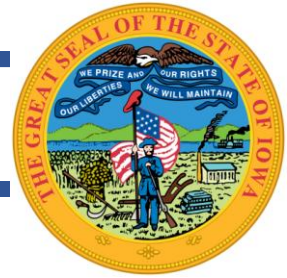


EASTERN IOWA MENTAL HEALTH AND
DISABILITY SERVICES REGION



ANNUAL REPORT FY 2017

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



EASTERN IOWA MENTAL HEALTH AND DISABILITY SERVICES REGION

Community Services Directors:

SERVING:

Cedar County, Julie Tischuk

Clinton County, Becky Eskildsen

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Muscatine County, Kathie Anderson-Noel

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Governing Board Approved: 1/29/2018

Table of Contents

<i>The Regional Annual Report FY 2017</i>	3
<i>Services Provided in Fiscal Year 2017</i>	4
Core Service (IAC 25.2) and Access Standards (IAC 25.3)	4
Additional Core Services Available in Region: Iowa Code 331.397(6)	10
<i>Individuals Served in Fiscal Year 2017</i>	13
Warehouse Report: Unduplicated Count.....	13
Warehouse Report: Persons Served	15
<i>Financials</i>	15
Expenditures	15
Warehouse Report: Entity Dollars by COA.....	15
Revenue	19
County Levies	20
<i>Outcomes</i>	20
1st Year in Review FY15: Learning and Growing.....	20
2nd Year in Review FY16: Development of a Mental Health Crisis Services System	21
3rd Year in Review FY17: Expansion of a Justice Involved Crisis System	23
<i>Collaboration</i>	24
Behavioral Health and Criminal Justice System Stakeholder Meeting and Collaboration	24
Collaboration with Community Organizations/Hospitals and MCOs.....	28
Collaboration in the Development of a Crisis System in Eastern Iowa	29
<i>Unmet Needs</i>	30
Efforts to Address Unmet Needs from previous plans:	30
<i>Waiting List:</i>	31
<i>Appeals:</i>	31
<i>Exceptions to Policy:</i>	31
<i>Expenditure Charts:</i>	31

The Regional Annual Report FY 2017

The Annual Report for FY 2017 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.
- Collaboration.

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 had, in compliance with IAC 441-25, compiled the following document:

- Annual Service and Budget Plan for FY17; State of Iowa approved: 5/13/2016.

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

This is the third 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 2017

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 Family Services–Maquoketa 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 four (4) 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) hospitals within the Region:</p> <p>1) Genesis Medical Center located in Davenport.</p> <p>2) Mercy Medical Center Clinton located in Clinton.</p> <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 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 2017

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>No, the following providers do not meet the outpatient Emergency standard:</p> <ol style="list-style-type: none"> 1) Abbe Center for CMH 2) Bridgeview CMHC 3) Hillcrest Family Services–Maquoketa 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 Department.</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>No, the following providers do not meet the Urgent standard:</p> <ol style="list-style-type: none"> 1) Abbe Center for CMH 2) Bridgeview CMHC 3) Hillcrest Family Services–Maquoketa 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) Bridgeview CMHC 2) Robert Young Center for CMH 3) Abbe Center for CMH <p>No the following providers do not meet the Routine standard:</p> <ol style="list-style-type: none"> 1) Hillcrest Family Services–Maquoketa CMHC 2) Vera French CMHC 	<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>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 FY17 Annual Service and Budget Plan.</p>

The Eastern Iowa MH/DS Region – Annual Report FY 2017

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 FY17 there were thirty five (35) operational inpatient service beds available for adults only within the Region.</p> <p>In FY17, Genesis Medical Center expanded their Behavioral Health Unit and opened three (3) children/adolescents beds in FY17 for a total of eight (8) children/adolescents beds in the Region.</p> <p>In FY17, Genesis Medical Center opened a three (3) bed crisis stabilization unit off of its Emergency Department.</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–Maquoketa CMHC 	<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>

The Eastern Iowa MH/DS Region – Annual Report FY 2017

		4) Vera French CMHC 5) Robert Young Center for CMH	
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–Maquoketa CMHC 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 operational by FY 2017:</p> <ol style="list-style-type: none"> I. Crisis Evaluation Encompasses crisis screening and crisis assessment conducted via Telehealth, face-to-face, and includes Mobile Crisis with Cedar County. 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>Mobile Crisis Services began operation in Cedar County on 7/1/2016.</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 has 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. • By FY17, 100% of the hospitals in the Region were live with Telehealth. The Mobile Crisis Services in Cedar County went live FY17.

The Eastern Iowa MH/DS Region – Annual Report FY 2017

Support for Community Living: (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.	<p>Yes, the agencies have the capacity to meet this standard. The agencies include:</p> <ol style="list-style-type: none"> 1) Consumer Designed Services 2) Crossroads Inc 3) Imagine the Possibilities; formerly known as 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 	<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>All identified mental health providers within the Region are listed in the FY17 Annual Service and Budget Plan.</p>
Support for Employment: (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.	<p>Yes, the agencies have the capacity to meet this standard for these services. The agencies include:</p> <ol style="list-style-type: none"> 1) Crossroads Inc 2) Imagine the Possibilities; formerly known as DAC Inc. 3) Handicapped Development Center 4) Skyline Inc 5) Goodwill Industries 6) ARC of SE Iowa 	<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>All identified mental health providers within the Region are listed in the FY17 Annual Service and Budget Plan.</p>
Recovery Services: (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.	<p>No, the Region does not meet the standard for Family Support for all individuals living within the Region.</p> <ol style="list-style-type: none"> 1) Family Support is available at Vera French CMHC. <p>No, the Region does not meet the standard for Peer Support for all individuals living within the Region.</p> <ol style="list-style-type: none"> 1) Peer Support is available through IHH programs at Bridgeview CMHC and 	<p>An effort will be made to improve the availability of Family Support throughout the Region by reaching out to NAMI and other providers.</p> <p>The EIMH Crisis System has begun preliminary discussion on expanding Peer Support. A meeting was held on 5/24/2017 with interested agencies and parties to begin the process.</p>

The Eastern Iowa MH/DS Region – Annual Report FY 2017

		Vera French CMHC for non Medicaid eligible individuals.	
Service Coordination: (Case Management, Health Homes)			
25.3(8)a	<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>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	<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.	In the offices of the Coordinators of Disability Services, staff meets this standard.	Effective 4/1/2016, Community Based Case Managers thru the three (3) MCO's, also became available.

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> <ul style="list-style-type: none"> Yes/No By which providers 	<u>Comments:</u> <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	Yes, the following providers have crisis lines available. <ol style="list-style-type: none"> 1) Abbe Center for CMH 2) Bridgeview CMHC 3) Hillcrest Family Services–Maquoketa CMHC Family 4) Vera French CMHC 5) Robert Young for CMH 	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: <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	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. Yes, mobile crisis is also available in Cedar County provided by Foundation 2. No, the other four (4) counties do not have this service available.	Mobile Crisis through the Eastern Iowa MH/DS Region contract became operational in Cedar County within FY17.
23-Hour crisis observation & holding	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.
Crisis Stabilization Community Based Services	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.
Crisis Stabilization Residential Services	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 at this time.
Other	STEP-IN (Short Term Evaluation Program for Immediate Needs) is	At this time a similar program for adults is not being considered. It is expected the crisis response services

The Eastern Iowa MH/DS Region – Annual Report FY 2017

	available on a voluntary basis to children/adolescents and their families in Clinton and Jackson County. This is not funded by the Region.	will address the needs of adults in crisis.
Crisis Residential Services: 331.397~ 6.b.		
Sub-acute 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.
Sub-acute 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.	<p>On November 11, 2016, the steering committee was received a proposal by the RYC for year 2 of the Crisis Services System. The proposal included a process to <u>I</u>ncrease access, <u>D</u>ecrease cost and <u>I</u>ncrease quality (ACQ). This initiative was born from numerous stakeholder meetings between law enforcement and staff. It was decided the Region needed to provide mobile crisis evaluation, expand the Eastern Iowa criminal justice delivery system, provide a coordinated treatment from incarceration thru release and provide a community based treatment for co-occurring Substance Abuse and Mental Health in the continuum of services. The proposals for three positions, known as ACQ's, reflected the following activity:</p> <p>Mobile Assessment Clinician: brochure created on 1/24/2017, job description completed 2/3/2017, meetings held with lead agencies (local mental health centers) in April of 2017.</p> <p>Co-occurring staff: job description completed on 2/3/2017, meeting with local providers of Substance Abuse services in April of 2017.</p> <p>Future expansion is budgeted and planned.</p>
Crisis Prevention Training	Available	<p>On November 11, 2016, the steering committee was presented a proposal by the RYC for year 2 of the Crisis Services development. The proposal included CIT Trained Officers.</p> <p>Progress year to date: Representatives from the EIMH Crisis System met with Iowa Provider Association about CIT in Iowa on 3/29/2017 and coordinated training of CIT locally for all 5 counties on 4/10/2017. Future expansion is budgeted and planned.</p>

The Eastern Iowa MH/DS Region – Annual Report FY 2017

Civil Commitment Prescreening	Not available	<p>On November 11, 2016, the steering committee was presented a proposal by the RYC for year 2 of the Crisis Services development. The proposal included Civil Commitment Prescreening.</p> <p>Progress year to date: Representatives from the Eastern Iowa Crisis System met with 7th Judicial Chief Judge Greve, 15 Judges and 2 Supreme Court Justices on 1/26/2017. Also, met with the Clerk of Courts office in Cedar County on 3/20/2017. Future expansion is budgeted and planned.</p>
Other	Yes, outpatient evaluations, under Chapter 229, are available at Bridgeview CMHC.	<p>The Region has discussed approaching the other three (3) CMHCs about the feasibility of offering this service.</p> <p>It is still considered a pilot project in Clinton County. The purpose is to collect outcome data to determine the effectiveness of the program.</p> <p>The Chief Judge is willing to promote this among all district court judges.</p>
Other	Yes, service coordination for commitments is available within the Region.	<p>All five (5) County Coordinators of Disability Services provide service coordination at the time of filing and the commitment hearing.</p> <p>This includes attending hearings, discussing treatment options and coordinating discharge services with the providers and the courts.</p>
Other	Yes, a pilot project with the Stepping Up Initiative has been implemented.	<p>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.</p> <p>Two additional counties within the Region have expressed interest in signing a resolution for the “Stepping Up” initiative.</p>

Individuals Served in Fiscal Year 2017

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.

FY 2017 Actual GAAP	Eastern Iowa MHDS Region	MI (40)		ID (42)		DD (43)		BI (47)		Other	Total
Core											
	Treatment										
43301	Evaluation (Non Crisis) - Assessment and Evaluation	21									21
73319	Other Priv./Public Hospitals - Inpatient per diem charges	40	7								47
42305	Psychotherapeutic Treatment - Outpatient	521	5								526
71319	State MHI Inpatient - Per diem charges	14									14
	Basic Crisis Response										
	Support for Community Living										
32320	Support Services - Home Health Aides			1							1
32325	Support Services - Respite Services			2				1			3
32329	Support Services - Supported Community Living	50		11		18					79
	Support For Employment										
50367	Day Habilitation	29									29
50368	Voc/Day - Individual Supported Employment	2		14		4					20
50364	Voc/Day - Job Development	3		1							4
50362	Voc/Day - Prevocational Services	1		3							4
	Recovery Services										
	Service Coordination										
24376	Health Homes Coordination - Coordination Services	16									16
	Core Evidence Based Treatment										
	Core Subtotals:	697	12	32		22		1			764
Mandated											
74XXX	Commitment Related (except 301)	878	156	4	1						1039
75XXX	Mental health advocate	89	6								95
	Mandated Subtotals:	967	162	4	1						1134
Core Plus											
	Comprehensive Facility and Community Based Treatment										

The Eastern Iowa MH/DS Region – Annual Report FY 2017

FY 2017 Actual GAAP	Eastern Iowa MHDS Region	MI (40)		ID (42)		DD (43)		BI (47)		Other	Total
	Sub-Acute Services										
	Justice System Involved Services										
46305	Mental Health Services in Jails	1									1
	Additional Core Evidence Based Treatment										
	Core Plus Subtotals:	1									1
Other Informational Services											
Community Living Support Services											
	Support for Community Living										
	Service Coordination										
33345	Basic Needs - Ongoing Rent Subsidy	19									19
33399	Basic Needs - Other	3									3
33340	Basic Needs - Rent Payments	20									20
63329	Comm Based Settings (1-5 Bed) - Supported Community Living	3									3
23376	Crisis Care Coordination - Coordination Services	147	1								148
41307	Physiological Treatment - In-Home Nursing			1							1
41306	Physiological Treatment - Prescription Medicine/Vaccines	479	24								503
42396	Psychotherapeutic Treatment - Community Support Programs	77		2							79
63XXX	RCF 1-5 beds	1									1
22XXX	Services management	95		95		12					202
32326	Support Services - Guardian/Conservator	54		45		4					103
32327	Support Services - Representative Payee	93		69		12					174
31XXX	Transportation	103		4		5					112
50399	Voc/Day - Day Habilitation	2		2							4
	Community Living Support Services Subtotals:	1096	25	218		33					1372
Congregate Services											
64317	Comm Based Settings (6+ Beds) - Nursing Facility	1									1
64399	Comm Based Settings (6+ Beds) - Other	1									1
64XXX	RCF-6 and over beds	122	3	8		1					134
50360	Voc/Day - Sheltered Workshop Services	34		256		15		2			307
	Congregate Services Subtotals:	158	3	264		16		2			443
Administration											
Uncategorized											
Regional Totals:		2919	202	518	1	71		3			3714

Warehouse Report: Persons Served

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

Disability Group	Children	Adult	Unduplicated Total	DG
	0	1	1	
Mental Illness	139	1835	1974	40
Mental Illness, Intellectual Disabilities	1	12	13	40, 42
Mental Illness, Other Developmental Disabilities	0	9	9	40, 43
Intellectual Disabilities	0	343	343	42
Intellectual Disabilities, Other Developmental Disabilities	0	5	5	42, 43
Intellectual Disabilities, Brain Injury	0	1	1	42, 47
Other Developmental Disabilities	0	23	23	43
Brain Injury	0	2	2	47
Total	140	2231	2371	

Financials

This section includes tables for: Expenditures, Revenues, and County Levies.

Expenditures

Warehouse Report: Entity Dollars by COA

The chart on the following page shows the regional funds expended by service and by diagnosis.

Fiscal Year 2017	Eastern Iowa MHDS Region	MI (40)	ID (42)	DD (43)	BI (47)	Admin (44)	Other	Total
Core								
	Treatment							
43301	Evaluation (Non Crisis) - Assessment and Evaluation	\$5,944						\$5,944
73319	Other Priv./Public Hospitals - Inpatient per diem charges	\$129,269						\$129,269
42305	Psychotherapeutic Treatment - Outpatient	\$259,170						\$259,170
71319	State MHI Inpatient - Per diem charges	\$360,755						\$360,755
	Basic Crisis Response							
44301	Crisis Evaluation	\$715,000						\$715,000
	Support for Community Living							
32320	Support Services - Home Health Aides		\$277					\$277

The Eastern Iowa MH/DS Region – Annual Report FY 2017

Fiscal Year 2017	Eastern Iowa MHDS Region	MI (40)	ID (42)	DD (43)	BI (47)	Admin (44)	Other	Total
32325	Support Services - Respite Services		\$563		\$2,427			\$2,990
32329	Support Services - Supported Community Living	\$687,384	\$29,524	\$88,892				\$805,800
	Support For Employment							
50367	Day Habilitation	\$32,602						\$32,602
50368	Voc/Day - Individual Supported Employment	\$11,530	\$85,779	\$6,170				\$103,480
50364	Voc/Day - Job Development	\$265	\$918					\$1,183
50362	Voc/Day - Prevocational Services	\$2,122	\$41,095					\$43,217
	Recovery Services							
	Service Coordination							
24376	Health Homes Coordination - Coordination Services	\$4,351						\$4,351
	Core Evidence Based Treatment							
	Core Subtotals:	\$2,208,391	\$158,157	\$95,062	\$2,427			\$2,464,038
Mandated								
74XXX	Commitment Related (except 301)	\$213,637	\$866					\$214,503
75XXX	Mental Health Advocate	\$133,833						\$133,833
	Mandated Subtotals:	\$347,470	\$866					\$348,336
Core Plus								
	Comprehensive Facility and Community Based Treatment							
	Sub-Acute Services							
	Justice System Involved Services							
46305	Mental Health Services in Jails	\$256						\$256
	Additional Core Evidence Based Treatment							
	Core Plus Subtotals:	\$256						\$256
Other Informational Services								
Community Living Support Services								
	Support for Community Living							
	Service Coordination							
33345	Basic Needs - Ongoing Rent Subsidy	\$72,629						\$72,629
33399	Basic Needs - Other	\$830						\$830
33340	Basic Needs - Rent Payments	\$6,901						\$6,901
63329	Comm. Based Settings (1-5 Bed) - Supported Community Living	\$7,845						\$7,845
23376	Crisis Care Coordination -	\$67,111						\$67,111

The Eastern Iowa MH/DS Region – Annual Report FY 2017

	Coordination Services							
Fiscal Year 2017	Eastern Iowa MHDS MHDS Region	MI (40)	ID (42)	DD (43)	BI (47)	Admin (44)	Other	Total
41307	Physiological Treatment - In-Home Nursing		\$453					\$453
41306	Physiological Treatment - Prescription Medicine/Vaccines	\$162,819						\$162,819
42396	Psychotherapeutic Treatment - Community Support Programs	\$272,996	\$2,782					\$275,778
42399	Psychotherapeutic Treatment - Other	\$4,065						\$4,065
63XXX	RCF 1-5 beds	\$932						\$932
22XXX	Services management	\$336,400	\$105,303	\$13,878				\$455,581
32326	Support Services - Guardian/Conservator	\$36,360	\$36,846	\$2,650				\$75,856
32327	Support Services - Representative Payee	\$42,704	\$11,325	\$1,604				\$55,632
31XXX	Transportation	\$30,609	\$1,396	\$8,042				\$40,047
50399	Voc/Day - Day Habilitation	\$1,180	\$1,926					\$3,107
	Community Living Support Services Subtotals:	\$1,043,381	\$160,031	\$26,174				\$1,229,586
Congregate Services								
64317	Comm. Based Settings (6+ Beds) - Nursing Facility	\$9,750						\$9,750
64399	Comm. Based Settings (6+ Beds) - Other	\$3,956						\$3,956
64XXX	RCF-6 and over beds	\$1,905,145	\$229,356	\$84,964				\$2,219,465
50360	Voc/Day - Sheltered Workshop Services	\$134,413	\$1,151,384	\$28,935	\$14,460			\$1,329,191
	Congregate Services Subtotals:	\$2,053,264	\$1,380,740	\$113,899	\$14,460			\$3,562,362
Administration								
11XXX	Direct Administration					\$758,567		\$758,567
12XXX	Purchased Administration					\$22,000		\$22,000
	Administration Subtotals:					\$780,567		\$780,567
Uncategorized								
13951	Distribution to MHDS Regional Fiscal Agent - Contributions to Other Governments and Organizations					\$1,920,632		\$1,920,632
14951	MHDS Fiscal Agent Reimbursement to MHDS Regional Members					\$866,580		\$866,580
	Uncategorized Subtotals:					\$2,787,212		\$2,787,212
	Regional Totals:	\$5,652,763	\$1,699,794	\$235,135	\$16,886	\$3,567,779	\$0	\$11,172,357

The Eastern Iowa MH/DS Region – Annual Report FY 2017

*CSN 3.0 Versus GAAP Reporting			
FY17	Regional Totals		\$11,172,357
13951	Distribution to MHDS Regional Fiscal Agent	\$1,920,632	
14951	MHDS Fiscal Agent Reimbursement to MHDS Regional Member	\$866,580	
	CSN 3.0 Region Totals:		\$8,385,145
	Unaudited GAAP Expenditures Total		\$8,478,874

*The table above is a reconciliation table showing a summary of expenditures including elimination entries of COA 13951 & COA 14951.

Per consultation with the EIMH Region Fiscal Agent, 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.

The Eastern Iowa MH/DS Region – Annual Report FY 2017

Revenue

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

FY 2017 GAAP	Eastern IA MHDS Region		
Revenues			
	Accrual Audited Regional Fund Balance as of 6/30/16		\$ 12,741,856
	Local/Regional Funds		\$ 8,378,896
10XX	Property Tax Levied	7,959,562	
12XX	Other County Taxes	11,506	
16XX	Utility Tax Replacement Excise Taxes	286,272	
4XXX-5XXX	Charges for Services	74,790	
60XX	Interest	35,401	
6XXX	Use of Money & Property	0	
25XX	Other Governmental Revenues	0	
8XXX	Miscellaneous	11,365	
92XX	Proceeds /Gen Fixed assets sales	0	
	Provider Loan Repayment	0	
	State Funds		\$ 1,310,844
21XX	State Tax Credits	496,635	
22XX	Other State Replacement Credits	244,406	
2250	MHDS Equalization	0	
24XX	State/Federal pass thru Revenue	20,943	
2644	MHDS Allowed Growth // State Gen. Funds	500,000	
2645	State Payment Program	48,721	
29XX	Payment in Lieu of taxes	139	
	Federal Funds		\$ -
2344	Social services block grant		
2345	Medicaid		
	Other		
	Total Revenues		\$ 9,689,740

Total Funds Available for FY17	\$ 22,431,596
FY17 GAAP Regional Expenditures	\$ 8,478,874
*Region's GAAP Fund Balance as of 6/30/17	\$ 13,952,722

County Levies

County	2014 Est. Pop.	47.28 Per Capita Levy	Base Year Expenditure Levy	FY17 Max Levy	FY17 Actual Levy	Actual Levy Per Capita
Cedar	18,411	870,472	968,646	870,472	870,472	47.28
Clinton	48,051	2,271,851	2,883,428	2,271,851	1,758,123	36.59
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	2,028,454	47.28
Scott	171,387	8,103,177	3,308,032	3,308,032	3,308,032	19.30
Eastern Iowa Region	300,234				8,752,226	29.15

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 resulted 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.

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.

The Eastern Iowa MH/DS Region – Annual Report FY 2017

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.

3rd Year in Review FY17: Expansion of a Justice Involved Crisis System

On January 30, 2017, the Regional Governing Board entered into a second year Amendment to the Regional Crisis Services Agreement with the Robert Young Center (RYC). This Amendment provides additional and complementary services to the organized mental health crisis system in Eastern Iowa.

The Amendment is a second component to Eastern Iowa Crisis System designed to increase Access, decrease Cost, and increase Quality; (ACQ). These components were derived from 146 meetings and conversations with stakeholders from the time period of January of 2015-September of 2016.

All aspects of the Eastern Iowa Crisis System for FY17 and beyond are anticipated to decrease overall cost while increasing the quality of care and the dignity provided to those with mental illness and their families. The Amendment of the Eastern Iowa MH/DS Region Crisis System focuses on: a) mobile crisis evaluations; b) criminal justice needs of residents of Eastern Iowa MH/DS Region; c) coordinated treatment from incarceration through release; d) and community based treatment for co-occurring substance abuse and mental health throughout the continuum of services.

The following recommendations of services development for were gleaned from the 146 stakeholder meetings held throughout the five (5) counties with behavioral health service providers, emergency medical service staff, justice system staff, law enforcement staff and local agencies.

Recommendations:
1. Civil Commitment Mobile Pre Screening-(Mobile)
2. Mental health Service Connection in Jail
3. Co-Occurring Assessment/Treatment-(Mobile)
4. CIT Trained Officers-(Training Model)
5. Advisory Group by County-(Focus Criminal Justice)
6. Prescriber Bridge Appointment-(TeleHealth)
7. Trauma Informed Care Competency-(Hospitals/EMS)
8. Peer Support Services-Integrated within services
9. Transitional Housing-(State Funding Dependent)

In addition to the Eastern Iowa Region Crisis System, there are other services already in place in the Region. The outcomes of these services are to avoid more intensive and costly services such as emergency room visits, inpatient hospitalization and intervention by law enforcement agencies. These services include:

- Funding of preventative services such as psychotropic medications.
- Offering Community Support Programs to individuals not eligible for insurance.
- Mental Health/First Aid Training to stakeholders.
- A project to deflect individuals from inpatient hospital evaluation to an outpatient evaluation under the 229 mental health commitment processes.
- Crisis Care Coordination, i.e., Emergency Lodging Services.
- Mental Health services provided to inmates.
- STEP-IN Crisis Intervention for youth.
- Assistance as needed in completing the Iowa Health and Wellness Plan (IHW) application.
- SOAR (SSI/SSDI Outreach, Access and Recovery).

Plans for Moving Forward: 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 Tele-psych system/crisis linkages and reconnection with community services are vital to the success and outcomes of the Regional Mental Health Crisis Services System

Collaboration

Behavioral Health and Criminal Justice System Stakeholder Meeting and Collaboration

The Eastern Iowa MHDS Regional staff and Stakeholders attended a two (2) 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.

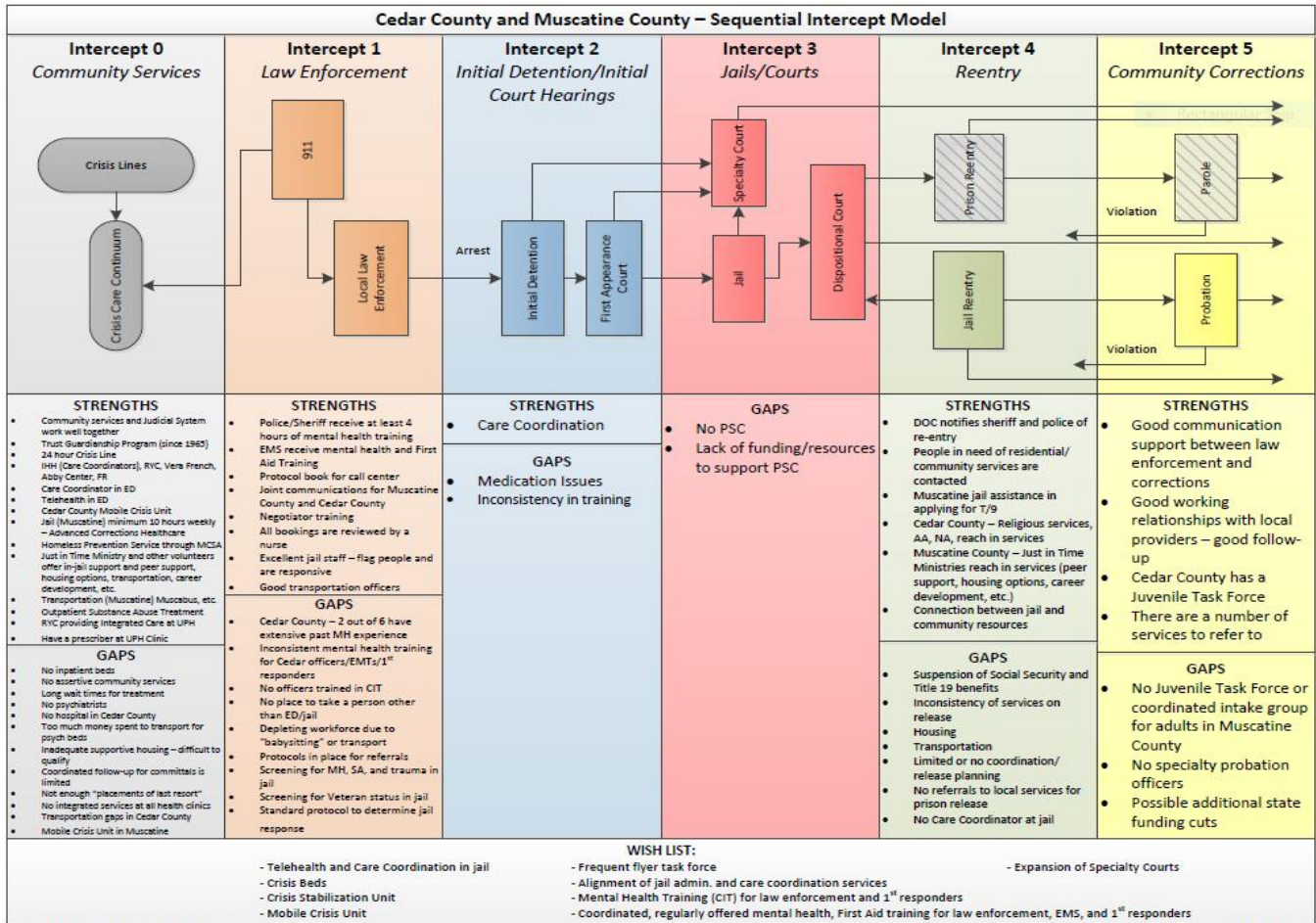
The SIM allows for prompt access to treatment and opportunities for diversion and can be used as an organizing tool. The intercept tools used at the training identified the following intercepts:

- 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:

The Eastern Iowa MH/DS Region – Annual Report FY 2017

Intercept Model for Cedar County and Muscatine County (1 of 3)

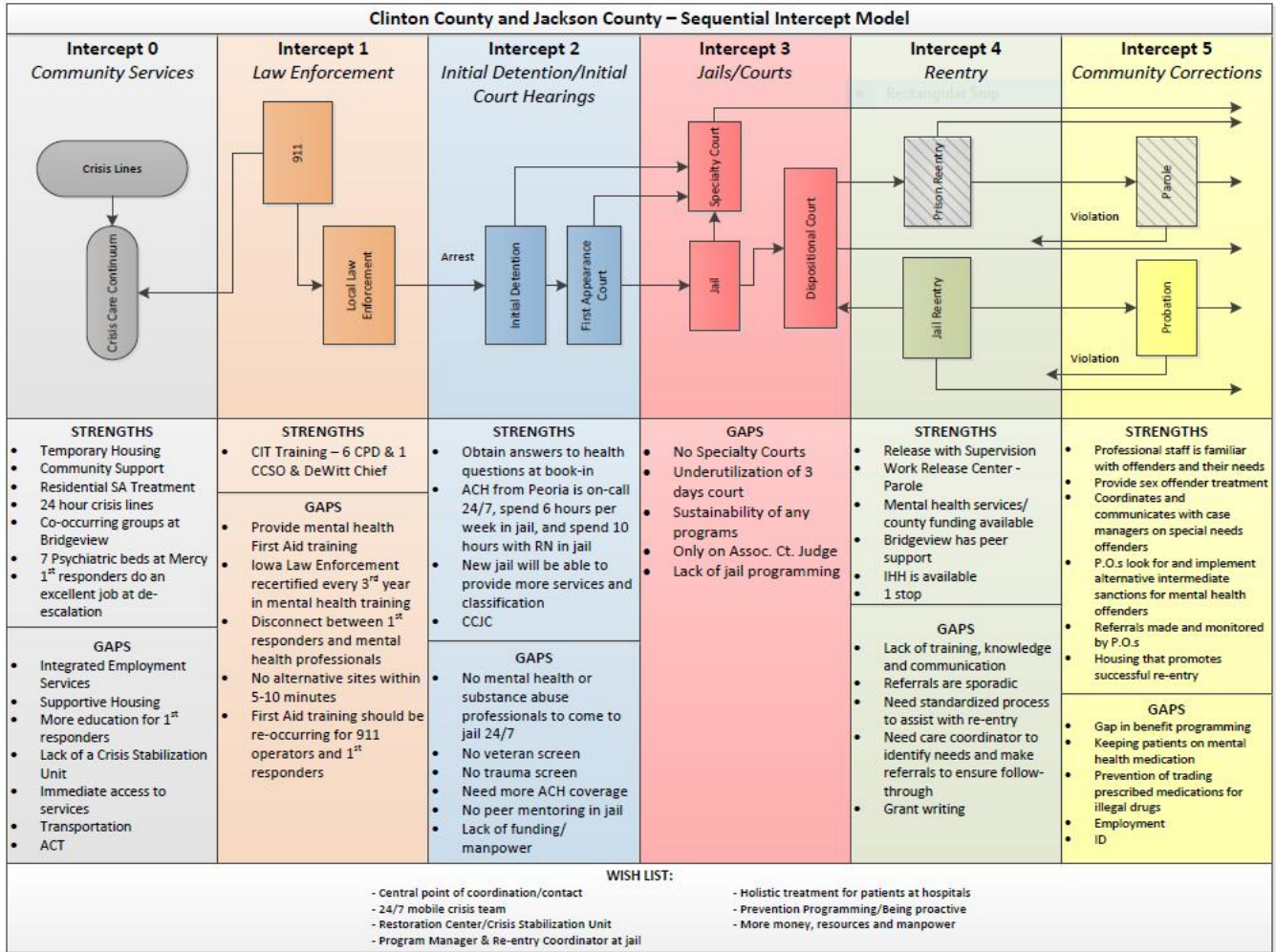


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Sequential Intercept Model for Clinton County and Jackson County (2 of 3)

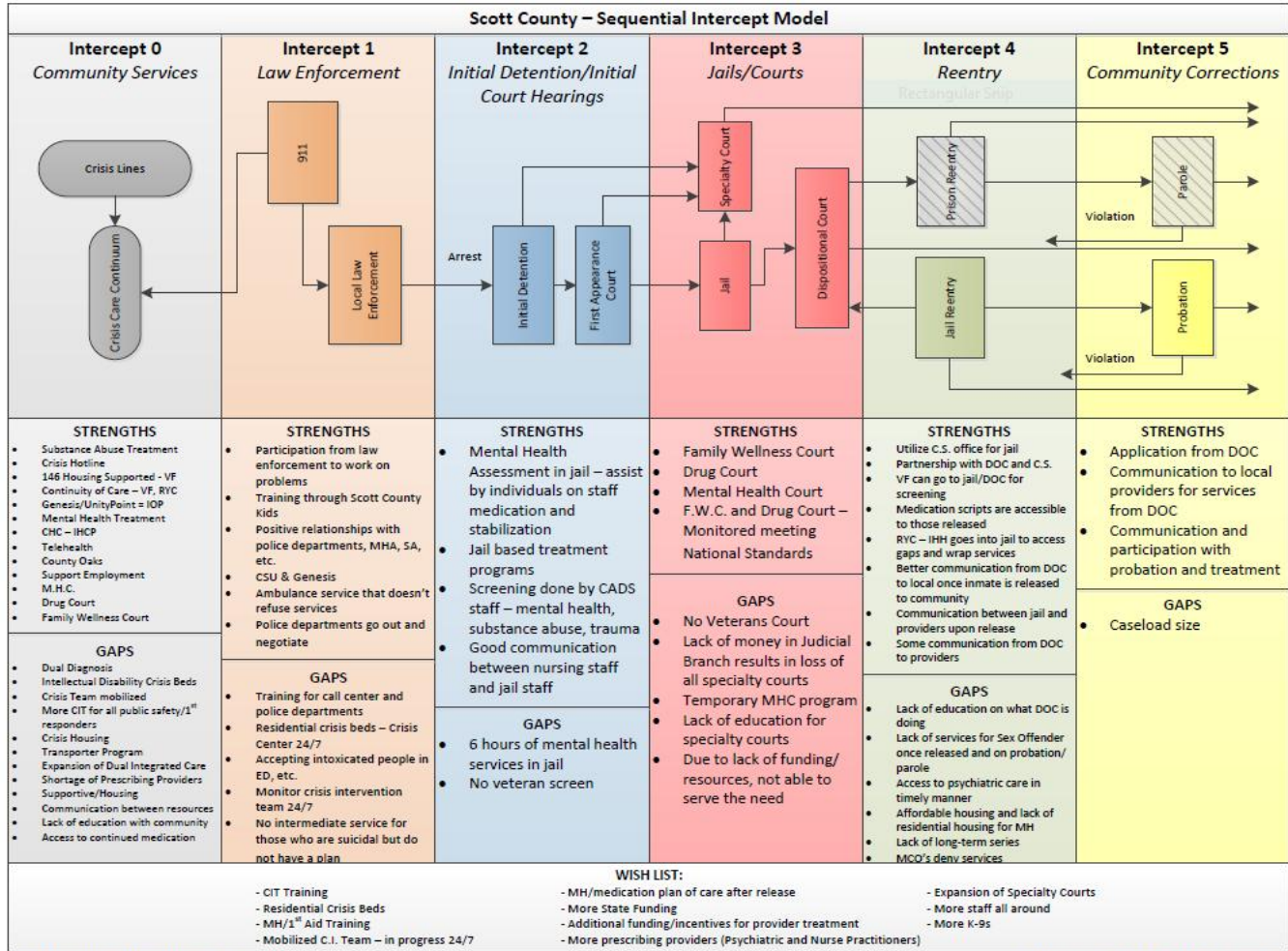


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Intercept Model for Scott County (3 of 3)



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Collaboration with Community Organizations/Hospitals and MCOs

A workshop titled “*Incorporating Trauma Informed Care into Crisis Intervention Services*”, was sponsored by the Eastern Iowa MH/DS Region, and facilitated by the Robert Young Center with guest speaker Frank Grijalva, MSPH, MSC. The following chart notes the dates and the locations of the workshop.

<i>May 30, 2017</i> <i>Trinity Bettendorf</i> <i>4500 Utica Ridge Rd</i> <i>Bettendorf IA</i>	<i>May 31, 2017</i> <i>Mercy Clinton</i> <i>1410 N 4th St</i> <i>Clinton IA</i>	<i>June 1, 2017</i> <i>Muscatine High School</i> <i>2705 Cedar St</i> <i>Muscatine IA</i>	<i>June 2, 2017</i> <i>Trinity Bettendorf</i> <i>4500 Utica Ridge Rd</i> <i>Bettendorf IA</i>
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The purpose of the workshop was for the participants to define, recognize and understand the effects of trauma, and identify trauma informed principles of supporting individuals in crisis. Key points of training were:

- For individuals suffering from behavioral health disorders, the challenges of getting by day-to-day can be very difficult.
- Many of these individuals have experienced trauma, such as abuse and neglect, which leads to disconnection with family and community.
- Trauma can affect an individual’s ability to interact with others, to work and care for self and family.

The objectives of the training were to:

- Discuss the prevalence of trauma and the principles of Trauma-Informed Care;
- Describe the impact of trauma on the mind and body;
- Identify frustrations and spirit of those struggling to overcome effects of mental health stigma;
- Discuss methods and techniques that crisis workers can use in assessing and responding to crisis situations.

Targeted Audience for the workshop was:

The Hospital Emergency Department staff, nursing and behavioral health personnel, police, ambulance and medic professionals, and other behavioral health emergency service workers in Scott, Muscatine, Cedar, Clinton, and Jackson Counties.

“Incorporating Trauma Informed Care into Crisis Intervention Services” training was completed with approximately 150 stakeholders from the EIMH Region (5/30/2017-6/2/2017).

Collaboration in the Development of a Crisis System in Eastern Iowa

As noted above in the section for “3rd Year in Review FY17: Expansion of a Justice Involved Crisis System”, recommendations of services development for the Amendment to the Regional Mental Health Services Agreement were gleaned from the 146 stakeholder meetings held throughout the five (5) counties between the time frames of January 2015 – September 2016 and included behavioral health service providers, emergency medical service staff, justice system staff, law enforcement staff and local agencies.

January 14, 2015 – September 30, 2016 there were 146 stakeholder meetings held throughout the five (5) counties.

The chart below reflects only *face-to-face* activities.

Stakeholder Engagement (Jan.14 through Sept 30, 2016) Face to Face contacts only						
	Cedar	Clinton	Jackson	Muscatine	Scott	Eastern Iowa Region
Hospitals/Emergency Departments	N/A	7	4	3	8	22
County Entities/Law Enforcement	14	6	5	6	12	43
Consortiums/Collaborations	3	13	1	3	10	30
Mental Health Centers/Social Service Providers	2	10	6	6	18	42
Stakeholder Engagement Totals	19	36	16	18	48	137

July 1, 2016 – June 30, 2017 there were 75 stakeholder meetings held throughout the five (5) counties.

The chart below reflects only *face-to-face* activities.

Stakeholder Engagement (July 1, 2016-June 30, 2017) Face to Face contacts only						
	Cedar	Clinton	Jackson	Muscatine	Scott	Eastern Iowa Region
Hospitals/Emergency Departments	N/A	3	1	0	1	5
County Entities/Law Enforcement	5	5	1	7	10	28
Consortiums/Collaborations	2	10	0	7	8	21
Mental Health Centers/Social Service Providers	1	15	4	7	10	21
Stakeholder Engagement Totals	8	33	6	21	29	75

Unmet Needs

Efforts to Address Unmet Needs from previous plans:

History

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 (CON) 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.

Progress

The Iowa Health Facilities Council approved Strategic Behavioral Health's application during a nine-hour hearing on Thursday, July 20, 2017.

History

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 had 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.

Progress

The bill, Public Act 100-0012, to develop a “pilot project” was passed in the 2017 Illinois legislative session. Effective 1/1/2018, the Region will utilize a two year pilot project to provide additional inpatient access, if no beds are available at the two (2) Regional facilities: Genesis Hospital and Mercy Medical/Clinton Hospital, for adults from the Region who are court ordered to receive a mental health evaluation under Iowa Code Chapter 229. The inpatient facility for the “pilot project” is located at the UnityPoint Hospital in Rock Island, Illinois.

History

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.

Progress

The bill, known as SF 504 was enacted on May 5, 2017. It makes a number of changes pertaining to how mental health and disability services are funded within regions, the spending down of cash reserves, exploring the future financial viability of regions, and the ability to provide services with individuals with complex psychiatric needs. Major provisions of this bill are the Mental Health Property Tax Levy. The bill equalizes the property tax levies in each county on a regional basis by setting a new maximum per capita amount that can be levied across the region. This new regional cap is set by combining the maximum amount each county could levy within a region for FY 2018 and dividing it by the region’s population. In the Eastern Iowa MH/DS Region, the regional cap is \$30.78.

History

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.

Progress

Under the EIMH Crisis System, a Peer Services Meeting was held with Vera French MHC, Bridgeview CHMC, Life Connections and Plugged In Iowa on 5/24/17 to gather interest and expectations. As of 6/22/2017, a Request for Information (RFI) is being developed.

Waiting List:

No waiting lists were established for any services during FY17.

Appeals:

No non-expedited or any expedited appeals were filed in FY17.

Exceptions to Policy:

No Exceptions to Policy granted by the Region in FY17.

Expenditure Charts:

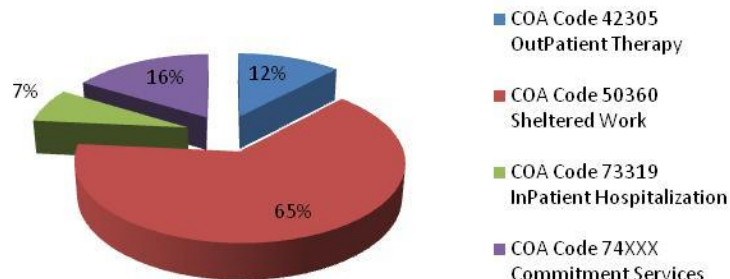
The Region is interested in documenting and reporting on three (3) specific areas: 1) sheltered work services, 2) outpatient therapy and 3) overall cost of commitments and will begin to compare expenditures in future charts. Strategies will be developed to address needs for individuals with disabilities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

- Sheltered Work is a focus within the Region as it strives toward community based employment opportunities. The Region is working toward 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.

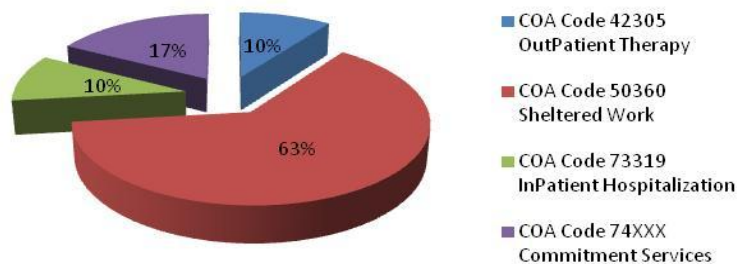
The Eastern Iowa MH/DS Region – Annual Report FY 2017

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

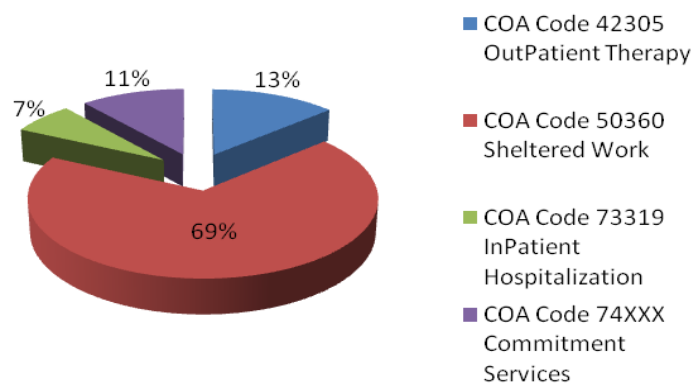
FY15 Expenditures



FY16 Expenditures



FY17 Expenditures



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

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