

MENTAL HEALTH/DISABILITY SERVICES OF THE EAST CENTRAL REGION

FY21 ANNUAL SERVICE & BUDGET PLAN

SUBMITTED

4/20/20

GEOGRAPHIC AREA: Benton, Bremer, Buchanan, Delaware, Dubuque, Iowa, Johnson, Jones,
Linn

APPROVED BY GOVERNING BOARD: 4/17/20

REVIEWED WITH ADVISORY BOARD: 4/23/20

Table of Contents

Introduction	3
A. Local Access Points.....	3
B. Service Coordination and Targeted Case Management	4
C. Crisis Planning	4
D. Intensive Mental Health Services.....	5
E. Scope of Services & Budget and Financing Provisions	6
Table A. Expenditures	6
Table B. Revenues	10
Table E. County Levies	11
G. Financial Forecasting Measures	12
H. Provider Reimbursement Provisions	13
I. Appendices.....	14

Introduction

Mental Health/Disability Services of the East Central Region (ECR) was formed under Iowa Code Chapter 28E to create a Mental Health and Disability Service (MHDS) Region in compliance with Iowa Code 331.390. The annual service and budget plan is a component of the Management Plan which includes three parts: Annual Service and Budget Plan, Annual Report and Policies and Procedures Manual in compliance with Iowa Administrative Code 441.25.

This FY2021 Annual Service and Budget Plan covers the period of July 1, 2020 to June 30, 2021. The Annual Service and Budget Plan includes local access points, targeted case management providers, crisis services, intensive mental health services, a description of the intention for the scope of services to be provided including core services, budget and financial provisions, and provider reimbursement provisions.

This Annual Service and Budget Plan was approved by the East Central Region's governing board on April 17, 2020 and is subject to approval by the Director of Human Services. The ECR Management Plan is available in each local ECR office and on the ECR website (ecriowa.org).

ECR has an active governing board and highly-engaged advisory board. Both boards meet monthly with the advisory board meeting directly preceding the governing board. This format allows for input from the advisory board to be immediately shared with the governing board and for greater accessibility to the governing board meetings. All nine counties are sufficiently represented on both boards. A full list of governing board and advisory board members is available in Appendix B. During FY2 1, ECR will be convening a Children's Behavioral Health Services Advisory Committee and will work collaboratively with this committee to ensure that children's behavioral health issues are addressed, as well.

A. Local Access Points

An access point is a component of the ECR service system trained to complete MHDS regional applications for persons with a disability. ECR has designated the following access points for mental health and disability and children's behavioral health services. Access points include each of the nine county offices, and individual providers who have been trained to assist individuals with application submission.

County	Office	Address	Phone
Benton County	811 D Ave Suite 33 Vinton IA 52349		319-472-4743
Bremer County	203 1 st Ave NE Waverly IA 50677		319-352-2993
Buchanan County	210 5 th Ave NE Independence IA 50644		319-334-7450
Delaware County	601 Grant St Manchester IA 52057		563-927-5116
Dubuque County	720 Central Avenue AND 210 Jones Street, Suite 203 Dubuque IA 52001		563-589-7870 563-239-0013
Iowa County	495 4 th Ave POB 7 Conroy IA 52220		319-662-4245
Johnson County	855 S Dubuque St Suite 202 B Iowa City IA 52240		319-339-6169
Jones County	105 Broadway Plc Suite 2 POB 427 Anamosa IA 52205		319-462-4457
Linn County	1240 26 th Ave Court SW Cedar Rapids IA 52404		319-892-5671

B. Service Coordination and Targeted Case Management

ECR offers a choice and access to cost-effective, evidenced-based, conflict-free Targeted Case Management as described in IAC 441-25.21(1)g.

Designated Case Management agencies serving the ECR must be accredited by the Department of Human Services and meet the qualifications as defined in IAC 441.

Targeted Case Management and Service Coordination Services shall meet the following expectations:

- Performance and outcome measures relating to the safety, work performance and community residency of the individuals receiving the service
- Standards including but not limited to social history, assessment, service planning, incident reporting, crisis planning, coordination, and monitoring for individuals receiving the services
- Methodologies for complying with the requirements of sub rule 441-25.21(1)g, which may include the use of electronic recording keeping and remote or internet based training
- On-going collaboration with regional staff to ensure continuity of care, progress towards expected outcomes, and service identification.

Service Coordination Provider	Adult/Child/Both	Location	Contact Information
Johnson County Case Management	Both	855 South Dubuque Street, Iowa City, Iowa 52240	319-339-6169
Iowa Department of Human Services	Both	799 Main Street Dubuque, Iowa 52004	563-557-8251
Abbe IHH	Adult	520 11 th Street NW Cedar Rapids, Iowa 52405	319-261-0576
Hillcrest IHH	Adult	2005 Asbury Road Dubuque, Iowa 52001	563-557-4422
Four Oaks	Both	5400 Kirkwood Blvd SW Cedar Rapids, Iowa 52404	319-784-2250
Child Health Specialty Clinics	Child	799 Main Street, Suite 230 Dubuque, Iowa 52001	563-583-5545
Pathways Behavioral Services IHH	Both	111 10 th St SW Waverly, Iowa 50677	319-352-1353

C. Crisis Planning

The following accredited crisis services are available to residents of the region for crisis prevention, response and resolution.

24 Hour Crisis Response

Provider	Location	Contact Information
Foundation 2	1714 Johnson Ave NW Cedar Rapids, Iowa 52405	855-581-8111

24 Hour Crisis Hotline

Provider	Location	Contact Information
Your Life Iowa	Online: https://yourlifeiowa.org/	855-581-8111
CommUnity Crisis Center	Via text and chat	Text - "start" to 741-741 Chat - www.iowacrisischat.org

Crisis Evaluation

Provider	Adult/Child/Both	Location	Contact Information
Abbe Mental Health	Both	520 11 th Street NW	319-398-3562

		Cedar Rapids, Iowa 52405	
Hillcrest Family Services	Both	2005 Asbury Road Dubuque, Iowa 52001	563-583-7357

Mobile Response

Provider	Location	Contact Information
Foundation 2	1714 Johnson Ave NW Cedar Rapids, Iowa 52405	855-581-8111
CommUnity Crisis Center	1121 Gilbert Court Iowa City, Iowa 52240	855-325-4296
Hillcrest Family Services	2005 Asbury Road Dubuque, Iowa 52001	563-583-7357

Crisis Stabilization Community-Based Services

Provider	Adult/Child	Location	Contact Information
None available at this time			

Crisis Stabilization Residential Services

Provider	Adult/Child	Location	Contact Information
Hillcrest Family Services	Adult	2005 Asbury Road Dubuque, Iowa 52001	563-583-7357
Penn Center	Adult	2237 245th St Delhi Iowa 52223	319-294-5236
Full Circle Services	Adult	2349 Jamestown Ave Ste 1 Independence Iowa 50644	319-334-4341

23-Hour Observation

Provider	Location	Contact Information
Hillcrest Family Services	2005 Asbury Road Dubuque, Iowa 52001	563-583-7357

The ECR also supports the following methods to assist with crisis prevention:

- Crisis Intervention Training
- Mental Health First Aid training for stakeholders
- Question, Persuade, Refer (QPR) & Applied Suicide Intervention Skills Training (ASIST) for stakeholders
- Ensure all individuals funded have a crisis plan developed with their service providers that identifies triggers, steps to take when experiencing increased symptoms, natural supports, etc.
- Increase community capacity
- Prevention services such as psychotropic medication, Community Support Program, and Intensive Psychiatric Rehabilitation when an individual does not have insurance
- Service coordinators that are immediately available
- Peer and Family support services
- Assistance from local NAMIs
- Current basic crisis response and resolution provisions, including 24 hour access to crisis response and evaluation, is provided to all counties within the ECR through crisis lines, a warm line, and chat/text services.

Additional crisis services have been and will continue to be developed based upon the needs identified by stakeholders and utilization reports designed to identify gaps in services and barriers experienced by individuals in need of services.

D. Intensive Mental Health Services

The Region intends to designate the following provider(s) as **Access Centers** that meet the requirements according to IAC 441—25.6(1) in a coordinated manner in one or more locations:

Provider	Location	Contact Information
Guidelink Access Center	Iowa City	Phone number to be available upon service initiation
Mental Health Access Center	Cedar Rapids	Phone number to be available upon service initiation

The region has designated the following **Assertive Community Treatment (ACT)** teams which have been designated and meet the requirements in IAC 441—25.6(2).

Provider	Location	Contact Information
University of Iowa IMPACT	200 Hawkins Drive Iowa City, Iowa 52240	319-353-6151
Abbe Center for Community Mental Health	520 11 th Street NW Cedar Rapids, Iowa 52405	319-398-3562
Hillcrest Family Services	2005 Asbury Road Dubuque, Iowa 52001	563-583-7357
Resources for Human Development (RHD)	1146 Blairs Ferry Road NE, Suite 2 Cedar Rapids, Iowa 52402	319-826-2823

The region has designated the following **Subacute** service providers which meet the criteria and are licensed by the Department of Inspections and Appeals.

Provider	Location	Contact Information
Penn Center	Cedar Rapids	319-294-5236

The region has designated the following **Intensive Residential Service** providers which have been designated and meet the requirements in IAC 441—25.6(8):

Provider	Location	Contact Information
No providers identified at this time		

E. Scope of Services & Budget and Financing Provisions

The table below identifies the scope of services offered by ECR. All core services are available. If there is no funding identified in a core service column, it is because there has not been a historical need for the service. If an individual needs funding for a core service and meets eligibility requirements found in section F of the ECR’s Policy and Procedure manual, funding will be made available. Core services for children’s behavioral health included in FY21 are identified by (**) after the service name. Eligibility guidelines for children’s behavioral health services are also located in section F of ECR’s policy and procedure manual. The Policy and procedure manual can be found online July 1, 2020 at: www.ecriowa.org

The region will utilize braided funding that includes county, regional, state and other sources as necessary and available to meet the service needs within the region. A Service Matrix delineating each service is available in Appendix A.

Table A. Expenditures

FY 2021 Budget	MH/DS 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 **	\$355,000					\$355,000
42306	Medication prescribing & management **	\$25,000					\$25,000
43301	Assessment, evaluation, and early identification **	\$175,000					\$175,000
71319	Mental health inpatient therapy-MHI	\$850,000					\$850,000
73319	Mental health inpatient therapy	\$55,000					\$55,000
	Crisis Services						
32322	Personal emergency response system	\$5,000		\$5,500			\$10,500
44301	Crisis evaluation						\$-
44302	23 hour crisis observation & holding	\$35,000					\$35,000
44305	24 hour access to crisis response						\$-
44307	Mobile response **	\$1,895,918					\$1,895,918
44312	Crisis Stabilization community-based services	\$27,816					\$27,816
44313	Crisis Stabilization residential services	\$75,000	\$5,000				\$80,000
44396	Access Centers: start-up / sustainability	\$1,489,515					\$1,489,515
	Support for Community Living						
32320	Home health aide						\$-
32325	Respite		\$3,000	\$15,000			\$18,000
32328	Home & vehicle modifications						\$-
32329	Supported community living	\$1,000,000	\$400,000	\$225,000			\$1,625,000
42329	Intensive residential services	\$100,000					\$100,000
	Support for Employment						
50362	Prevocational services	\$5,000	\$4,000	\$12,000			\$21,000
50364	Job development	\$20,000					\$20,000
50367	Day habilitation	\$90,000	\$75,000	\$225,000			\$390,000
50368	Supported employment	\$25,000	\$25,000	\$125,000			\$175,000
50369	Group Supported employment-enclave	\$4,000		\$10,000			\$14,000
	Recovery Services						
45323	Family support	\$8,000					\$8,000
45366	Peer support	\$90,000	\$10,000				\$100,000
	Service Coordination						
21375	Case management						\$-
24376	Health homes						\$-
	Sub-Acute Services						

63309	Subacute services-1-5 beds						\$-
64309	Subacute services-6 and over beds	\$50,000					\$50,000
	Core Evidenced Based Treatment						
04422	Education & Training Services - provider competency	\$180,000					\$180,000
32396	Supported housing	\$25,000					\$25,000
42398	Assertive community treatment (ACT)	\$1,000,000					\$1,000,000
45373	Family psychoeducation						\$-
	Core Domains Total	\$7,585,249	\$522,000	\$617,500	\$-		\$8,724,749
Mandated Services							
46319	Oakdale	\$300,000					\$300,000
72319	State resource centers						\$-
74XXX	Commitment related (except 301)	\$425,500					\$425,500
75XXX	Mental health advocate	\$284,816					\$284,816
	Mandated Services Total	\$1,010,316	\$-	\$-	\$-		\$1,010,316
Additional Core Domains							
	Justice system-involved services						
25xxx	Coordination services	\$722,983					\$722,983
44346	24 hour crisis line*	\$210,000					\$210,000
44366	Warm line*	\$32,000					\$32,000
46305	Mental health services in jails	\$250,000					\$250,000
46399	Justice system-involved services-other						\$-
46422	Crisis prevention training	\$67,599					\$67,599
46425	Mental health court related costs						\$-
74301	Civil commitment prescreening evaluation	\$5,000					\$5,000
	Additional Core Evidenced based treatment						
42366	Peer self-help drop-in centers	\$253,000		\$1,000			\$254,000
42397	Psychiatric rehabilitation (IPR)	\$10,000					\$10,000
	Additional Core Domains Total	\$1,550,582	\$-	\$1,000	\$-		\$1,551,582
Other Informational Services							
03371	Information & referral	\$5,000					\$5,000
04372	Planning, consultation &/or early intervention (client related) **		\$200,000				\$200,000
04377	Provider Incentive Payment						\$-
04399	Consultation Other						\$-
04429	Planning and Management Consultants (non-client related)	\$20,000					\$20,000
05373	Public education, prevention and education **	\$261,896					\$261,896
	Other Informational Services Total	\$286,896	\$200,000	\$-	\$-		\$486,896
Community Living Supports							
06399	Academic services						\$-
22XXX	Services management	\$772,864	\$73,074	\$94,766			\$940,704

23376	Crisis care coordination						\$-
23399	Crisis care coordination other						\$-
24399	Health home other						\$-
31XXX	Transportation	\$120,000	\$30,000	\$27,000			\$177,000
32321	Chore services						\$-
32326	Guardian/conservator	\$4,000	\$9,000	\$3,000			\$16,000
32327	Representative payee						\$-
32335	CDAC						\$-
32399	Other support		\$500	\$5,000			\$5,500
33330	Mobile meals						\$-
33340	Rent payments (time limited)	\$15,000		\$5,000			\$20,000
33345	Ongoing rent subsidy	\$375,000	\$1,000	\$1,000			\$377,000
33399	Other basic needs	\$40,000	\$1,000	\$1,000			\$42,000
41305	Physiological outpatient treatment	\$2,000					\$2,000
41306	Prescription meds	\$95,000					\$95,000
41307	In-home nursing						\$-
41308	Health supplies						\$-
41399	Other physiological treatment						\$-
42309	Partial hospitalization						\$-
42310	Transitional living program						\$-
42363	Day treatment						\$-
42396	Community support programs	\$12,000					\$12,000
42399	Other psychotherapeutic treatment	\$5,000	\$6,000	\$5,000			\$16,000
43399	Other non-crisis evaluation						\$-
44304	Emergency care	\$15,000					\$15,000
44399	Other crisis services						\$-
45399	Other family & peer support						\$-
46306	Psychiatric medications in jail	\$55,000					\$55,000
50361	Vocational skills training						\$-
50365	Supported education						\$-
50399	Other vocational & day services						\$-
63XXX	RCF 1-5 beds (63314, 63315 & 63316)	\$5,000					\$5,000
63XXX	ICF 1-5 beds (63317 & 63318)						\$-
63329	SCL 1-5 beds						\$-
63399	Other 1-5 beds						\$-
	Community Living Supports	\$1,515,864	\$120,574	\$141,766	\$-		\$1,778,204
Other Congregate Services							
50360	Work services (work activity/sheltered work)						\$-
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	\$4,850,000	\$10,000	\$20,000			\$4,880,000
64XXX	ICF 6 and over beds (64317 & 64318)	\$250,000					\$250,000
64329	SCL 6 and over beds						\$-

64399	Other 6 and over beds						\$-
Other Congregate Services Total		\$5,100,000	\$10,000	\$20,000	\$-		\$5,130,000
Administration							
11XXX	Direct Administration					2,571,763	\$-
12XXX	Purchased Administration						\$-
Administration Total						\$2,571,763	\$-
Regional Totals		\$17,048,907	\$852,574	\$780,266	\$-	\$2,571,763	\$21,253,510
(45XX-XXX)County Provided Case Management							
(46XX-XXX)County Provided Services							
Regional Grand Total							\$21,253,510

*24 hour crisis line and warm line are transitioning from additional core to state wide core services with state funding.

**A portion of budgeted dollars include core services for children with a serious emotional disturbance (SED) for FY21

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	\$21,078,164
14951	MHDS fiscal agent reimbursement to MHDS regional member county	\$3,384,783

Table B. Revenues

FY 2021 Budget	MH/DS of the East Central Region		
Revenues			
	Projected Fund Balance as of 6/30/20		\$17,992,565
	Local/Regional Funds		\$18,306,289
10XX	Property Tax Levied	17,621,978	
12XX	Other County Taxes	33,525	
16XX	Utility Tax Replacement Excise Taxes	451,561	
25XX	Other Governmental Revenues	-	
4XXX-5XXX	Charges for Services	4,225	
5310	Client Fees	120,000	
60XX	Interest	75,000	
6XXX	Use of Money & Property	-	
8XXX	Miscellaneous	-	
9040	Other Budgetary Funds (Polk Only)	-	
		-	
	State Funds		\$1,237,988.00
21XX	State Tax Credits	813,166	

22XX	Other State Replacement Credits	424,822	
2250	MHDS Equalization	-	
24XX	State/Federal pass thru Revenue	-	
2644	MHDS Allowed Growth / State Gen. Funds	-	
29XX	Payment in Lieu of taxes	-	
		-	
	Federal Funds		\$-
2344	Social services block grant	-	
2345	Medicaid	-	
	Other	-	
	Total Revenues		\$19,544,277

Total Funds Available for FY21	\$37,536,842
FY21 Projected Regional Expenditures	\$21,253,510
Projected Accrual Fund Balance as of 6/30/21	\$16,283,332

Table E. County Levies

County	2018 Est. Pop.	Regional Per Capita	FY21 Max Levy	FY21 Actual Levy	Actual Levy Per Capita
Benton	25,642	36.51	936,189	\$871,828	34.00
Bremer	24,947	36.51	910,815	\$910,815	36.51
Buchanan	21,199	36.51	773,975	\$350,000	16.51
Delaware	17,069	36.51	623,189	\$425,488	24.93
Dubuque	96,854	36.51	3,536,140	\$2,864,886	29.58
Iowa	16,141	36.51	589,308	\$352,633	21.85
Johnson	151,260	36.51	5,522,503	\$4,900,305	32.40
Jones	20,744	36.51	757,363	\$700,000	33.74
Linn	225,909	36.51	8,247,938	\$7,531,731	33.34
			0		
			0		
Total MHDS of the East Central Region	599,765		21,897,420	18,907,686	31.53

G. Financial and Service Forecasting Measures

The following is a description of the financial forecasting measures used by ECR in the identification of service need and funding necessary for services.

Historical service utilization is the starting point for all financial projections and was utilized when developing the current budget. As the expenditures shift to fund the identified core and additional cores services for children and adults and as new services are developed, ECR will amend the current budget to reflect any necessary changes. The fiscal agent will

provide monthly expenditure reports that will identify service costs and projected availability of funds throughout the fiscal year.

The ECR regularly meets with stakeholder groups to identify unmet needs and areas for service development. The Regional Advisory Committees represents the views of their peers and makes recommendations to the Regional Governing Board regarding administration of the regional disability services system including needed services, strategic planning, and budgeting.

Because the addition of children's services is new for FY21, the Region engaged in additional planning and outreach to solicit input from stakeholders. The first step was service mapping children's behavioral health services throughout the region to identify service gaps. Subsequently, a broad survey was sent to all identified service providers, school districts, law enforcement officials, public health officials and county staff in early February. School districts were also asked to forward the information in newsletters and other communications to parents. Nearly 500 people across the region responded to the survey. Based on survey responses, the Region then developed more specific, additional questions and visited children's advocacy groups in person in each county throughout the region. This valuable stakeholder input was used to develop priorities found in this plan for children's behavioral health services. Priorities include:

- Efforts to build awareness that children's behavioral health needs are developmentally distinct from adult brain health issues and should be supported as such.
- The provision of mandated core services for FY21 which include assessment for eligibility, psychotherapeutic treatment, medication prescribing and management, prevention and education.
- Efforts to increase timely access to mental health counselors.
- A commitment to increase collaboration between hospitals, pediatric healthcare providers, mental health professionals, school staff, public health, advocacy groups, law enforcement and day care providers.
- Expansion of mobile crisis outreach for children, with emphasis on school response.
- A commitment to advocating for and collaborating with statewide efforts for a universal screening tool.
- Create educational opportunities to increase awareness regarding trauma, brain health, and services available.

The Region's ongoing budget analysis system and risk management plan includes, but is not limited, to the following:

- Total service utilization and costs by all service types and providers
- Total units delivered and billed by each provider and service component
- Penetration rate of each service within the region
- Gaps in services within the region and the projected cost to meet the identified service needs
- Analysis of total regional funds expended to date and amount remaining in the fiscal period to pay for services
- Identification of seasonal variations in service utilization and cost patterns
- Provision of timely reports to the Governing Board, the CEO, and Advisory Committee
 - Monthly reports include: Claims listing, Regional County Ledger, Cash and Outstanding Report, Expenditure Detail Report, Expenditure Status Report and Revenue Detail Report
 - Biannual Reports include: Expenditure Detail Report, Expenditure Status Report
- Evaluation of the feasibility for funding additional core services
- Consideration of mandated services for children and adults
- Regional financial projected county payment plan for each fiscal year with fund balance updates as needed

H. Provider Reimbursement Provisions

The following is a description of the types of funding used by ECR.

It is the intent of the ECR to be a comprehensive system of care, assisting individuals regardless of their insurance status. Services will be developed based upon identified needs of individuals living within the ECR. The ECR will provide funding approaches that identify and incorporate all services and sources of funding used by individuals receiving services, including insurance, medical assistance program, and self-payment. The ECR shall be responsible for funding only those services and supports that are authorized, in accordance with the process described in the ECR Management Plan, within the constraints of budgeted dollars. The ECR shall be the funder of last resort and regional funds shall not replace other funding that is available. ECR staff will assist individuals with applying for all available funding sources and will encourage providers to develop services that are funded by Medicaid (Title 19), including Home and Community Based Services (HCBS). There are a number of additional resources available within the ECR for possible funding including the Iowa Department of Public Health, the University of Iowa Hospitals and Clinics, United Way funds, various grants and other sources of reimbursement. Case Managers, Regional Social Workers, and Coordinators will ensure that all services and funding sources are identified and incorporated into the individual's plan.

Based on contracting criteria, the ECR will contract with MHDS providers whose base of operation is in the Region to meet the service needs of the population. The Region may also honor contracts that other Regions have negotiated with their local providers and may choose to contract with providers outside of the Region. A contract may not be required with providers that provide one-time or as-needed services. The Region may utilize vouchers and other non-traditional means to fund services. The ECR will make efforts to recruit and approve non-traditional providers as part of the service provider network and will utilize the criteria and process for selecting and approving providers not currently subject to license, certification, or other state approval standards designated in the ECR Management Plan. A non-traditional provider may be an individual, organization and/or business who delivers services in a person's home and/or other community setting. Non-traditional providers typically are individuals, organizations, or businesses which do not provide MHDS services as a part of their normal business. These services are not to provide treatment but are supportive and may be rehabilitative in focus, and are initiated when there is a reasonable likelihood that such services will benefit the person's functioning, assist them in maintaining community tenure, and act as an alternative way to achieve the person's stated goals or outcomes.

At this time, the ECR utilizes fee for service funding as well as limited block grants for specific activities where billing based on individuals is impractical (example: emergency services, drop-in center). Names and identifying information may be required for block-granted programs. The ECR will move toward outcomes-based funding and will examine ways to develop financial incentives for obtaining high performance individual outcomes and cost effectiveness. All payments will be based on a pre-authorized request for service authorization with the exception of court ordered payments, such as civil commitment costs and crisis services.

The ECR will require, through contracting, that all providers participate in the quality improvement partnership for system development in the region to become welcoming, person/family centered, trauma informed, and multi-occurring capable. The Region will provide opportunities for training, mentoring and support, so that every provider who desires to increase their capabilities will succeed. It is a regional priority that excellent services take place daily in the counties throughout the Region, and providers have demonstrated a commitment to opportunities that enhance the skills of their workforce. Consequently, the Region is confident that a full array of services will be continue to be developed and offered to support the mental wellness and disability needs across the lifespan in the nine-county area.

Appendix A – Service Matrix

Core Services		
Core Service Domain: Specific Service	Description	Limits/Specifications/Access Standards Need for services will be based on an assessment which identifies level of need
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 and one evaluation per calendar year. Initial therapy evaluation for new patients will be covered without an approved application if application is submitted at time of appointment and patient appears to meet financial eligibility. Therapy will not be funded while individuals are in jail.
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.
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. Assessment for children to determine eligibility based on the child meeting the criteria for serious emotional disturbance.
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.	Inpatient services are available within the region and within reasonably close proximity to the region. Commitments: ECR will pay up to hearing date if fully completed application is submitted and patient qualifies financially based on self-report. 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. The Region will provide funding for a maximum of five days only. Fully completed application must be submitted and patient must qualify financially based on self-report.
Crisis Services: 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.	
Crisis Services: Crisis 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.	Service will be provided within 24 hours and will be allowed in jail and emergency departments without application or eligibility determination. Demographic information must be provided.

Crisis Services: 23-Hour Crisis Observation and Holding	Crisis evaluation and stabilization provided by nurses and supervised by a psychiatrist for less than 24 hours.	Services accessed within 120 minutes of referral. The service is located within 120 miles from the residence of the individual.
Core Service Domain: Specific Service	Description	Limits/Specifications/Access Standards Need for services will be based on an assessment which identifies level of need
Crisis Services: 24-hour Access to Crisis Response	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.	An individual shall have immediate access to crisis response services by means of telephone, electronic, or face-to-face communication. Your Life Iowa 1-800-581-8111
Crisis Services: Mobile Response	The purpose of mobile response is to provide short-term individualized crisis stabilization, following a crisis screening or assessment that is designed to restore the individual to a prior functional level.	Service will be covered without application or eligibility determination. Demographic information must be provided. An individual in need of mobile response services shall have face-to-face contact with mobile crisis staff within 60 minutes of dispatch with limited follow up from the crisis response provider. Mobile response providers will be encouraged to expand services to schools for response to students' immediate crisis needs.
Crisis Services: Crisis Stabilization community-based services	Crisis evaluation and treatment services provided by a team of professionals deployed into the community. Service provides short-term individualized crisis stabilization, following a crisis screening or assessment that is designed to restore the individual to a prior functional level. FROM 441-24.20 (225C) "CSCBS" are short-term services designed to de-escalate a crisis situation and stabilize an individual following a mental health crisis and provided where the individual lives, works or recreates.	An individual who has been determined to need CSCBS shall receive face-to-face contact from the CSCBS provider within 120 minutes from the time of referral.
Crisis Services: Crisis Stabilization Residential	Crisis evaluation and stabilization provided in a temporary residential setting. "CSRS" means a short-term alternative living arrangement designed to de-escalate a crisis situation and stabilize an individual following a mental health crisis and is provided in organization-arranged settings of no more than 16 beds.	ECR will fund up to 72 hours of crisis stabilization residential bed services for any individual regardless of income limit or verification, except for those who are Medicaid eligible or do not have residency in ECR. By the end of the 72 nd hour, providers must have clients self-report their income and resources via regional application in order to be eligible for continued regional funding, which could include an additional 48 hours (5 days total). If a person is determined eligible for regional funding based on self-reported income and resources, he or she must be regionally authorized for an additional 48 hours. If the person is above regional guidelines for eligibility (over 150% FPL or over \$2,000 in resources), it will be a decision between the provider and the person on whether the person will stay additional time. ECR will not fund any time over 72 hours if the person does not meet financial eligibility guidelines. If the decision between the person and the provider is for the person to remain in the crisis stabilization residential bed for additional hours or days, the person will be responsible for payment to the provider. It will be the provider's responsibility to bill and collect payment for additional time over 72 hours from the person individually. Services accessed within 120 minutes of referral. The service shall be located within 120 miles from the residence of the individual.
Crisis Services: Access Centers	A service delivery model that provides coordinated intake assessment, screening for multi-occurring conditions, care coordination, crisis stabilization residential services, subacute mental health services, and substance abuse treatment for individuals experiencing a mental health or substance abuse crisis who do not need inpatient psychiatric hospital treatment, but who do need significant amounts of supports and services not available in other home-and community based settings	Access centers are located within 120 miles of the residence of the individual or be available within 120 minutes from the time of the determination that the individual needs access center services.

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.
Core Service Domain: Specific Service	Description	Limits/Specifications/Access Standards Need for services will be based on an 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.
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. Consultation shall occur within four weeks of the individual's request of support for community living.
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 or ID Waiver tiers. The first appointment shall occur within four weeks of the individual's request of support for community living.
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: Intensive Residential Services	Serving individuals with a severe and persistent mental illness who have functional impairments and may also have multi-occurring conditions.	A minimum of 120 intensive residential service beds shall be strategically located throughout the state. An individual receiving intensive residential services shall have the service available within two hours of the individual's residence and shall be admitted to intensive residential services within four weeks from referral.
Support for Employment: Prevocational Services	Services that focus on developing generalized skills that prepare an individual for employment. Prevocational training topics include but are not limited to attendance, safety skills, following directions, and staying on task.	Not eligible for prevocational services if individual has Waiver or Habilitation services, if the service is available under that Waiver.
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. The initial referral shall take place within 60 days of the individual's request of support for employment.
Support for Employment: Day Habilitation	Services that assist or support the individual in developing or maintaining life skills 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.	The initial referral shall take place within 60 days of the individual's request of support for employment. An individual must access available Waiver and Habilitation services prior to ECR request.
Support for Employment: Supported Employment	An approach to helping individuals participate as much as possible in competitive work in integrated work settings that are consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals.	Tiers 4 and above for first three months only. Tiers 1-3 allowed for follow-along. Services are targeted for individuals with significant disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment has been interrupted or intermittent as a result of

		a significant disability including either individual or group supported employment, or both, consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.
Core Service Domain: Specific Service	Description	Limits/Specifications/Access Standards Need for services will be based on an assessment which identifies level of need
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.	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.
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.
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: 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.
Sub-Acute Services: 1-5 beds & 6 and over beds	Intensive, community-based services provided 24 hours a day, 7 days a week, 365 days a year to individuals with a severe and persistent mental illness who have functional impairments and may also have multi-occurring conditions. A comprehensive set of wraparound services for persons who have had or are at imminent risk of having acute or crisis mental health symptoms that do not permit the persons to remain in or threatens removal of the persons from their home and community, but who have been determined by a mental health professional and a licensed health care professional, subject to the professional's scope of practice, not to need inpatient acute hospital services and includes both subacute facility-based and subacute community-based services	Subacute mental health services in a facility-based setting shall be provided as described in Iowa Code chapter 135G and 481—Chapter 71. The service shall be accessed within 24 hours of referral. The service shall be located within 120 miles of the residence of the individual. Services are time limited to not more than ten days or another time period determined in accordance with rules adopted for this purpose. Services may be provided in a wide array of settings ranging from the person's home to a facility providing subacute mental health services.
Evidence Based Treatment: Education and Training Provider Competency	Multi-Occurring: A diagnosis of a severe and persistent mental illness occurring along with one or more of the following: a physical health condition, a substance use disorder, an intellectual or developmental disability, or a brain injury. Trauma-Informed Care: An organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma.	Training for serving individuals with multi-occurring conditions provided by the region shall be training identified by the Substance Abuse and Mental Health Services Administration, the Dartmouth Psychiatric Research Center or other generally recognized professional organization specified in the regional service system management plan. Trauma-informed care training provided by the region shall be recognized by the National Center for Trauma-Informed Care or other generally recognized professional organization specified in the regional service system management plan.
Evidence Based Treatment: Supported Housing	An intervention that combines affordable housing assistance with voluntary support services to address the needs of chronically homeless people	
Evidence Based Treatment: Assertive Community Treatment	A program of comprehensive outpatient services consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration, provided in the community and directed toward the amelioration of symptoms and the rehabilitation of behavioral, functional, and social deficits of individuals with severe and persistent mental illness and individuals with complex symptomology who require multiple mental health and supportive services to live in the community.	The team must ensure that services for the psychiatric needs of the individual are available 24-hours a day. The number of team contacts per individual served shall average at least three per week per individual when calculated across all individuals served by the team. Contacts may be weekly, daily, or more frequent. The frequency of contacts is determined by the

		needs of the individual. Team shall maintain a ratio of at least one full-time or full-time equivalent staff person to every ten individuals served.
Evidence Based Treatment: Family psychoeducation	Services including the provision of emotional support, education, resources during periods of crisis, and problem-solving skills consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.	
Core Service Domain: Specific Service	Description	Limits/Specifications/Access Standards Need for services will be based on an assessment which identifies level of need
Mandated Services: Commitment Related	Court ordered services (evaluation, sheriff transport, legal representation, mental health advocate) related to mental health commitments.	Service will be covered without application or eligibility determination. Demographic information required. 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. Legal representation and evaluation expenses for juveniles will not be covered.
Prevention and education	Educational opportunities and outreach aimed at increasing awareness of brain health issues, implementing early identification, and promoting mental wellness.	Prevention and education targeted specifically to children's behavioral health will include expansion of yoga and mindfulness in schools to increase children's coping and self-regulation skills, opportunities for Youth Mental Health First Aid, understanding trauma, brain health and the interaction between the two, and outreach regarding services and supports available to children and families. Brain health awareness events will be encouraged and supported.

Additional Core Services		
Core Service Domain: Specific Service	Description	Limits/Specifications/Access Standards Need for services will be based on an assessment which identifies level of need
Justice-Involved Services: Coordination (Jail Diversion)	Program that is designed to divert individuals from jail by providing assessment, coordination and supportive services.	Service will be covered without application or eligibility determination. Demographic information required.
24 hour crisis line	A call, text, or online chat hotline	Your Life Iowa 1-800-581-8111
Warm line	A peer-run, telephone-based, non-crisis, confidential listening line for anyone struggling with mental health or substance abuse issues	Iowa Warm Line 1-844-775-9276
Justice-Involved Services: Mental Health Services in Jails	A program designed to divert individuals from jail by providing assessment, coordination and supportive services.	
Justice-Involved Services: Crisis Intervention Training	The Crisis Intervention Team (CIT) Program provides training and education to law enforcement officers to assist them in more effectively managing crisis events in the community when they, as first responders, encounter individuals who are experiencing behavioral health crises due to mental illness and/or co-occurring substance use disorders, along with the information necessary to guide officers in re-directing these individuals away from the criminal justice system and into emergency behavioral health facilities.	
Additional Core Evidence Based Practices: Peer Self-Help Drop-In Centers	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. This service uses an individual's own personal experience to serve as a model of recovery to others.	Service will be covered without application or eligibility determination. Demographic information required.

Additional Core Evidence Based Practices: Psychiatric Rehabilitation (IPR)	A program designed to restore, improve, or maximize an individual's optimal level of functioning, self-care, independence, and minimize impairments, disabilities and dysfunction caused by a serious and persistent mental or emotional disability.	
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Other Services		
Core Service Domain: Specific Service	Description	Limits/Specifications/Access Standards Need for services will be based on an assessment which identifies level of need
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.
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. For individuals receiving Habilitation Services, transportation should be included in the Day Hab rate to be reviewed by ECR, when applicable.
Support for Community Living: Ongoing 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.	Rent will be reviewed on a case by case basis. Must be exiting a MHI or RCF or have had at least 2 mental health hospitalizations with mental health as the primary hospital issue within the past 24 months, have established residency in the ECR for a minimum of three months prior to the most recent hospitalization or placement, be actively receiving SCL/ACT/Home Based Habilitation prior to the rental application, and be referred by a service agency. Must apply for SSI and sign IAR, and apply for subsidized housing/Section 8. Failure to respond to SSI appeals in a timely manner will result in termination of rental assistance. Individuals must submit paystubs or proof of income if applicable, pay 30% of gross income toward rent, and participate in employment program or apply for additional benefits to increase income. On-going rent subsidy is based on fair market rent for the area in which residing. All other sources of funding must be utilized. Funding limited to a maximum of twenty-four months or until SSI determination through an ALJ decision. A person may only be eligible for one rental deposit in a 12-month period.
Public Education	Activities provided to increase awareness and understanding of the causes and nature of conditions or situations which affect an individual's functioning in society.	On-going: Trauma Informed Care, Adverse Childhood Experiences, Question/Persuade/Refer, Applied Suicide Intervention Skills Training and Mental Health First Aid are available to anyone in the community within the region.
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. Ketamine infusions will be continued only for persons receiving the service as of 6/30/20 with no new service authorizations beyond that date.
Treatment: Partial Hospitalization	Active treatment program providing intensive services in a structured therapeutic environment.	
Treatment: Community Support Programs (CSP)	Comprehensive programs to meet individual treatment and support needs in a community setting.	Limit of 12 hours per month
Treatment: Day Treatment	Individualized services emphasizing mental health treatment and intensive psychiatric rehabilitation activities.	
Basic Needs	Funding for items to maintain the person in a stable environment.	Utilities including gas, electric, water, sewer, and garbage may be paid if individual has no income and is receiving rental assistance through the region.
Residential Care Facility	Facilities licensed as residential care facilities, including those with special licenses for individuals with intellectual disabilities or for persons with mental illness.	

Core Service Domain: Specific Service	Description	Limits/Specifications/Access Standards
Administration	Activities necessary to manage the service system.	Need for services will be based on an assessment which identifies level of need
I-START	I-START provides prevention and intervention services to individuals with intellectual/developmental disabilities and complex behavioral needs through crisis response, training and consultation. The goal is to create a support network that is able to respond to crisis needs at the community level. Providing community based, person centered supports that enable an individual to remain in their home or community placement is the first priority	Eligibility for I-START will be coordinated by regional staff and I-START Iowa staff.
Collateral time	Billable time for mental health providers (therapists, counselors and prescribers) to update and consult with school personnel, parents, service coordination and others.	Collateral time will be allowed for children's behavioral services only. Providers may bill based on agreed upon contractual terms.
Guardianship	Provided as required by the court system to make decisions when an individual's decision making capacity is so impaired that the person is unable to care for his/her own personal safety.	Service provided only to individuals with current guardianship funding and in exceptional situations where a guardian is needed but no family or other natural support is able to provide the service.

Appendix B

ECR Regional Governing Board

First Name	Last Name	County	Email Address
Gary	Bierschenk	Benton Supervisor	gbierschenk@co.benton.ia.us
Diane	Brecht	Delaware Advisory Committee (provider)	dbrecht@abbehealth.org
John	Gahring	Iowa Supervisor	jgahring@co.iowa.ia.us
Gary	Gissel	Buchanan Supervisor	ggissel@co.buchanan.ia.us
Pat	Heiden	Johnson Supervisor	pheiden@co.johnson.ia.us
Shirley	Helmrichs	Delaware Supervisor	supervisors@co.delaware.ia.us
Duane	Hildebrandt	Bremer Supervisor	dhildebrandt@co.bremer.ia.us
Wayne	Manternach	Jones Supervisor	wayne.manternach@co.jones.ia.us
Ann	McDonough	Dubuque Supervisor	Ann.McDonough@DubuqueCounty.us
Ben	Rogers	Linn Supervisor	ben.rogers@linncounty.org
Jenn	Day	Johnson Advisory Committee (person with lived experience)	jenn.day@namijc.org

ECR Advisory Board

First Name	Last Name	County	Designation
Brian	Larkin	Linn	Peers/Family
Tom	Morrissey	Delaware	Peers/Family
Theresa	Phillips	Iowa	Peers/Family
Lorri	Regan	Dubuque	Peers/Family
Jenn	Day	Johnson	Peers/Family
Andrea	Behrens	Benton	Provider
Jessica	Gulick	Bremer	Provider
Julie	Schwarting	Buchanan	Provider
Carrie	Merrick	Dubuque	Provider
Deb	Lang	Dubuque	Provider
Diane	Brecht	Delaware	Provider
Elley	Gould	Johnson	Provider
Jeanine	Scandridge	Iowa	Provider
Theresa	Graham Mineart	Linn	Provider
Ben	Rogers	Linn	RGB Liaison
Jan	Heidemann	Bremer	Staff
Lucia	Herman	Jones	Staff