

Mental Health/Disability Services of the
East Central Region
FY 2018 Annual Report

*Geographic Area includes counties of Benton, Bremer, Buchanan, Delaware, Dubuque, Iowa, Johnson, Jones
and Linn*

Approved by ECR Governing Board on

Wayne Manternach, ECR Board Chair

Date

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Introduction

MH/DS of the East Central Region was formed under Iowa Code Chapter 28E to create a Mental Health and Disability Service Region in compliance with Iowa Code 331.390.

In compliance with IAC 441-25 the ECR Management Plan includes three parts: Annual Service and Budget Plan, Annual Report and Policies and Procedures Manual.

The annual report includes documentation of the services provided, the diagnosis groups covered, and the costs associated with providing those services as well as regional accomplishments for the year.

Core Service/Access Standards: Iowa Administrative Code 441-25.3

<u>Code Reference</u>	<u>Standard</u>	<u>Results:</u>	<u>Comments:</u>
		<ul style="list-style-type: none"> • Met Yes/No • By which providers 	<ul style="list-style-type: none"> • How measured • If not, what is plan to meet access standard and how will it be measured
25.3(1)a	A community mental health center or federally qualified health center that provides psychiatric and outpatient mental health services in the region.	<p>YES</p> <p>Abbe Center for Community Mental Health, Hillcrest Family Services</p>	<p>Contracts held:</p> <p>Benton, Vinton Abbe office Bremer, Waverly non-contracted providers Buchanan, Independence Abbe office Delaware, Manchester Abbe office Dubuque, Dubuque Hillcrest Iowa, Iowa City Abbe office Johnson, Iowa City Abbe office Jones, Anamosa Abbe, Monticello Hillcrest Linn, Cedar Rapids Abbe office</p>
25.3(1)b	A hospital with an inpatient psychiatric unit or state mental health institute located in or within reasonably close proximity that has the capacity to provide inpatient services to the applicant.	<p>YES</p> <p>Buchanan: MHI Linn: Mercy Linn: Unity Point Johnson: UIHC Dubuque: Mercy Dubuque, Finley Summit</p>	<p>Contracts; capacity assessed</p> <p>Bremer, Buchanan and Benton also routinely access Covenant and Allen in Waterloo.</p>
<u>Outpatient:</u> (Mental Health Outpatient Therapy, Medication Prescribing & Management, and Assessment & Evaluation)			
25.3(3) a(1)	<p>Timeliness: The region shall provide outpatient treatment services.</p> <p>Emergency: During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact.</p>	<p>YES</p> <p>Emergency: Foundation 2 Mobile Crisis Outreach, Hillcrest Mobile Crisis Outreach, Johnson County Mobile Crisis Outreach</p>	Available in every county in the region.
25.3(3)a(2)	Urgent: Outpatient services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact.	<p>YES</p> <p>Foundation 2, Hillcrest and Johnson County Crisis Center. Mobile Crisis Outreach can</p>	Additionally there are a multitude of therapists available across the region that can do assessments and therapy. Crisis stabilization beds and sub-acute beds also have access to therapists/psychiatric nurses.

		provide and/or refer.	
25.3(3)a(3)	Routine: Outpatient services shall be provided to an individual within four weeks of request for appointment.	YES	See below
25.3(3)a(4)	Proximity: Outpatient services shall be offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community.	YES	Benton Abbe Vinton Bremer Covenant Clinic, Pathways Waverly Buchanan Abbe Independence Delaware Abbe Manchester Dubuque Hillcrest Dubuque Iowa Abbe Iowa City, UIHC Johnson Abbe Iowa City, UIHC Jones Abbe Anamosa, Hillcrest Monticello Linn Abbe, St. Luke's, Mercy, Cedar Centre
Inpatient: (Mental Health Inpatient Therapy)			
25.3(3)b (1)	Timeliness: The region shall provide inpatient treatment services. An individual in need of emergency inpatient services shall receive treatment within 24 hours.	YES	UIHC, MHI, Independence, St. Luke's, Mercy, Cedar Rapids and Dubuque. Regional Social Workers are assigned to each hospital psychiatric unit and are contacted at the point of intake.
25.3(3)b(2)	Proximity: Inpatient services shall be available within reasonably close proximity to the region. (100 miles)	YES	All counties are no more than one county away from inpatient services.
25.3(3)c	Timeliness: Assessment and evaluation. An individual who has received inpatient services shall be assessed and evaluated within four weeks.	YES Same day access at Abbe locations. Can be seen within 3 attempts. Hillcrest in Dubuque can accommodate.	The regional plan requires providers to accept Medicaid. At this time the region will do an exception to policy for people to see any available non-Medicaid psychiatrist if the person does not have medication or if it is an emergency situation.
Basic Crisis Response: (24-Hour Access to Crisis Service, Crisis Evaluation, Personal Emergency Response System)			
25.3(2) & 25.3(4)a	Timeliness: Twenty-four-hour access to crisis response, 24 hours per day, seven days per week, 365 days per year.	YES Iowa Help Line is sponsored by the region. Mobile response is in every county.	1-855-800-1239 There is also text and chat as well as a Warm Line 5 PM to 10 PM, 7 days per week.
25.3(4)b	Timeliness: Crisis evaluation within 24 hours.	YES	Evaluation by the mobile crisis team is 24/7/365 Foundation 2, Hillcrest and Johnson County Crisis Center provide Mobile Crisis Outreach services anywhere in the region.
Support for Community Living: (Home Health Aide, Home and Vehicle Modification, Respite, Supported Community Living)			

25.3(5)	Timeliness: The first appointment shall occur within four weeks of the individual's request of support for community living.	YES Benton: ARC, Genesis, North Star Bremer: CBS, North Star, Larrabee, Goodwill, REM Buchanan: FCS, Goodwill, B & D Delaware: Penn, G&G Dubuque: LSI, Hillcrest Iowa: Optima, Systems Johnson: Impact, Successful Living, Optima, CVCSS Jones: Systems, ARC, DAC Linn: Abbe, ARC, Optima, CVCSS, To the Rescue, Tailored Living	We have struggled at times due to staff turnover and provider inability to expand quickly due to lack of workers. We have used Plugged In housing assistance, food stamps and other needs that require immediate attention. This meets client needs and enables providers to accept individuals who already have supports in place.
Support for Employment: (Day Habilitation, Job Development, Supported Employment, Prevocational Services)			
25.3(6)	Timeliness: The initial referral shall take place within 60 days of the individual's request of support for employment.	YES	Benton: REM, Arc of SE Iowa Bremer: Larrabee, North Star, Goodwill Buchanan: EPI, Choice Delaware: Goodwill Dubuque: Goodwill, ARC, Hills and Dales, Hillcrest Iowa: Rural Employment Alternatives Johnson: Goodwill, Systems Jones: Advancement Services Linn: Goodwill, ARC, Systems, To the Rescue, Milestones, REM Iowa
Recovery Services: (Family Support, Peer Support)			
25.3(7)	Proximity: 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.	Family Support is available in Linn, Johnson and Dubuque. Peer Support is available through Plugged In Iowa and Abbe Warm Line, NAMI R Place, Hillcrest Wellness Center and NAMI Linn County.	Family Support is done in Linn by the local NAMI. The state NAMI also has two trainers in place for Linn, Johnson and Dubuque. ECR is attempting to expand access by working with the State NAMI office. Peer support is available upon request for any county.
Service Coordination: (Case Management, Health Homes)			
25.3(8)a	Proximity: 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.	YES	Abbe IHH covers all counties except Dubuque (Hillcrest IHH) & Bremer (Pathways IHH). Regional Social Workers cover all counties.
25.3(8)b	Timeliness: An individual shall receive service coordination within 10 days of the initial request for such service or being discharged from an inpatient facility.	YES	Hospitals are covered by Regional Social Workers upon admission. There is at least one Regional Social Worker assigned to every hospital, RCF and crisis bed in the region. There are also services available for walk-ins and call-ins if they decide to take services.

Additional Core Services Available in Region: Iowa Code 331.397(6)

The Chart below includes additional core services currently provided or being developed.

<u>Service Domain/Service</u>	<u>Available:</u>	<u>Comments:</u>
	<ul style="list-style-type: none"> • Yes/No • By which providers 	<ul style="list-style-type: none"> • Is it in a planning stage? If so describe.
<u>Comprehensive Facility and Community-Based Crisis Services:</u> 331.397~ 6.a.		
24-Hour Crisis Hotline	<p>YES</p> <p>Iowa Help Line through Foundation 2 and Johnson County Crisis Center. Also provides Chat, Text and access to the Warm Line.</p>	
Mobile Response	<p>YES</p> <p>Foundation 2, Johnson County Crisis Center and Hillcrest. Provides on-site response in all 9 counties of the region within one hour.</p>	Mobile crisis comes out of Linn, Dubuque and Johnson. They respond to all 9 counties 24/7/365.
23-Hour crisis observation & holding	<p>Yes, this is available at the area hospitals.</p>	Johnson County has located a site for construction is meeting to raise funding to build and implement an access center styled after the program in San Antonio. Linn County and Dubuque County are also in the process of starting Access Centers.
Crisis Stabilization Community Based Services	<p>NO</p>	We could not find a provider interested in doing this service. We will not be looking at out of state providers.
Crisis Stabilization Residential Services	<p>YES</p> <p>Hillcrest in Dubuque Helping Hands and More in Johnson Full Circle in Buchanan Penn in Linn</p>	There are a total of 8 beds. We have 2 beds each in Cedar Rapids, Dubuque, Iowa City and Independence. The providers are allowed to expand beds as needed each night. We can also transport to crisis beds outside the region. The region is fully invested in providing the number of crisis beds needed.
<u>Crisis Residential Services:</u> 331.397~ 6.b.		
Subacute Services 1-5 beds	<p>NO</p>	
Subacute Services 6+ beds	<p>YES</p>	9 Subacute beds opened at Hillcrest in Dubuque.
<u>Justice System-Involved Services:</u> 331.397~ 6.c.		
Jail Diversion	<p>YES</p>	All counties are covered by jail diversion. 1 st Judicial covers Bremer, Buchanan and Delaware and Dubuque. 6 th Judicial covers Benton, Jones and Linn. Johnson County jail diversion covers Johnson and Iowa.
Crisis Prevention Training	<p>YES</p>	CIT is ongoing in Johnson, Linn and Dubuque. All counties have sent or are welcome to send officers.
Civil Commitment Prescreening	<p>NO</p>	

Provider Competencies

The Chart below is a brief description of the region's efforts to increase provider competencies in accordance with IAC 441-25.4(2).

Provider Practices	NO PROGRESS	TRAINING	IMPLEMENTING PIECES	DESCRIBE REGION'S EFFORTS TO INCREASE PROVIDER COMPETENCY
441-25.4(331)	List agencies	List agencies	List Agencies	Narrative
Service providers who provide services to persons with 2 or more of the following co-occurring conditions: <ul style="list-style-type: none"> a. Mental Illness b. Intellectual Disability c. Developmental Disability d. Brain Injury e. Substance Use Disorder Trauma informed care			All providers in the region are dual capable.	
			Hillcrest, Builders of Hope, LSI, Medical Associates, Mercy Dubuque, Finley Abbe, CVCSS, RHD, Optimae, Tailored Living	The region provides training free of charge.

Evidence Based Practices

The Chart below describes the regions efforts towards implementing and verifying fidelity of Evidence Based Practice as noted in IAC 441-25.4(3).

The ECR is participating in a statewide workgroup to develop a roadmap for the implementation of EBPs across the State. The purpose of the workgroup is to develop a toolkit for surveyors, review current DHS identified EBPs, provide training on conducting provider EBP surveys, discuss the role of EBPs and quality service delivery, discuss provider trainings and develop a dash board. These meetings are on-going.

EVIDENCE BASED PRACTICE	NO PROGRESS	TRAINING	IMPLEMENTING PIECES	FIDELITY INDEPENDENTLY VERIFIED	DESCRIBE REGIONS EFFORTS TO INCREASE PROVIDER COMPETENCY IN EVIDENCE BASED PRACTICES
<i>Code: IAC441 – 25.4(3)</i>	<i>List agencies</i>	<i>List agencies</i>	<i>List Agencies</i>	<i>How are you verifying?</i>	<i>Narrative</i>
Assertive Community Treatment			Abbe RHD U of I	Not verifying at this time. We plan to hire a company to do it in early 2019.	Encouraging proper reimbursement from the state. Waiting on QSDA; Regional staff attended the EBP conference.
Integrated Treatment of Co-Occurring SA & MH			ASAC Medical Associates, Mercy Dubuque Pathways does provide both.		Waiting on QSDA

Supported Employment	Advancement Services Larrabee Area Residential Care-Manchester	Arc of Southeast Iowa	Goodwill of the Heartland-Linn ECR staff conducted a SAMHSA Fidelity Scale review. Goodwill of the Heartland-Johnson ECR staff conducted a SAMHSA review.	Provided the TIPS. Regional Staff in training. Waiting on QSDA
Family Psychoeducation		NAMI Linn, NAMI State office, NAMI Johnson and Dubuque counties.		Assisting State NAMI to find volunteers to train classes in rural counties. Waiting on QSDA
Illness Management and Recovery		Penn Tailored Living B & D Services		Provided TIPS. Waiting on QSDA
Permanent Supported Housing	Optimae Johnson, Optimae Linn, Hillcrest Johnson, Tailored Living, Comm Serv for the Deaf, Cedar Valley CSS, Larrabee, North Star, Community Based Services, B&D Services, LSI	Abbe Center for Community Mental Health Transitional Living program, Abbe Center/ Penn Center, Systems Unlimited Hillcrest		Provided TIPS. Regional Staff in training. Waiting on QSDA

EVIDENCE BASED PRACTICE	NO PROGRESS	TRAINING	IMPLEMENTING PIECES	FIDELITY INDEPENDENTLY VERIFIED	WHAT IS THE REGION DOING TO INCREASE PROVIDER COMPETENCY IN EVIDENCE BASED PRACTICES
<i>Additional Core: 331:397(6)d</i>	List agencies	List agencies	List Agencies	How are you verifying? List Agencies	Narrative
Positive Behavioral Support		In progress			Relay Positive Behavioral Supports announcements regarding training to regional providers. Regional Staff in training.

Peer Self Help Drop In Center			Delaware Co. Buchanan Co. Benton Co. Johnson		
Other Research Based Practice: IE IPR IAC 331.397(7)			Abbe Linn		None Regional staff participating in state QSDA group.

Individuals Served in Fiscal Year 2018

This section includes:

- the number of individuals in each diagnostic category funded for each service
- unduplicated count of individuals funded by age and diagnostic category

This chart lists the number of individuals funded for each service by diagnosis.

FY 2018 Actual GAAP	MHDS of East Central Region MHDS Region	MI (40)		ID(42)		DD(43)		BI (47)		Other		Total
		A	C	A	C	A	C	A	C	A	C	
Core												
	Treatment											
42305	Psychotherapeutic Treatment - Outpatient	405	9									414
42306	Psychotherapeutic Treatment - Medication Prescribing	198	3									201
71319	State MHI Inpatient - Per diem charges	31										31
73319	Other Priv./Public Hospitals - Inpatient per diem charges	25	2									27
	Basic Crisis Response											
32322	Support Services - Personal Emergency Response System	18				1						19
44301	Crisis Evaluation	36	8									44
	Support for Community Living											
32325	Support Services - Respite Services			1	1	3	1					6
32329	Support Services - Supported Community Living	258	3	63		75						399
	Support For Employment											
50362	Voc/Day - Prevocational Services	1		4		2						7
50364	Voc/Day - Job Development	67										67
50367	Day Habilitation	25	1	17		33						76

50368	Voc/Day - Individual Supported Employment	9		10	18						37
50369	Voc/Day - Group Supported Employment	2			2						4
	Recovery Services										
45366	Peer Family Support - Peer Support Services	104		2							106
	Service Coordination										
	Core Evidence Based Treatment										
42398	Assertive Community Treatment (ACT)	23									23
	Core Subtotals:	1202	26	97	134	1					1461
	Mandated										
74XXX	Commitment Related (except 301)	1157	9								1166
75XXX	Mental health advocate	1615	15								1630
	Mandated Subtotals:	2772	24								2796
	Core Plus										
	Comprehensive Facility and Community Based Treatment										
44307	Mobile Response	797	276								1073
44313	Crisis Stabilization Residential Service (CSRS)	259	3	1							263
	Sub-Acute Services										
64309	Sub Acute Services (6+ Beds)	3	1								4
	Justice System Involved Services										
25XXX	Coordination services	305	6								311
46305	Mental Health Services in Jails	107	6								113
	Additional Core Evidence Based Treatment										
42366	Psychotherapeutic Treatment - Social Support Services	546	2		1						549
42397	Psychotherapeutic Treatment - Psychiatric	6									6

The chart below shows the unduplicated county of individuals funded by diagnosis:

Disability Group	Children	Adult	Unduplicated Total	DG
	0	1	1	
Mental Illness	324	4365	4688	40
Mental Illness, Intellectual Disabilities	2	62	64	40, 42
Mental Illness, Intellectual Disabilities, Other Developmental Disabilities	0	13	13	40, 42, 43
Mental Illness, Other Developmental Disabilities	1	100	101	40, 43
Mental Illness, Other Developmental Disabilities, MH/DD General Administration	0	2	2	40, 43, 44
Intellectual Disabilities	1	54	55	42
Intellectual Disabilities, Other Developmental Disabilities	0	12	12	42, 43
Other Developmental Disabilities	2	75	77	43
Total	330	4684	5014	99

Monies Expended

This section includes:

- Funds expended for each service
- Revenues
- County Levies

The chart below shows the regional funds expended by service and by diagnosis.

FY 2018 Accrual	MHDS of the East Central Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
Core Domains							
COA	Treatment						
42305	Mental health outpatient therapy	\$ 136,280					\$ 136,280
42306	Medication prescribing & management	\$ 125,519					\$ 125,519
43301	Assessment & evaluation						\$ -
71319	Mental health inpatient therapy-MHI	\$ 782,461					\$ 782,461
73319	Mental health inpatient therapy	\$ 31,764					\$ 31,764
	Basic Crisis Response						
32322	Personal emergency response system	\$ 6,978	\$ -	\$ 3,420			\$ 10,398
44301	Crisis evaluation	\$ 25,750					\$ 25,750
44305	24 hour access to crisis response						\$ -
	Support for Community Living						
32320	Home health aide						\$ -
32325	Respite		\$ 537	\$ 5,821			\$ 6,358
32328	Home & vehicle modifications						\$ -
32329	Supported community living	\$ 1,785,976	\$ 521,451	\$ 341,495			\$ 2,648,921
	Support for Employment						
50362	Prevocational services	\$ 440	\$ 10,025	\$ 4,665			\$ 15,130

50364	Job development	\$	14,007						\$	14,007
50367	Day habilitation	\$	80,604	\$ 74,782	\$ 203,510				\$	358,896
50368	Supported employment	\$	15,124	\$ 28,743	\$ 80,772				\$	124,639
50369	Group Supported employment-enclave	\$	1,411	\$ -	\$ 2,661				\$	4,073
	Recovery Services									
45323	Family support	\$	4,028						\$	4,028
45366	Peer support	\$	129,779	\$ 4,600					\$	134,379
	Service Coordination									
21375	Case management	\$							\$	-
24376	Health homes	\$							\$	-
	Core Evidenced Based Treatment									
	Education & Training Services - provider competency	\$							\$	-
32396	Supported housing	\$							\$	-
42398	Assertive community treatment (ACT)	\$	26,854						\$	26,854
45373	Family psychoeducation	\$							\$	-
	Core Domains Total	\$	3,166,975	\$ 640,138	\$ 642,343	\$ -			\$	4,449,456
	Mandated Services									
46319	Oakdale	\$							\$	-
72319	State resource centers	\$							\$	-
74XXX	Commitment related (except 301)	\$	365,357						\$	365,357
75XXX	Mental health advocate	\$	228,190						\$	228,190
	Mandated Services Total	\$	593,546	\$ -	\$ -	\$ -			\$	593,546
	Additional Core Domains									
	Comprehensive Facility & Community Based Crisis Services									
44302	23 hour crisis observation & holding	\$							\$	-
44307	Mobile response	\$	1,320,523						\$	1,320,523
44312	Crisis Stabilization	\$							\$	-

	Other Informational Services Total	\$	116,307	\$	-	\$	-	\$	-	\$	116,307
Other Community Living Support Services											
06399	Academic services										
22XXX	Services management	\$	564,328	\$	60,625	\$	95,597				
23376	Crisis care coordination										
23399	Crisis care coordination other										
24399	Health home other										
31XXX	Transportation	\$	157,046	\$	7,852	\$	22,742				
32321	Chore services										
32326	Guardian/conservator	\$	3,888	\$	8,729	\$	1,010				
32327	Representative payee										
32335	CDAC										
32399	Other support	\$	1,147	\$	1,645	\$	24,539				
33330	Mobile meals										
33340	Rent payments (time limited)	\$	4,891	\$	940	\$	-				
33345	Ongoing rent subsidy	\$	193,087	\$	5,736	\$	5,763				
33399	Other basic needs	\$	27,372	\$	379	\$	807				
41305	Physiological outpatient treatment	\$	1,266								
41306	Prescription meds	\$	19,932								
41307	In-home nursing			\$	5,171						
41308	Health supplies										
41399	Other physiological treatment										
42309	Partial hospitalization										
42310	Transitional living program										
42363	Day treatment										
42396	Community support programs	\$	21,962								
42399	Other psychotherapeutic treatment	\$	10,720								
43399	Other non-crisis evaluation										

44304	Emergency care	\$	868							\$	868
44399	Other crisis services									\$	-
45399	Other family & peer support									\$	-
50361	Vocational skills training									\$	-
50365	Supported education									\$	-
50399	Other vocational & day services									\$	-
63XXX	RCF 1-5 beds (63314, 63315 & 63316)	\$	15,917							\$	15,917
63XXX	ICF 1-5 beds (63317 & 63318)									\$	-
63329	SCL 1-5 beds	\$	8,487							\$	8,487
63399	Other 1-5 beds									\$	-
	Other Comm Living Support Services Total	\$	1,030,912	\$	150,457	\$	91,076	\$	-	\$	1,272,445
Other Congregate Services											
50360	Work services (work activity/sheltered work)			\$	2,621					\$	2,621
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	\$	4,493,756	\$	29,521					\$	4,523,277
64XXX	ICF 6 and over beds (64317 & 64318)									\$	-
64329	SCL 6 and over beds									\$	-
64399	Other 6 and over beds									\$	-
	Other Congregate Services Total	\$	4,493,756	\$	32,142	\$	-	\$	-	\$	4,525,898
Administration											
11XXX	Direct Administration									\$	1,752,899
12XXX	Purchased Administration									\$	476,943
	Administration Total									\$	2,229,842
	Regional Totals	\$	12,655,085	\$	792,865	\$	766,443	\$	-	\$	16,444,236

(45XX-XXX)County Provided Case Management									\$ -
(46XX-XXX)County Provided Services									\$ -

Regional Grand Total									\$ 16,444,236
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Transfer Numbers (Expenditures should only be counted when final expenditure is made for services/administration. Transfers are eliminated from budget to show true regional finances)

13951	Distribution to MHDS regional fiscal agent from member county	\$ 15,930,894
14951	MHDS fiscal agent reimbursement to MHDS regional member county	\$ 2,162,329

Transfer Numbers

13951 Distribution to MHDS regional fiscal agent from member county

14951 MHDS fiscal agent reimbursement to MHDS regional member county

14951 MHDS fiscal agent reimbursement to MHDS regional member county

Revenue

FY 2018 Accrual	East CentralMHDS Region		
Revenues			
	FY17 Annual Report Ending Fund Balance		34090159
	Adjustments to 6/30/17 Fund Balance		\$ 134,753
	Audited Beginning Fund Balance as of 6/30/17		\$ 33,955,406
	Local/Regional Funds		\$ 16,498,228
10XX	Property Tax Levied	15789035	
12XX	Other County Taxes	32508	
16XX	Utility Tax Replacement Excise Taxes	467995	
25XX	Other Governmental Revenues	0	
4XXX- 5XXX	Charges for Services	147108.08	
5310	Client Fees		
60XX	Interest	6550.69	
6XXX	Use of Money & Property		
8XXX	Miscellaneous	55031	
92XX	Proceeds /Gen Fixed assests sales		
	State Funds		\$ 1,274,151.84
21XX	State Tax Credits	787006	
22XX	Other State Replacement Credits	456562	
2250	MHDS Equalization		
24XX	State/Federal pass thru Revenue		
2644	MHDS Allowed Growth // State Gen. Funds		
2645	State Payment Program	30461.84	
29XX	Payment in Lieu of taxes	122	
	Federal Funds		\$ 2,121.00
2344	Social services block grant		
2345	Medicaid		
	Other (FA Revenues)& 28xx	2121	
	Total Revenues		\$ 17,774,500.61

Total Funds Available for FY18	\$ 51,729,906
FY18 Accrual Regional Expenditures	\$ 16,444,236
Accrual Fund Balance as of 6/30/18	\$ 35,285,670

Note: The final GAAP figures for Buchanan County were not available when this report was filed but the difference will be slight.

County Levies















County	2015 Est. Pop.	Regional Per Capita Target	FY18 Max Levy	FY18 Actual Levy	Actual Levy Per Capita
Benton	25,658	36.51	936,774	908642	35.41
Bremer	24,722	36.51	902,600	400000	16.18
Buchanan	21,062	36.51	768,974	319677	15.18
Delaware	17,403	36.51	635,384	635390	36.51
Dubuque	97,125	36.51	3,546,034	1773017	18.26
Iowa	16,401	36.51	598,801	0	0.00
Johnson	144,251	36.51	5,266,604	4982837	34.54
Jones	20,466	36.51	747,214	0	0.00
Linn	219,916	36.51	8,029,133	8029142	36.51
Region	587004		21431516	17048705	29.04

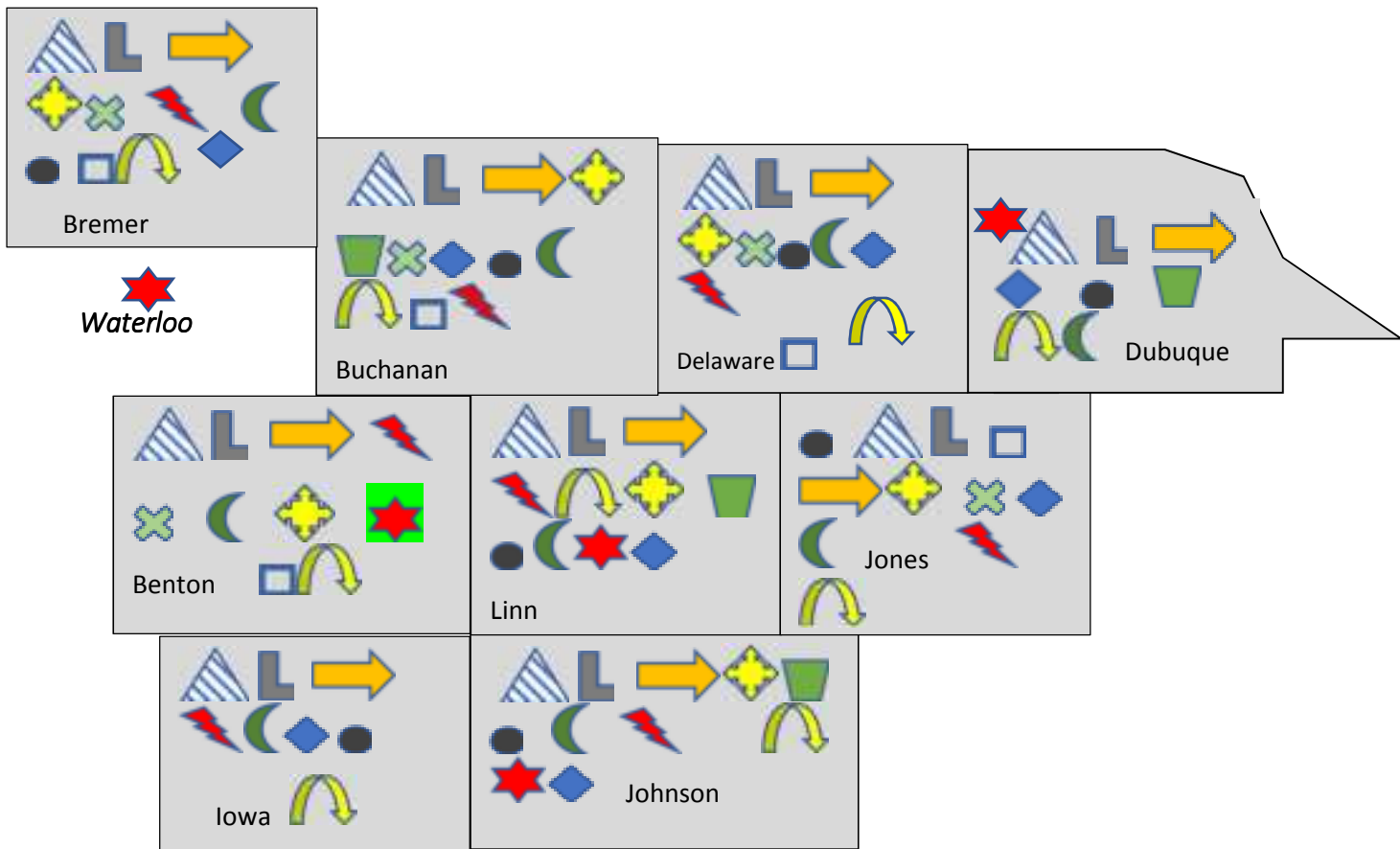
County	2015Est. Pop.	47.28 Per Capita Levy	Base Year Expenditure Levy	Countys Base Year Amount	Regional Per Capita	FY18 Max Levy	FY18 Actual Levy	Actual Levy Per Capita
Benton	25,658	1,213,110	908,642	908,642	36.51	936,882	908,642	35.41
Bremer	24,722	1,168,856	1,294,995	1,168,856	36.51	902,704	400,000	16.18
Buchanan	21,062	995,811	1,292,163	995,811	36.51	769,062	319,677	15.18
Delaware	17,403	822,814	926,948	822,814	36.51	635,457	635,390	36.51
Dubuque	97,125	4,592,070	5,165,648	4,592,070	36.51	3,546,442	1,773,017	18.26
Iowa	16,401	775,439	729,235	729,235	36.51	598,870	-	0.00
Johnson	144,251	6,820,187	3,138,395	3,138,395	36.51	5,267,211	4,982,837	34.54
Jones	20,466	967,632	883,021	883,021	36.51	747,300	-	0.00
Linn	219,916	10,397,628	8,195,141	8,195,141	36.51	8,030,058	8,029,142	36.51
Region	587,004.00	27,753,549.12	22,534,188.00	21,433,985.36	36.51	21,433,985	17,048,705	29.04

Outcomes

The East Central Region is unique among the regions in the ability to provide /supports across the region. With the exception of ACT, every service is available to the residents of any county in the region, regardless of where they live. ACT is available in 7 of 9 counties. The goal is to have it available in all 9 counties by the end of 2019. If a service such as a wellness center is not available in a specific county, ECR transports to the service in the closest county. Below is a illustration of the services located in each county.

KEY:

-  Crisis line
-  Mobile crisis
-  Warm line
-  Jail diversion
-  ACT
-  Crisis stabilization
-  Access Center
-  Rural Access Center
-  Wellness Center
-  Supported Community Living
-  Vocational services
-  Hospital Telehealth
-  Jail telehealth
-  Rent subsidy



Meeting Access Standards

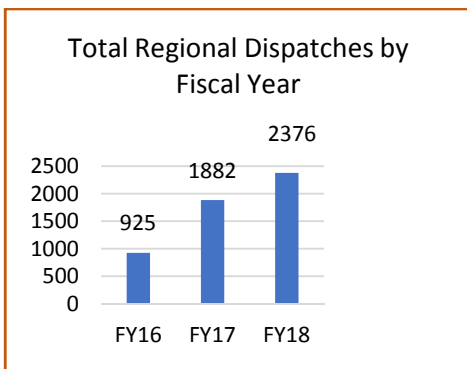
Prescribers: The Regional Board took the suggestion from Kathy Johnson at Abbe to provide incentives for psychiatrists and nurse practitioners at the mental health centers in the region. Historically it took 12 weeks to get a psychiatric appointment in Linn County. We now meet the access standard of 4 weeks across the region.

"The recruitment strategy implemented by the East Central Region to incentivize nurse practitioners to work within in our local Community Mental Health Centers has been successful in recruiting three new ARNPs to our Region -- or to Abbe Center. We are so appreciative of this creative collaboration between the Region and providers, and know that the increased availability of outpatient mental health services will benefit our communities. The more on-going treatment and support we can provide, the less likely that difficulties will rise to a crisis situation which requires emergency or inpatient services," Kathy Johnson, director, Abbe Mental Health Center said.

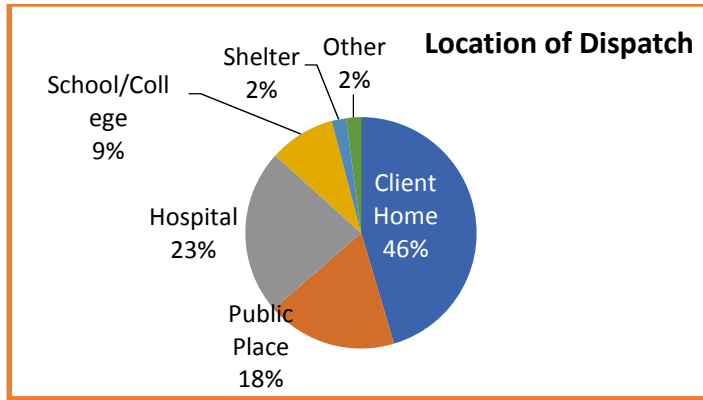
Jail Diversion: All 9 counties of the ECR are served by 6 jail diversion staff. Jail diversion staff assists people to re-enter the community.

Benton	17
Bremer	
Buchanan	
Delaware	
Dubuque	103
Iowa	7
Johnson	145
Jones	17
Linn	74

Crisis Services: The regional governing board members have been strong supporters of crisis services. The services have grown significantly each year as more people become aware and begin to use the services. The board has continued to step up to fund crisis services across the region.

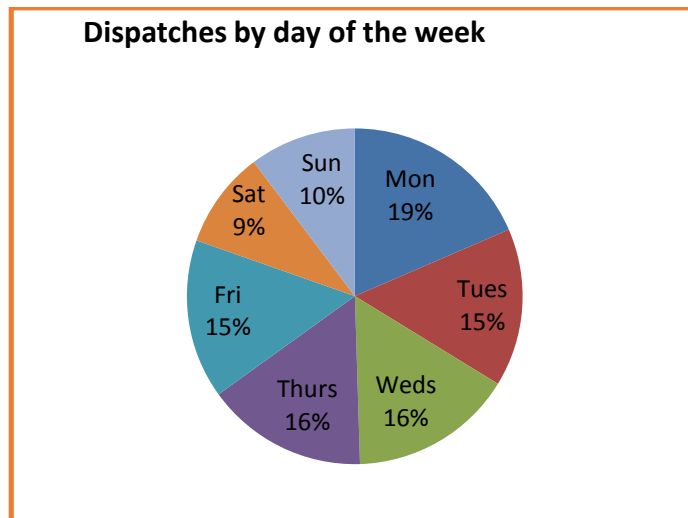


Across all providers, MCO experienced a 26% growth in total dispatches relative to FY17, and a 156% increase relative to FY16.



64% of all dispatches for FY18 took place in either at home (46%) or a public place (18%) followed next by a hospital (23%) and then a school (9%).

The average client was 29 years old and there were roughly 2 people on site for each response. The average dispatch lasted 3 hours and 20 min. The average time of day for a dispatch was 2:18 PM. The busiest day of the week during FY18 was Monday with 19% of all dispatches. Saturday and Sunday showed the least amount of dispatches.



Local Access: The region continues to maintain an office full time in all nine counties. While individuals may request and receive funding for services without ever coming to an office, many prefer to walk in and discuss their needs with local staff.

The Regional Governing Board Actively implements Olmstead principles for community integration. The Board serves in the best interest of the individuals across the region. ECR contracts with 108 service providers. This does not include non-service providers. The Board supports Olmstead by steadfastly meeting challenges in a prompt and systematic manner. This Board does not intimidate easily.

Community living:

Rent Subsidy: ECR funds rent subsidy for eligible individuals from any Supported Community Living program in the region.

TOTAL NUMBER CLIENTS FUNDED: 138

1 month only: 44

6 months or more: 40

Placed for work: 31

Unable to work: 21

*others were getting or were awarded Social Security Benefits

Partners

ECR added services to meet client needs but at a financial cost of over \$1,000,000.00 to the region as well as a social cost due to gaining the displeasure of some other regions for paying for services that should be completely covered by Medicaid. Specifically, ACT teams and People with ID and complex needs required the region to step up. Hillcrest took a significant financial loss in starting the first Subacute services in the state when the state failed to provide a billing number and the MCOs did not immediately begin to pay. ECR and Hillcrest did this because the services are gravely needed. Families and individual citizens are at times desperate for appropriate services. We hope in the coming year that the state will step up and fund the services needed at the rate that will support the providers and that will fulfill the needs of lowans across the state. The region will support providers and families going forward to take whatever legal means they have to remedy the situation.

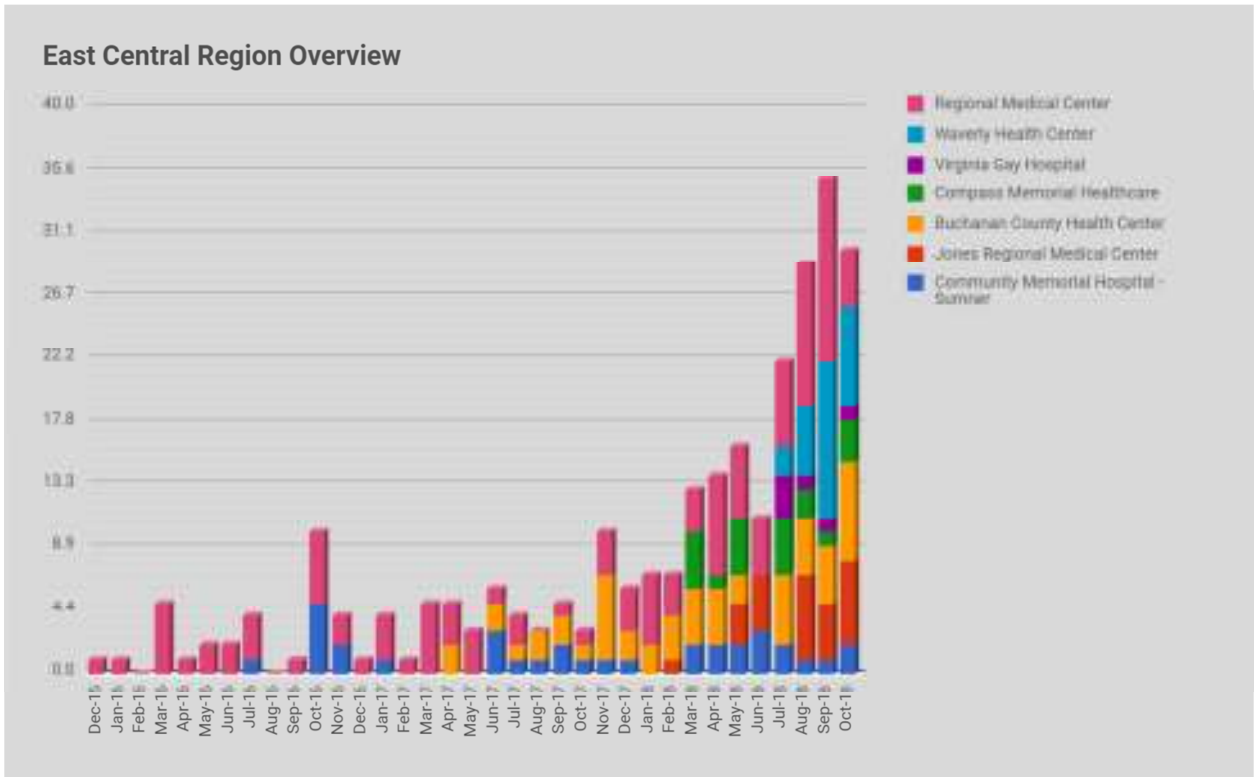
ACT: ECR supplements the Medicaid rate for 3 ACT teams in the region. ECR has 7 of 9 counties covered by ACT teams. This is by far the broadest coverage in the state. As the teams grow in FY 19 we will cover 9 of 9 counties.

Complex cases for people with ID: The ECR was alerted that citizens with complex needs were receiving notices that they would be losing their homes. The East Central Region governing board stepped up to supplement Medicaid for 9 individuals across 3 providers who serve people at the highest tier of funding to keep these individuals in the community. *A composite description of the individuals shows high aggression, a combination of intellectual disabilities and autism, difficulty with language and above average height and weight.*

“The money will go to paying for the one on one attention they need. Officials from the East Central Region say that’s better for them instead of going to a state mental health institution, which is where they likely would have had to go. They’re working with [the agencies] to see if they can keep them there permanently”. Cedar Rapids Gazette, March 5, 2018

Telehealth

The Regional Governing Board funds telehealth in 7 hospitals across the region. As the figure below shows, more hospitals are joining in the use of telehealth and the individuals benefitting continues to rise. By using telehealth in hospitals individuals are diverted from already full Emergency Rooms at psychiatric hospitals.



Total Cases In 30 days

Total Cases	31	Percentage
Inpatient-MH	14	45.16%
Inpatient-SA	0	0.00%
Discharged - Outpatient Follow-Up	11	35.48%
Discharged- Return to Facility	1	3.23%
Discharged-Other	4	12.90%
Discharge-SA Outpatient	0	0.00%
Discharge – Long-Term Placement	0	0.00%
AMA	0	0.00%

Median Placement 8.25 Hours

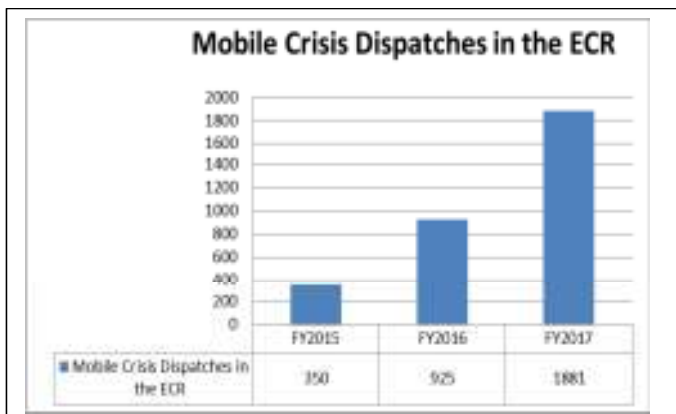
Within one 30 day period, 14 individuals were sent to inpatient units and 16 were diverted. Interestingly, only 2 of the 14 were able to enter a psychiatric bed in any of the 6 available psychiatric units within the region because the ERs or the psych units were full. It does beg the question that if the larger hospitals used telehealth and were able to divert, is it possible there would have been an adequate number of beds to accept the people from our own region.

ECR also funds telehealth in 5 jails that requested it. This allows the individuals to see a psychiatrist on site rather than requiring jailers to transport individuals to offices outside the jail. This allows for more efficiency and quicker response time by the psychiatrist. The region funds psychiatric services face to face in counties that preferred it.

Jail Location	17-Nov	17-Dec	17-Jan	17-Feb	17-Mar	17-Apr	17-May	18-Jun	8 month total
Benton	4	5	7	5	6	5	10	7	49
Buchanan	1	0	1	0	2	0	1	0	5
Jones				0	2	3	6	14	25
Bremer				0	0	0	0	0	0
Delaware	1	1	1	3	1	3	1	2	13

Mobile Crisis

Since the inception of regionalized Mobile Crisis Outreach (MCO) across the East Central Region in FY15, we’ve experienced a 437% increase in demand for dispatches over the past 3 fiscal years, averaging over a 100% increase from the previous year, each year since regionalization:



- FY 18 1881 dispatches across the region.
- 500 dispatches originated from a hospital referral (usually Emergency Department) or **26% of all dispatches**
- 246 dispatches originated from a Law Enforcement source or **13% of all regional dispatches**

supporting clients in the community. Peer services stepped up to fill gaps in SCL services across the region for people needing immediate services. Without this service individuals would be forced to remain in institutional settings when they are no longer needed this level of service.

Consumer Operated Service Providers (COSPs) are a SAMHSA-recognized Evidence Based Practice.

Consumer-operated services are fully independent, separate, and autonomous from other mental health agencies, with the authority and responsibility for all oversight and decision-making on governance, financial, personnel, policy, and program issues. COSPs have a unique and valuable role in a recovery-oriented system of care.

Consumer-operated programs often serve individuals who are underserved by traditional agencies or who have “dropped out” of the formal treatment system. Consumer support services are still growing and assuming new roles in the region.

Regional staff recognize that Consumer Provided Peer Support with Plugged In Iowa:

- Offers the fastest response to people needing immediate services due to discharging from the hospitals, jails or homeless shelters.
- Accepts people with MI that others may not serve.
- Will provide services immediately, including on weekends and holidays.
- Works willingly with other providers with no regard for turf issues.
- Is sometimes the only service that a person will accept.

Direct Service Staff Support

ECR is supporting direct service staff in an effort to assist staff to remain in the field and decrease turnover. Three areas staff reported as significant to leaving their jobs were 1) lack of knowledge 2) lack of ability to meet their own basic needs and 3) lack of middle management experience. The Opportunity Center provided the following:

Top Assistance Provided to Direct Care Staff:

1. Distributed, in additional grant funds, \$2,273.55 in financial supports for rent and electric bills to supplement direct care staff income.
2. Provided educational supports material to the entire MHDS mailing list, including “Ten Ways to Encourage Financial Stability,” “Benefit Guide,” and “Opportunity Center Services.”
3. Distributed marketing brochures to the entire MHDS mailing list with services/ resources they could access.
4. Provided \$805 to direct care staff with gift cards for food or fuel as an income replacement strategy.
5. Coordinated training opportunities for direct care staff with area subject matter experts and Kirkwood Community College.
6. Referred qualified job candidates to open direct care positions.

Additional work completed to support the work of the Opportunity Center:

- The Partnership Collaboration has applied for additional grants for direct staff financial supports and program funding. Additional \$117,134 funding secured through the Hall Perrine Foundation (\$99,860), Greater Cedar Rapids Community Foundation (\$15,000), and Witwer Trust (\$2,274).

The program had a late start due to delays in remodeling the building. The funding above is available as more staff learn about the support. We are looking forward to helping many more people in FY 2019.

Opportunity Center
MHDS Services
1/1/18 to 11/15/18

Number of People Served by Service Type	Direct Care Staff
Food Assistance	9
Gasoline Assistance	15
Trainings	90
Miscellaneous Services*	25
Number of Services Provided	139

*Misc. services include assistance with rent, electric, credit repair, VITA, LIHEAP, weatherization, resume building, credit repair, budgeting, and housing

Prevention

Suicide prevention, awareness, and intervention were the focus of fiscal year 2018 as we ended our three year contract with ACE Interface and the Trauma Informed Care consortium of trainers.

Adverse Childhood Experiences (ACES) 463 individuals were trained across 13 presentations at various settings including SCL providers, Substance Abuse providers, Peer Recovery Centers, Public Health, Juvenile and Adult Court Services, and schools, as well as numerous others at a statewide mental health conference.

Trauma Informed Care: There were 368 people trained in Trauma Informed Care across the ECR in FY 18. These trainings occurred in Delaware, Buchanan, and Linn Counties in a variety of provider settings including providers of Supported Community Living, Law Enforcement, Children Services, and Juvenile Court Services/Shelter Services.

Expansion of Training for Peer Support Services

Wellness Recovery Action Plan (WRAP): ECR invested in the training of Peer Support Specialists by bringing in national trainers and providing a weeklong Wellness Recovery Action Plan (WRAP) training through Doors To Wellbeing. There were 15 Peer Support Specialists trained in March 2018. The counties represented included Linn, Johnson, and Delaware. In addition, four of those trained PSS went to a nationwide conference in Nebraska in June 2018.

Suicide Prevention and Intervention

The East Central Region has noted a need for suicide prevention and intervention and has stepped up to offer more trainings in that arena.

Applied Suicide Intervention Skills Training (ASIST) is an intensive, in depth sixteen hour course. ASIST was held in Benton County in May 2018 (6 trained) and Dubuque County (15 trained). Delaware County hosted a training in June 2018 (26 trained).

Question Persuade Refer (QPR) is a less intense, three hour prevention strategy training designed for anyone to attend. At the June 2018 training in Linn County, 56 people from a cross section of agencies were trained. This training spurred a great desire across the region to offer this training, and its one hour counterpart, QPR Gatekeeper, across the nine counties. These trainings continue into the next fiscal year.

Employment

The region has engaged in multiple efforts to support integrated, competitive employment. In the last year, the region contracted with the Iowa Coalition for Integration & Employment to bring regional cross-stakeholders together to form the ECR Integrated Employment Network. Representation of stakeholders who have participated in ECR meetings include CRPs, IVRS, MCO employment specialists, regional staff, educators, AEA staff, case managers/care coordinators, Iowa Workforce Development, and parents/family members. The region hosted five large group Network meetings. The focus of Network efforts included identification of current services, challenges/needs, best practices, regional gaps, priority areas for focused efforts, capacity/training needs, business engagement, collaboration of partners, and transformation of services.

Out of this work, a WIOA Transition Workgroup was formed to concentrate efforts on WIOA implementation in the region and clarification of partner roles and responsibilities. The WIOA Workgroup met three times with planning meetings in-between. The Workgroup was invited to lead a state-wide full-day meeting following the Iowa Special Education Symposium on partner collaboration. More than 100 participants attended. In addition to regional investment, the region leveraged funds from the Iowa Developmental Disabilities Council and Iowa

Department of Education to support this work.

The region also worked in collaboration with local partners to support a community resource event targeted for individuals with disabilities and parents/family members around integrated employment, work incentives, and supportive resources/services. There were twenty four regional and state resource booths for individuals to access. Participants and partners reported the event to be very beneficial.

Transportation was identified as a primary challenge for community integration, so the region hosted a meeting with the Iowa Department of Transportation, regional transit authorities, regional transportation providers, and ECR Integrated Employment Network partners to discuss current transportation options, need areas, gaps in service, and ideas for addressing transportation demands. A follow-up survey was developed and distributed to gather feedback and recommendations for next steps.

Four providers in the region were selected to participate in Iowa's Employment First technical assistance and training project related to customized employment and discovery. Systems Unlimited, Goodwill of the Heartland, ARC of East Central Iowa, and To the Rescue received approximately 7 hours of individual TA and an additional 10 hours for collective work and wrap-up efforts. A total of 12 job candidates participated in discovery activities in this project.

The region has collected feedback and information from efforts implemented during the last year to shape future areas of focus related to community integration.

Summary

ECR had a very successful year. The providers in the ECR region have not been recognized above. We have outstanding providers who do a lot with very little recognition. Management staff, even Directors fill in as direct services workers when needed to ensure that every client gets the assistance they need. The work that it requires to make sure every shift is covered is tremendous. Providers take new people on when they know it will require more of them just because someone needs the service. Residential Work in particular is daunting because it requires a provider to cover 24/7 every day of the year.

Crisis providers also must be available 24/7 and walk into unknown situations all the time. They handle the calls with grace and understanding. Their de-escalation skills are amazing as there is no security on site, nor are there any kind of restraints and very little back-up if law enforcement is not involved.

The individual workers make up the talented agencies we have in place across the region. The regional employees appreciate the sacrifices made by the workers and agencies as they serve people.

The passion to serve people is the one thing that binds the funders, providers, county supervisors and individual staff in the ECR region.