

**Action Plan: Dubuque County Proposal (Summer 2017) with a Spring 2019 Update for Serving Persons with Complex Needs SF 504 Fund Balance Projects:**

SF504 directed Regions to convene stakeholder workgroups to meet on a regular basis starting July 1, 2017 to create collaborative policies and processes relating to the delivery of, access to, and continuity of services and supports for individuals with complex mental health, disability, and substance use disorder needs. Each Region was to review resources available including ways to reduce services fund balances and options for combining funding from different sources as well as the consideration of providing additional services and supports to consumers with complex needs.

Special meetings of the Dubuque County Stakeholders took place July 11, 2017, August 1, 2017, and September 7, 2017 and the following action plan was developed at that time to present to the East Central Region.

The East Central Region met on June 9, 2017, July 19, 2017, September 18, 2017, and October 9, 2017 and ultimately produced five desired outcomes for success.

SF504 also instructed Regions to submit a community services plan to the Department which was to include the planning and implementation time frames and assessment tools for determining the effectiveness of the plan in achieving the department's identified outcomes for success in the delivery of, access to, and coordination and continuity of services and supports for consumers with complex needs. CEO Dhondt has placed a copy of the Community Services Plan on the ECR website:

<https://ecriowa.org/wp-content/uploads/2017/11/MHDS-ECR-Community-Services-Plan.pdf>

Recommendation	Action Steps	Responsible Party	Timeframe & Associated Costs
<b>Improve Care Coordination</b>			<b>GRAND TOTAL Expenses for the proposal is \$156,472. After reviewing the approved FY18 ECR Budget it appears that many of the proposed expenses had been budgeted or and could be absorbed in appropriate budget line items.</b>
<b>1)</b> Mobile counseling 30 day follow up (using juvenile model)	<ol style="list-style-type: none"> <li>1. Increase quantity and quality of follow up</li> <li>2. Increase # of touches post crisis (define and quantify)</li> <li>3. Define role of this follow up</li> <li>4. Find answers to barriers to follow up</li> </ol>	Hillcrest Family Services	Initiate FY 2018 & sustain ongoing – <b>Yearly cost</b> of \$99,240 Face to face within 3 business days. Face to face or PC within 15 business days. Transportation to the subsequent MH apt. Expand MCO services for more aftercare to cope with future stressful events.  <b>Update Spring 2019: After researching Regional documents, the Region was going to fund this pilot program (using FY2018 budget) that was going to be completed in March 2018. During the 2017 stakeholder workgroup action planning sessions, it was determined that an Access Center would not be pursued at that time.</b>
<b>2)</b> Stronger process to find appointments and ensure that appointments happen	<ol style="list-style-type: none"> <li>1. Hillcrest has emergency appts</li> <li>2. Hospitals ED's to maximize mobile crisis</li> <li>3. 3-2-1 Phone – including text reminders (HIPAA)</li> </ol>	Hillcrest Family Services Mercy Medical Finley Hospital	FY 2018 and ongoing
<b>3)</b> Transportation	<ol style="list-style-type: none"> <li>1. Get people to appointments</li> <li>2. Jule ride Medicaid passes (with min. 2 appts/month – no copay to riders)</li> <li>3. DuRide expansion/evolution for MH purpose – see <a href="http://duridedbq.com">duridedbq.com</a></li> </ol>	<ol style="list-style-type: none"> <li>1. Mobile Crisis follow up</li> <li>2. Mary Rose / Jody</li> <li>3. Margie / Jody</li> </ol>	Initiate FY 2018 & develop ongoing – <ol style="list-style-type: none"> <li>1. See Hillcrest Mobile Counseling follow up proposal - \$3,605 budgeted for additional transportation.</li> <li>2. Jule Medicaid Options brochure obtained and circulated widely to Stakeholders per email 8-2-2017</li> <li>3. DuRide ED contacted personally 8/2/17 and asked for proposal &amp; follow-up email same day &amp; reminder email 8/9/17. No reply/proposal received.</li> </ol>

<p><b>4) Expand availability and utilization of peer support</b></p>	<p>1. Train Peer Support Specialists in WRAP  2. Expand # of places offered  3. Train instructors for NAMI courses. **  It appears that some or all Peer Support Services may be able to be absorbed in the current budget due to their anticipated importance.*</p>	<p>1. Todd  2. Todd / Erica  ECR Committee  3. Diane - NAMI</p>	<p>1. FY 2018 – RGB approved 16 slot WRAP training (\$9,400) 8/3/2017. Hopefully DBQ Co. needs will be met but additional trainers may necessitate another ECR training for an additional \$9,400.  2. FY 2018 – Promote referrals to Plugged-In Iowa (peer support is an approved service) from Stakeholders i.e. hospitals, Jail Diversion, IHH &amp; Law enforcement  3. FY 2018 – Grand total \$13,832 for <b>Connection</b> recovery support group facilitators, <b>Family Support Group facilitator training, Peer to Peer mentor training.</b></p> <p><b>Update Spring 2019: The Region funded \$7,700 for NAMI to conduct a Peer to Peer training in Dubuque January 2018 with approximately 15 individuals attending. Currently there are two peer support specialists for Dubuque County</b></p>
<p><b>5) Increase public policy advocacy</b></p>	<p>1. MHA and NAMI are already leaders in this area  2. Increase affiliation with current efforts  3. Where is our voice needed – examples:  a. PASRR time frames  b. Retro Medicaid eliminated (3 mos.)  c. MCO’s Reimbursement / payment</p>	<p>MHA/NAMI/All Stakeholders</p>	<p>FY 2018 &amp; ongoing – <b>Hire Advocacy Group –</b>  1. Promote increased advocacy involvement – consider hiring an additional – unknown at this time but estimate is \$30,000 per year  2. Collaborate and share with Heartland Strategies (RGB has current contract with) and other advocacy groups such as The IA Nurses Assoc., The IA Hospital Assoc. etc. so that Mental Health voices are coordinated and heard.  3. Increase Legislative awareness of the obstacles and barriers for those accessing mental health services.</p> <p><b>Update Spring 2019: The Region funded \$3,500 for local mental health wellness and awareness fairs since October 2017. The County Board of Supervisors and Regional Governing Board approved \$62,000 from the county fund balance to the Community Foundation of Greater Dubuque which increases collaboration among providers and stakeholders.</b></p>
<p><b>6) Crisis Intervention Training (CIT)</b></p>	<p>Continue process and momentum of CIT for ECR Law Enforcement -</p>	<p>Nathan, CTC</p>	<p>FY 2018 – Scheduled for Jan. 29 – Feb 2, 2018 – Cost is projected at \$4,000 but is budgeted for in the current budget – CIT ensures that officers get the training and support that they need that leads to improved outcomes for consumers and officer safety. Saves money by diverting consumers who might otherwise be in jail, hospitals into appropriate services.</p> <p><b>Update Spring 2019: funded \$1,796.97</b></p>

**SWOT Analysis Option 1: Counties meet with small groups to develop proposals for improving or implementing services (new or continued) to better serve their county and associated cost of those services (July 11, 2017).**

<p style="text-align: center;"><b>STRENGTHS</b></p> <ul style="list-style-type: none"> <li>• Funding is available (and well managed within Region. Incongruity of funding equalized</li> <li>• Advanced utilization of EBP</li> <li>• Core plus services present in Region (Jail Diversion and Peer Support)</li> <li>• Advocacy groups active in county (NAMI and MHA). NAMI providing family: family and peer: peer support programming.</li> <li>• Dedicated, caring professionals find creative ways to develop programming</li> <li>• Law enforcement has established relationship with MH community</li> <li>• Local schools have connection with MH community and offer services in schools</li> <li>• Strong system of crisis coordination</li> </ul>	<p style="text-align: center;"><b>WEAKNESSES</b></p> <ul style="list-style-type: none"> <li>• Lack of flexibility of Federal Block Grant funding</li> <li>• NAMI lost Magellan funds that supported training peer: peer and family: family facilitators</li> <li>• Uncertainty regarding which services will be reimbursed/allowed by MCOs</li> <li>• Transportation barriers</li> <li>• Funding silos continue to be present</li> <li>• Lack of understanding of mental health needs and challenges within community</li> <li>• PASARR evaluation tool post-acute hospitalization</li> <li>• Lack of placements for individuals with complex needs/challenges</li> <li>• Too little care coordination</li> </ul>
<p style="text-align: center;"><b>OPPORTUNITIES</b></p> <ul style="list-style-type: none"> <li>• Expand existing services (peer support, WRAP, crisis)</li> <li>• Find support for peer: peer and family: family education</li> <li>• Improve/increase advocacy/lobbying efforts</li> <li>• Expand utilization of work incentive programs</li> <li>• Expand utilization of existing transportation services for MH transportation</li> <li>• Expand strategic partnerships</li> <li>• Increase levels of care such as subacute and support</li> <li>• CITS is evolving/continue to support</li> <li>• MH care in jails evolving-consistent access to MH expertise in assessment and med management</li> <li>• Improve care coordination</li> </ul>	<p style="text-align: center;"><b>THREATS</b></p> <ul style="list-style-type: none"> <li>• New legislation requires that fund balance be spent down leaving less reserves available to Region for unanticipated needs</li> <li>• High degree of uncertainty with MCO funding</li> <li>• Medicaid uncertainty; federal health care legislation; reduction in Medicaid momentum</li> <li>• General public—bias/stigma/narrow viewpoints</li> <li>• Not enough levels of care/gaps in care</li> <li>• Barriers in discharge planning (assessments/placement availability)</li> <li>• Not enough mental health care in jails</li> </ul>