Result:	SFY 2009 Actual Level	SFY 2010 Projected Level	SFY 2011 Projected Level	SFY 2012 Offer Level
Number of people served by County and SPP. [14]	55,150	56,000	56,000	57,000

Impact of Proposed Budget on Results:

Current Results:

This offer provides access to community-based and other services for approximately 51,268 Iowans with mental health and other disability service needs across the State of Iowa. Adults and some children with mental health disorders and other disabilities are served with funding from the MHDD Community Services Fund, Property Tax Relief, Allowed Growth, and Risk Pool. These funds are combined with county property tax dollars and Federal dollars to create the county MHDD fund.

Adults living in Iowa who do not have a county of legal settlement are served using funding from the State Payment Program. A total of 3,882 Iowans were served using funding in the State Payment Program during SFY 2009.

In addition, this offer continues the General Administration funding in support of the work of the division and MHDS Commission.

Development of Combined Mental Health and Disability Services Olmstead Plan
As a part of Iowa's efforts to transform its mental health and disability services systems, MHDS is undertaking a concerted planning and community engagement effort to develop a combined mental health and disability services plan.

Legal Requirements:

Federal: Title XIX of the Social Security Act; Title XIX of the Public Health Services Act; SAMHSA Community Mental Health Block Grant guidelines

State: Iowa Code, sections 331.424A, 331.438-440, 225C, 230A, and 252.16 (Legal Settlement).

[14] This information is reported annually on December 1st of each year for the prior fiscal year.