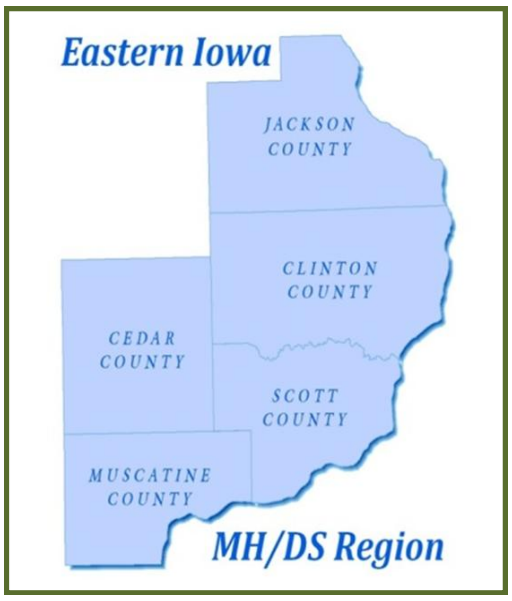
EASTERN IOWA MENTAL HEALTH AND DISABILITY SERVICES REGION

FY2018

COMMUNITY SERVICES PLAN
SENATE FILE 504
2017 LEGISLATION



EASTERN IOWA MENTAL HEALTH AND DISABILITY SERVICES REGION

Community Services Directors:

SERVING:

Cedar County, Julie Tischuk

Clinton County, Becky Eskildsen

Jackson County, Lynn Bopes

Muscatine County, Kathie Anderson-Noel

Scott County, Lori Elam, CEO

Approved by the Governing Board of Directors: October 16, 2017

Submitted to DHS: October 16, 2017

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FY18 Community Services Plan Overview

The 2017 Legislative session passed Senate File 504 which instructs MHDS Regions:

- To convene a Stakeholder Workgroup comprised of representatives from hospitals, the judicial system, law enforcement agencies, managed care organizations, mental health providers, crisis service providers, substance abuse providers, the national alliance on mental illness, and other entities, as appropriate, to meet on a regular basis effective 7/1/17. The desired outcome of this Workgroup is to create collaborative policies and processes relating to the delivery of, access to, and continuity of services and supports for individuals with mental health, disability, and substance use disorder needs;
- To review funding resources currently available (including but not limited to regional fund balances, Title XIX, and other funding sources) and to partner with other regions to provide needed services and supports to individuals with mental health, disability, and substance use disorder needs; and
- To identify the following Community Services Plan components
  - Planning and Implementation Timeframes and Assessment Tools for determining the effectiveness of the plan in achieving the Department's identified outcomes for success
  - Financial Strategies to support the plan

A. Stakeholder Workgroups

1. Community Stakeholder Meeting

The Eastern Iowa MHDS Region held a Community Stakeholder Meeting on Monday, August 28, 2017 at the Scott County Administration Building from 1:00-4:00 pm facilitated by Jeff Schott of the University of Iowa, Institute of Public Affairs. The purpose for the meeting was to provide a general overview of SF 504 and review DHS outcomes. The Stakeholders also reviewed the Eastern Iowa MHDS Region Crisis System including Year 1 and Year 2 services plan as well as current metrics.

COMMUNITY STAKEHOLDER INVITEES 8/28/2017

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2. Behavioral Health and Criminal Justice System Stakeholder Meeting:

The Eastern Iowa MHDS Regional staff and Stakeholders also attended a two day training sponsored by the Robert Young Center held in February 2017 to develop a comprehensive plan for Behavioral Health and Criminal Justice System involved individuals, often referred to as individuals with complex needs, using the Sequential Intercept Model (SIM).

The process, known as the Sequential Intercept Model (SIM), identifies service gaps and strengths for each intercept and commonalities. It is a conceptual framework for stakeholders in communities to examine interfaces, or intercepts, between systems.

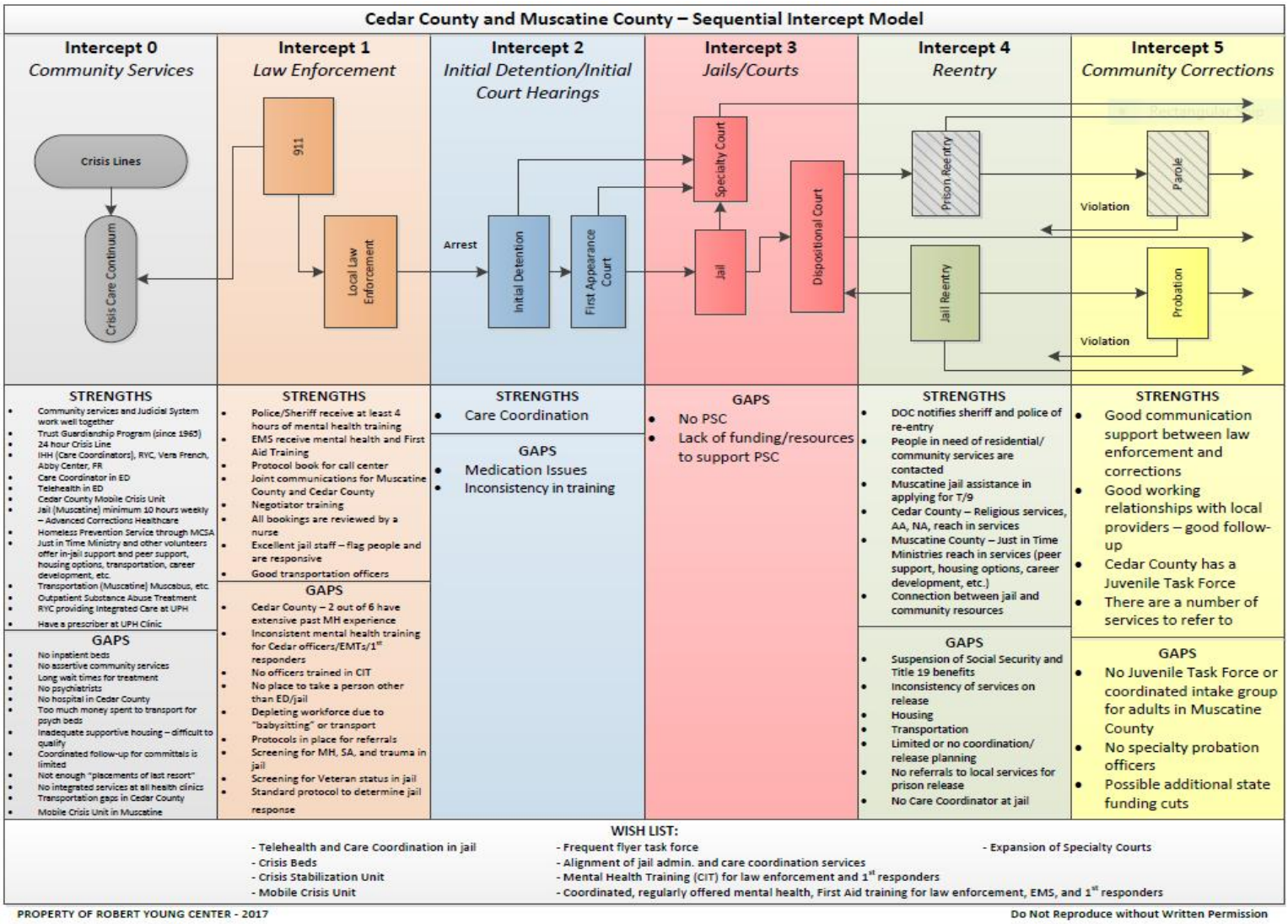
The SIM allows for prompt access to treatment and opportunities for diversion and can be used as an organizing tool. The intercept tools used at the training identified the following intercepts:

- Intercept 0-Community Services/Supports
- Intercept 1-Law Enforcement
- Intercept 2-Initial detention/Initial Court Hearings
- Intercept 3-Jails/Courts

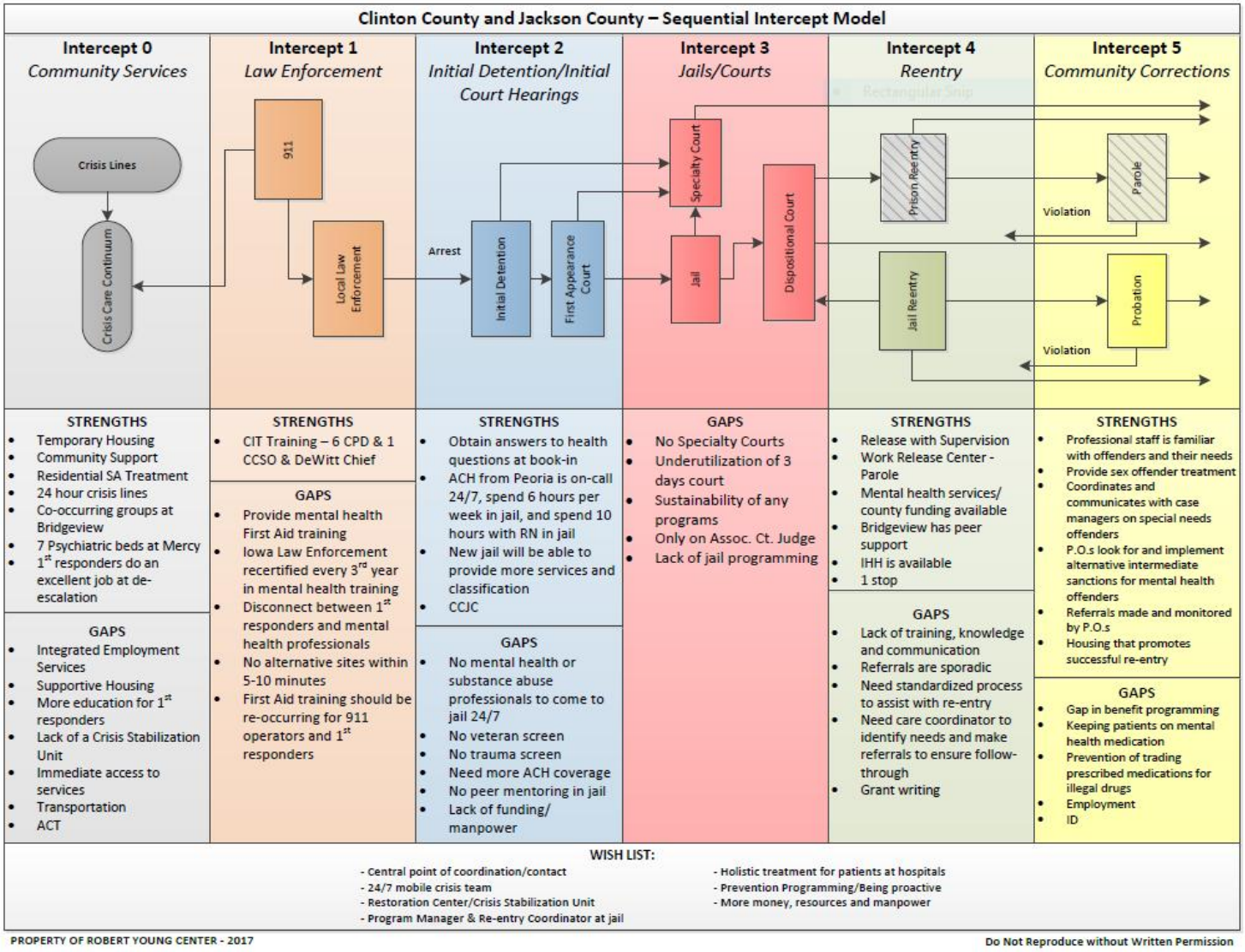
- Intercept 4-Re-Entry
- Intercept 5-Community Corrections

At the second day of the training, each county identified strengths and gaps using the SIM tool. Attached are the documents, which are the property of the Robert Young Center, and the responses:

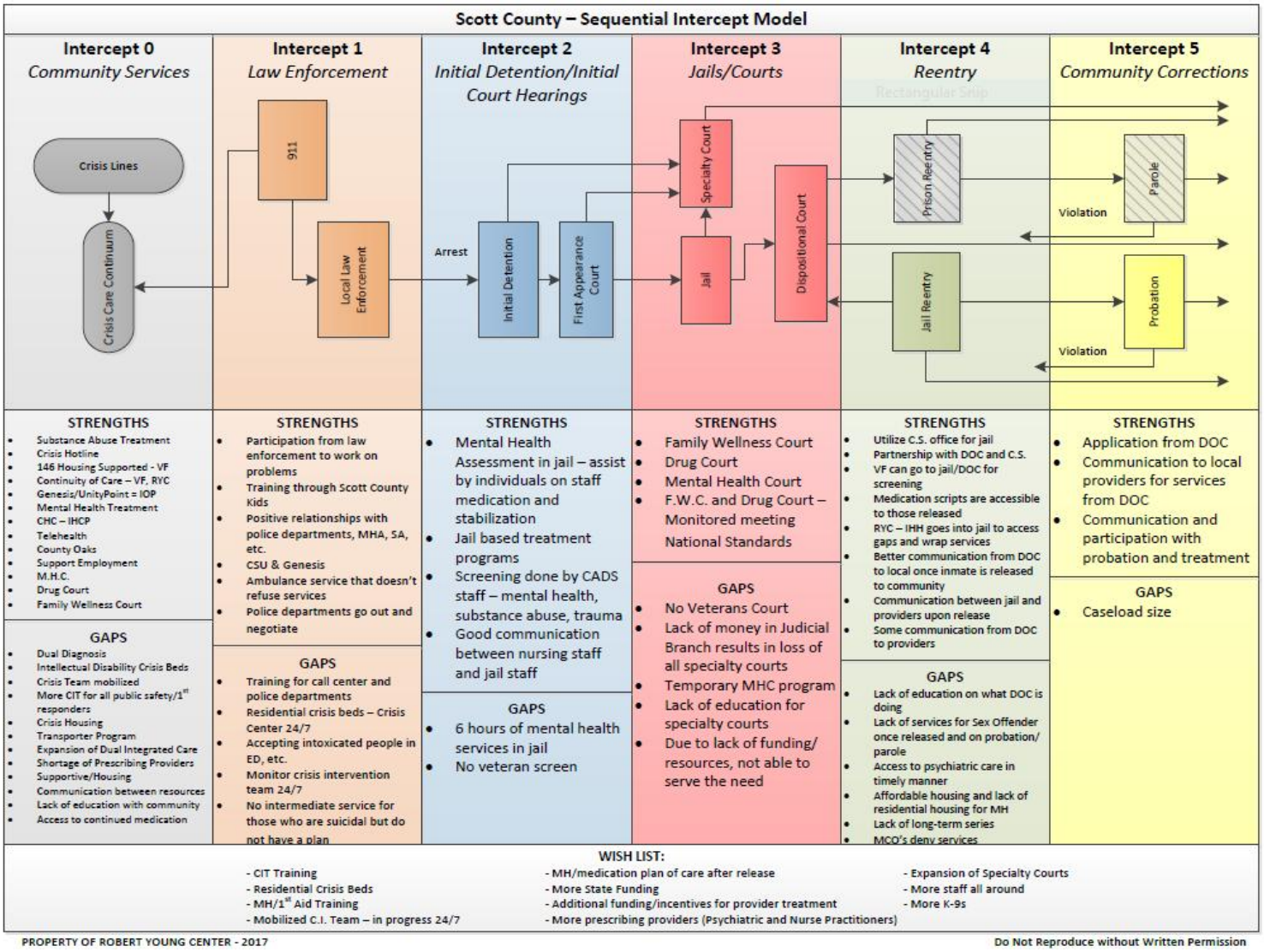
Intercept Model for Cedar County and Muscatine County



Sequential Intercept Model for Clinton County and Jackson County



Intercept Model for Scott County



Many of the gaps identified in the SIM Intercepts (0-community services/supports; 1-law enforcement; 2-initial detention/initial court hearings; 3-jails/courts; 4-re-entry; and 5-community corrections) during the two day SIM workshop are included in Year 2 of the EIMH Crisis Services Agreement. Listed below is a brief description of detailed progress from June 2017 metrics.

Year 2 (2017) EI Crisis Services Agreement includes:	Information is provided to the EIMH Governing Board of Directors. Updated regularly.
Mobile Assessment Clinician (Hired)	Brochure Created (1/24/2017). Job Description Completed (2/3/17). Met with Hillcrest (4/12/17). Vera French (4/10/217), and Bridgeview (4/4/17). Agencies onboard. Proposal received from Bridgeview and Vera French.
Civil Commitment Mobile Pre Screening Mental Health Service Connection in Jail	Met with 7th Judicial District Judge Greve, 15 judges and 2 Supreme Court Justices (1/26/17), Met with Cedar County Clerks of Court (3/20/17), Follow-up meeting mid-July w/Clerks, Magistrate, and Judge.
Co-occuring Staff (Hired) Co-occuring Assessment/Treatment (Mobile)	Job Description Completed (2/3/17), Met with CADS (4/6/17), Met with New Horizons (4/7/17), Met with ASAC (4/17/17) CADS New Horizons, ASAC on board to be providers, ASAC and CADS proposals submitted. Co-occurring Training for providers to be held on October 13, 2017.
CIT Trained Officers	Met with Iowa Provider Association about CIT in Iowa (3/29/17), Coordinated CIT Training locally for all 5 counties (4/10/17), Year 2 CIT Training scheduled for December (12/11/17-12/15/17), Training Outline approved by ILEA for MH training credit (6/14/2017)
Advisory Group by County (Focus Criminal Justice)	Eastern Iowa Region MH/DS Coordinators gathered Advisory Group membership names (2/10/17) , Met with Cedar County (3/22/17), Met with Clinton County (4/3/17), Met with Jackson County (4/4/17), Met with Muscatine County (4/5/17), Met with Scott County (3/10/17), Scott County Team assembled and regular dates set for monthly meeting (6/9/17) First Scott County Team meeting held (6/27/17)
Prescriber Bridge Appointment (Telehealth)	Working with UnityPoint legal counsel to contract services (2/2/17), HealthNet Connect Meeting Scheduled in April
Trauma Informed Care Competency (Hospitals/EMS)	Trauma Informed Care Training Completed with approximately 150 participants (5/30-6/2/17)
Peer Support Services-Integrated within services	Peer Services Meeting Held with Vera French, Bridgeview, Life Connections, Plugged In Iowa (5/24/17), RFP being developed (6/22/17)
Transitional House (State Funding Dependent)	MH Levy SF 504 Signed by Governor (5/5/17), Transitional Housing/Drop in Center meeting held with Vera French. Bridgeview, Life Connections, Plugged in Iowa (5/24/17)

The Eastern Iowa MHDS Region is tasked with how they can achieve better outcomes for the individuals identified as either having “complex needs” or being “a super utilizer” through joint initiatives and collaboration between key stakeholders to support change and improvement. Future meetings with stakeholders will be scheduled by service type to discuss issues related to that specific category.

B. Strategies, Timeframes, & Financial Resources

Statewide Strategic Direction
The Department of Human Services released a report on February 22, 2017 which identifies two problem areas with Iowa's Mental Health System for Individuals with complex needs. The passage of Senate File 504 legislatively mandates the Mental Health and Disability Service Regions to identify strategies to address these issues as follows: **Problem Area #1:** The absence of a community plan and a fragmented approach in serving individuals, particularly those with complex needs. Appropriate services for individuals with complex needs need to be readily available statewide. To achieve this, the Regions will work with stakeholders and various funders to build the service continuum and ensure people receive continuity of care through a collaborative, community-based approach. **Goal:** Engage the community and develop implementation plans and processes to handle complex cases. **Problem Area #2:** There is a gap in care for individuals with complex needs due to an incomplete service continuum and lack of continuity of care (case management and integrated health homes). Individuals are stuck at a higher level of care due to lack of services and a lack of providers willing to accept individuals with complex needs. Through the Mental Health and Disability Service Redesign, Regions have been tasked with building a service system that closes the service gaps through the development of Evidenced Based Practices, Core Services and Additional Core Services as funding is available. Building the service continuum is imperative for individuals with complex needs to be discharged from higher levels of care than is necessary and work towards individuals receiving appropriate services. **Goal:** Build the service continuum and increase the continuity of care by having MHDS regions utilize current resources and braiding funds to build a comprehensive, full array of services.

C. Identified Outcomes for Success

The EIMH Region will report to DHS: 1. **The number of individuals who are in the Emergency Department over 24 hours because mental health, disability, or substance use disorder services are not available.**		
Regional Strategy	**Anticipated Completion Date**	**Projected Cost**
DHS defines individuals with complex needs that are: Individuals with a co-occurring mental illness and substance use disorder; co-occurring mental illness and intellectual disorder, or a mental illness and aggressive behavior or a history of aggressive behavior who are accessing a higher level of care (emergency departments, hospitals or county jails) than necessary, are homeless, or are		

involuntarily discharged from service providers because they are not receiving the right community based services in the right amount, at the right time, in the right place.
 	
The EIMH Region, thru the Crisis Services Agreement, has had a similar definition for individuals with complex needs that are known as "super utilizers" who are:
 	
Individuals with physical, behavioral and social needs that are not well met through the current fragmented health care system.
 	
As a result, these individuals often bounce from one emergency department to another emergency department and from inpatient admission to re-admission or institutionalization; all costly, and ineffective ways to provide care and improve individual outcomes.
 	
Strategies of the EIMH Regional Crisis System are:
• To identify characteristics and develop a profile of individuals with complex needs via data collection.
• To request additional data from hospitals within the EIMH Region to ensure all individuals with complex needs are identified. Collection of additional data will include:
  • The analysis of cost of collecting additional data.
  • The negotiation with providers for a rate of payment for the service collection of additional data.		

Year 1 (2016) of the Crisis Services Agreement placed care coordinators • In each hospital in the Region, • In the community and • Utilized local providers. Care coordinators improve access to service via a coordinated effort between the emergency department and community to provide an intensive care management approach that improves outcomes and decreases costs by increasing connectivity between providers.	On-going	Included Year 1 (2016) $1,685,181
Telehealth services, thru the **Year 1 (2016)** of the Crisis Services Agreement, are available in each of the seven hospitals located within the Region. Of the seven hospitals, two have inpatient psychiatric privileges. Telehealth assessments provide additional screening and clinical interventions and may also incorporate trauma-informed approaches to care for individuals with complex needs.	On-going	Included in Year 1 (2016) $1,685,181

Hospitals providing Telehealth service • Improves individual engagement, • Increases access for individuals with complex needs and • Increases access to have an evaluation in a timely manner.		
Engage non-traditional health workers, for example peer support specialists, in collaboration with the care coordinators positions to address individuals with complex needs in the emergency department.	On-going	Included in Year 2 (2017) Projected Cost: $1,177,954
On 1/1/2018 the EIMH Region will be able to utilize a two year pilot project, developed in conjunction with the State of Illinois. UnityPoint Hospital in Rock Island, Illinois provides additional inpatient access for adults from our Region that are court ordered to receive a mental health evaluation under Chapter 229. • Develop protocol for use with hospitals within the Region	1/1/2018-12/31/2020	More effective allocation of resources.
The EIMH Region will report to DHS: **2. The number of individuals who are psychiatrically hospitalized 24 hours beyond the hospital determining them ready for discharge because community based mental health, disability, or substance use disorder services are not available.**		
Regional Strategy	**Anticipated Completion Date**	**Projected Cost**
Approach hospitals in our Region to develop a system to de-identify individuals with complex needs. • Negotiate costs for data collection from hospitals Identify gaps for safe discharge planning for individuals with complex needs to better integrate health and social services and to produce desired outcomes for this population. • Expand the care coordinator's position • Review electronic medical records	6/30/2018	Unknown
Explore best resources available to reduce avoidable days. The phrase "avoidable days" is hospital terminology for individuals who are stabilized and ready to be discharged, but are unable to be discharged due to: • Lack of space or a wait list, • Social service or government agency delays and • Individual and family delays. The EIMH Region will contract with suitable agencies within the Region to have a bed available 365 days a year to decrease avoidable hospital days.	6/30/2018	$300,000 U9 (Svc Level Intensive III) @ $334.18/day (2beds)

Offer additional training in trauma-informed care and other best practice models to help providers build a trusting relationship with individuals with a history of trauma.	6/30/2018	Included in Projected costs for Year 2 (2017) as noted below
• All Regions collaboratively approach the Iowa Hospital Association (IHA) for data collection. • In addition to requesting data from hospitals within the Region approach the East Central Region about sharing cost for data collection to collect more valid data.	6/30/2018	unknown
The EIMH Region will report to DHS: **3. The number of individuals with a mental illness, intellectual disability, or substance use disorder that could have been diverted or released from jail if appropriate community based services had been available.**		
Regional Strategy	**Anticipated Completion Date**	**Projected Cost**
Continue **Year 1 and Year 2** of the Crisis Services Agreement, through collaboration between criminal justice agencies, mental health treatment providers, substance abuse treatment providers, and funding and advocacy groups, will help communities serve individuals with complex needs by utilizing: • Sequential Intercept Model (SIM) Guiding Principles • Mental Health First Aid training • Crisis Intervention Team training • Criminal Justice Advisory Groups by county to provide case coordination	On-going	Total Year 1 and 2 Components $2,863,135

Year 2 (2017) of the Crisis Services Agreement focuses on "↑Access, ↓Cost, ↑Quality" (ACQ) with staff hired and in place.
• Five full time ACQ mental health clinicians in each Regional member county who will:
  • Provide civil commitment mobile prescreening
  • Provide assessment and services within the county jail
  • Facilitate, reconnect and coordinate needs post release from jail with surrounding agencies including a "warm" handoff to the community care coordinator
  • Provide follow up 30 days following an individual's discharge from jail
	On-going	Year 2 Projected Cost
		$1,177,954

• Three full time mobile substance abuse counselors who will:
  • Work closely with the ACQ and the community care coordinators
  • Provide co-occurring mobile assessment and/or treatment plan coordination across multiple counties		

Year 2 (2017) of the Crisis Services Agreement supplements each county's resource with mental health prescribers for "Bridge Appointments" to assist individuals with short term medication assistance until a local provider is able to serve individuals on a ongoing basis. Utilizing Telehealth services for the Bridge Appointments are following: • Post Hospital Admission, • Discharge from Emergency Department (Reconnection) or • Release from Jail.	On-going	Included in Projected costs for Year 2 (2017) as noted above
Identify screening process used in jails.	12/31/2017	Cost Neutral
The EIMH Region will report to DHS: **4. The number of individuals involuntarily discharged from their community based mental health, disability or substance use disorder provider without a new community based provider in place. This includes, individuals discharged to jail, homelessness, or hospital that are not returning to services with their current provider.**		
Regional Strategy	**Anticipated Completion Date**	**Projected Cost**
Year 2 (2017) of the Crisis Services Agreement also includes a Criminal Justice Advisory Group by county to be held on a regular basis and facilitated by a member of the management team. This group will identify what is working well and opportunities for enhancement. Care coordination will be a component with a special focus on individuals with complex needs. • Business Associate Agreement to share information amongst parties is being developed.	On-going	Included in Projected costs for Year 2 (2017) as noted above
Increase communication with local providers in the EIMH Region to collect data. Partnering with Integrated Health Home (IHH) staff and Case Management Agencies (TCM) staff for individuals with complex needs. Assist providers to address gaps that lead to issue an involuntary discharge for individuals with complex needs.		Projected cost $300,000 for consultant's fee.

• Evaluate gaps as identified • Explore hiring a behavioral intervention consultant to identify gaps and provide solutions and recommendations to improve the programs		
Offer trainings as requested such as: Trauma-Informed Care to help providers and case managers build a trusting relationship with individuals with a history of trauma to help enhance quality and cost outcomes.	12/31/2017	Included in Projected costs for Year 2 (2017) as noted above
Connect with Managed Care Organization (MCO) and State Ombudsman to review cases of individuals with complex needs that have a history of involuntary discharges.	On-going	
Expand a "trust" program (modeled after Muscatine County) to all counties in the EIMH Region. Staff supervising the program may include a payee, a guardian, or a conservator. Benefits of the trust program are: • Ensures bills and entitlement programs are completed timely and accurately, • Ensures basic needs are met such as housing, • Ensures individual with complex needs have access to guardians/conservators that are trained and educated and • Decreases unnecessary mental health commitments.	6/30/2018	Projected Unit Cost $172.89 $300,000

D. Plan for Regional Fund Balance Spend Down

Fund balance is the accounting term for the difference between total assets and total liabilities. A fund balance is not all cash. Fund balance generally increases when a county's revenue exceeds its expenditures in a given year and the fund balance declines when the expenditures exceed revenues in a given year. Based upon these general assumptions and given the complexity of SF 504, David Farmer, Scott County Director of Budget and Administrative Services/EIMH Fiscal Agent, presented his financial perspective to the Governing Board of Directors of the EIMH Region on Sept 18, 2017. The document included his financial analysis of three projected Eastern Iowa Mental Health Region funding models known as the: Model 1-FY 18 levy, Model 2-$19.30 levy and Model 3-the Smoothing levy.

Background

SF 504 made significant changes to the mental health system by altering the tax levy authority, devising a new regional per capita and requiring a fund balance reduction over a three year period. Some basic principles of SF 504 are:

- Requires fund balance to be no greater than the cash flow based on the population of the region.
  - Regions with population greater than 100,000 or more may only retain a 20% fund balance while
  - Regions with population less than 100,000 may only retain a 25% fund balance and
  - Regional *and* county fund balance must be allocated back to counties

Mr. Farmer's analysis and report also elaborates on encumbrance accounting, defined as un-liquidated obligations, on behalf of the EIMH Regional Crisis System. The EIMH Regional Crisis System is believed to meet the definition of encumbrance and what may be encumbered for future use.

The financial report develops a multi-year funding analysis to estimate the impact of SF 504 on regional finances. The goal, per his report, is to meet funding restrictions by FY 2020 and to minimize property tax swings by the counties each fiscal year.

Model Assumptions of Revenue:

Because, as SF 504 also demands that regional *and* county fund balance must be allocated back to counties, Mr. Farmer's report outlined several scenarios under the model concept for each county in the Region.

Model 1-The FY 18 levy: This levy is a mandated reduction for 4 of the 5 counties. Cedar, Clinton, Jackson and Muscatine were mandated to decrease to $30.78 for FY 18 while Scott County remained at $19.30. Using the formula for fiscal years 17-23, and based upon this model, the regional fund balance is expected to be a negative $4 million by FY 23.

Model 2-FY 19 Levy: This levy model has all 5 counties levying at $19.30 for FY 19 through FY 2023. Under this Model, the regional fund balance is expected to be at a negative $3.3 million for FY 2022 and negative $7 million for FY 23.

Model 3-Smoothing Levy: This levy model has all 5 counties levying at $19.30 for FY 19 and FY 20 and fiscal years 21-23 has all 5 counties at $30.78 less reduction by individual counties. This model represents a positive fund balance by FY 23 however individual counties will have low to negative fund balances and the funding model creates significant tax levy swings in FY 20 – 23.

Summary and Recommendations

First steps to this process have been to communicate with all the member counties,

Secondly, communicate with each counties financial and/or budget director and,

Thirdly, communicate with the governing board.

Lastly, the plan is to address member county Board of Supervisors in a joint meeting session and including local legislative staff.

The EIMH Region, using this process, has already begun the planning process to reduce its fund balance by the year 2020 by decreasing revenues, increasing expenditures or a combination of both.

E. A Consultation with the Department to Complete an Analysis of the EIMH Region

Senate File 504, Section 18 (4) requires the EIMH Region "to complete an analysis of the region's mental health, disability, and substance use disorder service and support concerns and identify funding opportunities to address such areas of concern in the region, and shall include information in the region's plan that includes the concerns, strategies to address the concerns, and the budget."

A meeting was conducted on Wednesday, September 13th with Department staff, Julie Jetter and regional staff. During this meeting the Department expressed concerns in regard to expenditures reported on behalf of services referred to as "congregate" versus "community based" and in particular, Residential Care Facilities and Sheltered workshops.

1. **The Olmstead Decision**

On June 22, 1999, the U. S. Supreme Court ruled in the case Olmstead *v*. L.C. and E.W. that the "integration mandate" of the Americans with Disabilities Act requires public agencies to provide services "in the most integrated setting appropriate to the needs of qualified individuals with disabilities." The Court also held that states are required to provide community-based services for people with disabilities who would otherwise be entitled to institutional services when: (a) such placement is appropriate; (b) the affected person does not oppose such treatment; and (c) the placement can be reasonably accommodated, taking into account the resources available to the state and the needs of other individuals with disabilities.
Although there may be an appropriate role for congregate services in the continuum of care, there is consensus across stakeholders that most adults are best served in a non institutional setting. Stays in congregate care should be based on the specialized behavioral and mental health needs of adults and only used for as long as is needed to stabilize the adult so they can return to a community based setting.

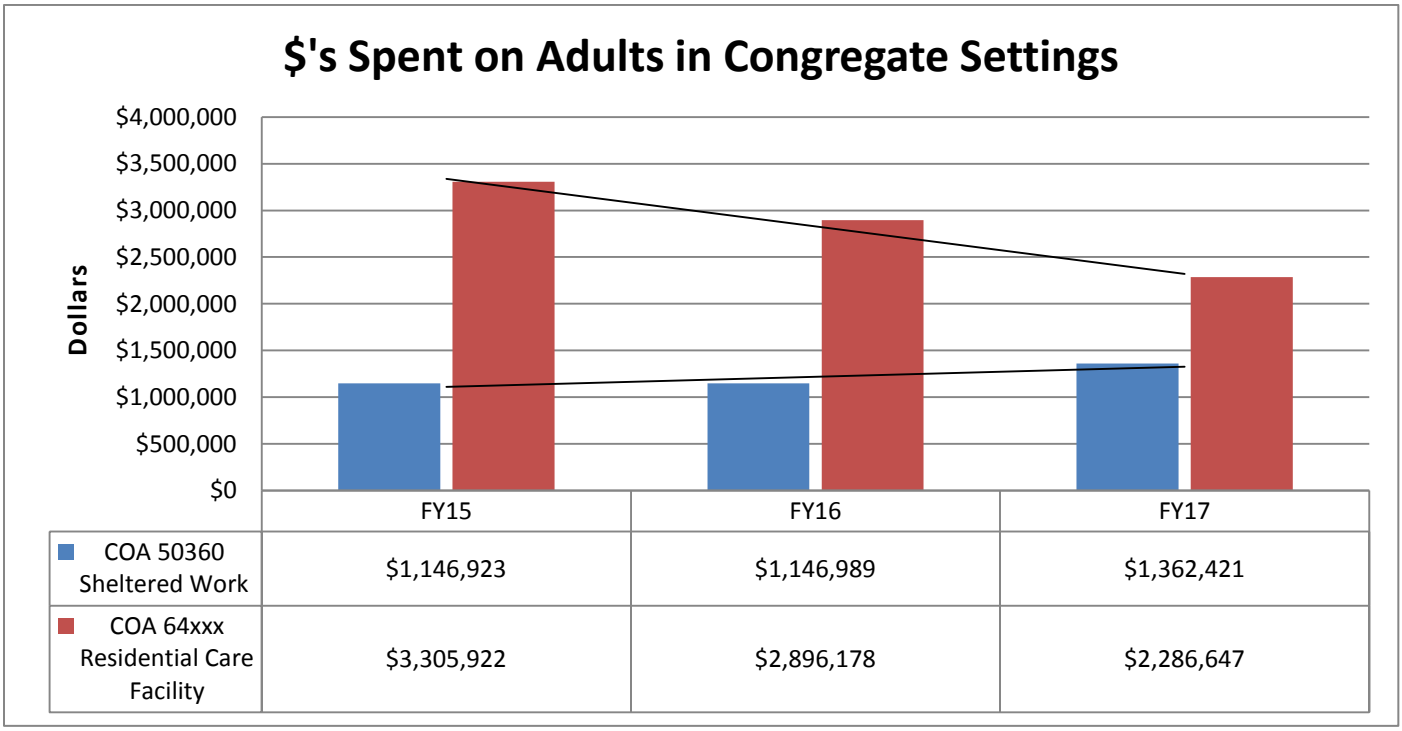
In addition to a review of quantitative data, the Region will highlight strategies to use to increase the effectiveness of community based services, shorten lengths of stay in congregate services and thus, develop alternative placements.

Goals:

- Continue to decrease expenditures for RCF and
- Decrease sheltered workshop expenditures by FY 2020.

On the following page is a table of dollars spent on adults in congregate setting.

2. Quantitative Data:



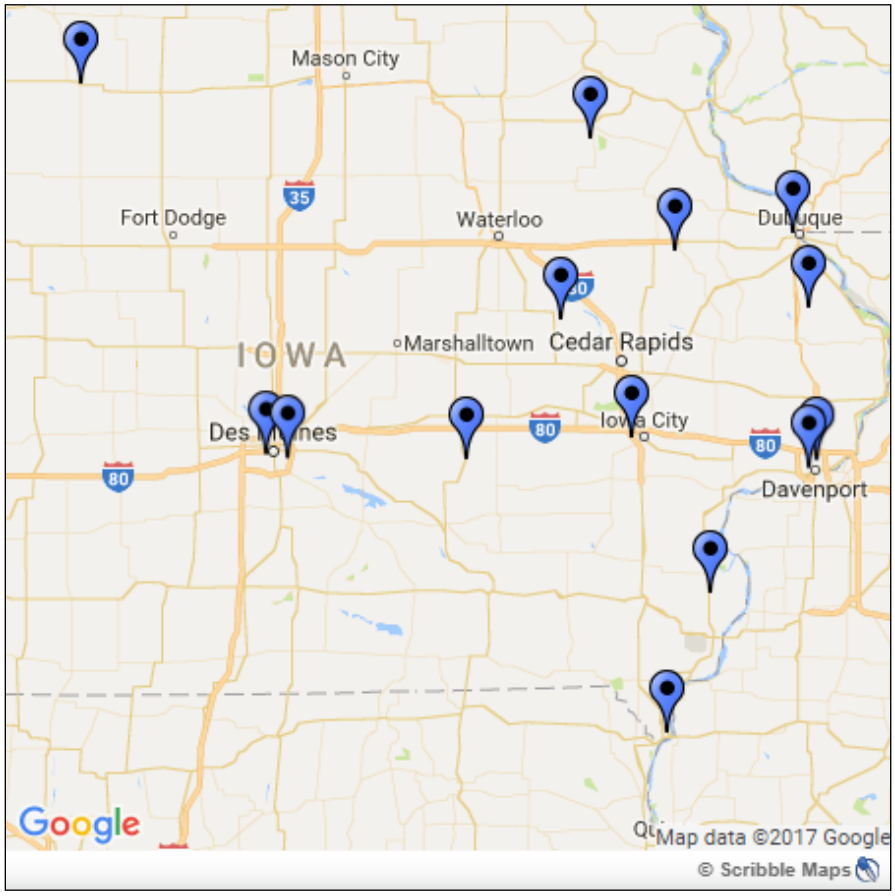
	FY15	FY16	FY17
COA 50360 Sheltered Work	$1,146,923	$1,146,989	$1,362,421
COA 64xxx Residential Care Facility	$3,305,922	$2,896,178	$2,286,647

Mapping

On the following page is a map showing the locations of individuals in congregate care as of July 2017 and a list of the facilities.

Total Dollars spent on congregate care COA 64xxx for the month of July 2017: $142,574

Location of facilities providing congregate care in eastern Iowa.



Residential Care Facility	Cities In Iowa	Number of Individuals
Chatham Oaks	Iowa City	12
Hillcrest	Dubuque	2
Prairie View	Fayette	6
Vera French	Davenport	5
Mediapolis	Mediapolis	9
Cedar Valley Ranch	Vinton	2
Penn Center	Delhi	8
Pleasant Hill	Pleasant Hill	1
Andrew Jackson Care	Bellevue	1
Kathleen's Care	Emmetsburg	1
Diamond Life	Montezuma	2
Dave's Place	Keokuk	1
Eyerly Ball	Des Moines	1
St. Francis Chateau	Davenport	1

3. Analysis:

How can the Region further reduce reliance on congregate care services?

- Leadership and workforce development: health workforce shortages are a serious obstacle for providers that assist individuals in a community based setting versus a congregate setting. With the introduction of new laws, regulations, care coordination and payment methods, agencies and the Region need to partner and collaborate on models of care.
- Strengthening of community-based services: the Region should specify required qualifications and training expectations for staff members in provider agencies which should include individuals with lived experiences
- Addressing barriers to services: raise awareness of services and focus on evidenced based practices.
- Flexibility in service provision: people with co-occurring disabilities should have services that are individualized and person-centered, according to their needs.
- Development of multidisciplinary team to review assessment and placement recommendations and apply a person –centered planning process to identify the need for the service or the support.

4. Strategies Moving Forward:

- **Develop Alternative Options to RCF's**

  Support for good quality, affordable housing to move individuals from congregate living into the community has been a common theme with stakeholders. The EIMH Region will begin the process by:

  - Developing set criteria for those individuals with specialized behavioral and mental health concerns
  - Mapping existing individuals funded through the EIMH Region that are placed throughout the State in RCF's
  - Addressing barriers to services for these individuals
  - development of a multidisciplinary team to review assessment and placement recommendations
  - Allowing flexibility in atypical service provision in the EIMH Region
  - Strengthening of community-based services as a continuum of care model. The EIMH Region will develop a plan to decrease use of RCF's as an alternative to more expensive institutional care settings
    - Pursue transitional housing services under the EIMH Crisis Services Agreement
    - Explore Permanent Supported Housing using the Evidenced Based Practice model

- **Strategies for Sheltered Workshops**

  SAMSHA states: "The overriding philosophy of Supported Employment (SE) is the belief that every person with a disability is capable of working competitively in the community if the right kind of job and work environment can be found."

  According to the Department of Labor, "Section 511 of the Workforce Innovation and Opportunity Act (WIOA) makes several changes to the 14(c) section of the Fair Labor Standards Act (FLSA) including: • Places limitations on the payment of subminimum wages by any employer holding FLSA 14(c) special wage certificates. • Requires people with disabilities working in 14(c) programs to have access to competitive integrated employment (CIE) services including vocational rehabilitation (VR) services. • Requires that anyone age 24 or younger may not start work at subminimum wage unless it is documented that the person received transition services under the Individuals with Disabilities Education Act (IDEA); has applied for VR services and was unsuccessful; and has been provided counseling and referral to other resources with the goal of CIE. • 14(c) certificate holders may not continue to employ any person at subminimum wage unless the person has received career counseling; access

to the VR agency; and information about self- advocacy, self-determination and peer mentoring opportunities from an entity without a financial interest in the person's employment outcome."

The EIMH Region will begin the process to decrease sheltered workshop expenditures by:

- Engaging in leadership and workforce development conversations with local providers of sheltered workshop services and
- Implementing a stakeholder advisory group to guide the initiative
- To strengthen community-based services and
  - Address barriers to services
  - Job Development

5. <u>Budget</u>

The EIMH Region has already begun the planning process to reduce its fund balance by the year 2020 by decreasing revenues and increasing expenditures.

An Estimate of Expenditures for a Set Period of Time				
	Services	Fiscal Year	Estimated Dollars	
⌂	Mobile Crisis for all five (5) counties	FY 19	$	1,400,000
	sustainable by accreditation	FY 20	$	1,000,000
	(Currently available in Cedar County)	FY 21	$	750,000
		FY 22	$	500,000
⌂	Crisis Residential Stabilization services	FY 19	$	1,000,000
	sustainable by accreditation	FY 20	$	750,000
	4 houses (2 in Scott; 1 in Clinton and Jackson, 1 in Cedar and Muscatine)	FY 21	$	500,000
		FY 22	$	250,000
⌂	Eastern Iowa Crisis Services Agreement	FY 19	$	1,000,000
	Year 3 and 4.	FY 20	$	1,000,000
⌂	Avoidable Days/beds	FY 19	$	300,000
		FY 20	$	300,000
		FY 21	$	300,000
		FY 22	$	300,000
⌂	Consultant	FY 19	$	300,000
		FY 20	$	300,000
		FY 21	$	300,000
		FY 22	$	300,000
⌂	Trust Program	FY 19	$	300,000
		FY 20	$	300,000
		FY 21	$	300,000
		FY 22	$	300,000
⌂	Continuing Housing Services • Transitional Housing • Permanent Supported Housing	FY 19		consult RYC for cost
⌂	Integrated Employment Plan	FY 19	$	500,000

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