

EASTERN IOWA MENTAL HEALTH AND
DISABILITY SERVICES REGION



ANNUAL REPORT FY 2015

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



EASTERN IOWA MENTAL
HEALTH AND DISABILITY
SERVICES REGION

Coordinators of Disability Services

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The Eastern Iowa MH/DS Region – Annual Report FY 2015

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The Regional Annual Report FY 2015

The Annual Report for FY 2015 from the Eastern Iowa MH/DS Region is in accordance with IAC-441-25.20(331) and shall be submitted to the Department of Human Services, Regional Stake Holders and the Community Systems Consultants. The Annual Report shall incorporate an analysis of data associated with the services managed during the preceding fiscal year and shall include:

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

The Iowa Legislature passed a bill known as the Mental Health Redesign (SF2315), 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 298,523 according to the July 1, 2012 census.

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

- A "Management Plan Policies and Procedures Manual", which received final approval by DHS on 9/16/14.
- An "Annual Service and Budget Plan for FY15", which received approval by DHS on 7/22/14.

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

This is the first Fiscal Year for submitting an Annual Report as a Region. Operating at a regional level has been a learning 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 2015

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>	<u>Comments:</u>
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.	<ul style="list-style-type: none"> • Met Yes/No • By which providers <p>Yes, this was met by four (4) CMHCs which served residents of the Region:</p> <ol style="list-style-type: none"> 1) Abbe Center for CMH, 2) Bridgeview CMHC 3) Hillcrest CMHC 4) Vera French CMHC 5) And other available providers such as Trinity Robert Young. 	<ul style="list-style-type: none"> • How measured • If not what is plan to meet access standard and how will it be measured <ul style="list-style-type: none"> • Services in Cedar County are available in a satellite office in Tipton provided by the Abbe Center for CMH • The other four (4) CMHCs and Trinity Robert Young have office hours Monday–Friday, as well as some evening hours.
25.2(3)k 25.3(1)b	A hospital with an inpatient psychiatric unit or state mental health institute located in or within reasonably close proximity that has the capacity to provide inpatient services to the applicant.	<p>Yes, the capacity exists for adults at two (2) private hospitals within the region:</p> <ol style="list-style-type: none"> 1) Genesis Medical Center located in Davenport 2) Mercy Medical Center–Clinton located in Clinton. <p>Yes, the capacity exists for adults at one (1) of the State Mental Health Institute located in Independence.</p> <p>In FY15, neither Genesis Medical Center nor Mercy Medical Center–Clinton admitted Children/Adolescents.</p> <p>UnityPoint Health–Trinity Hospital, located in Rock Island, Illinois – across the river from Davenport, IA has the capacity for children/adolescents admissions in a hospital within close proximity to part of the Region.</p>	<p>Although there might be open beds for adults, a hospital may have reasons to deny an admission. An individual may not be admitted due to:</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.</p> <p>In June 2015 representatives from Strategic Behavioral Health, LLC, a for profit company, began meeting with stakeholders to discuss inpatient needs. Strategic Behavioral Health, LLC, completed a market study in the State of Iowa regarding the shortage of psychiatric beds. The results indicated that Eastern Iowa was under served.</p>

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Outpatient: (Mental Health Outpatient Therapy, Medication Prescribing & Management, and Assessment & Evaluation)			
25.3(3)a(1)	<p>Timeliness: The region shall provide outpatient treatment services.</p> <p>Emergency: During an emergency, outpatient services shall be initiated to an individual within 15 minutes of telephone contact.</p>	<p>Yes the following providers met the outpatient Emergency standard:</p> <ol style="list-style-type: none"> 1) Abbe Center for CMH 2) Bridgeview CMHC 3) Hillcrest CMHC 4) Vera French CMHC 5) And other available providers such as Trinity Robert Young. 	<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 is referred to the nearest emergency room.</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>
25.3(3)a(2)	<p>Urgent: Outpatient services shall be provided to an individual within one hour of presentation or 24 hours of telephone contact.</p>	<p>Yes, the following providers met the Urgent standard:</p> <ol style="list-style-type: none"> 1) Abbe Center for CMH 2) Bridgeview CMHC 3) Hillcrest CMHC 4) Vera French CMHC 5) And other available providers such as Trinity Robert Young. 	<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>
25.3(3)a(3)	<p>Routine: Outpatient services shall be provided to an individual within four weeks of request for appointment.</p>	<p>Yes, the following providers have met the Routine standard:</p> <ol style="list-style-type: none"> 1) Abbe Center for CMH* 2) Bridgeview CMHC 3) Hillcrest CMHC 4) Vera French CMHC* 5) And other available providers such as Trinity Robert Young 	<p>This has been measured by reports made to Coordinators of Disability Services by the providers and by the individuals who have attempted to access the services.</p> <p>In addition to the four (4) CMHCs there are numerous mental health practitioners that are available to address this need within the Region.</p> <p>* Abbe Center for CMH and Vera French CMHC, occasionally are unable to provide prescriber services within four (4) weeks of request due to workforce shortage. This is particularly true for medication prescribing and management. In local communities, it is common practice for other licensed prescribers to prescribe mental health medications.</p>
25.3(3)a(4)	<p>Proximity: 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 FY 15 Annual Service and Budget Plan.</p>

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Inpatient: (Mental Health Inpatient Therapy)			
25.3(3)b(1)	<p>Timeliness: The region shall provide inpatient treatment services. An individual in need of emergency inpatient services shall receive treatment within 24 hours.</p>	<p>Yes, the capacity exists for timeliness to access inpatient beds. The five (5) hospital Emergency Departments within the Region provide stabilization and safety while an inpatient treatment bed is being secured.</p> <p>The five Emergency Departments are:</p> <ol style="list-style-type: none"> 1) Genesis Medical Center Davenport 2) Genesis Medical Center Dewitt 3) Mercy Medical Center–Clinton 4) Jackson County Regional Health Center 5) UnityPoint Health Trinity Muscatine 	<p>There are occasions when a bed cannot be located with 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>There are various factors that may impact capacity. An individual may not be admitted locally due to:</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)	<p>Proximity: Inpatient services shall be available within reasonably close proximity to the region. (100 miles)</p>	<p>Yes, the capacity exists for proximity to access to inpatient beds within 100 miles.</p> <p>The two (2) inpatient treatment centers are:</p> <ol style="list-style-type: none"> 1) Genesis Medical Center Davenport 2) Mercy Medical Center–Clinton 	<p>There are various factors that may impact capacity. An individual may not be admitted locally due to:</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. <p>In FY15 there were 25 operational inpatient service beds available for adults only within the Region. Mercy Medical Center–Clinton and Genesis Medical Center have a Certificate of Need to provide more than 25 inpatient beds.</p> <p>In FY14 Genesis Medical Center announced plans for the expansion of their Behavioral Health Unit to be completed sometime in 2017.</p>
25.3(3)c	<p>Timeliness: Assessment and evaluation. An individual who has received inpatient services shall be assessed and evaluated within four weeks.</p>	<p>Yes, the four (4) CMHCs and other available providers meet this standard.</p> <ol style="list-style-type: none"> 1) Abbe Center for CMH 2) Bridgeview CMHC 3) Hillcrest CMHC 4) Vera French CMHC 5) And other available providers such as Trinity Robert Young. 	<p>This has been measured by reports made to Coordinators of Disability Services by the providers and by the individuals who have attempted to access the services.</p>

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Basic Crisis Response: (24-Hour Access to Crisis Service, Crisis Evaluation, Personal Emergency Response System)			
25.3(2) & 25.3(4)a	Timeliness: Twenty-four-hour access to crisis response, 24 hours per day, seven days per week, 365 days per year.	<p>Yes, the four (4) CMHCs have access available by an after hour system available 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 CMHC 4) Vera French CMHC <p>Yes, the five (5) Emergency Departments within the Region have this availability.</p> <ol style="list-style-type: none"> 1) Genesis Medical Center Davenport 2) Genesis Medical Center Dewitt 3) Mercy Medical Center–Clinton 4) Jackson County Regional Health Center 5) UnityPoint Health Trinity Muscatine 	<p>The Region is in the process of developing more comprehensive basic crisis response services to be accessible by all individuals within the Region.</p> <p>Although Cedar County is the only county without an emergency department, parts of the county have access to an ACT team through the University of Iowa Hospitals and Clinics. This service is offered within a 30 mile radius of UHIC.</p>
25.3(4)b	Timeliness: Crisis evaluation within 24 hours.	Yes, currently the access to a crisis evaluation within 24 hours is available by calling an agency crisis line, or by presenting oneself at a local emergency department.	This will be further developed as the Region moves forward with more comprehensive basic crisis response services. The Region is striving for a system that will provide access 24/7 to mental health professionals.
Support for Community Living: (Home Health Aide, Home and Vehicle Modification, Respite, Supported Community Living)			
25.3(5)	Timeliness: The first appointment shall occur within four 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) DAC Inc 4) Handicapped Development Center 5) Lutheran Services 6) New Choices 7) Optimae Services 8) Pathway Living Center 	<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 FY 15 Annual Service and Budget Plan.</p>

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		9) REM 10) Skyline Inc 11) Systems Unlimited	
Support for Employment: (Day Habilitation, Job Development, Supported Employment, Prevocational Services)			
25.3(6)	Timeliness: The initial referral shall take place within 60 days of the individual's request of support for employment.	Yes, the agencies have the capacity to meet this standard for these services. The agencies include: 1) Crossroads Inc 2) DAC Inc 3) Handicapped Development Center 4) Skyline Inc 5) Goodwill Industries 6) Systems Unlimited	This has been measured by reports made to Coordinators of Disability Services by the providers and by the individuals who have attempted to access the services. All identified mental health providers within the Region are listed in the FY 15 Annual Service and Budget Plan.
Recovery Services: (Family Support, Peer Support)			
25.3(7)	Proximity: An individual receiving recovery services shall not have to travel more than 30 miles if residing in an urban area or 45 miles if residing in a rural area to receive services.	No, the Region does not meet the standard for Family Support for all individuals living within the Region. • Family Support is available at Vera French CMHC. No, the Region does not meet the standard for Peer Support for all individuals living within the Region. • Peer Support is available at Vera French CMHC and Bridgeview CMHC, also through IHH programs.	An effort will be made to improve the availability of Family Support throughout the region by reaching out to NAMI and other CMHCs. Peer Support is an area of ongoing development within the IHH Programs.
Service Coordination: (Case Management, Health Homes)			
25.3(8)a	Proximity: An individual receiving service coordination 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.	Yes, Service Coordination is available throughout the Region in the offices of the Coordinators of Disability Services. 1) Cedar County 2) Clinton County 3) Jackson County 4) Muscatine County 5) Scott County Yes, Targeted Case Management is provided by: 1) Cedar County	According to the August 2015 map of Health Homes, listed on the DHS website, only two (2) counties in the Region have Health Homes: Muscatine County has UI Health Care– Muscatine and Muscatine Family Practice– Cedar St. Scott County has two separate locations under Community Health Care, Inc. The Region will defer to DHS for further development of Health Home.

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		2) Clinton County 3) Jackson County 4) Muscatine County 5) DHS–Scott County Yes, Health Homes are available in two counties of the Region. 1) Muscatine County 2) Scott County	
25.3(8)b	Timeliness: An individual shall receive service coordination within 10 days of the initial request for such service or being discharged from an inpatient facility.	All Coordinator of Disability Services Offices meet this standard.	

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

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

<u>Service Domain/Service</u>	<u>Available:</u>	<u>Comments:</u>
	<ul style="list-style-type: none"> • Yes/No • By which providers 	<ul style="list-style-type: none"> • Is it in a planning stage? If so describe.
Comprehensive Facility and Community–Based Crisis Services: 331.397~ 6.a.		
24–Hour Crisis Hotline	Yes, the four (4) CMHCs and Trinity Robert Young have crisis lines available. 1) Abbe Center for CMH 2) Bridgeview CMHC 3) Hillcrest CMHC 4) Vera French CMHC 5) Trinity Robert Young	Within the Region the CMHCs and Trinity Robert Young have crisis lines available. The Region is in the process of developing more comprehensive basic crisis response services to be accessible by all residents. It is anticipated that this will include a contract for services with Foundation 2 to operate a Regional Crisis Hotline.
Mobile Response	Yes, the portion of Cedar County that is located within a 30 mile radius of Iowa City has access to an ACT Team provided by Abbe Center for CMH. No, the other four (4) counties do not have this service available.	At this time mobile response is not a part of the discussion regarding crisis response services. This is due to concern over the future availability of funding to sustain this service.
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.

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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 available on a voluntary basis to children/adolescents and their families in Clinton and Jackson County. This is not funded by the region.	At this time a similar program for adults is not being considered. It is felt that the crisis response services being considered will address the needs of adults in crisis.
Crisis Residential Services: 331.397~ 6.b.		
Subacute Services 1-5 beds	Not available	This has been discussed and the Region would like to pursue this service. However, concern over the future availability of funding to sustain this service prevents the Region from considering it at this time.
Subacute Services 6+ beds	Not available	This has been discussed and the Region would like to pursue this service. However, concern over the future availability of funding to sustain this service prevents the Region from considering it at this time.
Justice System-Involved Services: 331.397~ 6.c.		
Jail Diversion	Yes, service coordination is currently provided in Scott County. Scott County Jail personnel work with Scott County Community Services to assist inmates in accessing mental health services and other services within the community as needed.	The Region is interested in exploring this service.
Crisis Prevention Training	Yes, a core group of the Davenport Police Department has been trained in CIT. Mental Health First Aid has been offered by various entities to law enforcement within the Region in FY15 and prior.	Discussion is ongoing as to how to plan for CIT for any interested law enforcement personnel within the Region.
Civil Commitment Prescreening	Not available	An effort has been made to implement this as a pilot project, but it has been difficult to engage providers (CMHCs) at this time due to concerns about MCOs. This will continue to be explored to create a program to address this need by using resources in the Region.

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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. It currently is considered a pilot project in Clinton County, in order to collect outcome data as to the effectiveness of the program. It has been endorsed by the Chief District Court Judge.</p> <p>If considered to effective, 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 courts.</p>

Practices

Co-Occurring:

Training: The Eastern Iowa MH/DS Region has numerous trained providers that are treating individuals with co-occurring conditions. All of the four (4) CMHCs: Abbe Center for CMH, Bridgeview, Hillcrest CMHC and Vera French CMHC, and other agencies, employs staff which are credentialed as both Licensed Mental Health Professionals and Certified Alcohol and Drug Counselors (CADC) or Certified Rehabilitation Counselors (CRC). Bridgeview CMHC reports it facilitates an ongoing group therapy for co-occurring conditions of MH and SA, which meets three (3) days a week. In addition to the CMHCs, other outpatient mental health providers, as well as residential and vocational providers, have staff whom are trained to provide services to individuals with co-occurring conditions. Pathways Living Center reports it provides regular training to their staff on substance abuse/mental health and employs one (1) CADC person on staff to assist with these training opportunities. DAC Inc utilizes the curriculum modules from the College of Direct Supports. This curriculum specifically addresses the diagnosis present in co-occurring conditions.

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

A Regional goal for FY 16 is to ensure all providers that serve individuals with co-occurring conditions are trained under the Substance Abuse and Mental Health Services Administration (SAMSHA), the Dartmouth Psychiatric Research Center or other generally recognized professional organization as specified within our Region as dictated under IAC 441-25.4(1)

Trauma Informed Care:

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

In addition to staff trained in the areas of co-occurring disorders and trauma informed care, agencies have staff trained in Eye Movement Desensitization and Reprocessing (EMDR), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Parent-Child Interaction Therapy (PCIT), Dialectical Behavior Therapy (DBT) and Motivational Interviewing. The Region has written in support of those CMHCs who use federal block grant dollars for the purpose of training their staff in the areas of these core competencies and evidenced based practices. Other areas of training needs identified by providers include: person centered training and crisis intervention skills.

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

A Regional goal for FY 16 is that consideration be given to respond to requests from providers for assistance in providing access to trainings in trauma informed care.

Evidenced Based Practices:

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

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However, there are several noteworthy programs within the Region that should be mentioned that are earmarked to be reviewed in FY16 for meeting established fidelity to evidence-based service models. Pathway Living Center, which administers a permanent supported housing program called the *Home Sweet Home* program is a housing initiative that has been in existence for over twenty years and consists of four (4) apartments each in the City of Clinton and DeWitt. Priority at this program is given to individuals who are homeless and suffer from a mental illness. Bridgeview CMHC offers an integrated treatment of co-occurring substance abuse and mental health program, available three (3) days per week on an ongoing basis and the Abbe Center for CMH has an Assertive Community Treatment (ACT) Team available to portions of Cedar County. Strengths Based Case Management is available through the four (4) accredited county case management programs in Cedar, Clinton, Jackson and Muscatine County.

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

The Region does realize that a key SAMHSA priority is to prevent homelessness by ensuring that Permanent Supportive Housing are available for individuals with mental and/or substance use disorders. SAMHSA also supports the Service Outreach and Recovery Project, SOAR, which is a national project designed to increase access to the disability income benefit programs administered by the Social Security Administration for eligible adults who are homeless, or at risk of homelessness, and have a mental and/or substance use disorder. There are four (4) staff within the Region who have been trained in the SOAR project, and are skilled in using the tools in assisting eligible individuals.

Goals and priorities for the Eastern Iowa MH/DS Region for FY 16 will be for the Management Team to become knowledgeable in Evidenced-Based Practices and the use of fidelity scales for conducting an independent verification of the practices.

Individuals Served in Fiscal Year 2015

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.

Age	Account	Code	MI	CMI	ID	DD	Admin	CM	CPS	BI	Total
Adult	21374	Case Management - T19 Match/ Medicaid	1								1
Adult	21375	Case Management - 100% County	66		78	8					152
Adult	22372	Services Management - Planning &/or Consultation Services	65		78	8					151
Adult	22399	Services Management - Other	88		80	10					178
Adult	31351	Transportation - Bus	4			1					5
Adult	31354	Transportation - General	130		5	4					139
Adult	32325	Support Services - Respite Services	6								6
Adult	32326	Support Services - Guardian/Conservator	33		49	3					85
Adult	32327	Support Services - Representative Payee	82		60	10					152
Adult	32328	Support Services - Home/Vehicle Modification								1	1
Adult	32329	Support Services - Supported Community Living	31		7	18				1	57
Adult	33340	Basic Needs - Rent Payments	1								1
Adult	33345	Basic Needs - Ongoing Rent Subsidy	1								1
Adult	41305	Physiological Treatment - Outpatient	1								1
Adult	41306	Physiological Treatment - Prescription Medicine/Vaccines	517			1					518
Adult	42305	Psychotherapeutic Treatment - Outpatient	821		4						825
Adult	42396	Psychotherapeutic Treatment - Community Support Programs	45								45
Adult	42399	Psychotherapeutic Treatment - Other	337								337
Adult	43301	Evaluation (Non Crisis) - Assessment and Evaluation	12								12
Adult	44301	Crisis Evaluation	3								3
Adult	44304	Crisis Services - Emergency Care	1								1
Adult	50360	Voc/Day - Sheltered Workshop Services	40		238	19				1	298
Adult	50362	Voc/Day - Prevocational Services	1		3						4
Adult	50364	Voc/Day - Job Development	2		1	2					5
Adult	50367	Day Habilitation	4								4
Adult	50368	Voc/Day - Individual Supported Employment	5		7	4					16
Adult	50399	Voc/Day - Day Habilitation	29								29

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Age	Account	Code	MI	CMI	ID	DD	Admin	CM	CPS	BI	Total
Adult	63314	Comm Based Settings (1-5 Bed) - RCF	1								1
Adult	63329	Comm Based Settings (1-5 Bed) - Supported Community Living	13		1						14
Adult	63399	Comm Based Settings (1-5 Bed) - Other	15								15
Adult	64314	Comm Based Settings (6+ Beds) - RCF	44		4						48
Adult	64315	Comm Based Settings (6+ Beds) - RCF/MR			2	2					4
Adult	64316	Comm Based Settings (6+ Beds) - RCF/PMI	82		3						85
Adult	64399	Comm Based Settings (6+ Beds) - Other	1								1
Adult	71319	State MHI Inpatient - Per diem charges	22								22
Adult	73319	Other Priv./Public Hospitals - Inpatient per diem charges	46								46
Adult	73399	Other Priv./Public Hospitals - Other (non inpatient charges)	1								1
Adult	74300	Commitment - Diagnostic Evaluations	147		4						151
Adult	74353	Commitment - Sheriff Transportation	449		2						451
Adult	74393	Commitment - Legal Representation	364		5						369
Adult	75395	Mental Health Advocate - General	19								19
Child	21375	Case Management - 100% County	1								1
Child	22372	Services Management - Planning &/or Consultation Services	1								1
Child	22399	Services Management - Other	1								1
Child	32327	Support Services - Representative Payee	1								1
Child	41306	Physiological Treatment - Prescription Medicine/Vaccines	20								20
Child	42305	Psychotherapeutic Treatment - Outpatient	21								21
Child	42396	Psychotherapeutic Treatment - Community Support Programs	1								1
Child	42399	Psychotherapeutic Treatment - Other	7								7
Child	44301	Crisis Evaluation	2								2
Child	50360	Voc/Day - Sheltered Workshop Services			1						1
Child	73319	Other Priv./Public Hospitals - Inpatient per diem charges	19								19
Child	74300	Commitment - Diagnostic Evaluations	48								48
Child	74353	Commitment - Sheriff Transportation	147								147
Child	74393	Commitment - Legal Representation	17								17
Child	75395	Mental Health Advocate - General	5								5

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Warehouse Report: Persons Served

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

Disability Group	Children	Adult	Unduplicated Total	DG
Mental Illness	199	2098	2297	40
Mental Illness,Intellectual Disabilities	0	10	10	40,42
Mental Illness,Other Developmental Disabilities	0	2	2	40,43
Intellectual Disabilities	1	312	313	42
Other Developmental Disabilities	0	36	36	43
Brain Injury	0	3	3	47
Total	200	2461	2661	

Financials

This section includes:

- Expenditures.
- Revenues.
- County Levies.

Expenditures

Warehouse Report: Entity Dollars by COA

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

							<i>Pg 1</i>
FY 2015 Accrual	EASTERN IOWA MHDS Region	MI (40)	ID(42)	DD(43)	BI(47)	Admin (44)	Total
Core Domains							
COA	Treatment						
43301	Assessment & evaluation	2,794.15					\$ 2,794.15
42305	Mental health outpatient therapy	215,613.38	104.00				\$ 215,717.38
42306	Medication prescribing & management						\$ -
71319	Mental health inpatient therapy-MHI	302,256.98					\$ 302,256.98
73319	Mental health inpatient therapy	127,845.00					\$ 127,845.00
	Basic Crisis Response						
32322	Personal emergency response system						
44301	Crisis evaluation	1,849.99					\$ 1,849.99
44305	24 hour access to crisis response						\$ -
	Support for Community Living						
32320	Home health aide						\$ -
32325	Respite	17,424.37					\$ 17,424.37
32328	Home & vehicle modifications				4,320.00		\$ 4,320.00
32329	Supported community living	96,997.49	24,413.36	79,101.46	1,772.00		\$ 202,284.31

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FY 2015 Accrual	EASTERN IOWA MHDS Region	MI (40)	ID(42)	DD(43)	BI(47)	Admin (44)	Total
	Support for Employment						
50362	Prevocational services	2,427.60	30,169.36				\$ 32,596.96
50367	Day habilitation	53.92					\$ 53.92
50364	Job development	1,818.00	909.00	1,818.00			\$ 4,545.00
50368	Supported employment	8,216.06	34,079.58	11,265.50			\$ 53,561.14
50369	Group Supported employment-enclave						\$ -
	Recovery Services						
45323	Family support						\$ -
45366	Peer support						\$ -
	Service Coordination						
21375	Case management						\$ -
24376	Health homes						\$ -
	Core Evidenced Based Treatment						
45373	Family psycho- education						\$ -
42397	Psych rehab (IPR)						\$ -
	Core Domains Total	\$ 777,296.94	\$ 89,675.30	\$ 92,184.96	\$ 6,092.00		\$ 965,249.20
	Mandated Services						
46319	Oakdale (73399)	20,002.40					\$ 20,002.40
72319	State resource centers						\$ -
74XXX	Commitment related (except 301)	289,316.45	1,214.68				\$ 290,531.13
75XXX	Mental health advocate	110,127.52	2,295.87				\$ 112,423.39
	Mandated Services Total	\$ 419,446.37	\$ 3,510.55	\$ -	\$ -		\$ 422,956.92
	Additional Core Domains						
	Comprehensive Facility & Community Based Crisis Services						
44346	24 hour crisis line						\$ -
44366	Warm line						\$ -
44307	Mobile response						\$ -
44302	23 hour crisis observation & holding						\$ -
44312	Community based crisis stabilization						\$ -
44313	Residential crisis stabilization						\$ -

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							<i>Pg 3</i>
FY 2015 Accrual	EASTERN IOWA MHDS Region	MI (40)	ID(42)	DD(43)	BI(47)	Admin (44)	Total
	Sub-Acute Services						
63309	Subacute services-1-5 beds						\$ -
64309	Subacute services-6 and over beds						\$ -
	Justice system-involved services						
46305	Mental health services in jails						\$ -
46422	Crisis prevention training						\$ -
74301	Civil commitment prescreening						\$ -
46399	Justice system-involved services-other						\$ -
	Additional Core Evidenced Based Treatment						
42366	Peer self-help drop-in centers						\$ -
	Additional Core Domains Total	\$ -	\$ -	\$ -	\$ -		\$ -
	Other Informational Services						
03XXX	Information & referral						\$ -
04XXX	Consultation						\$ -
05XXX	Public education						\$ -
	Other Informational Services Total	\$ -	\$ -	\$ -	\$ -		\$ -
	Other Community Living Support Services						
06399	Academic services						\$ -
22XXX	Services management	251,075.08	73,105.83	8,238.32			\$ 332,419.23
23376	Crisis care coordination						\$ -
23399	Crisis care coordination other						
24399	Health homes other						\$ -
31XXX	Transportation	43,847.41	1,088.00	2,030.92			\$ 46,966.33
32321	Chore services						\$ -
32326	Guardian/conservator	50,831.25	19,398.46	1,045.44			\$ 71,275.15
32327	Representative payee	26,148.54	14,815.99	2,664.80			\$ 43,629.33
32335	CDAC						\$ -
33330	Mobile meals						\$ -
33340	Rent payments (time limited)	975.00					\$ 975.00
33345	Ongoing rent subsidy	550.00					\$ 550.00

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FY 2015 Accrual	EASTERN IOWA MHDS Region	MI (40)	ID(42)	DD(43)	BI(47)	Admin (44)	Total
33399	Other basic needs						\$ -
41305	Physiological outpatient treatment						\$ -
41306	Prescription meds	170,848.03		309.80			\$ 171,157.83
41307	In-home nursing						\$ -
41308	Health supplies						\$ -
41399	Other physiological treatment						\$ -
42309	Partial hospitalization						\$ -
42363	Day treatment						\$ -
42396	Community support programs	227,990.98					\$ 227,990.98
42399	Other psychotherapeutic treatment	95,113.52					\$ 95,113.52
43399	Other non-crisis evaluation						\$ -
44304	Emergency care	112.00					\$ 112.00
44399	Other crisis services						\$ -
45399	Other family & peer support						\$ -
50361	Vocational skills training						\$ -
50365	Supported education						\$ -
50399	Other vocational & day services	28,254.27					\$ 28,254.27
63XXX	RCF 1-5 beds	8,820.29					\$ 8,820.29
63XXX	ICF 1-5 beds						\$ -
63329	SCL--1-5 beds	300,457.70	8,820.00				\$ 309,277.70
63399	Other 1-5 beds	188,430.27					\$ 188,430.27
	Other Comm Living Support Services Total	\$ 1,393,454.34	\$ 117,228.28	\$ 14,289.28	\$ -		\$ 1,524,971.90
Other Congregate Services							
50360	Work services (work activity/sheltered work)	113,780.20	958,014.67	72,884.33	2,243.90		\$ 1,146,923.10
64XXX	RCF--6 and over beds	3,018,021.63	194,074.92	91,824.94			\$ 3,303,921.49
64XXX	ICF--6 and over beds						\$ -
64329	SCL--6 and over beds						\$ -
64399	Other 6+ beds	2,004.00					\$ 2,004.00
	Other Congregate Services Total	\$ 3,133,805.83	\$ 1,152,089.59	\$ 164,709.27	\$ 2,243.90		\$ 4,452,848.59

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							Pg 5
FY 2015 Accrual	Eastern Iowa MHDS Region	MI (40)	ID(42)	DD(43)	BI(47)	Admin (44)	Total
11XXX	Direct Administration*					2,097,242.50	
12XXX	Purchased Administration					24,031.67	
13951	Transfer of Funds**					2,647,555.47	
14951	Equalization**					4,817,623.00	
						0.00	
	Administration Total					\$ 9,586,452.64	\$ 9,586,452.64
	Regional Totals	\$ 5,724,003.48	\$ 1,362,503.72	\$ 271,183.51	\$ 8,335.90	\$ 9,586,452.64	\$ 16,952,479.25
(45) County Provided Case Management						89,838.98	
(46)County Provided Services						0.00	\$ 89,838.98
					**Equalization & Transfer of Funds		(\$7,465,178.47)
	Grand Total						\$ 9,577,139.76

Eastern Iowa Region				
Entity #'s	Entity	*Medicaid Offset DHS-Cashier	Transfer of Funds 25% of Fund Balance	Equalization Funds
116	Cedar		568,076.00	
123	Clinton		1,089,904.47	
149	Jackson	65,071.00	69,307.00	144,838.00
170	Muscatine		920,268.00	
182	Scott	1,307,468.00		4,672,785.00
	Fund Totals	\$1,372,539.00*	\$2,647,555.47	\$4,817,623.00
		Sub-Total	Transfer & Equalization	\$7,465,178.47
		Sub-Total	Medicaid Offset	\$1,372,539.00

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Revenue

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

FY 2015 Accrual	EASTERN IOWA MHDS REGION		
REVENUES			
	Fund Balance as of 6/30/14		\$ 7,107,911
	Local/Regional Funds		\$ 9,709,258
10XX	Property Tax Levied	\$9,371,427	
5310	Client Fees	\$328,068	
6000	Interest on Investments	\$9,763	
	State Funds		\$ 4,817,623
2250	MHDS Equalization	\$4,817,623	
2645	State Payment Program		
2646	MHDS Transition		
	Federal Funds		\$ 1,589,175
2344	Social Services Block Grant	\$1,589,175	
2345	Medicaid		
	Total Revenues		\$ 16,116,056

Total Funds Available for FY15		\$ 23,223,967
FY Regional Expenditures		(\$9,577,140)
Accrual Fund Balance as of 6/30/2015		\$ 13,646,827

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County Levies

Entity	2012 Est. Pop.	47.28 Per Capita Levy	Base Year Expenditure Levy	FY15 Max Levy	FY15 Actual Levy	Actual Levy Per Capita
Cedar (16)	18,416	870,708	968,646	870,708	857,918	46.59
Clinton (23)	48,717	2,303,340	2,883,428	2,303,340	2,303,340	47.28
Jackson (49)	19,712	931,983	787,145	787,145	787,145	39.93
Muscatine (70)	42,879	2,027,319	2,055,392	2,027,319	1,887,637	44.02
Scott (82)	168,799	7,980,817	3,308,032	3,308,032	3,308,032	19.60
Eastern Iowa Region	298,523					39.48 Average

Outcomes

The first year of operating as the five (5) county Eastern Iowa MH/DS Region has been 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 Governing Board at their monthly meetings. During the first year the Management Team needed to educate each other about their respective county – what services are and are 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. As a result of this approach, the first Annual Report may not show as much progress as the stakeholders may have expected.

History: The Eastern Iowa Mental Health 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, 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 urban (per IAC 25.1) counties- Clinton, Muscatine and Scott County, and two rural counties- Cedar and Jackson County. This results in a broad range of resources and providers, and areas where there is a gap in service providers. One (1) of the most

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notable examples is that Cedar County does not have a hospital located in the county. This is an important fact when discussing implementation of basic crisis response services throughout the Region.

Year in Review: In reviewing the Region's Transition Plan, approved by DHS on 6/30/14, it was anticipated a website would be completed by August, 2014. This was not accomplished by the end of FY15, but will be completed in FY16. In general, other procedures as defined in the Transition Plan have been carried out as planned.

Several prospects to implement new services were written into the FY15 Annual Service and Budget Plan. Two (2) of these concepts; establishing a short term crisis residential and stabilization unit, as well as 23 hour crisis stabilization/observation beds were not implemented for the following reasons:

- Prior to FY15, Scott County provided money to a local hospital to develop a 23 hour stabilization/observation unit. Ultimately the hospital was not able utilize the money for its stated purpose and returned the money in FY15 to the County.
- Lastly, 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, it was realized that there was a concern about the cost of services and the unknown financial stability of the Region in the coming years.

When the Management team began to understand the ramifications of the cost of developing these types of services, 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 in Muscatine County, presented the most comprehensive plan for crisis response services. Conversations began with the Robert Young Center-UnityPoint Health near the end of FY15, and will likely continue in FY16.

There is another benefit to the member counties all being from the same 7th Judicial District especially when implementing services that are directly associated with the Court system, particularly the commitment process. An example of this benefit is the pilot project implemented in October 2014 by Clinton County for court ordered outpatient evaluations under Chapter 229 to be provided at Bridgeview CMHC. The Chief Judge of the 7th Judicial District, Marlita Greve, endorsed the project and was willing to promote the idea amongst other judicial representatives when the project is ready to be expanded to other Regional counties.

Waiting List: No waiting lists were established for any services during FY15.

Appeals: No non-expedited or any expedited appeals were filed in FY15.

Exceptions to Policy: There were two (2) Exceptions to Policy granted by the Region in FY15.

- One (1) Exception to Policy was granted by the Management team on 4/16/2015 for a Clinton County individual to reduce the co-payment for his Supported Community Living Services (SCL) services.
- One (1) Exception to Policy was granted by the Management team for a Scott County individual to pay for Home and Vehicle Modifications.