



**Mental Health/
Disability Services of the
East Central Region**

FY22 ANNUAL SERVICE & BUDGET PLAN

**SUBMITTED
4/1/21**

GEOGRAPHIC AREA:

Benton, Bremer, Buchanan, Delaware, Dubuque, Iowa, Johnson, Jones, Linn

APPROVED BY GOVERNING BOARD: 3/25/21

REVIEWED WITH ADVISORY BOARD: 3/25/21

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.....	6
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	11
H. Provider Reimbursement Provisions	12
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 one of three components of the Management Plan with the Annual Report and Policies and Procedures Manual in compliance with Iowa Administrative Code 441.25.

This FY2022 Annual Service and Budget Plan covers the period of July 1, 2021 to June 30, 2022. 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 March 25, 2021 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 at www.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 FY21, ECR convened a Children's Behavioral Health Services Advisory Committee and began working collaboratively with this committee and other stakeholders in the children's system to ensure children's behavioral health issues are and continue to be addressed.

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. A complete list of these providers is available at each county office and on the ECR website. The regional application is downloadable at the ECR website: www.ecriowa.org

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	210 Jones Street Dubuque IA 52001		563-589-7870
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 Anamosa IA 52205		319-462-4457
Linn County	1240 26 th Ave Court SW Cedar Rapids IA 52404		319-892-5635

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

24 Hour Crisis Response/Dispatch

Provider	Location	Contact Information
Foundation 2	Online: https://yourlifeiowa.org/	Call 855-581-8111; Text 855-895-8398

24 Hour Crisis Hotline

Provider	Location	Contact Information
Your Life Iowa	Online: https://yourlifeiowa.org/	Call 855-581-8111; Text 855-895-8398
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 Cedar Rapids, Iowa 52405	319-398-3562
Hillcrest Family Services	Both	2005 Asbury Road	563-583-7357

		Dubuque, Iowa 52001	
CommUnity Crisis Center	Adult (Access Center)	300 Southgate Avenue Iowa City, Iowa 52240	319-688-8000
Foundation 2	Adult (Access Center)	501 13 th Street NW Cedar Rapids, Iowa 52405	855-581-8111

Mobile Response

Provider	Location	Contact Information
Foundation 2	1714 Johnson Ave NW Cedar Rapids, Iowa 52405	855-581-8111
CommUnity Crisis Center	300 Southgate Avenue 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
Will be implemented 7/1/21 dependent on proposals accepted from RFP issued 3/8/21			

Crisis Stabilization Residential Services

Provider	Adult/Child	Location	Contact Information
Hillcrest Family Services	Both	2005 Asbury Road Dubuque, Iowa 52001	563-583-7357
Penn Center	Adult	Iowa City, Iowa Cedar Rapids, Iowa Manchester, Iowa	319-294-5236
Full Circle Services	Adult	2349 Jamestown Ave Ste 1 Independence Iowa 50644	319-334-4341
LSI Bremwood	Child	106 16th St SW Waverly, Iowa 50677	319-352-2630
Tanager Place	Child	1030 5th Ave SE #3000 Cedar Rapids, Iowa 52403	319-286-4545

23-Hour Observation

Provider	Location	Contact Information
Penn Center	<u>GuideLink</u> 300 Southgate Avenue Iowa City, Iowa 52240 <u>Mental Health Access Center of Linn County</u> 501 13th St NW Cedar Rapids, Iowa 52405	info@guidelinkcenter.org 319-688-8000 MHACQuestions@linncounty.org 319-892-5612

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 has designated 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	300 Southgate Avenue Iowa City, Iowa 52240	info@guidelinkcenter.org 319-688-8000
Mental Health Access Center of Linn County	501 13th St NW Cedar Rapids, Iowa 52405	MHACQuestions@linncounty.org 319-892-5612

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	Linn County: 202 12 th St NW Cedar Rapids, Iowa 52405 Johnson County: 4515 Melrose Avenue Iowa City, Iowa 52246	319-362-1382

The region will designate the following **Intensive Residential Service** providers which meet the requirements in IAC 441—25.6(8):

Provider	Location	Contact Information
Residents of the East Central Region will have access to this service within the standards required as they become available.		

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 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 2022 Budget	MHDS of the ECR	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
Core Domains							
COA	Treatment						
42305	Mental health outpatient therapy **	\$375,000	\$0	\$0	\$0		\$375,000
42306	Medication prescribing & management **	\$150,000	\$0	\$0	\$0		\$150,000
43301	Assessment, evaluation, and early identification **	\$20,000	\$0	\$0			\$20,000
71319	Mental health inpatient therapy-MHI	\$800,000	\$0	\$0			\$800,000
73319	Mental health inpatient therapy **	\$225,000	\$0	\$0			\$225,000
	Crisis Services						
32322	Personal emergency response system	\$7,500	\$0	\$4,000			\$11,500
44301	Crisis evaluation	\$215,000	\$0	\$0			\$215,000
44302	23 hour crisis observation & holding	\$0	\$0	\$0			\$0
44305	24 hour access to crisis response	\$0	\$0	\$0			\$0
44307	Mobile response **	\$2,365,000	\$0	\$0			\$2,365,000
44312	Crisis Stabilization community-based services **	\$400,000	\$0	\$0			\$400,000
44313	Crisis Stabilization residential services **	\$450,000	\$0	\$0			\$450,000
44396	Access Centers: start-up / sustainability	\$1,650,000	\$0	\$0			\$1,650,000
	Support for Community Living						
32320	Home health aide	\$25,000		\$0			\$25,000
32325	Respite	\$0	\$3,000	\$10,000			\$13,000
32328	Home & vehicle modifications	\$0	\$25,000	\$0			\$25,000
32329	Supported community living	\$1,000,000	\$300,000	\$200,000			\$1,500,000
42329	Intensive residential services	\$60,000	\$0	\$0			\$60,000
	Support for Employment						
50362	Prevocational services	\$5,000	\$25,000	\$20,000			\$50,000
50364	Job development	\$25,000	\$0	\$0			\$25,000

50367	Day habilitation	\$90,000	\$90,000	\$175,000		\$355,000
50368	Supported employment	\$30,000	\$22,000	\$110,000		\$162,000
50369	Group Supported employment-enclave	\$1,000	\$0	\$5,000		\$6,000
	Recovery Services					
45323	Family support	\$25,000	\$0	\$0		\$25,000
45366	Peer support	\$90,000	\$0	\$0		\$90,000
	Service Coordination					
21375	Case management	\$0	\$0	\$0		\$0
24376	Health homes	\$0	\$0	\$0		\$0
	Sub-Acute Services					
63309	Subacute services-1-5 beds	\$0	\$0	\$0		\$0
64309	Subacute services-6 and over beds	\$50,000	\$0	\$0		\$50,000
	Core Evidenced Based Treatment					
04422	Education & Training Services - provider competency	\$150,000	\$0	\$0		\$150,000
32396	Supported housing	\$25,000	\$0	\$0		\$25,000
42398	Assertive community treatment (ACT)	\$600,000	\$0	\$0		\$600,000
45373	Family psychoeducation	\$0	\$0	\$0		\$0
	Core Domains Total	\$8,833,500	\$465,000	\$524,000	\$0	\$9,822,500
	Mandated Services					
46319	Oakdale	\$300,000	\$0	\$0		\$300,000
72319	State resource centers	\$0	\$0	\$0		\$0
74XXX	Commitment related (except 301)	\$475,000	\$0	\$0		\$475,000
75XXX	Mental health advocate	\$2,500	\$0	\$0		\$2,500
	Mandated Services Total	\$777,500	\$0	\$0	\$0	\$777,500
	Additional Core Domains					
	Justice system-involved services					
25xxx	Coordination services	\$750,000	\$0	\$0		\$750,000
44346	24 hour crisis line*	\$250,000	\$0	\$0		\$250,000
44366	Warm line*	\$30,000	\$0	\$0		\$30,000
46305	Mental health services in jails	\$300,000	\$0	\$0		\$300,000
46399	Justice system-involved services-other	\$0	\$0	\$0		\$0
46422	Crisis prevention training	\$112,575	\$0	\$0		\$112,575
46425	Mental health court related costs	\$0	\$0	\$0		\$0
74301	Civil commitment prescreening evaluation	\$5,000	\$0	\$0		\$5,000
	Additional Core Evidenced based treatment					
42366	Peer self-help drop-in centers	\$250,000	\$0	\$0		\$250,000
42397	Psychiatric rehabilitation (IPR)	\$10,000	\$0	\$0		\$10,000
	Additional Core Domains Total	\$1,707,575	\$0	\$0	\$0	\$1,707,575
	Other Informational Services					
03371	Information & referral	\$2,500	\$0	\$0		\$2,500
04372	Planning, consultation &/or early intervention (client related) **	\$25,000	\$0	\$0		\$25,000
04377	Provider Incentive Payment	\$0				\$0
04399	Consultation Other	\$0	\$0	\$0		\$0

04429	Planning and Management Consultants (non-client related)	\$173,699	\$0	\$0		\$173,699
05373	Public education, prevention and education **	\$424,598	\$0	\$0		\$424,598
Other Informational Services Total		\$625,797	\$0	\$0	\$0	\$625,797
Community Living Supports						
06399	Academic services	\$0	\$0	\$0		\$0
22XXX	Services management	\$30,000	\$0	\$0		\$30,000
23376	Crisis care coordination	\$0	\$0	\$0		\$0
23399	Crisis care coordination other	\$0	\$0	\$0		\$0
24399	Health home other	\$0	\$0	\$0		\$0
31XXX	Transportation	\$200,000	\$50,000	\$50,000		\$300,000
32321	Chore services	\$0	\$0	\$0		\$0
32326	Guardian/conservator	\$10,000	\$14,000	\$3,000		\$27,000
32327	Representative payee	\$0	\$0	\$0		\$0
32335	CDAC	\$0	\$0	\$0		\$0
32399	Other support	\$0	\$0	\$5,000		\$5,000
33330	Mobile meals	\$0	\$0	\$0		\$0
33340	Rent payments (time limited)	\$5,000	\$0	\$1,000		\$6,000
33345	Ongoing rent subsidy	\$275,000	\$4,000	\$2,000		\$281,000
33399	Other basic needs	\$30,000	\$500	\$1,000		\$31,500
41305	Physiological outpatient treatment	\$2,000	\$0	\$0		\$2,000
41306	Prescription meds	\$40,000	\$0	\$0		\$40,000
41307	In-home nursing	\$0	\$0	\$0		\$0
41308	Health supplies	\$0	\$0	\$0		\$0
41399	Other physiological treatment	\$0	\$0	\$0		\$0
42309	Partial hospitalization	\$0	\$0	\$0		\$0
42310	Transitional living program	\$0	\$0	\$0		\$0
42363	Day treatment	\$0	\$0	\$0		\$0
42396	Community support programs	\$10,000	\$0	\$0		\$10,000
42399	Other psychotherapeutic treatment	\$0	\$150,000	\$0		\$150,000
43399	Other non-crisis evaluation	\$0	\$0	\$0		\$0
44304	Emergency care	\$85,000	\$0	\$0		\$85,000
44399	Other crisis services	\$0	\$0	\$0		\$0
45399	Other family & peer support	\$0	\$0	\$0		\$0
46306	Psychiatric medications in jail	\$70,000	\$0	\$0		\$70,000
50361	Vocational skills training	\$0	\$0	\$0		\$0
50365	Supported education	\$0	\$0	\$0		\$0
50399	Other vocational & day services	\$0	\$0	\$0		\$0
63XXX	RCF 1-5 beds (63314, 63315 & 63316)	\$10,000	\$0	\$0		\$10,000
63XXX	ICF 1-5 beds (63317 & 63318)	\$0	\$0	\$0		\$0
63329	SCL 1-5 beds	\$0	\$0	\$0		\$0
63399	Other 1-5 beds	\$0	\$0	\$0		\$0
Community Living Supports		\$767,000	\$218,500	\$62,000	\$0	\$1,047,500
Other Congregate Services						
50360	Work services (work activity/sheltered work)	\$0	\$0	\$0		\$0
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	\$4,950,000	\$5,000	\$20,000		\$4,975,000

64XXX	ICF 6 and over beds (64317 & 64318)	\$50,000	\$0	\$0		\$50,000
64329	SCL 6 and over beds	\$25,000	\$0			\$25,000
64399	Other 6 and over beds	\$0	\$0			\$0
	Other Congregate Services Total	\$5,025,000	\$5,000	\$20,000	\$0	\$5,050,000
Administration						
11XXX	Direct Administration					\$209,000
12XXX	Purchased Administration					\$240,000
	Administration Total					
	Regional Totals	\$17,736,372	\$688,500	\$606,000	\$0	\$449,000
(45XX-XXX)County Provided Case Management						\$0
(46XX-XXX)County Provided Services						\$0
	Regional Grand Total					\$19,479,872

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	\$18,147,633
14951	MHDS fiscal agent reimbursement to MHDS regional member county	\$3,563,570

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

**Core services for children with a serious emotional disturbance (SED)

Table B. Revenues

FY 2022 Budget	ECR MHDS Region		
Revenues			
	Projected Fund Balance as of 6/30/21		\$16,209,237
	Local/Regional Funds		\$20,052,160
10XX	Property Tax Levied	\$16,129,220	
12XX	Other County Taxes	\$32,942	
16XX	Utility Tax Replacement Excise Taxes	\$386,399	
25XX	Other Governmental Revenues	\$3,199,499	
4XXX-5XXX	Charges for Services	\$100	
5310	Client Fees	\$0	
60XX	Interest	\$50,000	
6XXX	Use of Money & Property	\$0	
8XXX	Miscellaneous	\$254,000	
9040	Other Budgetary Funds (Polk Only)	\$0	
		\$0	
	State Funds		\$1,284,421
21XX	State Tax Credits	\$760,560	

22XX	Other State Replacement Credits	\$353,038	
2250	MHDS Equalization	\$0	
24XX	State/Federal pass thru Revenue	\$170,823	
2644	MHDS Allowed Growth / State Gen. Funds	\$0	
29XX	Payment in Lieu of taxes	\$0	
		\$0	
	Federal Funds		\$0
2344	Social services block grant	\$0	
2345	Medicaid	\$0	
	Other	\$0	
	Total Revenues		\$21,336,581

Total Funds Available for FY22	\$37,545,818
FY22 Projected Regional Expenditures	\$19,479,872
Projected Accrual Fund Balance as of 6/30/22	\$18,065,946

Table E. County Levies

County	2019 Est. Pop.	Regional Per Capita	FY22 Max Levy	FY22 Actual Levy	Actual Levy Per Capita
Benton	25,645	36.51	936,299	\$575,000	22.42
Bremer	25,062	36.51	915,014	\$715,000	28.53
Buchanan	21,175	36.51	773,099	\$639,485	30.20
Delaware	17,011	36.51	621,072	\$514,000	30.22
Dubuque	97,311	36.51	3,552,825	\$2,734,935	28.11
Iowa	16,184	36.51	590,878	\$399,963	24.71
Johnson	151,140	36.51	5,518,121	\$4,420,344	29.25
Jones	20,681	36.51	755,063	\$700,000	33.85
Linn	226,706	36.51	8,277,036	\$6,631,687	29.25
			0		
			0		
Total ECR Region	600,915		21,939,407	17,330,414	28.84

G. Financial and Service Forecasting Measures

During FY20 and 21, the East Central Region, like the rest of the world, was significantly impacted by the COVID-19 pandemic. Not only were services shut down, but our citizens had a more difficult time accessing brain health supports due to isolation and fear. Telehealth services were extremely valuable and our providers frequently met the challenges with strength and commitment to their missions. In alignment with the region’s Strategic Plan, the region will focus on ensuring access to brain health supports for FY22 with an understanding that a surge for brain health support related to pandemic issues may still be coming.

In addition, the shut downs and restrictions that were a result of the pandemic significantly jeopardized the stability of the MH/DS providers in the region. Therefore, during FY22 the region will support efforts for and with providers to help re-establish financial and workforce stability. This will be accomplished by potentially providing start-up costs for new services and advocacy for fair and equitable rates.

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.

Since the addition of children's services in FY21, the Region has engaged in ongoing planning and outreach to solicit input from stakeholders. With the implementation of Tier 1 services in FY21, the region has focused on ensuring access to Tier 2 services for FY22. The Region comprehensively considered services to be implemented along with resources and collaborations to proceed with the following:

- Five providers were invited and encouraged to develop Crisis Stabilization Residential Services for children. Three providers have agreed to pursue licensure for this service. The region is offering technical assistance and a start-up cost incentive for implementation.
- A Request for Proposals for Crisis Stabilization Community-Based Services was issued on 3/8/21 with intention that a contract will be awarded and services initiated by 7/1/21.
- Frequent meetings have been held with the Maternal Child Adolescent Health (MCAH) providers in ECR. These meetings have generated awareness that many Early Identification and Early Intervention services are already available in the region, but there is a lack of wide-spread awareness. The MCAH providers and the Region are planning a Summit to bring together stakeholders of early and on-going care to share service delivery and implementation information.
- Mobile crisis outreach for children has been offered for the past three years; however, the Region is planning expansion of the service in FY22.
- The Region will contract with regional hospitals who have children's inpatient beds for FY22 and beyond.

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 Committees
 - 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. The region will also enter into Memorandums of Understanding with other regions to ensure that service standards are met. 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 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

Service Name	Domain	Category	Description	Limits/Specifications/Access Standards - Need for services will be based on an assessment which identifies level of need
1-5 beds & 6 and over beds	Core	Sub-Acute Services	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	Up to 5 days may be approved if individual reports income/resources within ECR guidelines. May be continued up to additional 5 days with approval of Utilization Review Coordinator. Will not be funded for individuals with Medicaid.
23-Hour Crisis Observation and Holding	Core	Crisis Services	Crisis evaluation and stabilization provided by nurses and supervised by a psychiatrist for less than 24 hours.	If an individual completes an application and reports income and resources within the ECR guidelines and is determined to have residency in the region, the ECR will authorize funding for 1 day maximum. The region will fund no more than 2 stays within a 5-day time period. There must be at least 12 hours between stays. Admittance to other crisis services following 23-hour observation will be allowed as long as the need for additional services is documented Individuals who do not meet income and resource guidelines, who have Medicaid, or who do not have residency in the region will not be funded.
24 hour crisis line	Additional Core	Justice-Involved Services	A call, text, or online chat hotline	Call Your Life Iowa 1-855-581-8111; Text 1-855-895-8398; Chat YourLifeIowa.org
24-hour Access to Crisis Response	Core	Crisis Services	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.	All ECR citizens have immediate access to crisis response services by means of telephone, electronic, or face-to-face communication. Your Life Iowa 1-855-581-8111

Access Centers	Core	Crisis Services	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 available to all residents of the region. Any individual presenting will receive a crisis evaluation and be referred for services based on that evaluation. The region will fund services for those who meet eligibility guidelines for each service and who do not have Medicaid.
Assertive Community Treatment	Core	Evidence Based 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.
Assessment & Evaluation	Core	Treatment	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.
Case Management	Core	Service Coordination	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.
Collateral time	Community Living Supports		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.
Commitment Related	Mandated Services:		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.
Community Support Programs (CSP)	Community Living Supports		Comprehensive programs to meet individual treatment and support needs in a community setting.	Limit of 12 hours per month.
Coordination (Jail Diversion)	Additional Core	Justice-Involved Services	Program that is designed to divert individuals from jail by providing assessment, coordination and supportive services.	Evaluation and service will be covered without application or eligibility determination. Demographic information required.
Crisis Evaluation	Core	Crisis Services	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 jails, emergency departments, or Access Centers without application or eligibility determination. Demographic information must be provided.

Crisis Intervention Training	Additional Core	Justice-Involved Services	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.	The region will proactively work with law enforcement agencies to provide CIT training in each county.
Crisis Stabilization Community-Based Services	Core	Crisis 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.	ECR will fund up to 3 days of crisis stabilization community-based 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 third day, 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 2 days (5 days total). ECR will rely on the discretion of the team to determine if CSCBS is appropriate or if the person needs to be transferred to a higher level of care.
Crisis Stabilization Residential	Core	Crisis Services	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.
Day Habilitation	Core	Support for Employment	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.

Day Treatment	Community Living Supports		Individualized services emphasizing mental health treatment and intensive psychiatric rehabilitation activities.	
Early Identification	Core	Service Coordination	The process of detecting developmental delays, mental illness, or untreated conditions that may indicate the need for further evaluation	Early identification is available to all youth in the ECR through a strong network of early childhood providers and contractors.
Early Intervention	Core	Treatment	Services designed to address the social, emotional, and developmental needs of children at their earliest stages to decrease long-term effects and provide support in meeting developmental milestones	Early intervention is available to all youth in the ECR through a strong network of early childhood providers and contractors.
Education and Training Provider Competency		Evidence Based Treatment	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.
Family psychoeducation	Core	Evidence Based Treatment	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.	Family training is provided through a partnership with NAMI-Iowa.
Family Support	Core	Recovery Services	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.
Guardianship	Community Living Supports		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.
Health Homes	Core	Service Coordination	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.

Home & Vehicle Mod	Core	Support for Community Living	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. Need for Home & Vehicle Modification must be significantly related to qualifying diagnosis.
Home Health Aide	Core	Support for Community Living	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 for the service. Need for Home Health Aide must be significantly related to qualifying diagnosis.
Intensive Residential Services	Core	Support for Community Living	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. In partnership with the state's Managed Care Organizations, ECR will ensure that IRS services are available to citizens in the nine-county area according to the service standards
I-START	Community Living Supports		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.
Job Development	Core	Support for Employment	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.
Mental Health Services in Jails	Additional Core	Justice-Involved Services	A program 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. Includes psychiatric nursing and medication management.

MH Inpatient Treatment	Core	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.
MH Outpatient Therapy	Core	Treatment	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.
Mobile Response	Core	Crisis Services	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.
Ongoing Rent Subsidy	Support for Community Living:		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.

Other Basic Needs	Community Living Supports		Funding for items to maintain the person in a stable environment.	Utilities, including deposits for gas, electric, water, sewer, and garbage may be paid if individual has no income and is receiving rental assistance through the region.
Partial Hospitalization	Community Living Supports		Active treatment program providing intensive services in a structured therapeutic environment.	
Peer Self-Help Drop-In Centers	Additional Core	Evidence Based Practices	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.
Peer Support	Core	Recovery Services	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.
Personal Emergency Response System	Core	Crisis Services	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.	Service will only be approved when need for service is significantly related to the qualifying diagnosis.
Prescription Meds	Community Living Supports		Prescription psychiatric medications for persons having a mental health diagnosis.	90-day limit based on ECR formulary. Must apply for Medicaid, 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. Psychiatric medication on the Formulary may be covered for regionally-funded individuals in 23-Hour Observation, Crisis Residential, or Subacute Services for the duration of their stay only.
Prevention and education	Other Informational Services		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.
Prevocational Services	Core	Support for Employment	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.	Individuals are not eligible for prevocational services if the person has Waiver or Habilitation services and the service is available under that Waiver.
Psychiatric Rehabilitation (IPR)	Additional Core	Evidence Based Practices	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.	

Psychotropic Medication Prescribing & Management	Core	Treatment	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.	ECR will fund a maximum of 12 sessions in a twelve-month period.
Public Education	Other Informational Services		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 within the region.
Residential Care Facility	Community Living Supports		Facilities licensed as residential care facilities, including those with special licenses for individuals with intellectual disabilities or for persons with mental illness.	In order to be considered for RCF placement, the RCF Level of care form will need to be completed and submitted to the Utilization Review Coordinator for review. Supporting information may also be requested. A portion of the client participation (CP) may be waived under certain circumstances. A request for CP Waiver must be completed and submitted with proof of current income and resources. CP waiver will be reviewed on a case-by-case basis and is not guaranteed.
Respite	Core	Support for Community Living	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.
Service Coordination	Community Living Supports		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.
Supported Employment	Core	Support for 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.	ECR will fund Tiers 4 and above for first three months only. Tiers 1-3 allowed for follow-along. For group supported employment (enclave), limited to 120 hours for the first six months and 10 hours per month for follow-along services. 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.

Supported Housing	Core	Evidence Based Treatment	An intervention that combines affordable housing assistance with voluntary support services to address the needs of chronically homeless people	ECR will continue to pursue this service with relevant community partners.
Supportive Community Living (Daily)	Core	Support for Community Living	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. Tier requests above UC require approval by Utilization Review Coordinator.
Supportive Community Living (Hourly)	Core	Support for Community Living	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.
Transportation	Community Living Supports		Transportation to allow an individual to conduct business errands, shop, receive medical services, work, attend school, and reduce social isolation.	Medicaid funded transportation must be accessed, when available, prior to a request for regional funding. Regionally funded transportation for services such as work, day programming, or medical appointments may be authorized with input from the interdisciplinary team. For individuals receiving Habilitation Services, transportation must be included in the Day Habilitation rate unless the geographical distance is cost prohibitive to the provider's rate. ECR may pay for transportation for any person with established residency in the East Central Region needing to be transported to or upon discharge from the Access Center. It is not the region's responsibility to provide transportation to individuals to a residence outside of the East Central Region. If a person uses an Access Center within the East Central Region and has residency in another region, that region should be contacted to fund the necessary transportation. Locally licensed transportation providers must be used.
Warm line	Additional Core	Justice-Involved Services	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

Appendix B

ECR Regional Governing Board

First Name	Last Name	County	Email Address
Gary	Bierschenk	Benton Supervisor	gbierschenk@co.benton.ia.us
John	Gahring	Iowa Supervisor	jgahring@co.iowa.ia.us
Gary	Gissel	Buchanan Supervisor	ggissel@co.buchanan.ia.us
Pat	Heiden	Johnson Supervisor	pheiden@johnsoncountyiowa.gov
Shirley	Helmrichs	Delaware Supervisor	supervisors@co.delaware.ia.us
Duane	Hildebrandt	Bremer Supervisor	dhildebrandt@co.bremer.ia.us
Ned	Rohwedder	Jones Supervisor	ned.rohwedder@jonescountyiowa.gov
Ann	McDonough	Dubuque Supervisor	ann.mcdonough@dubuquecounty.us
Ben	Rogers	Linn Supervisor	ben.rogers@linncounty.org
Diane	Brecht	Delaware Adult Advisory (Provider)	dbrecht@abbehealth.org
Jenn	Day	Johnson Adult Advisory (Person with lived experience)	jenniferlday7@gmail.com
Melissa	O'Brien	Dubuque Children's Advisory (Educational Representative)	melissa.obrien@wdbqschools.org
Angela	Zimpher	Jones Children's Advisory (Parent of a Child)	amzw1972@gmail.com
Amy	Grask	Linn Children's Advisory (Service Provider)	agrask@fouroaks.org

ECR Adult Advisory Committee

First Name	Last Name	County	Designation
Brian	Larkin	Linn	Peer/Family
Tom	Morrissey	Delaware	Peer/Family
Theresa	Phillips	Iowa	Peer/Family
Lorri	Regan	Dubuque	Peer/Family
Jenn	Day	Johnson	Peer/Family
Jenn	Wolff	Bremer	Peer/Family
Stacie	O'Brien	Johnson	Peer/Family
Jean	Ohlen	Benton	Peer/Family
Jessica	Gulick	Bremer	Provider
Julie	Schwarting	Buchanan	Provider
Carrie	Merrick	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

ECR Children's Advisory Committee

First Name	Last Name	County	Designation
Linda	Duffy	Dubuque	Provider
Andrew	Beer	Linn	Provider
Amy	Grask	Linn	Provider
Shalon	Frye	Buchanan	Education
Jim	Hessenius	Benton	Judicial
Sydney	Mason	Johnson	Provider
Carrie	Slagle	Linn	Provider
Melisa	Lammers	Bremer	DHS
Tammy	Wetjen-Kesterson	Jones	Early Childhood
Erin	Monaghan	Iowa	Early Childhood
James	Hauschild	Delaware	Law Enforcement
Vicki	Ries	Delaware	Child Care Provider
Angela	Zimpher	Jones	Parent
Melissa	O'Brien	Dubuque	Education
Vacant			Medical
Melissa	Paulsen	Jones	Provider
Ann	McDonough	Dubuque	RGB Liaison
Lucia	Herman	Jones	Children's Coordinator