A. **RCFs: Explanation of why decreasing beds was implemented when ECR has money?**

1. Statewide and nationwide RCFs are being phased out in favor of smaller settings (less restrictive environments). Olmstead decision, HCBS Settings Rules, Iowa Code 225C.6B (1b)
2. No region wants to be the last man standing with large RCFS because that will attract the most complex clients to one or two geographical areas. Two years ago DHS submitted a plan to the legislature to change the law so that when people moved to an RCF, they would become the financial responsibility of the region where the RCF is located. One RCF has approximately 35 people from our region at $80.00 per day so the region pays $2800.00 per day for a total of $1,022,000 per year. The other 35 people in that RCF come from other regions and those regions are responsible for payment to the RCF. If the DHS plan had gone through, ECR would have been responsible for payment for the other 35 people from the other regions. So instead of paying $1,022,000 we would have been responsible for $2,044,000. for **ONE** facility
3. Every region knew that there was no way the state would leave us with large fund balances particularly becasue the state Medicaid is running a huge deficit. The only question was how it would happen. So yes ECR **had** money. There will be a further explanation later in the paper.
4. The Board is responsible to the taxpayers that money is spent responsibly. That means providing the necessary service to assist the person to get better, not less and not more.
5. People should not stay in a facility when they no longer need that level of care. It's an institution. The buildings are clean, the meals are balanced, laundry is done for the person and the staff care about residents. But there are 3 to 4 people per bedroom. Mealtimes, med times etc are all regimented. There are others living there with very significant behaviors. RCFs now serve some people who would have been at MHI 5 years ago.

B. **Who is part of the process that helps identify potential consumers to move out of RCF's?**

1. The doctor if they choose to be.
2. Facility staff: generally a facility social worker and supervisory staff
3. The client and family if invited by client.
4. The patient advocate if she chooses to be.
5. The insurer which in this case is the region. (regional management staff)

Peggy Petlon oversees the regional social workers(RSWs) who cover the RCFs and MHI

Lori Easch who covers MHI, Prairie View, Mediapolis and Diamond Life and backs up as needed with the other regional facilities.

Kim Galing covers Hillcrest.

Raylynn Lee is the lead at Penn Center

Jon Trouten covers Chatham Oaks.

Sarah Wagner covers Cedar Valley Ranch.

C. **What factors are considered to come to a conclusion, that someone should move out?**

1. **Does the person continue to be a danger to self or others?**
    - Current suicidal or homicidal ideation with expressed intentions and/or past history of carrying out such behavior but without means for carrying out the behavior, or with some expressed inability or aversion to doing so, or with ability to contract for safety.
    - History of chronic impulsive suicidal/homicidal behavior or threats with current expressions or behavior representing a significant elevation from usual behavior.
    - Recent pattern of excessive substance use resulting in loss of self-control and clearly harmful behaviors with no demonstrated ability to abstain from use.
    - Clear compromise of ability to care adequately for oneself or to be adequately aware of environment.
    - Extreme Risk of Harm a- Current suicidal or homicidal behavior or such intentions with a plan and available means to carry out this behavior… - without expressed ambivalence or significant barriers to doing so, or - with a history of serious past attempts which are not of a chronic, impulsive or consistent nature, or - in presence of command hallucinations or delusions which threaten to override usual impulse control.
    - Repeated episodes of violence toward self or others, or other behaviors resulting in harm while under the influence of intoxicating substances with pattern of nearly continuous and uncontrolled use.
    - Extreme compromise of ability to care for oneself or to adequately monitor environment with evidence of deterioration in physical condition or injury related to these deficits
2. **Functional Status:** social responsibilities, to interact with others, maintain their physical functioning (such as sleep, appetite, energy, etc.), as well as a person's capacity for self-care. If there is a deficit can an accommodation remove the barrier to a less restrictive environment?
3. **Are symptoms decreasing?** Are they doing better than they were when they arrived? This indicates the treatment is on target.
4. **Are community supports available to meet any barriers when the person moves?** For example we might refer to Meals on Wheels, Adult day treatment or home health to assist the person when they move home. Or the team may determine they would best be served in a 24 hour home.

D. Are providers consulted as part of this identification process?

Yes

E. What process/documentation is being used for each individual to notify them of ECR wishes to discharge?

The regional social worker or the provider generally start by talking to the person or the person talks to them.

F. RCF – Beds updated by provider.

The providers themselves have the most current data. We can give you what we have.

G. Senate File 504

1. **Why does the Region have so much money left in reserves?**

   The region was told by DHS that we were expected to make the fund balance last until 2024 and that we were not going to get more state dollars. That changed with Senate file 504 which came out at the end of the session in June.

2. **Why weren't these dollars being utilized for needed services?**

The dollars were utilized for needed services. We were required to do all CORE services which we did. Then we were asked to do CORE Plus Services which we did. We did not add new services because we did not have enough in reserves to take us to 2024.

H. **General funding determination**

1. **What is the process?**
   a. Automatic approvals are done by intake staff to a predetermined level.
   b. Wednesday team meetings
   c. Anything outside of automatic approvals comes to the Wednesday team meeting.
2. **Who is involved in these meetings?**

   Typically management staff consisting of Jan Shaw, Peggy Petlon, Julie Davison, Mechelle Dhondt and Lucia Herman. Usually there are about 8 regional social workers and intake staff.

   If there is a rush situation that cannot wait until the meeting, typically Mechelle approves it.
3. **When are these meetings?**

   Wednesday mornings

I. ECR management team

a. Who does that all include? What responsibilities/roles do they have?

CEO Mechelle Dhondt LISW

Benton: Carol Zander, Communications

Bremer: Jan Heidemann; BSW, Operations, HIPAA privacy officer, web platform, vocational, housing, affiliate

Buchanan: Julie Davison, BA Education Claims and CSN (computer platform super user) Audits

Delaware: Peggy Petlon, BSW New services, supervises regional social workers in RCFs and MHI

Dubuque: Jody Jansen, RN, BS, MSM, , Contracts

Iowa: Marilyn Austin, BA Education, RN Iowa County liason, former CEO

Jones: Lucia Hermon, BSW, Outcomes, Quality Assurance 2nd reviewer

Johnson: Jan Shaw, BSW Social worker assignments, Quality Assurance

Linn: Kristie Clark, BSW Lead from Intake office, special projects

Financial and HIPPA Security officer: Deb Guard, HIPAA

Fiscal Agent: Janine Salzner

Service Matrix

Core Service Domain: Specific Service	Description	Limits/Specifications/Access Standards Need for services will be based on a standardized assessment which identifies level of need
Core Services		
Treatment: Assessment & Evaluation	The clinical review by a mental health professional of the current functioning of the individual using the service in regard to the individual's situation, needs, strengths, abilities, desires and goals to determine the appropriate level of care.	An individual who has received inpatient services shall be assessed and evaluated within four weeks.
Treatment: MH Outpatient Therapy	Services will consist of evaluation and treatment services provided on an ambulatory basis for the target population including psychiatric evaluation, medication management and individual, family, and group therapy.	Maximum of 24 sessions in a twelve month period. Therapy will not be funded while individuals are in jail. If need is an emergency, services will be initiated within 15 minutes of telephone contact. If need is urgent, services will be provided within one hour of presentation or 24 hours of telephone contact. If need is routine, services will be provided within four weeks of request for appointment. Services are available within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community.
Treatment: Psychotropic Medication Prescribing & Management	Services provided directly to or on behalf of the individual by a licensed psychiatrist or psychiatric ARNP as authorized by Iowa law including, but not limited to, monitoring effectiveness of and compliance with a medication regimen; coordination with care providers; investigating potentially negative or unintended psychopharmacologic or medical interactions; reviewing laboratory reports; and activities pursuant to licensed prescriber orders. Services with the individual present provided by an appropriately licensed professional as authorized by Iowa law including, but not limited to, determining how the medication is affecting the individual; determining any drug interactions or adverse drug effects on the individual; determining the proper dosage level; and prescribing medication for the individual for the period of time before the individual is seen again.	Maximum of 12 sessions in a twelve month period. Med Management will not be funded for individuals in jail unless requested by jail diversion staff.
Treatment: MH Inpatient Treatment	Acute inpatient mental health services are 24-hour settings that provide services to treat acute psychiatric conditions. Primary goal is to provide a comprehensive evaluation, rapidly stabilize symptoms, address health and safety needs and develop a comprehensive and appropriate discharge plan.	Commitments: ECR will pay up to hearing date. Payment may be continued for up to 5 days after the hearing date subject to collaboration with ECR staff. Insurance must be billed and necessary appeals completed. Voluntary hospitalizations must be prescreened by a QMHP, with copy of the prescreening provided to the ECR before payment will be made.
Treatment: Medications *	Prescription psychiatric medications for persons having a mental health diagnosis.	90 day limit based on ECR formulary. Must apply for Affordable Care Act insurance and/or patient assistance program. Medications will not be provided to individuals in jail.

Core Service Domain: Specific Service	Description	Limits/Specifications/Access Standards Need for services will be based on a standardized assessment which Identifies level of need
Treatment: Partial Hospitalization *	Active treatment program providing intensive services in a structured therapeutic environment.	
Treatment: Day Treatment*	Individualized services emphasizing mental health treatment and intensive psychiatric rehabilitation activities.	
Treatment: Community Support Programs (CSP)*	Comprehensive programs to meet individual treatment and support needs in a community setting	Limit of 12 hours per month.
Basic Crisis Response: 24-hour Access to Crisis Response (24-hour hotline, mobile crisis)	Program designed to stabilize an acute psychiatric crisis episode, which is available 24 hours a day, 365 days a year. Program that operates a crisis hotline to relieve distress in pre-crisis and crisis situations, reduce the risk of escalation, arrange for emergency on-site responses, and refer callers to appropriate services. Crisis evaluation and treatment services provided by a team of professionals deployed into the community.	
Basic Crisis Response: Evaluation	The process used with an individual to collect information related to the individual's history and needs, strengths, and abilities in order to determine appropriate services or referral during an acute psychiatric crisis episode.	
Basic Crisis Response: Personal Emergency Response System	An electronic device connected to a 24-hour staffed system which allows the individual to access assistance in the event of an emergency. Program that operates a crisis hotline to relieve distress in pre-crisis and crisis situations, reduce the risk of escalation, arrange for emergency on-site responses, and refer callers to appropriate services.	
Commitment Related (Evaluations, Sheriff Transport, Legal Representation, Mental Health Advocates)	Court ordered services related to mental health commitments	Costs for individuals that are committed on both a mental health and substance abuse commitment will be split between mental health and substance abuse budgets. Expenses for juveniles will not be covered.
Support for Community Living: Home Health Aide	Unskilled medical services which provide direct personal care. This service may include assistance with activities of daily living, such as helping the recipient to bathe, get in and out of bed, care for hair and teeth, exercise, and take medications specifically ordered by the physician.	The first appointment shall occur within four weeks of the individual's request of support for community living.
Support for Community Living: Home & Vehicle Mod	A service that provides physical modifications to the home or vehicle that directly address the medical health or remedial needs of the individual that are necessary to provide for the health, welfare, and safety of the member and to increase or maintain independence.	Lifetime limit equal to that established for the HCBS waiver for individuals with intellectual disabilities. Provider payment will be no lower than that provided through the HCBS waiver. The first appointment shall occur within four weeks of the individual's request of support for community living.

Core Service Domain: Specific Service	Description	Limits/Specifications/Access Standards Need for services will be based on a standardized assessment which Identifies level of need
Support for Community Living: Respite	A temporary period of relief and support for individuals and their families provided in a variety of settings. The intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis.	Total respite must not exceed limits established by the HCBS waiver for individuals with intellectual disabilities. The first appointment shall occur within four weeks of the individual's request of support for community living.
Supportive Community Living (Daily)	Services and supports to enhance an individual's ability to regain or attain higher levels of independence or to maximize current levels of functioning.	Rate must not exceed the limit for daily Home Based Habilitation. The first appointment shall occur within four weeks of the individual's request of support for community living.
Supportive Community Living (Hourly)	Services provided in a non-institutional setting to adult persons with mental illness, intellectual, or developmental disabilities to meet the persons' daily living needs.	Must not exceed 8 hours per day. The first appointment shall occur within four weeks of the individual's request of support for community living.
Support for Community Living: Transportation *	Transportation to allow an individual to conduct business errands, shop, receive medical services, work, attend school, and reduce social isolation.	Transportation for trips other than to day program, work, vocational services, and medical appointments will be limited to the need determined by the interdisciplinary team. The first appointment shall occur within four weeks of the individual's request of support for community living.
Support for Community Living: Ongoing Rent Subsidy*	(On-going rent subsidy) On-going rent support provided through an organized program to allow the individual to maintain an affordable home in the community or any payment of rental assistance including General Assistance.	For individuals with no income, must be leaving an RCF or MHI or must be entering a 24 hour or transitional living setting from a psychiatric hospital setting. (Anchor Center and ASAC Dual will be eligible upon change of the management plan.) Rent may also be approved when leaving 24 hour or transitional living when maximum benefits are achieved. On-going rent subsidy is based on fair market rent for the area in which residing. All other sources of funding must be utilized. Individual must have applied for, but not have been awarded, Social Security or SSI, must have a signed IAR and must be receiving SCL services or Home Based Habilitation services and following their case plan. Continued eligibility will be reviewed quarterly. Funding limited to twenty-four months.
Support for Community Living: Ongoing Rent Subsidy*	(On-going rent subsidy) On-going rent support provided through an organized program to allow the individual to maintain an affordable home in the community or any payment of rental assistance including General Assistance.	For individuals with earned or unearned income up to the maximum SSI allowable, must be leaving an RCF or MHI or must be entering a 24 hour or transitional living setting from a psychiatric hospital setting. (Anchor Center and ASAC Dual will be eligible upon change of the management plan.) Rent may also be approved when leaving 24 hour or transitional living when maximum benefits are achieved. On-going rent subsidy is based on income and fair market rent for the area in which residing. Amount paid based on current formula. To be eligible for consideration for rent subsidy, the individual's income may not exceed the current maximum SSI amount for an individual and individual must be receiving SCL or Home Based Habilitation services and following their case plan. All other sources of funding must be utilized. Continued eligibility will be reviewed monthly. Funding limited to twenty-four months.

Core Service Domain: Specific Service	Description	Limits/Specifications/Access Standards Need for services will be based on a standardized assessment which Identifies level of need
Support for	Services that assist or support the individual in developing or maintaining life skills	The initial referral shall take place within 60 days of the individual's request of support for employment.

Employment: Day Habilitation	and community integration. Services will enable or enhance the individual's functioning, physical and emotional health and development, language and communication development, cognitive functioning, socialization and community integration, functional skill development, behavior management, responsibility and self-direction, daily living activities, self-advocacy skills, or mobility.	
Support for Employment: Job Development	Services that assist individuals in preparing for, securing and maintaining gainful, competitive employment. Employment will be integrated into normalized work settings, will provide pay of at least minimum wage, and will be based on the individual's skills, preferences, abilities, and talents.	Must access services through Department of Vocational Rehabilitation Services. Limit of 15 hours per month for a six month period used as needed. The initial referral shall take place within 60 days of the individual's request of support for employment.
Recovery Services: Family Support	Services provided by a family support peer specialist that assists the family of an individual to live successfully in the family or community including, but not limited to, education and information, individual advocacy, family support groups, and crisis response.	
Recovery Services: Peer Support	A program provided by a peer support specialist including but not limited to education and information, individual advocacy, family support groups, crisis response, and respite to assist individuals in achieving stability in the community.	Services are available within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community. Peer support physical response is available throughout the region in person or by warm line.
Service Coordination: Case Management	Service provided by a case manager who assists individuals in gaining access to needed medical, social, educational, and other services through assessment, development of a care plan, referral, monitoring and follow-up using a strengths-based service approach that helps individuals achieve specific desired outcomes leading to a healthy self-reliance and interdependence with their community.	Services will be provided within 10 days of the initial request for such service or after being discharged from an inpatient facility.
Service Coordination: Service Coordination *	Activities designed to help individuals and families identify service needs and coordinate service delivery.	Services will be provided within 10 days of the initial request for such service or after being discharged from an inpatient facility.
Service Coordination: Health Homes	A service model that facilitates access to an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions. Services may include comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings, including appropriate follow-up; individual and family support, which includes authorized representatives; referral to community and social support services, if relevant; and the use of health information technology to link services, as feasible and appropriate.	Services will be provided within 10 days of the initial request for such service or after being discharged from an inpatient facility. When this service is not available, regional social workers will provide services until IHH is available.

Core Service Domain: Specific Service	Description	Limits/Specifications/Access Standards Need for services will be based on a standardized assessment which identifies level of need
Additional Core Services		
Comprehensive Crisis Services: 23-Hour, Stabilization Facility	Crisis evaluation and stabilization provided by nurses and supervised by a psychiatrist for less than 24 hours.	
Comprehensive Crisis Services: Crisis Residential Services	Crisis evaluation and stabilization provided in a temporary residential setting. Full Circle (Buchanan), Crisis Center of Johnson County (Johnson), Caring Hands and More (Johnson) and Penn Center (Linn)	
Justice-Involved Services: Civil Commitment Prescreening	Program that provides assessment of individuals for whom family members are considering filing an application for involuntary commitment to determine if another course of treatment is appropriate.	Analysis of need is occurring.
Justice-Involved Services: Jail Diversion	Program that is designed to divert individuals from jail by providing assessment, coordination and supportive services. Covers all nine counties.	
Advances in EBP: Assertive Community Treatment		Need expansion in Linn County.
Advances in Evidence Based Practices (EBP): Positive Behavioral Supports		Need expansion in Linn County.
Advances in EBP: Peer Self-Help Drop-In Centers; Clubhouse	An intentional community designed to create a restorative environment within which individuals develop skills necessary to gain employment, as well as improve social connectedness with the community. Peer Support is an evidence based practice if it is managed by peers.	The region funds drop in centers in Benton, Buchanan, Delaware, Dubuque, Johnson, and Linn. Bremer primarily uses Waterloo and Iowa and Jones do not appear to have requests. The region will assist in identifying transportation for Iowa, Jones and Bremer County residents who would like to access peer drop in centers.