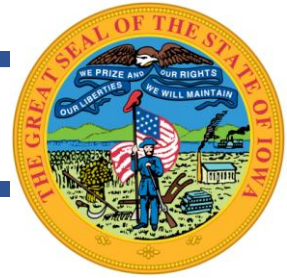


EASTERN IOWA MENTAL HEALTH AND
DISABILITY SERVICES REGION



ANNUAL REPORT FY 2016

The Region exists to support an array of services designed to promote community integration for individuals diagnosed with mental illness, intellectual disabilities, developmental disabilities and/or brain injury.



EASTERN IOWA MENTAL
HEALTH AND DISABILITY
SERVICES REGION

Coordinators of Disability
Services

Cedar County, Julie Tischuk
Clinton County, Becky Eskildsen
Jackson County, Lynn Bopes
Muscatine County, Michael
Johannsen, CEO
Scott County, Lori Elam

Governing Board Approved: 12/19/2016

The Eastern Iowa MH/DS Region – Annual Report FY 2016

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The Regional Annual Report FY 2016

The Annual Report for FY 2016 from the Eastern Iowa MH/DS Region is in accordance with IAC-441-25.20(331) and shall be submitted to the Department of Human Services, Regional Stake Holders and the Community Systems Consultants. The Annual Report shall incorporate an analysis of data associated with the services managed during the preceding fiscal year and shall include:

- Service actually provided.
- Actual number of individuals served.
- Money expended.
- Outcomes achieved.

The Iowa Legislature passed a bill known as the Mental Health Redesign (SF2315) in YR 2012, which made changes in the state's adult mental health and disability services system. The legislation (SF2315) changed the way the system is funded and managed.

This redesign required counties to work together under a regional structure to deliver non-Medicaid services and set a new menu of "core services" that must be available to Iowans with disabilities no matter where they live.

The Eastern Iowa MH/DS Region was formed under Iowa Code Chapter 28E to create a mental health and disability service Region in compliance with Iowa Code 331.390. The Region was approved by the Department of Human Services on 5/23/13 and serves Cedar, Clinton, Jackson, Muscatine and Scott Counties. The population total for the Region is approximately 300,234 according to the 2014 census.

The Eastern Iowa MH/DS Region has, in compliance with IAC 441-25, compiled the following document:

- Annual Service and Budget Plan for FY16; State of Iowa approved: 5/26/2015.

An Annual Report is also required to be submitted to the Department of Human Services on or before December 1st. The Annual Report shall provide information on the actual numbers of persons served, moneys expended and outcomes achieved.

This is the second Fiscal Year for submitting an Annual Report as a Region. Operating at a regional level has continued to be a learning process and growing experience for all those responsible for successfully implementing the redesign of the county mental health system as envisioned under SF2315.

Services Provided in Fiscal Year 2016

Core Service (IAC 25.2) and Access Standards (IAC 25.3)

The table below lists core services, describes if the Region is meeting the access standards for each service, how the access is measured and plans to improve or meet access standards.

<u>Code Reference</u>	<u>Standard</u>	<u>Results:</u> <ul style="list-style-type: none"> Met: Yes/No By which providers 	<u>Comments:</u> <ul style="list-style-type: none"> How measured If not what is plan to meet access standard and how will it be measured
25.2(3)l 25.3(1)a	A community mental health center or federally qualified health center that provides psychiatric and outpatient mental health services in the Region.	Yes, the following providers meet the standard: 1) Abbe Center for CMH 2) Bridgeview CMHC 3) Hillcrest CMHC 4) Vera French CMHC 5) Robert Young for CMH	<ul style="list-style-type: none"> Services in Cedar County are available in a satellite office in Tipton IA provided by the Abbe Center for CMH. The other five (5) providers have office hours Monday–Friday, as well as some evening hours.
25.2(3)k 25.3(1)b	A hospital with an inpatient psychiatric unit or state mental health institute located in or within reasonably close proximity that has the capacity to provide inpatient services to the applicant.	<p>Yes, the capacity exists for adults at two (2) private hospitals within the Region:</p> 1) Genesis Medical Center located in Davenport. 2) Mercy Medical Center Clinton located in Clinton. <p>Yes, The capacity exists for adults at UnityPoint Health–Trinity Hospital located in Rock Island, Illinois that is in close proximity to the Region.</p> <p>Yes, the capacity exists for adults at either the State Mental Health Institute located in Independence or Cherokee.</p>	<p>Although there might be open beds for adults, a public hospital may have reasons to deny an admission.</p> <ul style="list-style-type: none"> A staff shortage on the inpatient unit. The milieu on the unit. The nature of the crisis experienced by the individual needing a bed. <p>The inpatient bed capacity issue for children/adolescents is of a great concern to the Region and is being addressed by the following hospitals:</p> <p><u>Genesis Medical Center</u>, located in Davenport, Iowa, began to admit children/adolescents effective December 2015.</p> <p><u>Lincoln Prairie Behavioral Health Center</u> located in Springfield, IL has the capability of admitting children/adolescents under an Iowa Court Order.</p> <p><u>UnityPoint Health–Trinity Hospital</u>, located in Rock Island, Illinois – across the river from Davenport, IA, has the capacity for admitting children/adolescents under an Iowa Court Order.</p>

The Eastern Iowa MH/DS Region – Annual Report FY 2016

Outpatient: (Mental Health Outpatient Therapy, Medication Prescribing & Management, and Assessment & Evaluation)			
25.3(3)a(1)	<p><u>Timeliness:</u> The Region shall provide outpatient treatment services.</p> <p><u>Emergency:</u> During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact.</p>	<p>Yes the following providers meet the outpatient Emergency standard:</p> <ol style="list-style-type: none"> 1) Abbe Center for CMH 2) Bridgeview CMHC 3) Hillcrest CMHC 4) Vera French CMHC 5) Robert Young Center for CMH 	<p>This has been measured by reports made to Coordinators of Disability Services by the providers and by the individuals who have attempted to access the services.</p> <p>In the case of an actual emergency, the individual will be referred to the nearest emergency room.</p> <p>In addition to the five (5) providers there are numerous mental health practitioners that are available to address this need within the Region.</p>
25.3(3)a(2)	<p><u>Urgent:</u> Outpatient services shall be provided to an individual within one (1) hour of presentation or twenty-four (24) hours of telephone contact.</p>	<p>Yes, the following providers meet the Urgent standard:</p> <ol style="list-style-type: none"> 1) Abbe Center for CMH 2) Bridgeview CMHC 3) Hillcrest CMHC 4) Vera French CMHC 5) Robert Young Center for CMH 	<p>This has been measured by reports made to Coordinators of Disability Services by the providers and by the individuals who have attempted to access the services.</p> <p>In addition to the five (5) providers there are numerous mental health practitioners that are available to address this need within the Region.</p>
25.3(3)a(3)	<p><u>Routine:</u> Outpatient services shall be provided to an individual within four weeks of request for appointment.</p>	<p>Yes, the following providers meet the Routine standard:</p> <ol style="list-style-type: none"> 1) Abbe Center for CMH* 2) Bridgeview CMHC 3) Hillcrest CMHC 4) Vera French CMHC* 5) Robert Young Center for CMH 	<p>This has been measured by reports made to Coordinators of Disability Services by the providers and by the individuals who have attempted to access the services.</p> <p>In addition to the four (4) CMHCs there are numerous mental health practitioners that are available to address this need within the Region.</p> <p>* Abbe Center for CMH and Vera French CMHC, occasionally are unable to provide prescriber services within four (4) weeks of request due to workforce shortage. This is particularly true for medication prescribing and management. In local communities, it is common practice for other licensed prescribers to prescribe mental health medications.</p>
25.3(3)a(4)	<p><u>Proximity:</u> Outpatient services shall be offered within 30 miles for an individual residing in an urban community and 45 miles for an individual residing in a rural community.</p>	<p>Yes, all residents of the Region have access to outpatient service although the mental health provider might be in a private clinic or individual practice, not associated with a CMHC or FQHC.</p>	<p>This is measured by physical location of the outpatient offices.</p> <p>All identified mental health providers within the Region are listed in the FY16 Annual Service and Budget Plan.</p>

The Eastern Iowa MH/DS Region – Annual Report FY 2016

Inpatient: (Mental Health Inpatient Therapy)			
25.3(3)b(1)	<u>Timeliness</u> : The Region shall provide inpatient treatment services. An individual in need of emergency inpatient services shall receive treatment within twenty-four (24) hours.	<p>Yes, the capacity exists for timeliness to access inpatient beds. The six (6) hospital Emergency Departments within the Region provide stabilization and safety while an inpatient treatment bed is being secured.</p> <p>The six (6) Emergency Departments are:</p> <ol style="list-style-type: none"> 1) Genesis Medical Center Davenport, IA 2) Genesis Medical Center DeWitt, IA 3) Mercy Medical Center Clinton, IA 4) Jackson County Regional Health Center Maquoketa, IA 5) UnityPoint Health–Trinity Muscatine, IA 6) UnityPoint Health–Trinity Bettendorf, IA 	<p>There are occasions when a bed cannot be located with twenty-four (24) hours, and the individual will need to wait in a local emergency department until a bed is located. This has been identified and monitored by Coordinators of Disability Services when tracking outcomes of commitments.</p> <p>A public hospital may have reasons to deny an admission.</p> <ul style="list-style-type: none"> • A staff shortage on the inpatient unit. • The milieu on the unit. • The nature of the crisis experienced by the individual needing the bed.
25.3(3)b(2)	<u>Proximity</u> : Inpatient services shall be available within reasonably close proximity to the Region. (100 miles)	<p>Yes, the capacity exists for proximity to access to inpatient beds within 100 miles.</p> <p>The three (3) inpatient treatment centers are:</p> <ol style="list-style-type: none"> 1) Genesis Medical Center Davenport, IA 2) Mercy Medical Center–Clinton, IA 3) UnityPoint Health–Trinity Rock Island, IL 	<p>A public hospital may have reasons to deny an admission.</p> <ul style="list-style-type: none"> • Staff shortage on the inpatient unit • Milieu on the unit. • The nature of the crisis experienced by the individual needing the bed. • Capability and Capacity <p>In FY16 there were twenty-five (25) operational inpatient service beds available for adults only within the Region.</p> <p>In FY16, Genesis Medical Center expanded their Behavioral Health Unit and opened five (5) children/adolescents beds with the intention of opening more in FY17.</p>
25.3(3)c	<u>Timeliness</u> : Assessment and evaluation. An individual who has received inpatient services shall be assessed and evaluated within four (4) weeks.	<p>Yes, the following providers meet the standard.</p> <ol style="list-style-type: none"> 1) Abbe Center for CMH 2) Bridgeview CMHC 3) Hillcrest Family Services MHC 4) Vera French CMHC 5) Robert Young Center for CMH 	<p>This has been measured by reports made to Coordinators of Disability Services by the providers and by the individuals who have attempted to access the services.</p>

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Basic Crisis Response: (24-Hour Access to Crisis Service, Crisis Evaluation, Personal Emergency Response System)			
25.3(2) & 25.3(4)a	<u>Timeliness:</u> Twenty-four-hour (24) access to crisis response, 24 hours per day, seven days per week, 365 days per year.	<p>Yes, the five (5) providers have access available by an after hour system to their respective clients.</p> <p>These agencies also receive calls from the general public.</p> <ol style="list-style-type: none"> 1) Abbe Center for CMH 2) Bridgeview CMHC 3) Hillcrest Family Services MHC 4) Vera French CMHC 5) Robert Young Center for CMH <p>Yes, the six (6) Emergency Departments within the Region have this availability.</p> <ol style="list-style-type: none"> 1) Genesis Medical Center Davenport, IA 2) Genesis Medical Center DeWitt, IA 3) Mercy Medical Center Clinton, IA 4) Jackson County Regional Health Center Maquoketa, IA 5) UnityPoint Health Trinity Muscatine, IA 6) UnityPoint Health Trinity Bettendorf, IA 	<p>The Region signed an Agreement for Crisis Services with the Robert Young Center on January 14, 2016 to develop a full continuum of Mental Health Crisis Services across the Region that are locally delivered and regionally managed with state wide standards.</p> <p>In Phase I, the below two (2) components were slated to be operational within FY16:</p> <p>I. Crisis Evaluation Encompasses crisis screening and crisis assessment conducted via Telehealth, face-to-face, and includes Mobile Crisis with Cedar County. Continued to be addressed in FY17.</p> <p>II. 24-Hour Crisis Line Completed on March 2, 2016, the crisis line utilizes Foundation 2 to provide counseling, crisis services coordination, information and referral linkage to services and crisis screening.</p> <p>Although Cedar County is the only county without an emergency department, parts of the county have access to an ACT team through the University of Iowa Hospitals and Clinics. This service is offered within a thirty (30) mile radius of UHIC. It is anticipated that Mobile Crisis Services will be operational in Cedar County in FY17.</p>
25.3(4)b	<u>Timeliness:</u> Crisis evaluation within twenty-four (24) hours.	<p>Yes, currently the access to a crisis evaluation within Twenty-four (24) hours is available by calling an agency crisis line, or by presenting at a local emergency department.</p>	<p>The Region is striving for a system that will provide access 24/7 to mental health professionals as part of the Crisis Services Agreement between the Region and the Robert Young Center. Several contract indicators have been put in place. The indicators are:</p> <ul style="list-style-type: none"> • To execute contracts with HealthNet Connect (The firm that runs Vidyo). • To deliver Telehealth Equipment. • To provide training of Telehealth (Vidyo) System. • To execute Telehealth MOU's. • In FY16, 50% of the hospitals in the Region went live with Telehealth. It is anticipated that the other hospitals within the Region will be live with Telehealth in FY17. It is anticipated Mobile Crisis Services in Cedar County will be live in FY17.

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<u>Support for Community Living:</u> (Home Health Aide, Home and Vehicle Modification, Respite, Supported Community Living)			
25.3(5)	<u>Timeliness:</u> The first appointment shall occur within four (4) weeks of the individual's request of support for community living.	Yes, the agencies have the capacity to meet this standard. The agencies include: 1) Consumer Designed Services 2) Crossroads Inc 3) DAC Inc 4) Handicapped Development Center 5) Lutheran Services 6) New Choices Inc 7) Optimae Life Services 8) Pathway Living Center 9) REM IA Comm. Services 10) Skyline Inc 11) Systems Unlimited	This has been measured by reports made to Coordinators of Disability Services by the providers and by the individuals who have attempted to access the services. All identified mental health providers within the Region are listed in the FY16 Annual Service and Budget Plan.
<u>Support for Employment:</u> (Day Habilitation, Job Development, Supported Employment, Prevocational Services)			
25.3(6)	<u>Timeliness:</u> The initial referral shall take place within 60 days of the individual's request of support for employment.	Yes, the agencies have the capacity to meet this standard for these services. The agencies include: 1) Crossroads Inc 2) DAC Inc 3) Handicapped Development Center 4) Skyline Inc 5) Goodwill Industries 6) ARC of SE Iowa	This has been measured by reports made to Coordinators of Disability Services by the providers and by the individuals who have attempted to access the services. All identified mental health providers within the Region are listed in the FY16 Annual Service and Budget Plan.
<u>Recovery Services:</u> (Family Support, Peer Support)			
25.3(7)	<u>Proximity:</u> An individual receiving recovery services shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.	No, the Region does not meet the standard for Family Support for all individuals living within the Region. • Family Support is available at Vera French CMHC. No, the Region does not meet the standard for Peer Support for all individuals living within the Region. • Peer Support is available at Vera French CMHC and Bridgeview CMHC, also through IHH programs.	An effort will be made to improve the availability of Family Support throughout the Region by reaching out to NAMI and other providers. Peer Support is an area of ongoing development within the IHH Programs.

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Service Coordination: (Case Management, Health Homes)			
25.3(8)a	<p><u>Proximity:</u> An individual who receives service coordination shall not have to travel more than thirty (30) miles if residing in an urban area or forty-five (45) miles if residing in a rural area to receive services.</p>	<p>Yes, Service Coordination is available throughout the Region in the offices of the Coordinators of Disability Services.</p> <ol style="list-style-type: none"> 1) Cedar County 2) Clinton County 3) Jackson County 4) Muscatine County 5) Scott County <p>Yes, Targeted Case Management is provided by:</p> <ol style="list-style-type: none"> 1) Cedar County 2) Clinton County 3) Jackson County 4) Muscatine County 5) DHS–Scott County <p>Yes, Health Homes are available in two (2) counties of the Region.</p> <ol style="list-style-type: none"> 1) Muscatine County 2) Scott County 	<p>According to the August 2015 map of Health Homes, listed on the DHS website, only two (2) counties in the Region have Health Home.</p> <p>The Region will defer to DHS for further development of Health Homes.</p>
25.3(8)b	<p><u>Timeliness:</u> An individual shall receive service coordination within ten (10) days of the initial request for such service or being discharged from an inpatient facility.</p>	<p>In the offices of the Coordinators of Disability Services, staff meets this standard.</p>	<p>Effective 4/1/2016, Community Based Case Managers thru the three (3) MCO's, also became available.</p>

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

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

<u>Service Domain/Service</u>	<u>Available:</u>	<u>Comments:</u>
	<ul style="list-style-type: none"> • Yes/No • By which providers 	<ul style="list-style-type: none"> • Is it in a planning stage? If so describe.
Comprehensive Facility and Community-Based Crisis Services: 331.397~ 6.a.		
24-Hour Crisis Hotline	<p>Yes, the following providers have crisis lines available.</p> <ol style="list-style-type: none"> 1) Abbe Center for CMH 2) Bridgeview CMHC 3) Hillcrest Family Services MHC 4) Vera French CMHC 5) Robert Young for CMH 	<p>The Region signed an Agreement for Crisis Services with the Robert Young Center on January 14, 2016 to develop a full continuum of Mental Health Crisis Services across the Region that are locally delivered and regionally managed with state wide standards. One (1) of the services offered is:</p> <ol style="list-style-type: none"> I. 24-Hour Crisis Line Completed on March 2, 2016 the crisis line utilizes Foundation 2 to provide counseling, crisis services coordination, information and referral linkage to services and crisis screening.
Mobile Response	<p>Yes, the portion of Cedar County that is located within a thirty (30) mile radius of Iowa City has access to an ACT Team provided by University of Iowa Hospitals and Clinics.</p> <p>No, the other four (4) counties do not have this service available.</p>	<p>It is anticipated that Mobile Crisis through the Eastern Iowa MH/DS Region contract will be operational in Cedar County within the next year (FY17).</p>
23-Hour crisis observation & holding	Not available	<p>This has been discussed and the Region would like to pursue this service. However, concern over the future availability of funding to sustain this service prevents the Region from considering it at this time.</p>
Crisis Stabilization Community Based Services	Not available	<p>This has been discussed and the Region would like to pursue this service. However, concern over the future availability of funding to sustain this service prevents the Region from considering it at this time.</p>
Crisis Stabilization Residential Services	Not available	<p>This has been discussed and the Region would like to pursue this service. However, concern over the future availability of funding to sustain this service prevents the Region from considering at this time.</p>
Other	<p>STEP-IN (Short Term Evaluation Program for Immediate Needs) is available on a voluntary basis to children/adolescents and their families in Clinton and Jackson County. This is not funded by the Region.</p>	<p>At this time a similar program for adults is not being considered. It is expected the crisis response services will address the needs of adults in crisis.</p>

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Crisis Residential Services: 331.397~ 6.b.		
Subacute Services 1–5 beds	Not available	This has been discussed and the Region would like to pursue this service. However, concern over the future availability of funding to sustain this service prevents the Region from considering it at this time.
Subacute Services 6+ beds	Not available	This has been discussed and the Region would like to pursue this service. However, concern over the future availability of funding to sustain this service prevents the Region from considering it at this time.
Justice System–Involved Services: 331.397~ 6.c.		
Jail Diversion	Not available.	Service coordination is currently provided in Scott County. Scott County Jail personnel work with Scott County Community Services to assist inmates in accessing mental health services and other services within the community as needed. The Region is interested in exploring this service.
Crisis Prevention Training	Not available.	A core group of the Davenport Police Department has been trained in CIT. Discussion is ongoing in regard to planning for CIT for any interested law enforcement personnel within the Region. The Region is interested in exploring this service.
Civil Commitment Prescreening	Not available	An effort was made to implement this as a pilot project, but it was difficult to engage providers at this time due to concerns about MCOs. This will continue to be explored to create a program to address this need by using resources in the Region. The Region is interested in exploring this service.
Other	Yes, outpatient evaluations, under Chapter 229, are available at Bridgeview CMHC.	The Region has discussed approaching the other three (3) CMHCs about the feasibility of offering this service. It is still considered a pilot project in Clinton County. The purpose is to collect outcome data to determine the effectiveness of the program. The Chief Judge is willing to promote this among all district court judges.
Other	Yes, service coordination for commitments is available within the Region.	All five (5) County Coordinators of Disability Services provide service coordination at the time of filing and the commitment hearing. This includes attending hearings, discussing treatment options and coordinating discharge services with the providers and the courts.

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Other	Yes, a pilot project with the Stepping Up Initiative has been implemented.	Clinton County Board of Supervisors signed a resolution for the “Stepping-Up” Initiative on December 21, 2015. This initiative is to convene and draw on a diverse team of leaders and decision makers; to collect and review prevalence numbers; and to assess an individual’s need by better identifying mental health issues of individuals entering the jail system. The Region is interested in exploring this service.
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Practices

Co-Occurring:

Training: The Eastern Iowa MH/DS Region has numerous trained providers that are treating individuals with co-occurring conditions. All of the five (5) providers: Abbe Center for CMH, Bridgeview CMHC, Hillcrest Family Services MHC, Vera French CMHC and the Robert Young Center for CMH, employ staff who are credentialed as both Licensed Mental Health Professionals and Certified Alcohol and Drug Counselors (CADC) or Certified Rehabilitation Counselors (CRC). Bridgeview CMHC reports it facilitates an ongoing group therapy for co-occurring conditions of MH and SA, which meets three (3) days a week. In addition to the CMHCs, other outpatient mental health providers, as well as residential and vocational providers, have staff whom are trained to provide services to individuals with co-occurring conditions. Pathways Living Center reports it provides regular training to their staff on substance abuse/mental health and employs one (1) CADC person on staff to assist with these training opportunities. DAC Inc utilizes the curriculum modules from the College of Direct Supports. This curriculum specifically addresses the diagnosis present in co-occurring conditions.

Access: Access for individuals within the Region is limited to these providers who have competency in this area.

A Regional goal for FY16 was to ensure all providers that serve individuals with co-occurring conditions are trained under the Substance Abuse and Mental health Services Administration (SAMSHA), the Dartmouth Psychiatric Research Center or other generally recognized professional organization as specified within our Region as dictated under IAC 441-25.4(1) .

This goal was not met and for FY17 will continue to be explored.

Trauma Informed Care:

Training: Staff trained in Trauma Informed Care is available at three (3) providers within the Eastern Iowa MH/DS Region. Hillcrest Family Services MHC has required this training for their clinical staff and Vera French CHMC self reports they have utilized block grant funds to provide the training for Trauma Informed Care. Abbe Center for CMH is continuing to assist its staff in getting trained and believe it is a core approach when providing behavioral healthcare.

In addition to staff trained in the areas of co-occurring disorders and trauma informed care, agencies have staff trained in Eye Movement Desensitization and Reprocessing (EMDR), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Parent-Child Interaction Therapy (PCIT), Dialectical Behavior Therapy (DBT) and Motivational

The Eastern Iowa MH/DS Region – Annual Report FY 2016

Interviewing. The Region has written in support of those CMHCs who use federal block grant dollars for the purpose of training their staff in the areas of these core competencies and evidenced based practices. Other areas of training needs identified by providers include: person centered training and crisis intervention skills.

Access: Access for individuals within the Region is limited to these providers who have competency in this area.

A Regional goal for FY16 was that consideration be given to respond to requests from providers for assistance in providing access to trainings in trauma informed care.

This goal was not met and for FY17 will continue to be explored.

Evidenced Based Practices:

Throughout FY15 the focus was on transitioning from operating as a county system to a regional system, establishing relationships between the Region and providers and beginning to develop a continuum of care for crisis services that are financially sustainable.

FY16 goals and priorities for the Eastern Iowa MH/DS Region were for the Management Team to become knowledgeable in Evidenced-Based Practices and the use of fidelity scales for conducting an independent verification of the practices

The Region hosted a provider training on April 28th, 2016 on the Outcomes Project with presentation by John Grush. However, the thrust of Region's decision making and practices in FY16 focused on the development of a Crisis Service System. The Region entered into an agreement for Crisis Services with the Robert Young Center on January 14, 2016.

There were and continue to be several noteworthy programs within the Region that should be mentioned that are earmarked to be reviewed in FY17 to meet established fidelity to evidence-based service models. Pathway Living Center, which administers a permanent supported housing program called the *Home Sweet Home* program is a housing initiative that has been in existence for over twenty years and consists of four (4) apartments each in the City of Clinton and DeWitt. Priority at this program is given to individuals who are homeless and suffer from a mental illness. Bridgeview CMHC offers an integrated treatment of co-occurring substance abuse and mental health program, available three (3) days per week on an ongoing basis and the University of Iowa Hospitals and Clinics has an Assertive Community Treatment (ACT) Team available to portions of Cedar County. Strengths Based Case Management is available through the four (4) accredited county case management programs in Cedar, Clinton, Jackson and Muscatine County.

Additional services the Region will need to review from the perspective of an evidenced-based practice model are: Supported Employment which is provided by DAC Inc, Goodwill Industries, Handicapped Development Center and Skyline Center Inc. Family Psycho-education is another area some CMHCs have indicated they offer but it has not been verified that the agency is using an evidence-based practice model. The Region will also need to determine the availability of the Illness Management and Recovery evidenced based practice model.

The Region does realize that a key SAMHSA priority is to prevent homelessness by ensuring that Permanent Supportive Housing are available for individuals with mental and/or substance use disorders. SAMHSA also supports the Service Outreach and Recovery Project, SOAR, which is a national project designed to increase access to the disability income benefit programs administered by the Social Security Administration for eligible adults who are homeless, or at risk of homelessness, and have a mental and/or substance use disorder. There

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are four (4) staff members within the Region who have been trained in the SOAR project and are skilled in using the tools in assisting eligible individuals.

Knowledge of Evidenced Based Practices were explored in FY16 and will be further developed for future planning with the skill set under the Eastern Iowa MH/DS Region Crisis Services agreement and arrangement.

Individuals Served in Fiscal Year 2016

This section includes:

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

Warehouse Report: Unduplicated Count

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

Unduplicated Count - FY16										
Age	Account	Code	MI	ID	DD	Admin	CM	CPS	BI	Total
Adult	22399	Services Management - Other	99	91	10					200
Adult	23376	Crisis Care Coordination - Coordination Services	27	1						28
Adult	31351	Transportation - Bus	4	1	1					6
Adult	31354	Transportation - General	120	4	2					126
Adult	32325	Support Services - Respite Services	1							1
Adult	32326	Support Services - Guardian/Conservator	41	56	3					100
Adult	32327	Support Services - Representative Payee	88	65	10					163
Adult	32329	Support Services - Supported Community Living	38	10	16					64
Adult	32399	Support Services - Other	1							1
Adult	33340	Basic Needs - Rent Payments	4							4
Adult	33345	Basic Needs - Ongoing Rent Subsidy	46							46
Adult	33399	Basic Needs - Other	1							1
Adult	41306	Physiological Treatment - Prescription Medicine/Vaccines	586							586
Adult	42305	Psychotherapeutic Treatment - Outpatient	564	1						565
Adult	42396	Psychotherapeutic Treatment - Community Support Programs	41							41
Adult	42399	Psychotherapeutic Treatment - Other	352							352
Adult	43301	Evaluation (Non Crisis) - Assessment and Evaluation	18							18
Adult	44301	Crisis Evaluation	3							3
Adult	44313	Crisis Stabilization Residential Service (CSRS)	1							1
Adult	50360	Voc/Day - Sheltered Workshop Services	35	249	16				4	304
Adult	50362	Voc/Day - Prevocational Services	1	3						4
Adult	50367	Day Habilitation	32	1	1				1	35
Adult	50368	Voc/Day - Individual Supported Employment	2	6	6					14
Adult	63314	Comm Based Settings (1-5 Bed) - RCF	1							1
Adult	63329	Comm Based Settings (1-5 Bed) - Supported Community Living	11	1						12

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Adult	64314	Comm Based Settings (6+ Beds) - RCF	46	3					49
Adult	64315	Comm Based Settings (6+ Beds) - RCF/MR	1	3	2				6
Adult	64316	Comm Based Settings (6+ Beds) - RCF/PMI	78	2					80
Adult	64317	Comm Based Settings (6+ Beds) - Nursing Facility	1						1
Adult	71319	State MHI Inpatient - Per diem charges	17						17
Adult	73319	Other Priv./Public Hospitals - Inpatient per diem charges	37						37
Adult	74300	Commitment - Diagnostic Evaluations	142						142
Adult	74353	Commitment - Sheriff Transportation	408						408
Adult	74393	Commitment - Legal Representation	305						305
Adult	75395	Mental Health Advocate - General	110						110
Child	22399	Services Management - Other	1						1
Child	23376	Crisis Care Coordination - Coordination Services	1						1
Child	31354	Transportation - General	1						1
Child	32326	Support Services - Guardian/Conservator	1						1
Child	41305	Physiological Treatment - Outpatient	1						1
Child	41306	Physiological Treatment - Prescription Medicine/Vaccines	17						17
Child	42305	Psychotherapeutic Treatment - Outpatient	4						4
Child	42399	Psychotherapeutic Treatment - Other	3						3
Child	44301	Crisis Evaluation	2						2
Child	50360	Voc/Day - Sheltered Workshop Services	1	1					2
Child	73319	Other Priv./Public Hospitals - Inpatient per diem charges	23						23
Child	74300	Commitment - Diagnostic Evaluations	51						51
Child	74353	Commitment - Sheriff Transportation	121						121
Child	74393	Commitment - Legal Representation	13						13
Child	75395	Mental Health Advocate - General	7						7

Warehouse Report: Persons Served

The chart below shows the unduplicated count of individuals funded by diagnosis.

Persons Served Report FY16				
Disability Group	Children	Adult	Unduplicated Total	DG
Mental Illness	163	1940	2103	40
Mental Illness,Intellectual Disabilities	0	11	11	40,42
Mental Illness,Other Developmental Disabilities	0	3	3	40,43
Intellectual Disabilities	1	329	330	42
Intellectual Disabilities,Other Developmental Disabilities	0	1	1	42,43
Other Developmental Disabilities	0	33	33	43
Brain Injury	0	5	5	47
Total	164	2322	2486	99

Financials

This section includes tables for:

- Expenditures.
- Revenues.
- County Levies.

Expenditures

Warehouse Report: Entity Dollars by COA

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

FY 2016 GAAP	Eastern Iowa MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
Core Domains							
COA	Treatment						
43301	Assessment & evaluation	\$ 4,699					\$ 4,699
42305	Mental health outpatient therapy	\$ 179,987	\$ 27				\$ 180,014
42306	Medication prescribing & management						\$ -
71319	Mental health inpatient therapy-MHI	\$ 288,572					\$ 288,572
73319	Mental health inpatient therapy	\$ 176,771					\$ 176,771
	Basic Crisis Response						
32322	Personal emergency response system						\$ -
44301	Crisis evaluation	\$ 1,212,650					\$ 1,212,650
44305	24 hour access to crisis response						\$ -
	Support for Community Living						
32320	Home health aide						\$ -
32325	Respite	\$ 73					\$ 73
32328	Home & vehicle modifications						\$ -
32329	Supported community living	\$ 402,105	\$ 49,784	\$ 81,305			\$ 533,195
	Support for Employment						
50362	Prevocational services	\$ 2,751	\$ 37,725				\$ 40,476
50367	Day habilitation	\$ 39,654	\$ 3,640	\$ 328	\$ 68		\$ 43,689
50364	Job development						\$ -
50368	Supported employment	\$ 2,064	\$ 25,470	\$ 21,574			\$ 49,107
50369	Group Supported employment-enclave						\$ -
	Recovery Services						
45323	Family support						\$ -
45366	Peer support						\$ -
	Service Coordination						
21375	Case management						\$ -
24376	Health homes						\$ -

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	Core Evidenced Based Treatment						
04422	Education & Training Services - provider competency						\$ -
32396	Supported housing						\$ -
42398	Assertive community treatment (ACT)						\$ -
45373	Family psychoeducation						\$ -
	Core Domains Total	\$ 2,309,326	\$ 116,646	\$ 103,206	\$ 68		\$ 2,529,246
	Mandated Services						
46319	Oakdale						\$ -
72319	State resource centers						\$ -
74XXX	Commitment related (except 301)	\$ 311,086					\$ 311,086
75XXX	Mental health advocate	\$ 134,297					\$ 134,297
	Mandated Services Total	\$ 445,383	\$ -	\$ -	\$ -		\$ 445,383
	Additional Core Domains						
	Comprehensive Facility & Community Based Crisis Services						
44346	24 hour crisis line	\$ 400,000					\$ 400,000
44366	Warm line						\$ -
44307	Mobile response						\$ -
44302	23 hour crisis observation & holding						\$ -
44312	Crisis Stabilization community-based services						\$ -
44313	Crisis Stabilization residential services	\$ 3,000					\$ 3,000
	Sub-Acute Services						
63309	Subacute services-1-5 beds						\$ -
64309	Subacute services-6 and over beds						\$ -
	Justice system-involved services						
46305	Mental health services in jails						\$ -
25xxx	Coordination services						\$ -
46422	Crisis prevention training						\$ -
46425	Mental health court related costs						\$ -
74301	Civil commitment prescreening evaluation						\$ -
46399	Justice system-involved services-other						\$ -
	Additional Core Evidenced based treatment						
42397	Psychiatric rehabilitation (IPR)						\$ -
42366	Peer self-help drop-in centers						\$ -
	Additional Core Domains Total	\$ 403,000	\$ -	\$ -	\$ -		\$ 403,000
	Other Informational Services						
03XXX	Information & referral						\$ -
04XXX	Consultation (except 422)						\$ -
05XXX	Public education						\$ -
	Other Informational Services Total	\$ -	\$ -	\$ -	\$ -		\$ -

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Other Community Living Support Services						
06399	Academic services					\$ -
22XXX	Services management	\$ 336,876	\$ 89,688	\$ 8,499		\$ 435,063
23376	Crisis care coordination	\$ 31,509	\$ 700			\$ 32,209
23399	Crisis care coordination other					\$ -
24399	Health home other					\$ -
31XXX	Transportation	\$ 39,416	\$ 2,790	\$ 2,998		\$ 45,203
32321	Chore services					\$ -
32326	Guardian/conservator	\$ 14,205	\$ 21,002	\$ 1,288		\$ 36,495
32327	Representative payee	\$ 41,021	\$ 32,737	\$ 5,208		\$ 78,966
32399	Other support	\$ 165				\$ 165
32335	CDAC					\$ -
33330	Mobile meals					\$ -
33340	Rent payments (time limited)	\$ 4,188				\$ 4,188
33345	Ongoing rent subsidy	\$ 56,458				\$ 56,458
33399	Other basic needs	\$ 200				\$ 200
41305	Physiological outpatient treatment	\$ 298				\$ 298
41306	Prescription meds	\$ 129,532				\$ 129,532
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	\$ 249,539				\$ 249,539
42399	Other psychotherapeutic treatment	\$ 85,842				\$ 85,842
43399	Other non-crisis evaluation					\$ -
44304	Emergency care					\$ -
44399	Other crisis services					\$ -
45399	Other family & peer support					\$ -
50361	Vocational skills training					\$ -
50365	Supported education					\$ -
50399	Other vocational & day services					\$ -
63XXX	RCF 1-5 beds	\$ 30				\$ 30
63XXX	ICF 1-5 beds					\$ -
63329	SCL 1-5 beds	\$ 343,773	\$ 5,038			\$ 348,811
63399	Other 1-5 beds					\$ -
	Other Comm Living Support Services Total	\$ 1,333,053	\$ 151,953	\$ 17,993	\$ -	\$ 1,503,000
Other Congregate Services						
50360	Work services (work activity/sheltered work)	\$ 108,937	\$ 961,601	\$ 70,744	\$ 5,707	\$ 1,146,989
64XXX	RCF 6 and over beds	\$ 2,581,903	\$ 204,381	\$ 109,894		\$ 2,896,178
64XXX	ICF 6 and over beds					\$ -
64329	SCL 6 and over beds					\$ -
64399	Other 6 and over beds					\$ -
	Other Congregate Services Total	\$ 2,690,840	\$ 1,165,982	\$ 180,638	\$ 5,707	\$ 4,043,167

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Administration							
11XXX	Direct Administration					\$ 704,218	\$ 704,218
12XXX	Purchased Administration					\$ 24,000	\$ 24,000
13951	Distribution to MHDS Regional Fiscal Agent/member county.*					\$ 8,241,693	\$ 8,241,693
	Administration Total					\$ 8,969,911	\$ 8,969,911
	Regional Totals	\$ 7,181,602	\$ 1,434,581	\$ 301,838	\$ 5,775	\$ 8,969,911	\$ 17,893,706
(45XX-XXX)County Provided Case Management						\$ 433,187	\$ 433,187
(46XX-XXX)County Provided Services						\$ -	
						*Transfer of Funds	\$ (8,241,693)
	Regional Grand Total						\$ 10,085,200

Eastern Iowa MH/DS Region		
Entity #	Entity	*Transfer of Funds 25% of Fund Balance
116	Cedar	\$455,644
123	Clinton	\$1,657,057
149	Jackson	\$539,014
170	Muscatine	\$1,675,703
182	Scott	\$3,914,275
COA 13951	TOTAL	\$8,241,693

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Revenue

The chart below shows the combined revenue reported by each member county.

FY 2016 GAAP	Eastern Iowa MH/DS Region		
Revenues			
	Accrual Audited Regional Fund Balance as of 6/30/15		\$ 13,415,878
	Local/Regional Funds		\$ 8,305,010
10XX	Property Taxes-Current & Delinquent	\$ 7,838,880	
12XX	Other County Taxes	\$ 11,708	
16XX	Utility Tax Replacement Excise Taxes	\$ 302,284	
4XXX-5XXX	Charges for Services	\$ 69,886	
60XX	Interest	\$ 13,377	
6XXX	Use of Money & Property	\$ -	
25XX	Other Governmental Revenues	\$ -	
8XXX	Miscellaneous	\$ 68,875	
	State Funds		\$ 842,020
21XX	State Tax Credits	\$ 465,785	
22XX	Other State Replacement Credits	\$ 376,235	
2250	MHDS Equalization		
2644	MHDS Allowed Growth // State Gen. Funds		
2645	State Payment Program		
	Federal Funds		\$ -
2344	Social Services Block Grant		
2345	Medicaid		
	Total Revenues		\$ 9,147,030

Total Funds Available for FY16	\$ 22,562,908
*FY16 GAAP Regional Expenditures	\$ 9,821,056
GAAP Fund Balance as of 6/30/16	\$ 12,741,852

**Variances in the Warehouse reporting data will not correspond to the GAAP basis “unaudited” accrual expenditures due to the nature of the two (2) ledger systems; Per consultation with the EIMH Region Fiscal Agent.*

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County Levies

County	2014 Est. Pop.	47.28 Per Capita Levy	Base Year Expenditure Levy	FY16 Max Levy	FY16 Actual Levy	Actual Levy Per Capita
Cedar	18,411	870,472	968,646	870,472	841,027	45.68
Clinton	48,051	2,271,851	2,883,428	2,271,851	1,803,292	37.53
Jackson	19,482	921,109	787,145	787,145	787,145	40.40
Muscatine	42,903	2,028,454	2,055,392	2,028,454	1,887,637	44.00
Scott	171,387	8,103,177	3,308,032	3,308,032	3,308,032	19.30
Eastern Iowa MHDS Region	300,234				8,627,133	37.38

Outcomes

History: The Eastern Iowa MH/DS Region was formed based on relationships that already existed within the 7th Judicial District. The committee for the 7th Judicial District Department of Correctional Services, which was made up of one (1) Board of Supervisor from each county, became the initial work group to discuss regionalization. Upon the signing of the 28E Agreement, each county Board then designated a representative to serve on the Eastern Iowa MH/DS Regional Governing Board of Directors.

The Region's total population is approximately 300,000. It is comprised of three (3) urban (per IAC 25.1) counties- Clinton, Muscatine and Scott County, and two (2) rural counties- Cedar and Jackson County. This results in a broad range of resources and providers, and areas where there is a gap in service providers. One (1) of the most notable examples is that Cedar County does not have a hospital located in the county. This was an important fact when discussing implementation of basic crisis response services throughout the Region.

1st Year in Review FY15: Learning and Growing

The first year of operating as a five (5) county member Eastern Iowa MH/DS Region was a learning and growing experience for all those responsible for successfully implementing the redesign of the county mental health system. The Region's Management Team, which consists of the Coordinators of Disability Services in each county (all the former CPC's of their respective county), met regularly and reported to the Regional Governing Board at their monthly meetings. During the first year the Management Team needed to educate each other about their respective county – what services were and were not available in different areas. Initially, working as a Region, a conscious decision was made to implement new services in a slow and well thought out manner. The Regional Management Team believed that by taking this slow and methodical approach a more successful and sustainable mental health service delivery system will be in place to better fit the needs of our communities.

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2nd Year in Review FY16: Development of a Mental Health Crisis Services System

In FY15, the Management Team travelled to Des Moines to tour the Polk County model of services and as the Region began discussing the details of these types of services, as well as other crisis services, the Management Team began to understand the ramifications of the cost of developing these types of services. At that time, the plan became to develop a continuum of services that could be potentially implemented in incremental stages. A letter of interest was then sent to the community mental health centers and hospitals that provide services in the Region to inquire what their vision would be to develop and provide a continuum of crisis response services. Robert Young Center-UnityPoint Health, Rock Island IL, who is a provider located in Muscatine County, presented the most comprehensive plan for crisis response services.

Conversations began with the Robert Young Center-UnityPoint Health in FY15, and were continued in FY16. The Region then signed an Agreement for Crisis Services with the Robert Young Center on January 14, 2016 to develop a full continuum of Mental Health Crisis Services across its service area that are locally delivered and regionally managed with state wide standards.

The implementation of the Eastern Iowa MH/DS Region's Crisis System with the Robert Young Center has three (3) phases: Phase I-Foundational Components, Phase II-Expansion of Crisis Services and Phase III-the Full Continuum of Services. This process will use an incremental developmental approach to ensure funding is sustainable.

Phase I: Crisis Evaluations and a 24-Hour Crisis Line, considered Foundational Services, were developed. The Robert Young Center presented the concept of four (4) strategic pillars to support the Crisis System foundation. The pillars work together to ensure the new crisis services continuum provided the best outcome for every individual every time. The four pillars included: Quality, Utilization Review, Clinical Services, and Care Coordination.

- Quality. The purpose of this pillar is to assure the Crisis System provided services that were reliable, effective, "patient-centered", timely, and efficient. This was, and continues to be, accomplished through continued monitoring and improvement of the care provided and Crisis System operations.
- Utilization Review. Utilization Review (UR) was implemented using a collaborative, multidisciplinary team-driven model to ensure services provided are medically necessary and provided at the most appropriate level with regard to safety and effectiveness, and in a manner in which an individual can reasonably be expected to benefit.
- Clinical Services. The third supporting pillar was, and continues to be, to provide onsite counseling and psychiatric care allowing for continuity of care *post crisis* for those individuals who do not have a community psychiatric provider.
- Care Coordination. The Care Coordination Program works with individuals and their current providers to improve access and facilitate care. Care Coordinators will assist individuals who do not have a psychiatric provider or therapist and link them to a provider within the Eastern Iowa MH/DS Region Crisis System. An individual's access to crisis intervention service is enhanced by establishing Telehealth services within their communities. The Robert Young Center has worked and will continue to work closely with participating community agencies and law enforcement to improve collaboration and communication, identify any gaps in the delivery of care and to identify issues related to access to these services.

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The 24-Hour Crisis Line went live on March 2, 2016. Pursuant to IAC 441–24.34, Robert Young Center, under Eastern Iowa MH/DS Region Crisis System, expanded its 24-hour crisis line to the service area. The 24-hour crisis line is managed by Foundation 2, which is a crisis center providing trained, compassionate telephone counselors 24 hours a day, 365 days a year. The staff at the Foundation 2 provides counseling, crisis service coordination, information and referral, linkage to services, and crisis screening. They also have the capability to direct individuals who call in a severe psychiatric crisis to utilize their local Emergency Department or Foundation 2 staff can contact local law enforcement agencies to conduct a wellness check.

The 24-Hour Crisis Line information was disseminated to the communities within the Region by the following avenues:

- Information was posted on county websites.
- Posters were created with the crisis line phone number including a short description of the services.
- The posters were emailed or printed and physically delivered to social service agencies, colleges, law enforcement agencies, hospitals, churches and public meeting places.
- Small pocket cards were handed out to various agencies and included at every agency's presentation on the Eastern Iowa MH/DS Region.
- The 24-Hour Crisis Line number is: 1-844-430-0375 (toll free).

Crisis Evaluations, including crisis screening and crisis assessment, in accordance with the requirements of IAC 441-24.32, were also developed. Screenings and assessments are to be conducted via Telehealth or face to face, in the Emergency Departments of hospitals within the Region except services within Cedar County, which are to be conducted by a Mobile Crisis team.

Contract Indicators within the Eastern Iowa MH/DS Regional Crisis System are as follows:

- Contracts Executed with Healthnet Connect were completed on 3/2/2016 with Clinton, Jackson, Muscatine and Scott.
- Telehealth Equipment was delivered on 3/16/2016 to the entities in Clinton, Jackson, Muscatine and Scott.
- Telehealth (Vidyo) System training were completed on 3/4/2016 to the entities in Clinton, Jackson, Muscatine and Scott.
- Telehealth MOU's were executed in Clinton at Mercy Medical Center on 6/16/2016; Genesis Health System-Dewitt on 5/24/2016. Jackson County Public Regional Hospital on 5/23/2016; UnityPoint Health-Muscatine on 4/13/2016 and Genesis Health System-Davenport on 5/19/2016.
- Telehealth went live at UnityPoint Health- Muscatine on 4/13/2016 and Genesis Health System in Davenport on 5/19/2016 with future live dates at the other sites anticipated soon.

Outcomes under the Eastern Iowa MH/DS Regional Crisis System are expected to decrease overall inpatient mental health costs while increasing the quality of care and dignity provided to those individuals with mental illness and their families. Outcomes fall into five (5) categories: 1) health outcome measures; 2) preventative services; 3) practice transformation; 4) utilization measures; and 5) access and experience measures. The Steering Committee comprised of representatives from the Robert Young Center and the Regional Coordinators of Disability Services (CDS) staff will receive and report outcome measures on a monthly basis for future goal planning and reporting to the Regional Governing Board, Department of Human Services, Regional stakeholders, and the Community Systems Consultants.

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Plans for Moving Forward: Phase II and Phase III: Moving forward, a 23-hour Crisis Stabilization Unit and a 3-5 day Crisis Stabilization Unit are identified as areas of need in the Region. Also, the continuation of managing the Emergency Department Telepsych system/crisis linkages and reconnection with community services are vital to the success and outcomes of the Regional Mental Health Crisis Services System.



Efforts to Address Unmet Needs for FY16 and Beyond:

- **Strategic Behavioral Health:** Strategic Behavioral Health, LLC, (SBH) completed a market study in the State of Iowa regarding the shortage of psychiatric beds which indicated the Eastern Iowa MH/DS Region was under served. In June 2015, representatives from Strategic Behavioral Health, LLC, a for profit company, began meeting with stakeholders to discuss inpatient needs. This resulted in a Certificate of Need hearing scheduled for October 2015. SBH was slated to present their argument at the hearing. However, a member of this board was absent so SBH was given the option of meeting in February 2016. At the February hearing, a 2:2 decision was rendered again due to a board member being absent. The CON hearing was then rescheduled for July 2016.
- **Robert Young Center:** To address the need for additional inpatient psychiatric beds in the Region and to prevent individuals, both adults and children/adolescents, from being treated outside of this Region, the RYC has actively lobbied Illinois legislators to develop a “pilot project.” This project will allow adults involuntarily committed under the 229 Section of the Code of Iowa to be treated at an inpatient facility at UnityPoint Health, Rock Island Illinois. The project will *only* impact adults currently residing within the Region.
- **Mental Health Levy “Call to Action”:** Efforts to move legislation forward in FY16 that would remove the 1996 "Cap" on the Mental Health levy amounts within each county had bipartisan support. A Management Team member led the charge by drafting numerous documents that were shared with all the MH Regions, ISAC staff, legislators and county officials. Meetings were held with Farm Bureau members and Farm Bureau Lobbyists to review SF2236. The message being conveyed to all was: “Although some counties would potentially see an increase in property taxes, a majority of the counties would have a property tax decrease”. While SF2236 did not pass, efforts will continue to be made in the future to address the levy inequity.

The Eastern Iowa MH/DS Region and its Governing Board share the sentiment that State Legislators need to make mental health services and the people who receive them a true priority. Advocacy for a legislative change in code will continue to occur to allow for local control of the Mental Health levy.

- **Training for Peer Support Program:** On May 24, 2016 one (1) member of the Region’s Management Team, in collaboration with a local provider, attended a meeting on Peer Support Programs.

Waiting List: No waiting lists were established for any services during FY16.

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Appeals: No non-expedited or any expedited appeals were filed in FY16.

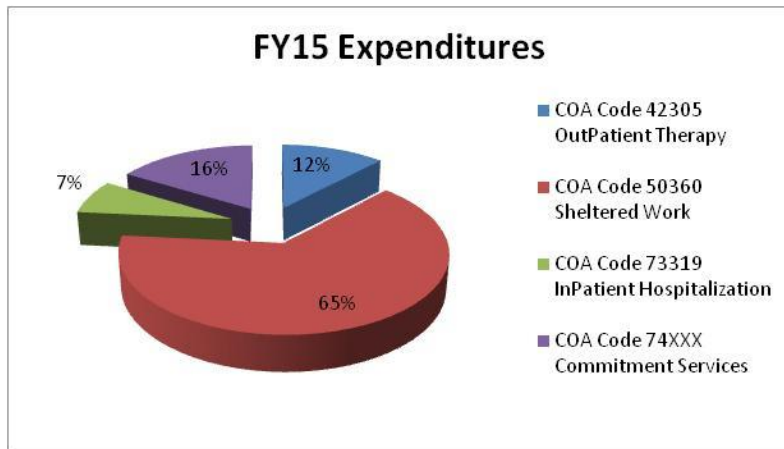
Exceptions to Policy: There were no Exceptions to Policy granted by the Region in FY16.

Expenditure Charts:

The Region is interested in documenting and reporting on three (3) specific areas: 1) sheltered work services, 2) outpatient therapy and 3) overall cost of commitments and will begin to compare expenditures in future charts. Strategies will be developed to address needs for individuals with disabilities within the Region after analyzing and comparing statistical data.

**Please note* the charts indicate dollars expended per fiscal year by listed COA CODES and not a percentage of the overall budget.

- Sheltered Work is a focus within the Region as it strives toward community based employment opportunities. The Region is expecting a steady decline in dollars expended for this service.
- Outpatient Therapy & Inpatient Hospital costs should be impacted by not only the Eastern Iowa MH/DS Crisis System but also the Medicaid expansion.
- Costs expended on behalf of individuals for commitments needs to be examined as the Eastern Iowa MH/DS Region Crisis System and care coordination services are expanded.



COA Code 74xxx	(Commitment under IA Code Section 229.)
74300	Diagnostic Evaluation Related to Commitment
74353	Sheriff Transpiration-Associated Costs to Commitment
74393	Legal Representation-Associated Costs to Commitment

