



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

FY24 ANNUAL SERVICE & BUDGET PLAN

**SUBMITTED
4/1/23**

**AMENDED
9/28/23**

GEOGRAPHIC AREA:

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

APPROVED BY ADVISORY BOARD: 3/23/23

APPROVED BY GOVERNING BOARD: 3/23/23

APPROVED BY GOVERNING BOARD AS AMENDED: 9/28/23

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Introduction

Mental Health/Disability Services of the East Central Region (ECR) was formed under Iowa Code Chapter 28E to create a Mental Health and Disability Service (MHDS) Region in compliance with Iowa Code 331.390. The Annual Service and Budget plan is one of three components of the Management Plan with the Annual Report and Policies and Procedures Manual in compliance with Iowa Administrative Code 441.25. The complete ECR Management Plan is available in each local ECR office and on the ECR website at www.ecriowa.org

This FY2024 Annual Service and Budget Plan covers the period of July 1, 2023 to June 30, 2024 and was approved by the East Central Region's governing board on March 23, 2023 and approved by the Director of the Department of Health and Human Services on May 23, 2023. An amendment of this plan was approved by the East Central Region's governing board on September 28, 2023 to comply with the changes to the governing board and updates to the service matrix. This Annual Service and Budget Plan will delineate local access points, targeted case management providers, crisis services, intensive mental health services, a description of the intention for the scope of services to be provided including core services, budget and financial provisions, and provider reimbursement provisions.

ECR has an active governing board and highly engaged advisory committees. Both the adult advisory committee and the Regional Governing Board meet monthly with the advisory committee meeting directly preceding the governing board. This format allows for input from the adult advisory committee to be immediately shared with the governing board and for greater accessibility to the governing board meetings. All nine counties are sufficiently represented on both committees and the governing board. A full list of governing board and advisory committee members is available in Appendix B and has been updated to the comply with the law that went into effect July 1, 2023 regarding the changes in governing board composition.

The ECR Children's Behavioral Health Services Advisory Committee continues to meet quarterly to offer input and assistance to the region. The advisory committee has met virtually and has had difficulty with consistent participation from the education and medical communities. These two communities continue to be actively involved in mitigating the effects of the pandemic, which has created a participation barrier.

ECR is actively working with Brain Health Now and the other 13 MH/DS regions to create a language and thought-shift to the concept of brain health rather than mental health or mental illness. The term brain health will be used in this plan to build the understanding that a person's brain can get sick just as any other organ. This terminology is intended to reduce the stigma associated with mental illness and encourage the citizens of the ECR to seek services when their brain health is compromised.

A. Local Access Points

An access point is a component of the ECR service system in which citizens are assisted in completing applications and receiving resource and referral information. ECR has designated the following access points for brain health, disability, and children's behavioral health services. Access points include each of the nine county offices, and individual providers who have been trained to assist individuals with application submission. A complete list of providers is available at each county office and on the ECR website. The regional application is downloadable at the ECR website: www.ecriowa.org. An online application is also available on the ECR website so that individuals have fewer barriers to requesting and accessing services. All access points are authorized to support both adults and children.

County	Office Address	Phone
Benton County	811 D Ave Suite 33 Vinton IA 52349	319-472-4743
Bremer County	203 1 st Ave NE Waverly IA 50677	319-352-2993
Buchanan County	210 5 th Ave NE Independence IA 50644	319-334-7450
Delaware County	601 Grant St Manchester IA 52057	563-927-5116
Dubuque County	210 Jones Street Dubuque IA 52001	563-589-7870
Iowa County	495 4 th Ave POB 7 Conroy IA 52220	319-662-4245
Johnson County	855 S Dubuque St Suite 202 B Iowa City IA 52240	319-339-6169
Jones County	105 Broadway Plc Suite 2 Anamosa IA 52205	319-462-4457
Linn County	1240 26 th Ave Court SW Cedar Rapids IA 52404	319-892-5671

B. Service Coordination and Targeted Case Management

ECR offers choice and access to service coordination activities in order to assist individuals in accessing effective and supportive services. Designated Targeted Case Management as described in IAC441-25.21(1)g agencies serving the ECR must be accredited by the Department of Health and Human Services and meet the qualifications as defined in code.

Targeted Case Management and Service Coordination services shall meet the following expectations:

- Performance and outcome measures relating to the safety, work performance, and community residency of the individuals receiving the service.
- Standards including but not limited to social history, assessment, service planning, incident reporting, crisis planning, coordination, and monitoring for individuals receiving the services.
- Methodologies for complying with the requirements of sub rule 441-25.21(1)g, which may include the use of electronic recording keeping and remote or internet-based training.
- On-going collaboration with regional staff to ensure continuity of care, progress towards expected outcomes, and service identification.

Service Coordination Provider	Adult/Child/Both	Location	Contact Information
Johnson County Case Management	Both	855 South Dubuque Street Iowa City, Iowa 52240	319-339-6169
Iowa Department of Health and Human Services	Both	799 Main Street Dubuque, Iowa 52004	563-557-8251
Abbe IHH	Adult	520 11 th Street NW Cedar Rapids, Iowa 52405	319-261-0576
Hillcrest IHH	Adult	2005 Asbury Road Dubuque, Iowa 52001	563-557-4422
Four Oaks	Both	5400 Kirkwood Blvd SW Cedar Rapids, Iowa 52404	319-784-2250
Child Health Specialty Clinics	Child	799 Main Street, Suite 230 Dubuque, Iowa 52001	563-583-5545
Pathways Behavioral Services IHH	Both	111 10 th St SW Waverly, Iowa 50677	319-352-1353

C. Crisis Planning

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

24 Hour Crisis Response

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

24 Hour Crisis Hotline

Provider	Location	Contact Information
Your Life Iowa	Online: https://yourlifeiowa.org/	Call 988 or 855-581-8111 Text 988 or 855-895-8398
988 Suicide and Crisis Lifeline	Via talk, text, and chat	Call or Text 988 Chat - 988lifeline.org

Crisis Evaluation

Provider	Adult/Child	Location	Contact Information
Abbe Mental Health	Both	520 11 th Street NW Cedar Rapids, Iowa 52405	319-398-3562
Hillcrest Family Services	Both	2005 Asbury Road Dubuque, Iowa 52001	563-583-7357
Pathways Behavioral Services	Both	111 10 th Street SW Waverly, Iowa 50677	319-352-2064
CommUnity Crisis Center	Adult (Access Center)	300 Southgate Avenue Iowa City, Iowa 52240	319-688-8000
Foundation 2	Adult (Access Center)	501 13 th Street NW Cedar Rapids, Iowa 52405	855-581-8111

Mobile Response

Provider	Adult/Child	Location	Contact Information
Foundation 2	Both	1714 Johnson Ave NW Cedar Rapids, Iowa 52405	855-581-8111
CommUnity Crisis Center	Both	300 Southgate Avenue Iowa City, Iowa 52240	855-581-8111
Hillcrest Family Services	Both	2005 Asbury Road Dubuque, Iowa 52001	855-581-8111

Crisis Stabilization Community-Based Services

Provider	Adult/Child	Location	Contact Information
Foundation 2	Both	1714 Johnson Ave NW Cedar Rapids, Iowa 52405	855-581-8111

Crisis Stabilization Residential Services

Provider	Adult/Child	Location	Contact Information
Penn Center	Adult	Iowa City, Iowa Cedar Rapids, Iowa Manchester, Iowa	319-294-5236
Tanager Place	Child	Cedar Rapids, Iowa	319-365-9164

23-Hour Observation

Provider	Location	Contact Information
Penn Center	GuideLink 300 Southgate Avenue Iowa City, Iowa 52240	info@guidelinkcenter.org 319-688-8000

	Mental Health Access Center of Linn County 501 13th St NW Cedar Rapids, Iowa 52405	MHACQuestions@linncounty.org 319-892-5612
A New Day Walk-In Center	Hillcrest 2005 Asbury Road Dubuque, Iowa 52001	anewday@hillcrest-fs.org 563-583-7357
University of Iowa Hospitals and Clinics	200 Hawkins Drive Iowa City, Iowa 52242	319-356-2207

The ECR also supports the following methods to assist with crisis prevention:

- A Children’s Mobile Crisis Response Coordinator at each agency to ensure timely delivery of service and appropriate follow-up and post-response collaboration
- Crisis Intervention Team Training for law enforcement officers
- Mental Health First Aid training for stakeholders
- Question, Persuade, Refer (QPR) & Applied Suicide Intervention Skills Training (ASIST) for stakeholders
- Services that ensure all individuals funded have a crisis plan developed with their service providers that identifies stressors, steps to take when experiencing increased symptoms, natural supports, etc.
- Service development intended to increase community capacity
- Prevention services such as psychotropic medication, Community Support Program, and Intensive Psychiatric Rehabilitation when an individual does not have insurance
- Service coordinators that are immediately available
- Peer and Family support services
- Assistance from local NAMIs
- Current basic crisis response and resolution provisions, including 24-hour access to crisis response and evaluation, are provided to all counties within the ECR through crisis lines, a warm line, and chat/text services.

Additional crisis services have been and will continue to be developed based upon the needs identified by stakeholders and utilization reports designed to identify gaps in services and barriers experienced by individuals in need of services.

D. Intensive Mental Health Services

The region has designated the following provider(s) as an **Access Center** that meet the requirements according to IAC 441—25.6(1) in a coordinated manner in one or more locations:

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

The region has designated the following **Assertive Community Treatment (ACT)** teams which have been designated and meet the requirements in IAC 441—25.6(2).

Provider	Location	Contact Information
University of Iowa IMPACT	200 Hawkins Drive Iowa City, Iowa 52240	319-353-6151
Abbe Center for Community Mental Health	520 11 th Street NW Cedar Rapids, Iowa 52405	319-398-3562
Hillcrest Family Services	2005 Asbury Road Dubuque, Iowa 52001	563-583-7357
Resources for Human Development (RHD)	1146 Blairs Ferry Road NE, Suite 2 Cedar Rapids, Iowa 52402	319-826-2823

The region has designated the following **Subacute** service providers which meet the criteria and are licensed by the Department of Inspections and Appeals.

Provider	Location	Contact Information
Penn Center	Linn County: 501 13 th Street NW Cedar Rapids, Iowa 52405	319-362-1382

The region has designated the following **Intensive Residential Service** providers which have been designated and meet the requirements in IAC 441—25.6(8):

Provider	Location	Contact Information
The East Central Region is partnering with the Eastern Iowa MHDS Region to develop this service.		

E. Scope of Services & Budget and Financing Provisions

The table below identifies the scope of services offered by ECR. All core services are available. If there is no funding identified in a core service column, it is because there has not been a historical need for the service. If an individual needs funding for a core service and meets eligibility requirements found in section F of the ECR’s policy and procedure manual, funding will be made available. Core services for children’s behavioral health included in FY24 are identified by (**) after the service name. Eligibility guidelines for children’s behavioral health services are also located in section F of ECR’s policy and procedure manual. The policy and procedure manual can be found online at: www.ecriowa.org

The region will utilize braided funding that includes county, regional, state and other sources as necessary and available to meet the service needs within the region. Federal funding, third-party payors, and other nongovernmental funding is to be used prior to expending state regional service payment dollars. A Service Matrix delineating each service is located in Appendix A.

Table A. Expenditures

FY 2024 Budget	MHDS of the East Central Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
Core Domains							
COA	Treatment						
42305	Mental health outpatient therapy **	\$600,000					\$600,000
42306	Medication prescribing & management **	\$151,000					\$151,000
43301	Assessment, evaluation, and early identification **	\$2,500					\$2,500
71319	Mental health inpatient therapy-MHI	\$1,000,000					\$1,000,000
73319	Mental health inpatient therapy **	\$35,000					\$35,000
	Crisis Services						
32322	Personal emergency response system	\$5,000		\$2,000			\$7,000
44301	Crisis evaluation	\$100,000					\$100,000
44302	23 hour crisis observation & holding	\$310,000					\$310,000
44305	24 hour access to crisis response	\$5,000					\$5,000
44307	Mobile response **	\$4,100,000					\$4,100,000
44312	Crisis Stabilization community-based services **	\$125,000					\$125,000

44313	Crisis Stabilization residential services **	\$850,000					\$850,000
44379	System building & sustainability - Crisis	\$200,000					\$200,000
44396	Access Centers: start-up / sustainability	\$3,550,000					\$3,550,000
	Support for Community Living						
32320	Home health aide						\$0
32325	Respite	\$50,000	\$3,000	\$5,000			\$58,000
32328	Home & vehicle modifications						\$0
32329	Supported community living	\$1,100,000	\$300,000	\$125,000			\$1,525,000
42329	Intensive residential services	\$500,000					\$500,000
	Support for Employment						
50362	Prevocational services	\$5,000	\$7,500	\$10,000			\$22,500
50364	Job development	\$25,000	\$1,500				\$26,500
50367	Day habilitation	\$80,000	\$125,000	\$140,000			\$345,000
50368	Supported employment	\$50,000	\$40,000	\$50,000			\$140,000
50369	Group Supported employment-enclave						\$0
50379	System building & sustainability - IPS & Vocational						\$0
	Recovery Services						
45323	Family support	\$1,500					\$1,500
45366	Peer support	\$10,000					\$10,000
	Service Coordination						
21375	Case management						\$0
24376	Health homes						\$0
	Sub-Acute Services						
63309	Subacute services-1-5 beds						\$0
64309	Subacute services-6 and over beds	\$25,000					\$25,000
	Core Evidenced Based Treatment						
04422	Education & Training Services - provider competency	\$600,000					\$600,000
32379	System building & sustainability - Supported housing	\$250,000	\$250,000				\$500,000
32396	Supported housing						\$0
42398	Assertive community treatment (ACT)	\$90,000					\$90,000
45373	Family psychoeducation						\$0
45379	System building & sustainability - FPE & Recovery Svcs						\$0
	Core Domains Total	\$13,820,000	\$727,000	\$332,000	\$0		\$14,879,000
	Mandated Services						
46319	Oakdale						\$0
72319	State resource centers						\$0
74XXX	Commitment related (except 301)	\$416,000					\$416,000
75XXX	Mental health advocate	\$268,561					\$268,561
	Mandated Services Total	\$684,561	\$0	\$0	\$0		\$684,561
	Additional Core Domains						
	Justice system-involved services						

25xxx	Coordination services	\$800,000					\$800,000
25378	Contracted coordination services	\$150,000					\$150,000
44346	24 hour crisis line*	\$450,000					\$450,000
44366	Warm line*	\$30,000					\$30,000
46305	Mental health services in jails	\$400,000					\$400,000
46399	Justice system-involved services-other						\$0
46422	Crisis prevention training	\$250,000					\$250,000
46425	Mental health court related costs						\$0
74301	Civil commitment prescreening evaluation	\$200,000					\$200,000
	Additional Core Evidenced based treatment						
42366	Peer Wellness / Wellness and Recovery Centers	\$350,000					\$350,000
42379	System building & sustainability - Non crisis	\$500,000					\$500,000
42397	Psychiatric rehabilitation (IPR)	\$30,000					\$30,000
	Additional Core Domains Total	\$3,160,000	\$0	\$0	\$0		\$3,160,000
	Other Informational Services						
03371	Information & referral	\$125,000					\$125,000
04372	Planning, consultation &/or early intervention (client related) **	\$10,000					\$10,000
04377	Provider Incentive Payment						\$0
04399	Consultation Other						\$0
04429	Planning and Management Consultants (non-client related)						\$0
05373	Public education, prevention and education **	\$1,900,000					\$1,900,000
	Other Informational Services Total	\$2,035,000	\$0	\$0	\$0		\$2,035,000
	Community Living Supports						
06399	Academic services						\$0
22XXX	Services management	\$805,682	\$115,097	\$230,195			\$1,150,974
22378	Contracted services management	\$40,000					\$40,000
23376	Crisis care coordination						\$0
23378	Contracted crisis care coordination						\$0
23399	Crisis care coordination other						\$0
24399	Health home other						\$0
31XXX	Transportation	\$150,000	\$50,000	\$50,000			\$250,000
32321	Chore services						\$0
32326	Guardian/conservator	\$10,000	\$20,000	\$2,000			\$32,000
32327	Representative payee						\$0
32335	CDAC						\$0
32399	Other support	\$1,000		\$10,000			\$11,000
33330	Mobile meals						\$0
33340	Rent payments (time limited)						\$0
33345	Ongoing rent subsidy	\$200,000	\$5,000				\$205,000
33399	Other basic needs	\$25,000	\$500				\$25,500
41305	Physiological outpatient treatment						\$0

41306	Prescription meds	\$20,000	\$2,500				\$22,500
41307	In-home nursing						\$0
41308	Health supplies						\$0
41399	Other physiological treatment						\$0
42309	Partial hospitalization						\$0
42310	Transitional living program						\$0
42363	Day treatment						\$0
42396	Community support programs	\$10,000					\$10,000
42399	Other psychotherapeutic treatment						\$0
43399	Other non-crisis evaluation						\$0
44304	Emergency care						\$0
44399	Other crisis services						\$0
45399	Other family & peer support						\$0
46306	Psychiatric medications in jail						\$0
50361	Vocational skills training						\$0
50365	Supported education						\$0
50399	Other vocational & day services						\$0
63XXX	RCF 1-5 beds (63314, 63315 & 63316)						\$0
63XXX	ICF 1-5 beds (63317 & 63318)						\$0
63329	SCL 1-5 beds						\$0
63399	Other 1-5 beds						\$0
	Community Living Supports	\$1,261,682	\$193,097	\$292,195	\$0		\$1,746,974
	Other Congregate Services						
50360	Work services (work activity/sheltered work)						\$0
64XXX	RCF 6 and over beds (64314, 64315 & 64316)	\$3,575,000		\$25,000			\$3,600,000
64XXX	ICF 6 and over beds (64317 & 64318)	\$75,000					\$75,000
64329	SCL 6 and over beds	\$40,000					\$40,000
64399	Other 6 and over beds						\$0
	Other Congregate Services Total	\$3,690,000	\$0	\$25,000	\$0		\$3,715,000
	Administration						
11XXX	Direct Administration						\$2,440,547
12XXX	Purchased Administration						\$538,918
	Administration Total					\$0	\$2,979,465
	Regional Totals	\$24,651,243	\$920,097	\$649,195	\$0	\$0	\$29,200,000
(45XX-XXX)County Provided Case Management							\$0
(46XX-XXX)County Provided Services							\$0

	Regional Grand Total									\$29,200,000
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Transfer Numbers (Expenditures should only be counted when final expenditure is made for services/administration. Transfers are eliminated from budget to show true regional finances)

13951	Distribution to MHDS regional fiscal agent from member county	\$
14951	MHDS fiscal agent reimbursement to MHDS regional member county	\$

*24 hour crisis line and warm line are transitioning from additional core to state wide services with state funding.
 **Core services for children with a serious emotional disturbance (SED)

Table B. Revenues

FY 2024 Budget	MHDS of the East Central Region		
Revenues			
	Projected Fund Balance as of 6/30/23		\$5,500,000
	Local/Regional Funds		\$750,000
1010	Delinquent Property Tax		
25XX	Other Governmental Revenues		
4XXX-5XXX	Charges for Services		
5310	Client Fees		
60XX	Interest	\$500,000	
6XXX	Use of Money & Property		
8XXX	Miscellaneous	\$250,000	
9040	Other Budgetary Funds (Polk Transfer Only)		
	State Funds		\$24,348,680
24XX	State/Federal pass thru Revenue		
2644	State Regional Service Payments	\$24,348,680	
2643	State Incentive Funds		
	Other		
	Federal Funds		\$0
2345	Medicaid		
	Other		
	Total Revenues		\$25,098,680

Total Funds Available for FY2024	\$30,598,680
FY24 Actual Regional Expenditures	\$29,200,000
Accrual Fund Balance as of 6/30/2024	\$1,398,680

G. Financial Forecasting Measures

Since 2020, the East Central Region, like the rest of the world, has been significantly impacted by the COVID-19 pandemic. Although restrictions have eased, the pandemic has continued to affect the brain health of those in the ECR. In alignment with the region’s Strategic Plan, in FY24 priority will be given to ensure outreach and support is readily available to those who may still be reeling with brain health concerns related to the pandemic.

The East Central Region lost some services due to the pandemic and the resulting workforce shortages but remains committed to supporting the region's provider network to ensure people get the services they need. During the past two years, the region has invested a significant amount of time, energy, and resources in assisting our provider network with re-gaining workforce stability. Since mid-2020, the East Central Region has invested over \$3 million for workforce recruitment, retention, and operational expenses. These efforts included both short-term and long-term strategies to promote provider stability. The ECR continues to support strategies to increase the availability of workforce, and efforts to support a career pathway for youth to enter the human services field, projects aimed at increasing the availability of prescribers, and promoting the value of working in human services.

In an effort to address the rising brain health needs of our citizens and to support service providers available in offering services, a vision has developed to ensure that the region contributes to a 'low barrier' access to care. When viewed through that frame, access to comprehensive services, collaborations with providers and other regions, and internal development become priorities. The region has also engaged in broad outreach to inform the ECR citizens that it's okay to need help for a brain health concern and that help is locally available. So long as brain health concerns, workforce stability, and access to high-quality service needs remain, ECR commits to sustaining this momentum into FY24. To ensure meaningful services that meet the goals of the region's strategic plan, activities to be sustained or added to the full array of services include but are not limited to:

- Explore and implement consistent practices within the East Central Region and with other regions that impact access, service development, and community-based care.
- Invest in the region's network of provider staff through trainings to ensure consistent, quality services are provided and that managers are well-equipped to support the Direct Support Professionals to foster healthy, supportive, and compassionate organizational cultures.
- Develop and implement a Data Warehouse to define, measure, and analyze region-wide data leading to better outcomes for those served.
- Advocate for state policies and funding for co-occurring disorders as well as implement authentic dual treatment planning within current guidelines.
- Continue partnerships with the region's jails to ensure inmates receive support, resources, and referrals.
- Use the information gained from the contracted transportation gap analysis to consider implementation of recommendations found in the report.
- Continue crisis services that include additional Law Enforcement Liaisons, Adult and Children's Crisis Stabilization Residential and Community-Based Services, Mobile Crisis Response, and operational support of the region's Access Centers and Access Hubs.
- Contract for prevention services that benefit children and families which will include traditional and non-traditional programming such as Building Family Strengths, Functional Family Therapy, Multi-Systemic Therapy, expressive arts therapy, and other brain health awareness activities.
- Enhance partnerships with regional Area Education Agencies and school districts to provide preventative and therapeutic services for students.
- Continue funding dedicated Children's Mobile Crisis Outreach Coordinators, so that children facing a brain health crisis have prompt access to services with meaningful follow-up.
- Expand the region's Children's Navigator program to allow for greater coverage throughout the region and deeper relationships with schools, providers, and families.
- Invest in regional staff through professional development and evaluation of ongoing staffing needs.

The following is a description of the financial forecasting measures used by ECR in the identification of service need and funding necessary for services.

Historical service utilization is the starting point for all financial projections and was utilized when developing the current budget. As the expenditures shift to fund the identified core and additional core services for children and adults and as

new services are developed, ECR will amend the current budget to reflect any necessary changes. The fiscal agent will provide monthly expenditure reports that will identify service costs and projected availability of funds throughout the fiscal year.

In addition to reviewing historical expenditures, ECR is committed to service development in this resource abundant region. ECR regularly meets with stakeholder groups to identify unmet needs and areas for service development. The Regional Advisory Committees represent the views of their peers and make recommendations to the Regional Governing Board regarding administration of the regional disability services system including needed services, strategic planning, and budgeting. The region also meets regularly with a broader array of stakeholders to seek input on developing needs and priorities to assist with awareness and access to services. These meetings have resulted in funding opportunities for contracted and non-contracted providers to address operations, technology, and staffing needs.

Since the addition of children's services in FY21, the Region has engaged in ongoing planning and outreach to solicit input from stakeholders. The Region comprehensively considered services to be implemented along with resources and collaborations to ensure that services were either locally developed or collaborations were fostered with already existing services.

To ensure compliance with the performance-based contract in which the region is responsible to the Department of Health and Human Services, the ongoing budget analysis system and risk management plan includes, but is not limited, to the following:

- Total service utilization and costs by all service types and providers.
- Total units delivered and billed by each provider and service component.
- Penetration rate of each service within the region.
- Gaps in services within the region and the projected cost to meet the identified service needs.
- Analysis of total regional funds expended to date and amount remaining in the fiscal period to pay for services.
- Identification of seasonal variations in service utilization and cost patterns.
- Provision of timely reports to the HHS, Governing Board, the CEO, and Advisory Committees
 - Monthly reports include: Claims listing, Regional County Ledger, Cash and Outstanding Report, Expenditure Detail Report, Expenditure Status Report and Revenue Detail Report
 - Annual Reports include: Expenditure Detail Report, Expenditure Status Report, outcome data to ensure compliance with the performance-based contract
- Evaluation of the feasibility for funding additional core services.
- Consideration of mandated services for children and adults.
- Regional financial projected payment plan for each fiscal year with fund balance updates as needed.

H. Provider Reimbursement Provisions

It is the intent of the ECR to be a comprehensive system of care, assisting individuals regardless of their insurance status. Services will be developed based upon identified needs of individuals living within the ECR. The ECR will provide funding approaches that identify and incorporate all services and sources of funding used by individuals receiving services, including insurance, medical assistance program, and self-payment. The ECR shall be responsible for funding only those services and supports that are authorized, in accordance with the process described in the ECR Management Plan, within the constraints of budgeted dollars. The ECR shall be the funder of last resort and regional funds shall not replace other funding that is available. ECR staff will assist individuals with applying for all available funding sources and will encourage providers to develop services that are funded by Medicaid (Title 19), including Home and Community Based Services (HCBS). There are a number of additional sources available within the ECR for possible funding including the Iowa Department of Health and Human Services, the University of Iowa Hospitals and Clinics, United Way funds, various

grants and other sources of reimbursement. Case Managers, Regional Social Workers, and Coordinators will ensure that all services and funding sources are identified and incorporated into the individual's plan.

Based on contracting criteria, the ECR will contract with MHDS providers whose base of operation is in the region to meet the service needs of the population. The region may also honor contracts that other regions have negotiated with their local providers and may choose to contract with providers outside of the region. The region will also enter into Memorandums of Understanding with other regions to ensure that service standards are met. A contract may not be required with providers that provide one-time or as-needed services. The region may utilize vouchers and other non-traditional means to fund services.

When a non-traditional provider arrangement is more appropriate than a fee-for-service approach with a contracted provider, the ECR will make efforts to recruit and approve non-traditional providers as part of the service provider network and will utilize the criteria and process for selecting and approving providers not currently subject to license, certification, or other state approval standards designated in the ECR Management Plan. A non-traditional provider may be an individual, organization and/or business who delivers services in a person's home and/or other community setting. Non-traditional providers typically are individuals, organizations, or businesses which do not provide MHDS services as a part of their normal business. These services are not to provide treatment but are supportive and may be rehabilitative in focus and are initiated when there is a reasonable likelihood that such services will benefit the person's functioning, assist them in maintaining community tenure, and act as an alternative way to achieve the person's stated goals or outcomes. A request for funding with a non-traditional service provider may be made according to the region's Management Plan for eligibility and service authorization.

At this time, the ECR utilizes fee-for-service funding as well as limited block grants for specific activities where billing based on individuals is impractical (example: emergency services, wellness centers, broad prevention and education activities). Depending on funding availability, the region may identify a need for short-term grants in order to ensure appropriate and necessary service development and expansion is possible. Names and identifying information may be required for block-granted programs. The ECR will move toward outcomes-based funding and will examine ways to develop financial incentives for obtaining high performance individual outcomes and cost effectiveness. All payments will be based on a pre-authorized request for service authorization with the exception of court ordered payments, such as civil commitment costs and crisis services.

The ECR will require, through contracting, that all providers participate in the quality improvement partnership for system development in the region to become welcoming, person/family centered, trauma informed, and multi-occurring capable. The region will provide opportunities for training, mentoring and support, so that every provider who desires to increase their capabilities will succeed. It is a regional priority that excellent services take place daily in the counties throughout the region, and providers have demonstrated a commitment to opportunities that enhance the skills of their workforce. Consequently, the region is confident that a full array of services will continue to be developed and offered to support the mental wellness and disability needs across the lifespan in the nine-county area.

Appendix A – Service Matrix

	Domain	Category	Description	Limits/Specifications/Access Standards - Need for services will be based on an assessment which identifies level of need
1-5 beds & 6 and over beds	Core	Sub-Acute Services	Intensive, community-based services provided 24 hours a day, 7 days a week, 365 days a year to individuals with a severe and persistent mental illness who have functional impairments and may also have multi-occurring conditions. A comprehensive set of wraparound services for persons who have had or are at imminent risk of having acute or crisis mental health symptoms that do not permit the persons to remain in or threatens removal of the persons from their home and community, but who have been determined by a mental health professional and a licensed health care professional, subject to the professional's scope of practice, not to need inpatient acute hospital services and includes both subacute facility-based and subacute community-based services	Up to 5 days may be approved if individual reports income/resources within ECR guidelines. May be continued up to additional 5 days with approval of Quality Assurance Coordinator. Individuals enrolled in MCOs must access MCO funding prior to a regional funding request.
23-Hour Crisis Observation and Holding	Core	Crisis Services	Crisis evaluation and stabilization provided by nurses and supervised by a psychiatrist for less than 24 hours	All individuals presenting will be authorized for payment if they meet residency requirements. Providers must pursue other funding streams (insurance and/or Medicaid) before accessing regional funding. The region will fund no more than 2 stays within a 5-day time period. There must be at least 12 hours between stays. Admittance to other crisis services following 23-hour observation will be allowed as long as the need for additional services is documented.
24-hour crisis line	Additional Core	Justice-Involved Services	A call, text, or online chat hotline	Your Life Iowa 1-855-581-8111 and 988
24-hour Access to Crisis Response	Core	Crisis Services	Program designed to stabilize an acute psychiatric crisis episode, which is available 24 hours a day, 365 days a year. Program that operates a crisis hotline to relieve distress in pre-crisis and crisis situations, reduce the risk of escalation, arrange for emergency on-site responses, and refer callers to appropriate services.	All ECR citizens have immediate access to crisis response services by means of telephone, electronic, or face-to-face communication. Your Life Iowa 1-800-581-8111 and 988.
Access Centers	Core	Crisis Services	A service delivery model that provides coordinated intake assessment, screening for multi-occurring conditions, care coordination, crisis stabilization residential services, subacute mental health services, and substance abuse treatment for individuals experiencing a mental health or substance abuse crisis who do not need inpatient psychiatric hospital treatment, but who do need significant amounts of supports and services not available in other home-and community-based settings.	Access Centers are available to all residents of the region. Any individual presenting will receive a crisis evaluation and be referred for services based on that evaluation. The region will fund services for those who meet eligibility guidelines for each service and who do not have Medicaid. ECR will support operational costs of designated Access Centers to cover costs not billable to Medicaid.

Assertive Community Treatment	Core	Evidence Based Treatment	A program of comprehensive outpatient services consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration, provided in the community and directed toward the amelioration of symptoms and the rehabilitation of behavioral, functional, and social deficits of individuals with severe and persistent mental illness and individuals with complex symptomology who require multiple mental health and supportive services to live in the community.	The team must ensure that services for the psychiatric needs of the individual are available 24 hours a day. The number of team contacts per individual served shall average at least three per week per individual when calculated across all individuals served by the team. Contacts may be weekly, daily, or more frequent. The frequency of contacts is determined by the needs of the individual. The team shall maintain a ratio of at least one full-time or full-time equivalent staff person to every ten individuals served. ECR will fund individuals who do not qualify for Medicaid funding for this service.
Assessment & Evaluation	Core	Treatment	The clinical review by a mental health professional of the current functioning of the individual using the service in regard to the individual's situation, needs, strengths, abilities, desires and goals to determine the appropriate level of care.	An individual who has received inpatient services shall be assessed and evaluated within four weeks. Assessment for children will be offered in order to determine eligibility based on the child meeting the criteria for serious emotional disturbance.
Case Management	Core	Service Coordination	Service provided by a case manager who assists individuals in gaining access to needed medical, social, educational, and other services through assessment, development of a care plan, referral, monitoring, and follow-up using a strengths-based service approach that helps individuals achieve specific desired outcomes leading to a healthy self-reliance and interdependence with their community.	Services will be provided within 10 days of the initial request for such service or after being discharged from an inpatient facility. ECR will make every effort to collaborate with MCO case managers and IHH workers.
Collateral time	Community Living Supports		Billable time for mental health providers (therapists, counselors, and prescribers) to update and consult with school personnel, parents, service coordination and others.	Collateral time will be allowed for children's behavioral services only. Providers may bill based on agreed upon contractual terms.
Commitment Related	Mandated Services		Court ordered services (evaluation, sheriff transport, legal representation, mental health advocate) related to mental health commitments.	Service will be covered without application or eligibility determination; however, demographic information is required. Costs for individuals that are committed on both a mental health and substance abuse commitment will be split between mental health and substance abuse budgets. Legal representation and evaluation expenses for juveniles will not be covered.
Community Support Programs (CSP)	Community Living Supports		Comprehensive programs to meet individual treatment and support needs in a community setting.	Funding authorizations will be limited to 12 hours per month.
Integrated treatment for Co-occurring disorders	Support for Community Living:	Treatment	Effective dual diagnosis programs that combine mental health and substance abuse interventions tailored for the complex needs of individuals with co-morbid disorders. Critical components of effective programs include a comprehensive, long-term, staged approach to recovery; assertive outreach; motivational interviews; provision of help to individuals in acquiring skills and supports to manage both illnesses and pursue functional goals with cultural sensitivity and competence consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.	ECR will encourage the development of truly integrated co-occurring treatment. Up to 10 scholarships per year will be offered to licensed mental health professionals to become dually certified as addiction counselors. Additional training will be offered for crisis service providers to allow better response to situations in which a person may have co-occurring concerns. The region will also pursue the development of an integrated co-occurring residential treatment facility. Efforts will continue to encourage statewide adoption of co-occurring policy and funding.
Coordination (Jail Diversion)	Additional Core	Justice-Involved Services	Program that is designed to divert individuals from jail by providing assessment, coordination, and supportive services.	Evaluation will be covered without application or eligibility determination. Service will be delivered to individuals with a qualifying brain health diagnosis. Demographic and utilization information are required within the scope of the approved contract.
Crisis Evaluation	Core	Crisis Services	The process used with an individual to collect information related to the individual's history and needs, strengths, and abilities in order to determine appropriate services or referral during an acute psychiatric crisis episode.	Service will be provided within 24 hours and will be allowed in jails, emergency departments, or Access Centers without application or eligibility determination. Demographic information must be provided.

Crisis Intervention Training	Additional Core	Justice-Involved Services	The Crisis Intervention Team (CIT) Program provides training and education to law enforcement officers to assist them in more effectively managing crisis events in the community when they, as first responders, encounter individuals who are experiencing behavioral health crises due to mental illness and/or co-occurring substance use disorders, along with the information necessary to guide officers in re-directing these individuals away from the criminal justice system and into emergency behavioral health facilities.	The region will proactively work with law enforcement agencies to make CIT training available to all regional agencies. The region will also collaborate with other MH/DS regions to offer advanced training in the areas of de-escalation, youth mental health support, and officer wellness.
Crisis Stabilization Community-Based Services	Core	Crisis Services	Crisis evaluation and treatment services provided by a team of professionals deployed into the community. Service provides short-term individualized crisis stabilization, following a crisis screening or assessment that is designed to restore the individual to a prior functional level. FROM 441-24.20 (225C) "CSCBS" are short-term services designed to de-escalate a crisis situation and stabilize an individual following a mental health crisis and provided where the individual lives, works or recreates.	ECR will fund up to 5 days total of crisis stabilization community-based services for any individual regardless of income limit or verification, except for those who are Medicaid eligible or do not have residency in ECR. Providers must pursue other funding streams (insurance and/or Medicaid) before accessing regional funding. ECR will rely on the discretion of the team to determine if CSCBS is appropriate or if the person needs to be transferred to a higher level of care.
Crisis Stabilization Residential	Core	Crisis Services	Crisis evaluation and stabilization provided in a temporary residential setting. "CSRS" means a short-term alternative living arrangement designed to de-escalate a crisis situation and stabilize an individual following a mental health crisis and is provided in organization-arranged settings of no more than 16 beds.	ECR will fund up to 5 days total of crisis stabilization residential services for any individual regardless of income limit or verification, except for those who are Medicaid eligible or do not have residency in ECR. Providers must pursue other funding streams (insurance and/or Medicaid) before accessing regional funding. ECR will rely on the discretion of the team to determine if CSRS is appropriate or if the person needs to be transferred to a higher level of care.
Day Habilitation	Core	Support for Employment	Services that assist or support the individual in developing or maintaining life skills and community integration. Services will enable or enhance the individual's functioning, physical and emotional health and development, language and communication development, cognitive functioning, socialization and community integration, functional skill development, behavior management, responsibility and self-direction, daily living activities, self-advocacy skills, or mobility.	The initial referral shall take place within 60 days of the individual's request for services. An individual must access available Waiver and Habilitation services prior to ECR request.
Day Treatment	Community Living Supports		Individualized services emphasizing mental health treatment and intensive psychiatric rehabilitation activities.	
Early Identification	Core	Service Coordination	The process of detecting developmental delays, mental illness, or untreated conditions that may indicate the need for further evaluation.	Early identification is available to all youth in the ECR through a strong network of early childhood providers and contractors. ECR actively collaborates with early childhood providers to ensure services are timely and appropriate for the child and family.
Early Intervention	Core	Treatment	Services designed to address the social, emotional, and developmental needs of children at their earliest stages to decrease long-term effects and provide support in meeting developmental milestones.	Early intervention is available to all youth in the ECR through a strong network of early childhood providers and contractors. ECR actively collaborates with early childhood providers to ensure services are timely and appropriate for the child and family.

Education and Training Provider Competency	Other Information Services	Evidence Based Treatment	Multi-Occurring: A diagnosis of a severe and persistent mental illness occurring along with one or more of the following: a physical health condition, a substance use disorder, an intellectual or developmental disability, or a brain injury. Trauma-Informed Care: An organizational structure and treatment framework that involves understanding, recognizing, and responding to the effects of all types of trauma.	Training for serving individuals with multi-occurring conditions provided by the region shall be training identified by the Substance Abuse and Mental Health Services Administration, the Dartmouth Psychiatric Research Center or other generally recognized professional organization specified in the regional service system management plan. Trauma-informed care training provided by the region shall be recognized by the National Center for Trauma-Informed Care or other generally recognized professional organization specified in the regional service system management plan. The region will offer large-scale as well as individual provider training opportunities. The MH/DS provider network and school districts will be eligible to access training funds based on the published procedures. During FY24 the region will sustain the ECR Excellence Academy aimed at enhancing skills and competencies of mid-level management staff within the provider network.
Family Psycho-education	Core	Evidence Based Treatment	Services including the provision of emotional support, education, resources during periods of crisis, and problem-solving skills consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.	Family training is provided through partnerships with local NAMI affiliates. Family psychoeducation will be provided without regard to eligibility guidelines.
Family Support	Core	Recovery Services	Services provided by a family support peer specialist that assists the family of an individual to live successfully in the family or community including, but not limited to, education and information, individual advocacy, family support groups, and crisis response.	Family support is available region-wide through partnerships with local NAMI affiliates and other advocacy groups. Family support will be provided without regard to eligibility guidelines.
Guardianship	Community Living Supports		Provided as required by the court system to make decisions when an individual's decision-making capacity is so impaired that the person is unable to care for his/her own personal safety.	Service provided only to individuals with current guardianship funding and in exceptional situations where a guardian is needed but no family or other natural support is able to provide the service.
Health Homes	Core	Service Coordination	A service model that facilitates access to an interdisciplinary array of medical care, behavioral health care, and community-based social services and supports for both children and adults with chronic conditions. Services may include comprehensive care management; care coordination and health promotion; comprehensive transitional care from inpatient to other settings, including appropriate follow-up; individual and family support, which includes authorized representatives; referral to community and social support services, if relevant; and the use of health information technology to link services, as feasible and appropriate.	Services will be provided within 10 days of the initial request for such service or after being discharged from an inpatient facility in accordance with Iowa Medicaid Enterprise contracts. Services should be initiated regardless of the person's status with a provider agency. ECR will actively collaborate with IHH providers to ensure seamless care coordination and delivery.
Home & Vehicle Mod	Core	Support for Community Living	A service that provides physical modifications to the home or vehicle that directly address the medical health or remedial needs of the individual that are necessary to provide for the health, welfare, and safety of the member and to increase or maintain independence.	Limit equal to that established for the HCBS waiver for individuals with Intellectual Disabilities or Brain Injury. Provider payment will be no lower than that provided through the HCBS waiver. Consultation shall occur within four weeks of the individual's request for support for community living. Need for Home & vehicle modification must be significantly related to qualifying diagnosis.
Home Health Aide	Core	Support for Community Living	Unskilled medical services which provide direct personal care. This service may include assistance with activities of daily living, such as helping the recipient to bathe, get in and out of bed, care for hair and teeth, exercise, and take	The first appointment shall occur within four weeks of the individual's request for the service. The need for Home Health Aide must be significantly related to qualifying diagnosis.

			medications specifically ordered by the physician.	
Intensive Residential Services	Core	Support for Community Living	Serving individuals with a severe and persistent mental illness who have functional impairments and may also have multi-occurring conditions.	An individual receiving intensive residential services shall have the service available within two hours of the individual's residence and shall be admitted to intensive residential services within four weeks from referral. In partnership with the states Managed Care Organizations, ECR will ensure that IRS services are available to citizens in the nine-county area according to the service standards. In FY24, ECR will partner with the Eastern Iowa MH/DS Region to establish IRSH services that are sustainable and accessible to both regions' citizens.
Job Development	Core	Support for Employment	Services that assist individuals in preparing for, securing and maintaining gainful, competitive employment. Employment will be integrated into normalized work settings, will provide pay of at least minimum wage, and will be based on the individual's skills, preferences, abilities, and talents.	Individuals must access services through the Department of Vocational Rehabilitation Services and Iowa Workforce Development and will be limited to 15 hours per month for a six-month period. The initial referral shall take place within 60 days of the individual's request for support for employment.
Law Enforcement Liaisons	Additional Core	Justice-Involved Services	A co-responder model that supports law enforcement and individuals in a brain health crisis in order to prevent arrest and incarceration	ECR will fund Law Enforcement Liaisons until all counties in the region are represented. Funding will be stepped down over 4 years until ECR maintains a 25% commitment for each position with the local law enforcement agency sustaining the remainder. Once interested counties have Liaisons established, the region will consider additional liaisons as needed with priority given to counties with a population of >40,000.
Mental Health Services in Jails	Additional Core	Justice-Involved Services	A program designed to divert individuals from jail by providing assessment, coordination and supportive services.	Service will be covered without application or eligibility determination; however, demographic information is required. Includes psychiatric nursing; medication management; psychotropic, scheduled medications; and telehealth outpatient therapy. Individuals eligible for telehealth therapy will meet ECR financial eligibility requirements. ECR will offer a 50/50 partnership with regional jails with >60 beds and an identified, documented need for dedicated service coordination within the jail for inmates who do not meet the region's criteria for jail diversion community treatment.
MH Inpatient Treatment	Core	Treatment	Acute inpatient mental health services are 24-hour settings that provide services to treat acute psychiatric conditions. Primary goal is to provide a comprehensive evaluation, rapidly stabilize symptoms, address health and safety needs and develop a comprehensive and appropriate discharge plan.	Inpatient services are available within the region and within reasonably close proximity to the region. Commitments: ECR will pay up to the hearing date if a fully completed application is submitted and the patient qualifies financially based on self-report. Payment may be continued for up to 5 days after the hearing date subject to collaboration with ECR staff. Insurance must be billed, and necessary appeals completed. After a prescreening by a QMHP, with copy of the prescreening provided to the ECR, the region will provide funding for a maximum of five days only for voluntary admissions. A fully completed application must be submitted and the patient must qualify financially based on self-report for these voluntary admissions.

MH Outpatient Therapy	Core	Treatment	Services will consist of evaluation and treatment services provided on an ambulatory basis for the target population including psychiatric evaluation, medication management and individual, family, and group therapy.	ECR will authorize a maximum of 24 sessions in a twelve-month period and one evaluation per calendar year. Initial therapy evaluation for new patients will be covered without an approved application if application is submitted at time of appointment and patient appears to meet financial eligibility. ECR will support in-person as well as telehealth treatment.
Mobile Crisis Response - Children's Coordination	Additional Core	Children's Coordinator	A dedicated position within a mobile crisis provider to respond to children's brain health crises	The children's Coordinator will ensure timely response to a child's brain health crisis, provide on-going follow-up with the child, family, educational representatives, and other interested parties.
Mobile Response	Core	Crisis Services	The purpose of mobile response is to provide short-term individualized crisis stabilization, following a crisis screening or assessment that is designed to restore the individual to a prior functional level.	Service will be covered without application or eligibility determination. Demographic information must be provided. An individual in need of mobile response services shall have face-to-face contact with mobile crisis staff within 60 minutes of dispatch with limited follow-up from the crisis response provider. Mobile response providers are encouraged to continue services to schools in response to students' immediate needs.
Ongoing Rent Subsidy	Support for Community Living		On-going rent support provided through an organized program to allow the individual to maintain an affordable home in the community or any payment of rental assistance including General Assistance.	Individuals must meet one of the following diagnostic criteria: be exiting an MHI or RCF or have had at least 2 mental health hospitalizations with mental health as the primary diagnosis within the past 24 months; or at least 1 mental health hospitalization in the last 24 months with mental health as the primary diagnosis AND approved at a U8 or U9. All rent requests will be reviewed and approved by Utilization Review Coordinator for the following situations: If the person has no hospitalizations AND is approved for a U8 or U9; one hospitalization, has had extended ER stay due to lack of inpatient availability, or has recurrent crisis stabilization bed utilization AND significant functional impairment due to brain health diagnosis. In addition, individuals must meet the following: have established legal residency in the ECR for a minimum of three months prior to the most recent hospitalization or placement, be actively receiving SCL/ACT/Home Based Habilitation, or on waiting lists prior to the rental application, and be referred by a service agency.
Other Basic Needs	Community Living Supports		Funding for items to maintain the person in a stable environment.	
Partial Hospitalization	Community Living Supports		Active treatment program providing intensive services in a structured therapeutic environment.	
Peer Support	Core	Recovery Services	A program provided by a peer support specialist including but not limited to education and information, individual advocacy, family support groups, crisis response, and respite to assist individuals in achieving stability in the community.	ECR supports Peer and Agency run peer support programs. Continued professional development and quality improvement will be supported to ensure individuals have access within the community, at service agencies and within the Access Centers and Hubs. Criteria for Peer services will be included in individual contracts.

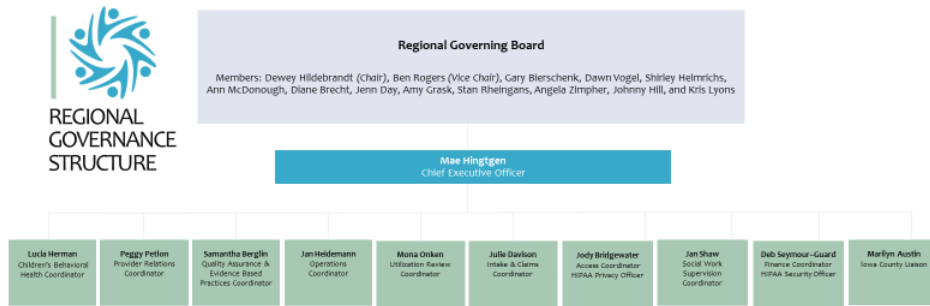
Peer Wellness/ Recovery Centers	Additional Core	Evidence Based Practices	An intentional community designed to create a restorative environment within which individuals develop skills necessary to gain employment, as well as improve social connectedness with the community. This service uses an individual's own personal experience to serve as a model of recovery to others.	Service will be covered without application or eligibility determination. Criteria for staff at Peer Wellness Centers will be included in individual contracts.
Personal Emergency Response System	Core	Crisis Services	An electronic device connected to a 24-hour staffed system which allows the individual to access assistance in the event of an emergency. Program that operates a crisis hotline to relieve distress in pre-crisis and crisis situations, reduce the risk of escalation, arrange for emergency on-site responses, and refer callers to appropriate services.	Service will only be approved when need for PERS is significantly related to the qualifying diagnosis.
Prescription Meds	Community Living Supports		Prescription psychiatric medications for persons having a mental health diagnosis.	For citizens in community-based settings, medications may be provided based on ECR formulary. Persons must apply for Patient Assistance Programs prior to a request for regional funding. Medications will be provided to individuals in jail according to the Iowa DOC Formulary. Psychiatric medication may be covered for regionally funded individuals in 23-Hour Observation, Crisis Residential, or Subacute Services for the duration of their stay only.
Prevention and Education	Other Information al Services		Educational opportunities and outreach aimed at increasing awareness of brain health issues, social/emotional learning skill development, implementing early identification, and promoting mental wellness.	ECR is heavily invested in primary and secondary prevention activities. Traditional and non-traditional programming and education targeted specifically to children's behavioral health will include expansion of yoga and mindfulness in schools to increase children's coping and self-regulation skills; support for families through Building Family Strengths, Multi-Systemic Therapy, and Functional Family Therapy; opportunities for Youth Mental Health First Aid; Brain Health Retreat Rooms in schools; understanding trauma, brain health and the interaction between the two; and outreach regarding services and supports available to children and families. Brain health awareness events will be encouraged and supported.
Prevocational Services	Core	Support for Employment	Services that focus on developing generalized skills that prepare an individual for employment. Prevocational training topics include but are not limited to attendance, safety skills, following directions, and staying on task.	Individuals are not eligible for prevocational services if the person has Waiver, IVRS, Iowa Workforce Development, or Habilitation services and the service is available under that Waiver.
Psychiatric Rehabilitation (IPR)	Additional Core	Evidence Based Practices	A program designed to restore, improve, or maximize an individual's optimal level of functioning, self-care, independence, and minimize impairments, disabilities and dysfunction caused by a serious and persistent mental or emotional disability.	

Psychotropic Medication Prescribing & Management	Core	Treatment	Services provided directly to or on behalf of the individual by a licensed psychiatrist or psychiatric ARNP as authorized by Iowa law including, but not limited to, monitoring effectiveness of and compliance with a medication regimen; coordination with care providers; investigating potentially negative or unintended psychopharmacologic or medical interactions; reviewing laboratory reports; and activities pursuant to licensed prescriber orders. Services with the individual present provided by an appropriately licensed professional as authorized by Iowa law including, but not limited to, determining how the medication is affecting the individual; determining any drug interactions or adverse drug effects on the individual; determining the proper dosage level; and prescribing medication for the individual for the period of time before the individual is seen again.	ECR will fund a maximum of 12 sessions in a twelve-month period.
Public Education	Other Information Services		Activities provided to increase awareness and understanding of the causes and nature of conditions or situations which affect an individual's functioning in society. Options may be offered to non-traditional, non-profits that focus on youth and family prevention	On-going: Trauma Informed Care, Adverse Childhood Experiences, Question/Persuade/Refer, Applied Suicide Intervention Skills Training and Mental Health First Aid are available to anyone within the region. ECR will continue outreach activities intended to reduce the stigma and encourage citizens to access brain health support as well as the intersection between brain health and substance use disorders.
Residential Care Facility	Community Living Supports		Facilities licensed as residential care facilities, including those with special licenses for individuals with intellectual disabilities or for persons with mental illness.	In order to be considered for RCF placement, the RCF Level of care form will need to be completed and submitted to the Utilization Review Coordinator for review. Supporting information may also be requested. A portion of the client participation (CP) may be waived under certain circumstances. A request for CP Waiver must be completed and submitted with the required bank statements. CP waivers will be reviewed on a case-by-case basis and are not guaranteed.
Respite	Core	Support for Community Living	A temporary period of relief and support for individuals and their families provided in a variety of settings. The intent is to provide a safe environment with staff assistance for individuals who lack an adequate support system to address current issues related to a disability. Respite may be provided for a defined period of time; respite is either planned or provided in response to a crisis.	Total respite must not exceed limits established by the HCBS waiver for individuals with Intellectual Disabilities or Brain Injury. The first appointment shall occur within four weeks of the individual's request of respite.
School Therapists	Additional Core	Outpatient Services	Funds may be offered to partner with the region's schools	ECR will implement a partnership with regionally based Area Education Agencies to offer access to LMHPs or LISWs in school districts with fewer than 5,000 students for prevention and treatment of student's behavioral and brain health needs.
Service Coordination	Community Living Supports		Activities designed to help individuals and families identify service needs and coordinate service delivery.	Services will be provided within 10 days of the initial request for such service. ECR will ensure that service coordination is delivered by Regional Social Workers, IHH staff or MCO case managers. At all times, service coordination should be coordinated and accessible to eligible individuals.

Supported Employment	Core	Support for Employment	An approach to helping individuals participate as much as possible in competitive work in integrated work settings that are consistent with the strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice of the individuals.	ECR will fund Tiers 4 and above for the first three months only. Tiers 1-3 will be allowed for follow-along. For group supported employment (enclave), a limit of 120 hours for the first six months and 10 hours per month for follow-along services will be given. Services are targeted for individuals with significant disabilities for whom competitive employment has not traditionally occurred; or for whom competitive employment has been interrupted or intermittent as a result of a significant disability including either individual or group supported employment, or both, consistent with evidence-based practice standards published by the Substance Abuse and Mental Health Services Administration.
Supported Housing	Core	Evidence Based Treatment	An intervention that combines affordable housing assistance with voluntary support services to address the needs of chronically homeless people	ECR will continue to pursue this service with relevant community partners and as supported by statewide efforts to integrate supported housing with funding streams and service providers to ensure housing is accessible.
Supportive Community Living (Daily)	Core	Support for Community Living	Services and supports to enhance an individual's ability to regain or attain higher levels of independence or to maximize current levels of functioning.	The first appointment shall occur within four weeks of the individual's request for support for community living. Tier requests above Hab UB require pre-approval by the Utilization Review Coordinator. Copies of notes may be reviewed for funding beyond 30 days to ensure notes justify the tier. For individuals with an intellectual disability, daily rates will only be approved if the caregiver is no longer able to continue caring for the individual. All requests must be reviewed, and an emergency slot must be requested through the ID and/or BI Waiver.
Supportive Community Living (Hourly)	Core	Support for Community Living	Services provided in a non-institutional setting to adult persons with mental illness, intellectual, or developmental disabilities to meet the persons' daily living needs.	SCL may be authorized at a level not to exceed 8 hours per day. The first appointment shall occur within four weeks of the individual's request for support for community living.
Therapist in Juvenile Detention	Core	Outpatient Services	Support for children and families via a licensed mental health professional at the region's juvenile detention center.	The region will sustain funding for a full-time therapist at the region's only juvenile detention center to work with children 1:1 and in groups, provide support for families, and provide training and consultation with center staff. Children present in the center for >1 week will be eligible for the service.
Transportation	Community Living Supports		Transportation to allow an individual to conduct business errands, shop, receive medical services, work, attend school, and reduce social isolation.	Medicaid funded and locally sourced transportation must be accessed, when available, prior to a request for regional funding. Transportation for services such as work, day programming, medical appointments or other factors related to Social Determinants of Health may be authorized with input from the interdisciplinary team. For individuals receiving Habilitation Services, transportation must be included in the Day Habilitation rate unless the geographical distance is cost prohibitive to the provider's rate. ECR may pay for transportation for any person with established residency in the East Central Region needing to be transported to or upon discharge from the Access Center. The region will not provide transportation to individuals to a residence outside of the East Central Region. If a person uses an Access Center within the East Central Region and has residency in another region, that region should be contacted to fund the necessary

				transportation. Contract priority will be given to locally licensed transportation providers.
Warm line	Additional Core	Justice-Involved Services	A peer-run, telephone-based, non-crisis, confidential listening line for anyone struggling with mental health or substance abuse issues	Iowa Warm Line 1-844-775-9276

Appendix B



REGIONAL GOVERNING BOARD

Name

Gary Bierschenk
 Dewey Hildebrandt
 Dawn Vogel
 Shirley Helmrichs
 Ann McDonough
 Ben Rogers
 Jenn Day
 Angela Zimpher
 Diane Brecht
 Amy Grask
 Stan Rheingans
 Kris Lyons
 Johnny Hill

Representing

Benton County
 Bremer County
 Buchanan County
 Delaware County
 Dubuque County
 Linn County
 Peer & Families
 Parent
 Adult Service Provider
 Children's Service Provider
 Education System
 Judicial System
 Law Enforcement

ADULT ADVISORY COMMITTEE

Name	Representation	County
Jean Ohlen	Peer & Families	Benton
Braxton Morrison	Peer & Families	Benton
Stephanie Brooks	Service Provider	Bremer
Jenn Wolff	Peer & Families	Bremer
Johanna Lovig	Service Provider	Buchanan
Diane Brecht	Service Provider	Delaware
Janae Schmitt	Service Provider	Dubuque
Theresa Phillips	Peer & Families	Iowa
Jeannine Scandridge	Service Provider	Iowa
Jenn Day	Peer & Families	Johnson
Lowell Yoder	Service Provider	Johnson
Theresa Graham Mineart	Service Provider	Linn
Steve Miller	Peer & Families	Linn
Stacie Lane	Peer & Families	At Large
Judy Breja	Service Provider	At Large
Ben Rogers	RGB Liaison	Linn

CHILDREN’S ADVISORY COMMITTEE

Name	Representation	County
Jim Hassenius	Juvenile Court	Benton
Erin Monighan	Early Childhood Iowa	Benton
Melisa Lammers	Department of Health and Human Services	Bremer
Shalon Frye	Educator	Buchanan
Angela Zimpher	Parent (RGB Parent Rep)	Buchanan
James Hauschild	Law Enforcement	Delaware

Vicki Ries	Childcare Provider	Delaware
Stan Rheingans	AEA Chief Administrator (RGB Education Rep)	Dubuque
Linda Duffy	Service Provider	Dubuque
Tammy Wetjen-Kesterson	Early Childhood Iowa	Iowa
Sydney Mason	Advocate	Johnson
Melissa Paulsen	Service Provider	Jones
Robin Hoffman	Service Provider	Linn
Carrie Slagle	Advocate	Linn
Amy Grask	Service Provider (RGB Children's Provider Rep)	Linn
Vacant	Pediatrician	
Ann McDonough	RGB Liaison	Dubuque